2009 Second Place Research Paper

Defeating Depression: the Use of Antidepressants

In 2005, actor Tom Cruise ignited a controversy by publicly criticizing fellow actor Brooke Shields for using antidepressants to treat her postpartum depression. In June he appeared on the Today show with Matt Lauer, where he called psychology a “pseudoscience” and asserted that “there is no such thing as a chemical imbalance.” As Lauer objected, Cruise intoned, “Matt, Matt, . . . You don't know the history of psychiatry. I do. . . . And she [Shields] doesn’t understand the history of psychiatry.” In response, Shields published an editorial in the New York Times defending herself and “the hundreds of thousands of women that suffer from postpartum depression.” She related the difficult situation she faced after giving birth to a daughter in 2003 – thoughts of suicide, feeling no love or warmth toward her daughter – and how the antidepressant Paxil, combined with weekly therapy, had helped her recover. She said, “If any good can come of Mr. Cruise's ridiculous rant, let's hope that it gives much-needed attention to a serious disease . . . . So, there you have it. It's not the history of psychiatry, but it is my history, personal and real.”

Cruise’s comments once again stirred up an issue which has been debated for decades: should we use medications like antidepressants to treat depression and other mental illnesses? Since their discovery in the 1950s, antidepressants have come to be some of the most widely prescribed drugs in America (Valiunas). Proponents have hailed them as miracle drugs that improve and save lives, and opponents have criticized them as dangerous, fad-like catch-all medications which are recklessly prescribed. Do they simply free people from having to deal with their problems, or do they enable them to solve the problems themselves? Although critics claim that they are dangerous, unnecessary and overprescribed, antidepressants have been shown to be a safe and effective treatment for depression.
What is depression?

Depression is an illness that affects millions of Americans. Each year, at least 7% of the adult population of the United States suffers from depression (United States). The effects of this often debilitating disease reach far beyond those who have the illness; depression places a burden on families just like any serious illness, and costs billions of dollars each year in depression-related losses in productivity – more than heart disease or all cancers combined (United States). Depression is generally caused by a combination of genetic factors and unusual stress which triggers the disease (Firk). It is characterized by feelings of intense sadness occurring every day for at least 2 weeks. Symptoms include a loss of interest in normally enjoyable activities, sleeping more or less than usual, sudden weight gain or loss, overwhelming feelings of despair and hopelessness, crying spells, low self-esteem, and loss in thinking abilities or concentration. When severe, depression can be crippling and may lead to suicide. Depression is often a chronic or recurring illness; most people who suffer one bout of depression will have it recur four to six times during their lifetime (Marano).

What are antidepressants?

Antidepressants are psychotropic drugs which influence the chemistry of the brain to improve mood and alleviate depression. Although the exact mechanism by which they work is still unknown, scientists and doctors do know that they stop the brain from either inactivating or re-absorbing neurotransmitters such as serotonin and norepinephrine (Mayo). These neurotransmitters, when in high concentration, improve mood, and depress it when lacking; this is called the biogenic amine theory (Dworkin). The most popular type of antidepressants are called Selective Serotonin Reuptake Inhibitors, or SSRIs, and are more commonly known by their brand names such as Paxil, Prozac and Zoloft. SSRIs do just what their name implies: they block neurons in the brain from reabsorbing serotonin so that more of it reaches the receptor synapses. Scientists discovered and introduced the first antidepressants, called Tricyclics, in the 1950s, followed later by Monoamine Oxidase Inhibitors (MAOIs), and finally SSRIs in the 1980s (Mental).

Why do some people oppose the use of antidepressants?

Critics of antidepressants feel they are unsafe and cause terrible side effects, and others see them as overprescribed, especially by those not qualified to treat mental illness.
Those who oppose the use of antidepressants often claim they are unsafe and have dangerous side effects. It is true that, like all medications, antidepressants can have unwanted effects on the body. The *Textbook of Psychiatry* states that nausea, anxiety, headache, insomnia, weight gain, sexual dysfunction, sedation, and dizziness are the most common side effects of antidepressants (“Efficacy”). More severe side effects accompany MAOIs; patients taking MAIOs are prohibited from eating foods such as sausage, salami, or tap beer, and they cannot take several common medications including NyQuil or Robitussin. SSRIs have the least side effects, which contributes to their popularity. Among the different types of SSRIs, the side effects are different but comparable (United States). Going off of any antidepressants suddenly and without doctor supervision can also be dangerous, resulting in erratic behavior (Tanner).

One of the most dangerous side effects of antidepressants is suicidal thoughts or behavior. Opponents of antidepressants apparently gained a victory in 2003 when the Food and Drug Administration put new warning labels on the drugs after reviewing more than two dozen studies. These studies showed that after beginning to take antidepressants, adolescents in particular were twice as likely to think about killing themselves or make preparations for suicide as they were before beginning treatment. Despite this alarming rise in suicidal behavior, thankfully none of the participants in the studies actually committed suicide, and the percentage who experienced this particular side effect was small, about 4% in the group taking actual antidepressants versus 2% of those taking placebos. The FDA decided to play it safe and placed a “black box” warning label from the surgeon general on all bottles of antidepressants alerting consumers of the danger (Graham). Side effects such as these can dissuade someone from choosing to take antidepressants.

Others feel that antidepressants are over-prescribed by physicians and health care workers, being used not only to combat clinical depression but to treat common everyday sadness as well. In “The Medicalization of Unhappiness,” Dr. Ronald W. Dworkin argues against the use of powerful psychotropic drugs to treat sadness and low spirits which constitute a part of normal life. He points to a flaw in the biogenic amine theory because it presupposes a link between matter, serotonin, and mood, an immaterial phenomena, a link which he does not believe exists. He believes that antidepressants act in a similar way to alcohol and narcotics, which “[dampen] certain aspects of brain function – they create an altered mental state – such that true reality becomes
concealed from a person’s consciousness. The dampened brain functions allow a person to imagine an alternate ‘reality’ that is generally more pleasing.” According to Dworkin, antidepressants are given far too often to patients who could resolve their unhappiness without chemical intervention.

In trying to understand why doctors may prescribe drugs to those who don’t actually need them, researchers have studied the effect that advertising has on antidepressant overprescription. Part of the success of SSRIs in the 1980s and the decades following relates to the amount of positive press they received. Since Dr. Peter Kramer published his national best-selling book *Listening to Prozac* in 1992, hundreds of books have been written promoting antidepressants (Dworkin). In 2003, spending on direct-to-consumer advertising of prescription drugs in the U.S. totaled $3.2 billion. Antidepressants consistently rank among the top direct-to-consumer advertised drugs. When patients specifically request a certain drug, doctors are more likely to prescribe them (Kravitz).

A related part of overprescription is the concern that psychotropic drugs are being prescribed by doctors not specifically trained in treating depression. In 1952 the American Psychiatric Association published the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* which has become the standard in diagnosing and treating mental illness (Mental). However, the guidelines of the *DSM* are by their very nature somewhat vague. Because a majority of patients prefer to avoid the stigma of seeing a psychiatrist or psychologist, most of the mental health care in the United States is provided by primary-care physicians, who rely heavily on the *DSM*, and 30% of whom admitted to needing more training in diagnosing depression (Dworkin).

**Why should we use antidepressants?**

In spite of these negative concerns surrounding antidepressants, the benefits they offer far outweigh the risks. The widespread prevalence of depression, in addition to the relative safety and effectiveness of antidepressants all warrant their use.

An understanding of how pervasive a disease depression is can help us understand why antidepressants are so necessary. Statistics show that a major depressive disorder affects 16-17% of U.S. adults at least once in their lifetime, and 6-7% of Americans suffer from depression in any given year (United States, Valiunas). The Mayo clinic estimates about 70% of people who commit suicide suffer from depression. Depression ranks as
the second most disabling ailment in the Western world, exceeded only by heart disease. Furthermore, having depression in middle age increases your chances of developing heart disease and having a heart attack by 50%, and accordingly, 20% of heart attack victims each year develop depression (Marano). Beyond those who have the disease, depression affects families and society as a whole. In 2000, the economic loss due to depression amounted to $83.1 billion, 30% of which was direct medical expenses, the rest being lost productivity and wages which burdens families and businesses (United States). All of us know someone who suffers from depression, whether we know of it or not.

As a means of treating depression, antidepressants are a safe option. Unlike some pain killers or other medications, antidepressants are not habit forming or addictive, and their side effects are usually temporary if they occur at all (“Depression”). Older people may benefit from their use, and antidepressants also “appear to be relatively safe to take during pregnancy” (Kalra et al). In several studies exploring the link between suicide attempts and use of psychotropic drugs, researchers found that the type of treatment received was not a significant factor in someone attempting suicide, and treatment actually reduced the number of suicide attempts (Simon). Patterns of suicide attempts remained parallel among those who were prescribed antidepressants by a primary care physician, those prescribed by psychiatrists, and those being treated only with psychotherapy. In each case, the highest number of attempts took place in the month before the patient began treatment, and then went down consistently after that. Those being treated by a primary care physician had the lowest rate of attempted suicide, while those being treated by a psychiatrist had the highest rate. This discrepancy may be due to the fact that patients often seek out a family physician first, and then those with more severe depression are referred to a psychiatrist. In the study cited above regarding teen suicide, researchers found that after the FDA placed warnings on antidepressants regarding possible suicidal thoughts or actions, physicians began prescribing antidepressants to fewer people. As a result, teen suicides actually increased. Among young people ages 10 to 24, the number of those taking their own lives rose 8% in 2004, the year after the warning labels were put in place. In contrast, over the previous 14 years, the rate had dropped by 28.5% (Graham). The evidence illustrates that antidepressants are much more helpful than harmful.
In addition to being safe, antidepressants consistently prove to be very effective in the treatment of depression and other mental illnesses. SSRIs, because they have very few side effects, have revolutionized the prevalence and use of antidepressants. According to the Health and Human Services Department, after reviewing nearly 300 published studies of SSRIs, about 60% of people responded positively to one type of second-generation antidepressants. Of the remaining 40%, a quarter of those responded positively with the addition or substitution of another type of SSRI. SSRIs have been shown to be effective in treating post-partum depression, like that experienced by Brooke Shields, as well as seasonal affective disorder, a type of depression which recurs at the same time every year, usually in winter (“Winter”).

In double-blind placebo studies, SSRIs have consistently worked better than placebos. According to one long-term study involving sertraline (Zoloft) versus a placebo, only 26% of those treated with sertraline experienced a recurrence of depression versus 50% of the placebo patients. Some doctors estimate that between 85-90% of depressed patients can find relief in using one or two antidepressants, if they comply completely with the treatment regimen, and only 10-15% of patients are truly resistant to treatment (Marano). When combined with psychotherapy, the rate of recovery increases even further (“Efficacy”). Tricyclics and MAOIs come with more adverse side effects, but they are rarely the first line of defense against depression, being used when other forms of treatment have proven ineffective.

Conclusion

Antidepressants assist many people as they battle a difficult disease. For Brooke Shields, antidepressants helped her endure and overcome a dark period in her life so that she could enjoy what lay beyond post-partum depression. She states that “[t]he drugs, along with weekly therapy sessions, are what saved me – and my family.” The same can be said for millions of us today; antidepressants enable us to deal with the stresses and difficulties of life without becoming disabled by sadness and fear. All medications carry some risk, but ultimately antidepressants do not fulfill their opponents’ bleak predictions; rather, they help to correct a chemical imbalance and prevent dangerous behavior. Antidepressants are a safe and effective means of improving the lives of millions of Americans and their families.
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