

# Antidepressants and Withdrawal: Readers Tell Their Stories

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 [nytimes.com/2018/04/17/health/antidepressants-withdrawal-readers.html](https://www.nytimes.com/2018/04/17/health/antidepressants-withdrawal-readers.html)

By Benedict Carey

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In a widely read [article on antidepressant withdrawal](#) published on April 8, The New York Times invited readers to describe their experiences coming off the drugs. More than 8,800 people responded — teenagers, college students, new mothers, empty-nesters, retirees.

Dozens did write in to say the drugs had been lifesaving, literally so. “You fail to acknowledge that mood disorders can be lifelong, debilitating diseases requiring lifelong medical treatment,” wrote Rachel S., of New York.

A different kind of reader query would most likely have attracted thousands of responses of gratitude for drugs that offered relief to tens of millions of people with chronic mood problems. Some doctors chimed in, too, more than one calling our focus on withdrawal irresponsible and unduly alarming to those who might benefit from antidepressants.

The volume and diversity of the other responses painted a different picture, showing how modern antidepressants, beginning with Prozac in 1987, have percolated through our culture and have shaped public understanding of mental health. These stories traced sharp demographic fault lines: Readers of different generations came to antidepressants, and tried to quit them, for different reasons.

Readers in my age group and older (I’m 58) often came of age in an era in which depression was considered somehow a lapse in character. These readers typically reported having started on Prozac or one of its early competitors — Paxil, Zoloft — very often after a major setback like divorce, or the loss of a job, spouse or child.

“My G.P. put me on Zoloft 28 years ago to deal with my husband’s cancer diagnosis,” wrote Carole Wilson, 74, of Alburnett, Iowa. Her husband has since died. “I have cut down from 200 milligrams to 100, but when I go lower I get horrible side effects, like nausea, jumpiness, crying a lot which I never do. I’m nearly 75; at this point I will continue because I cannot go through the withdrawal.”

James Midkiff, 75, of Vienna, W.V., wrote: “I was sole caretaker for my dying wife and was a law enforcement officer and under a great deal of stress.” Mr. Midkiff said he tapered off Lexapro gradually, about a month ago, “but I am having withdrawal symptoms of shaking, panic attacks, flulike symptoms, nausea, fatigue, night sweats, tingling and numbness in the arms and legs. I am determined to get off antidepressant drugs; however it is disheartening to note that other folks are still having withdrawal symptoms after a year.”

Hundreds of others, in their 60s and 70s, told us similar stories about starting a prescription in the wake of terrible loss. The drugs helped ease the emotional turmoil initially, many said.

Their reasons for wanting to stop taking them were rooted in part in the understanding that antidepressants were supposed to be a short-term solution, a bridge over troubled waters. But by the mid-1990s, drug makers had convinced government regulators that when taken long-term, the medications sharply reduced the risk of relapse in people with chronic, recurrent depression.

Thus began the era of indefinite or open-ended prescribing, and not just for the most severe cases of depression. The change in practice roughly coincided with the promotion of the “chemical imbalance” theory of depression: Marketers and some researchers implied that antidepressants corrected deficits in brain levels of serotonin, a neurotransmitter.

In truth, the theory has scant basis. No one knows the underlying biology of depression or any mood disorder. But that shift — along with a change in federal regulations, in 1997, allowing drug makers to advertise directly to consumers — helped undermine the stigma associated with depression and mood disorders generally.

Depression, anxiety and bipolar disorder came out of the closet, if gingerly, and the generation that came of age during this time — people now in their 40s, give or take — did so in a culture that no longer automatically presumed that depression was a character flaw.

The condition had some biological basis, it was felt, and antidepressants became a vastly popular option. Everyone knew someone taking them. Long-term prescription rates surged.

In their responses to us, many readers in this age group were much more likely than older readers to cite specific psychiatric diagnoses: social anxiety, panic disorder, PTSD, as well as depression. And their decisions to taper off were less tied to the presumption that the drugs are short-term bridges; most cited practical concerns like lingering side effects (sexual dysfunction is common, as is weight gain), pregnancy or the passing of postpartum despair.

Image



Robin Hempel began taking an antidepressant on the advice of her gynecologist. “Had I been told the risks of trying to come off this drug, I never would have started it,” she said. Credit Cheryl Senter for The New York Times

“When I became pregnant I chose to stop taking Effexor because I was uncomfortable using it during pregnancy,” wrote Katie Slattery, 39, of Orlando, Fla. “When I stopped cold turkey, I felt extremely unwell and had to go back on and wean off slowly. I would break open my pill capsules and reduce my dose by one milligram at a time every couple of days. It was a lengthier process, but it prevented the dizziness, headache and foginess I felt when I originally stopped the medication.”

Amy Cannon, 42, of Philadelphia wrote: “I started taking Zoloft after experiencing moderate postpartum depression, and after about a year I felt my symptoms weren’t as severe.” But she had “brain zaps” — electric-shock sensations in her head — and mood swings after trying to quit cold turkey, so she resumed taking the drug.

“Eventually I was able to wean down slowly without severe consequences, but it took six months and was still really unpleasant.” Nonetheless, she said that she was very grateful that the drugs were available when she needed them.

Women taking antidepressants who become pregnant, or are planning to, often prefer not to expose the developing fetus to any prescriptions. The evidence that exposure in utero causes problems for a child is fairly weak.

And untreated depression poses risks indeed, both before birth and after, when the child needs an energetic, vigilant caregiver.

As the stigma associated with mood disorders faded, so too did the social barriers to taking a daily prescription. By 2000, when doctors began prescribing antidepressants to children, prevailing views were vastly different from those of the first Prozac generation.

Nearly 1,000 young people in their 20s or younger responded to The Times's invitation. They did not come of age during the rise of long-term use — their parents did, and often it was their parents who decided the medications could help them.

Many told us they were too young to know what the drugs were at the time, and didn't learn until much later. As they enter high school and college, their understanding of the prescription culture is far different from that of generations before.

For one thing, many of their friends have been on antidepressants or other psychiatric medications for long periods. "I live in a college house of six girls, two of whom are on antidepressants," wrote Julian O., 21, of Seattle.

"When brought up in conversation, the medications are discussed with vanity, as if they are veterans trying out the newest medication prescribed to them."

Emma Dreyfus, 28, of Boston, said the "one mistake her parents had made" was putting her on Paxil at age 10 to treat anxiety. She weaned herself off slowly at age 23.

"I don't blame them, but I wish we'd all understood the long-term effects." She said she is starting graduate work in the fall, in social work, to help others facing similar challenges.

Others in this youngest cohort wondered about the effect of the medications on brain development; the drugs cause biological adjustments in the brain, but so do persistent mood problems.

For now, no one has good answers for them. The drugs are a brand-new cultural development, historically speaking, and their diffuse biological effects — especially in the developing brain — are largely unknown.

Whatever their ages, all of us are part of Generation Rx — a huge, uncontrolled experiment with little precedent and few guideposts.

## Many People Taking Antidepressants Discover They Cannot Quit

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April 7, 2018

Image