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Antidepressants: Two million taking them for five years or more

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By Rachel Schraer, Clare Hix & Lindsey Harris

BBC Panorama

More than a quarter of patients on antidepressants in England - about two million people - have been taking them for five years, the BBC has found.

This is despite there being limited evidence of the benefits of taking the drugs for that length of time.

A doctor who runs an NHS clinic helping people off the pills says withdrawal symptoms can make it hard for some to stop taking their medication.

Withdrawal guidance was updated in 2019, but he says little has changed.

More than eight million people in England are on antidepressants - which are prescribed for depression, anxiety and obsessive compulsive disorder and other conditions. That's one million more people than five years previously, **NHS prescribing figures show**.

The new figures on long-term use - for the period 2018-2022 - were provided to BBC Panorama by the NHS, following a Freedom of Information request. The data gives an overall picture but does not reflect the circumstances of individual patients, some of whom could be on antidepressants long-term for good reason.

The investigation also uncovered evidence that a leading drug company attempted 27 years ago to conceal possible withdrawal effects that one drug could cause.

Modern antidepressants - called SSRIs (Selective Serotonin Re-Uptake Inhibitors) - arrived from the late 1980s, including Prozac. They were quickly heralded as wonder drugs compared with earlier medications, some of which had serious side effects.

They were thought to treat depression by fixing an imbalance of the mood-regulating chemical serotonin in the brain. Researchers are now not clear how they work. One theory is that they simply change how you think or feel, rather than rectifying an underlying problem.

The NHS recommends antidepressants as a treatment for more severe depression. Talking therapy as well as exercise and lifestyle changes might be recommended instead of, or in combination with, the medication.

"Throughout my long and extensive career, I have seen people benefit from antidepressants," said Prof Wendy Burn, former president of the Royal College of Psychiatrists.

"I see them working in my clinical practice, I see lives being changed by them."

But she added: "People are staying on antidepressants longer, and we don't really have long-term studies that support that."





Taking that drug away too quickly, before the brain has had time to adjust, can lead to symptoms - including low mood and feelings of anxiety. Some symptoms overlap with the original condition the drug was prescribed for, which means the withdrawal can sometimes be confused with relapse.

The symptoms depend on the individual, which drug they were taking, and for how long. Many patients can stop taking antidepressants without experiencing any problems.

If you are affected by any of the issues in this article you can find details of organisations that can help via the [BBC Action Line](#)

Panorama has uncovered evidence to suggest that one major drug company which manufactured SSRI antidepressants had become increasingly aware of a whole range of withdrawal symptoms from the mid-1990s, but was reluctant to share this information with the public and medicines regulators.

A copy of a confidential 1996 memo from firm Pfizer - which originally sold sertraline, now the UK's most common antidepressant - shows employees discussing what the drug company would tell regulators in Norway.

"We should not volunteer to describe the withdrawal symptoms, but have an agreed list prepared in case they insist," the memo says.

1996 Pfizer memo

Following our conversation, I think Norway should have some guidance over what they should submit. I have looked through manuscript and think it would be appropriate to use the introduction, the section on sertraline, the conclusion and an edited list of references (include only those directly related to SSRI / sertraline withdrawal syndrome). It would probably be helpful if they also submit copies of the most important references (Australian ADR Bulletin, "MCA" paper, SSRI withdrawal symptoms paper? -check with

We should not volunteer to describe the withdrawal symptoms, but have an agreed list prepared in case they insist.

“We should not volunteer to describe the withdrawal symptoms, but have an agreed list prepared in case they insist.”

Some of the data is included less comprehensive & make a choice

CONFIDENTIAL

could discuss over the phone. I missed you today. Tomorrow I'm in a meeting 10:10 am until noon otherwise should be in my office (or you could call directly if you can't catch me).

Basically we suggest that Norway first submit a manuscript perhaps also together with the same arguments provided to Austria. If they don't agree to this, we suggest they propose wording on withdrawal for which we'd have to convene a meeting with

Source: BBC Panorama



Some of the withdrawal reactions the memo refers to include sensory disturbances, sweating, nausea, insomnia, tremors, agitation and anxiety.

Pfizer no longer produces sertraline. Responding to Panorama's findings, a spokesperson said the company "monitored and reported all adverse event data" to licensing authorities, "in line with its legal and regulatory obligations and updated sertraline labelling as required."

It added: "Public health organisations and professional medical bodies throughout the world have recognised sertraline and other SSRIs as the treatment of choice for adult depression." The company said the drug's label warned about withdrawal and had been updated "as required".

The Royal College of Psychiatrists published updated information on withdrawal in 2019 - overseen by Prof Burn, who was its president at the time. It came after she heard testimony from patients who had experienced severe withdrawal effects.

Until then, guidance used by the NHS and the college maintained withdrawal was mostly mild and short-lived - lasting no more than about a week.

Now NHS guidance reflects that it can be severe and longer-lasting for some, and withdrawal can last many months.

Information on stopping antidepressants

- Patients with concerns about their medication should discuss them with their doctor. Stopping an antidepressant suddenly can be dangerous
 - Doctors say it is always important to seek advice and treatment for mental health problems and to try to have any medication regularly reviewed
 - Visit the [NHS](#), the [Royal College of Psychiatrists](#) and [Leap For PDD](#) websites for information
-

A Royal College of Psychiatrists spokesperson told the BBC: "Medicine continuously evolves, as does our knowledge of treating mental illness. As a result, the college updates its guidance when new evidence comes to light."

A lack of awareness about withdrawal difficulties has meant that even medical professionals who prescribe the drugs have struggled to stop taking antidepressants themselves.

Dr Mark Horowitz, who tried to stop the antidepressants he had taken for 15 years in 2015, said: "It led to complete havoc in my life," he says. "I would wake up in the morning in full panic, like I was being chased by an animal."

The panic he felt would last until late into the evenings and he took up running as a distraction.

"I ran until my feet bled, because it gave me a slight reprieve from that panic sensation."

He said it was worse than the symptoms that led him to take antidepressants in the first place.

Watch on  iPLAYER

BBC

The Antidepressant Story

Panorama examines whether the current generation of antidepressant drugs have lived up to their promises, following patients who have suffered serious side effects.

Watch The Antidepressant Story on BBC One at 20:00 on Monday 19 June (20:30 in Wales and Northern Ireland) and on [BBC iPlayer afterwards \(UK only\)](#)

He is concerned that far more work has been done on how to start patients on antidepressants - and much less on stopping.

"To me, it's the same as allowing cars to be sold without brakes," he said.

"We should know how to start the car and how to stop it."

Now Dr Horowitz runs England's only NHS antidepressant deprescribing clinic - a pilot scheme set up in London in 2021 to help people struggling to stop taking their medication.

At the moment he is seeing about 25 patients.

Despite withdrawal guidance having been updated, Dr Horowitz thinks patients are still struggling to get tailored advice. Guidance for doctors now recommends that people reduce the dose of their medication in stages, but it does not specify how long it should take. It's different for everyone.



| Dr Horowitz is still trying to reduce his antidepressant dose - and hopes to stop altogether this year

The Royal College of GPs told Panorama that family doctors were "highly-trained to have frank and sensitive conversations" with patients about the risks and benefits of antidepressants.

"Amid intense workload and workforce pressures," it said it was, "increasingly difficult to offer patients the time they need within the constraints of a standard 10-minute consultation."

The companies behind the most widely used antidepressants told Panorama that many clinical trials and studies, including ones conducted by independent researchers, had shown their drugs to be effective.

They said the drugs had been taken by many millions worldwide for potentially devastating and sometimes life-threatening conditions.

As with all medicines, they said, antidepressants have potential side effects which are clearly stated in the prescribing information. They added that their drugs are considered to be safe, with a positive benefit-risk ratio by doctors, patients and regulators around the world.

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Antidepressants exit must be slow - says watchdog

17 January

Antidepressants: Two million taking them for five years or more.

BBC News, 19 June 2023. By Schraer, R., Hix, C., & Harris, L.

www.bbc.com/news/uk-65825012

BBC1 Panorama: 'The Antidepressant story'

www.youtube.com/watch?v=27aFEjuYPw

Persons: Audrey Barrick; Wendy Burn; Andrea Cipriani; James Davies; Adele Framer; Mark Horowitz; Tony Kendrick; Trish Matthews; Joanna Moncrieff; Luke Montagu; David Nutt; Jerry Rosenbaum; David Taylor; Eric Turner;

Other: [BBC] = voice over;
[BBC-old] = from older commercials or television programs
[0.40] = indication of the time in de broadcast

Trailer

[BBC] This pill can solve all of your problems. It may mean the end of depression as we know it

[Trish Matthews] I threw out a lot of my files I thought I might have been done
They were a new generation of antidepressants hailed as the latest wonder drugs

[Audrey Barrick] It sounded like you know a perfect drug

[Mark Horowitz] I thought it hurts so much a promise about these things this might be the thing to fix everything.

[Audrey Barrick] I loved being on Prozac [0.40]

[BBC] Now one in seven of us is taking an antidepressant

[Wendy Burn] I see lives being changed by them I see lives being saved by them

[BBC-old] wouldn't you be tempted to take it again and again

[BBC] but only now decades after their launch is a different story being told [0:54]

[Eric Turner] I was you know baffled by you know how could this be

[BBC-old] I require medical attention but there is no medical assistance to be found for this condition

[BBC] how a patient movement revealed what some drug companies had tried to ignore

[Luke Montagu] I didn't know about any of this I hadn't been warned

[James Davies] we felt patience on the ground had been vindicated in the mental health sphere

[David Taylor] we're quite good at making the same mistake more than once

[BBC] many say they've been helped by antidepressants but for those harmed by them it's been a struggle to be heard. [1:27]

[Audrey Barrick] I've been waiting for you to show up for 15 years thank you for coming, it's amazing.

The Antidepressant Story [1:50]

[BBC-old] now it's 36 minutes past the hour and I'm going to show you an incredible drug imagine a drug that could make everything feel better that could take away the stress of everyday life and transform you into somebody completely different [Music]

[BBC] that drug was Prozac one of the first in a new class of antidepressants

[BBC old] over 9 million people take it here and the number is growing every day

[Wendy Burn] [Music] the first person I ever prescribed to she had been depressed for years and basically would hardly leave the house she phoned up a week later and said I don't need to see I'm going on holiday. She took her whole family to Disneyland in Paris. It was just amazing. So, they really did seem to me like miracle drugs when they came along. [2:46]

[BBC old] I've been a present now for about six months and it's changed my way I think I've got more confidence I want to go out more you know I've it's just changed my life completely

[BBC old] all of a sudden here comes somebody that says okay now try these on try this Prozac on and I tried it on and for the first time in my life I went whoa is this the way reality really is. [3:06]

[David Nutt] Prozac probably that had some real advantages it was the first time we'd actually been able to prescribe a medicine that didn't have side effects or at least it didn't have side effects that patients complained about

[Audrey Barrick] the first thing I remember was a cover story where Prozac was called the miracle drug

[BBC] in the early 1990s Audrey Barrick was working as a counselor at the University of Iowa. [3:41]

[Audrey Barrick] at the time I had just taken a leave of absence from my job to go with a partner to another city and that adjustment was difficult and I decided to seek out Prozac based on what I'd read there was no discussion about what to expect

[BBC] Prozac gave Audrey the Boost she'd hoped for. [4:08]

[Audrey Barrick] I did feel confident and energized it was very novel. I was not a person who had a lot of energy before that. I loved being on Prozac. [4:30]

[Mark Horowitz] this is me looking very happy with the full ahead of hair getting the prize for Public Communication because I did a few public education events in which I talked in part about the benefits of antidepressants for treating depression and other disorders. So, I was given a couple of prizes my mom was impressed by. I went to an old boy's school and I; I was a know-it-all. I was a smartass and I was the shortest in the class. I was the youngest and I was bullied and I think that had that had a big effect on me. [5:20]

[BBC] Mark was diagnosed with depression when he was 21. He's been taking antidepressants ever since.

[Mark Horowitz] One of my first ones, I was super excited, you know, I almost ran to the pharmacy to fill the script. I remember ripping open the packets you know seeing these green and white capsules and thinking, you know, this is a very exciting moment .I was, you know, I couldn't wait to start them. I thought, you know heard so much promise about these things, this might be the thing to fix everything. I got a different view of them now. [6:01]

[BBC] during the 1990s these new antidepressants became Global blockbusters. Driving up antidepressant prescriptions in the UK by more than 200 percent. The drugs made billions worldwide.

[Jerry Rosenbaum] The marketing was massive. There was lots of conferences and presentations and, you know, lunches and dinners. These were extraordinarily commercially successful launches. 6:47

[BBC] this new generation of drugs were called SSRIs: selective serotonin reuptake Inhibitors. They were made by several companies and had an array of brand names.

[David Healy] I'm David Healy I'm a medical doctor Professor Psychiatry and I've worked on at the serotonin system one way or the other for over 40 years [Music]

[BBC] SSRIs target a chemical called serotonin. It can affect mood, appetite, sleep and sex drive. Serotonin is found in the brain and throughout the body

[David Healy] everybody thinks because it's an antidepressant that it's doing something to the brain, but actual fact, it's much more likely to be doing something to our body. [7:43]

[Trish Matthews] I knew a little bit about SSRIs, only, really, that they were a drug that you used to help your serotonin levels in your brain and that seemed to be how they worked

[BBC] Trish Matthews was training as a nurse in the late 1990s.

[Trish Matthews] I think it was an accumulation of the training and home life and everything else. The pressure of it. I just started to feel really stressed and struggling to manage, really. I went to the doctors and I was put on an antidepressant. [8:19]

[BBC] It had long been believed by some depression was linked to serotonin but no one knew exactly how. Drug companies said low levels of serotonin were causing a chemical imbalance in the brain and their antidepressants could fix it.

[BBC old] you know when you just don't feel right while the cause is unknown depression may be related to an imbalance of naturally occurring chemicals between nerve cells in the brain. Zoloft, a prescription medicine, works to correct this imbalance. When you know more about what's wrong you can help make it right. [8:50]

[Trish Matthews] My thoughts were, the issue was a chemical imbalance in my brain that needed remedies, yeah, I know, it sounded like you know, a perfect drug

[Tony Kendrick] I'm Tony Kendrick. I'm a GP by background. I'm professor of primary care at the University of Southampton. I can remember explaining in the past to patients that these drugs worked by building up the levels of serotonin in the brain, which is why they might take a few weeks to work because the serotonins got run down when they became depressed through whatever reason. [9:35]

[Joanna Moncrieff] I think the chemical imbalance message was absolutely key to establishing the antidepressant market and to keeping it going.

[BBC] Joanna Moncrieff is a professor of Psychiatry at University College London

[Joanna Moncrieff] if you are told that there's something wrong with your brain and that we have a drug that can put that right of course it makes sense to take it.

[BBC] She was skeptical about these new antidepressants from the start

[Joanna Moncrieff] I've been working in Psychiatry since the early 1990s and my interest has always been in the, um, in the role of drug treatments and whether they're as beneficial as we are usually led to believe that they are. [10:19]

[BBC] Panorama has obtained a confidential document from inside Pfizer. It made the UK's most prescribed antidepressant Sertraline.

[BBC] have you seen any of the internal company documents

[Joanna Moncrieff] no, oh gosh, how fascinating. [10:41]

[BBC] Pfizer wanted to include claims about chemical imbalance in its product information. UK Regulators said that would be inappropriate information and asked for it to be amended to reflect the current state of knowledge. Pfizer accepted the claim was controversial

[Joanna Moncrieff] It really confirms that there was no consistent evidence in the 80s when this message started to be promoted that there was a serotonin deficiency, but the pharmaceutical industry eventually decided that that didn't matter and that they could go ahead with this message anyway. [11:20]

[BBC] The role of serotonin in depression is still contested but a review of decades of research led by Professor Moncrieff and published last year found no consistent evidence low levels are linked to depression.

[Joanna Moncrieff] People were absolutely shocked to find out that in fact these ideas were not proven scientific fact. They were merely ideas that had never been proven. If you're told 'we don't know what's going on in the brain but we've got this drug that actually will change modify your brain in some way we don't quite understand how' that's a much less attractive prospect. [12:00]

[BBC] Despite the lack of evidence for the chemical imbalance claim Panorama has discovered it remains on half of all current SSRI antidepressant patient leaflets. The UK drug regulator the MHRA approves patient leaflets. It says there are several theories on the cause of depression and that leaflets should only ever be supplementary to the explanation provided by the prescriber. [12:29]

[Tony Kendrick] It's only in recent years that we've realized that there isn't that much evidence for any deficiency of Serotonin. We really shouldn't be talking about a chemical imbalance. We shouldn't be talking about serotonin deficiency. We don't really understand exactly how these drugs work, but it's not as simple as that.

[BBC] The Royal College of GPs says its important patients wanting to stop or reduce their antidepressant speak to their doctor first and that stopping their medication suddenly could be very uncomfortable and potentially dangerous. [13:09]

[Audrey Barrick] When I was taking Prozac I was energized. I felt sharp I was in a good mood. I had felt more confident.

[BBC] Prozac made Audrey feel better in herself but something else was going on too

[Audrey Barrick] I was almost immediately sexually numbed; within a day my genitals were numb. I was very surprised. I looked at the product insert literature and saw that sexual side effects were very unlikely and certainly I'd never heard of numb genitals.

[BBC] Prozac patient leaflets in the U.S. at the time warned small numbers of people might experience reduced libido, sexual dysfunction and infrequent impotence, but no mention of numb genitals. The numbing sensation wasn't just physical. [14:04]

[Audrey Barrick] I think my range of feelings was somewhat blunted and it's kind of a mixed bag. Because if you're deeply depressed, or highly anxious, if you can take the urge off those extremes, that can be helpful. Unfortunately, I was left with being able to feel more intensely distressed than intensely elated.

[BBC] it's not known how SSRIs cause sexual or emotional numbing but the two may be linked.

[Joanna Moncrieff] All antidepressants to some extent seem to have the property of numbing emotions and in some cases this effect seems to be associated with their ability to cause sexual dysfunction.

[BBC] Despite drug companies originally saying sexual side effects weren't common, studies now suggest they affect at least a third of patients while they're taking SSRIs. [15:05]

[Audrey Barrick] I felt confident and well and energized and therefore thought it was an acceptable temporary trade-off to be so sexually numbed. There was a particular person that I was interested in dating I went off of the medication, with the expectation that my sexual interest and feelings would resume as before. I was very confused when it when things didn't change. That was very very hard on the relationship, and, um, you know, I don't, I don't blame him for wanting to move on. I get it. I stayed fairly hopeful all that time I thought, being healthy, eating well, could help me resolve this, but nothing, nothing did. You know, I continued to hope for months and then years. It's been 27 years.

[David Healy] We don't actually know why sexual problems with these drugs could persist after the drugs were halted. In terms of, uh, serotonin does to us, it's extraordinary we understand so little. [16:42]

[Mark Horowitz] a few times, over the years, I had come off my medication, thinking, maybe I don't need it anymore, and, and all those times I felt bad afterwards and concluded that I was better on the medication.

[BBC] Mark Horowitz had been taking antidepressants for 15 years. He was training to be a psychiatrist and studying antidepressants for a PhD when he tried to stop again.

[Mark Horowitz] It led to complete havoc in my life. So, I, I had trouble sleeping. I would wake up in the morning in full panic. Like I was being traced, chased by an animal, like on the edge of a cliff, and that panic wouldn't abate for hours until the late evening. I took up running 10 kilometers a day. I ran into my feet bled, because it gave me a slight reprieve from that panic sensation. [17:40]

[BBC] Mark knew he wasn't addicted, but felt he was experiencing withdrawal.

[Mark Horowitz] So antidepressants are not addictive. Addiction is normally thought of something extra. Craving, compulsion, uh, a focus on the drug and also a euphoric high. When you stop a drug that you've become adapted to, your body and brain will miss the drug, and that's what causes withdrawal symptoms.

[BBC] Nothing in his medical training had prepared him for what was happening.

[Mark Horowitz] As someone that was training in psychiatry that had taken antidepressants, that had studied antidepressants in my PhD, I thought that I knew everything there was to know about antidepressants and what I quickly worked out is that I knew almost nothing. And if I had no understanding, then the public surely had even less. [18:32]

[BBC] SSRI antidepressants were launched at a time of growing concern about addiction to older drugs known as benzodiazepines. These sedatives have been widely prescribed to treat anxiety and other mental health issues.

[Joanna Moncrieff] This really became a wide a worldwide scandal and brought the prescribing of drugs for mental health problems or emotional problems into disrepute.

[BBC old] This latest warning about benzodiazepines comes at a significant time. Just when the pharmaceutical companies are producing a new generation of drugs which they claim will not be addictive.

[BBC] This new generation of drugs were the SSRI antidepressants

[BBC-old] I'm always thinking something terrible is going to happen. I can't handle it. You know your worst fears. You know the what-ifs and I can't control it and I'm always worrying about everything.

[BBC] Ad campaigns in the U.S. stressed they could be easily stopped.

[BBC-old] Paxil is non-habit for me. I'm not bogged down by worry anymore. I feel like me again. I feel like myself. [19:40]

[Joanna Moncrieff] From the beginning the SSRIs were marketed with the message that they were not addictive like the benzodiazepines and that they were relatively safe.

[BBC] And it wasn't just one manufacturer. The makers of the three biggest selling SSRIs all said similar things.

[BBC old] When you stop taking Prozac you don't have any reaction after you've been taking the medication.

[BBC] Depression can be a debilitating condition.

[BBC old] Zoloft is an effective antidepressant that is well tolerated.

[BBC] And both the pharmaceutical industry and the medical profession wanted to rebuild confidence in drug treatments after the scandal of benzodiazepines and the side effects of older antidepressants. [20:24]

[Wendy Burn] At that time people were not getting treatment for depression very few people were actually getting antidepressants and there were lots of people who were just thinking that they had to live with it. GPs at that time were reluctant to prescribe them, probably partly because of the, um, the older ones having so many side effects.

[BBC] The Royal colleges of psychiatrists and GPs with funding from the pharmaceutical industry ran an awareness campaign in the 1990s called defeat depression.

[Joanna Moncrieff] This is the message that the defeat depression campaign came out with: patients should be informed clearly when antidepressants are first prescribed, the discontinuing treatment in due course will not be a problem. [21:11]

[BBC] David Taylor is Chief pharmacist at one of the UK's leading mental health hospitals the Maudsley in South London.

[David Taylor] When we started with SSRIs, we had an idea that they were effective and we were aware that they caused short-term side effects.

[BBC] The Maudsley ran a helpline in the 90s for people taking psychiatric drugs.

[David Taylor] It was striking that we got so many calls from people who were having quite severe problems stopping antidepressants and that those problems seem to go on for weeks or months. I remember we debated whether or not we thought that it was possible for those withdrawal effects to last that long, or it was the case that there was some kind of psychosomatic disorder.

[BBC] Before the drugs were launched, they were tested by manufacturers in clinical trials to assess safety and effectiveness. In early trials withdrawal symptoms weren't closely studied.

[David Taylor] To my knowledge this wasn't looked at particularly carefully in the trials that were done. You only need two studies for six weeks, so, we might not have seen withdrawal after that short duration of use.

[BBC] For many drugs, the longer you take them, the more likely you are to experience withdrawal when stopping.

[David Taylor] Medicines are licensed before long-term studies have been done, and again, this is about balancing the need to get effective medicines to patients, and the risk of discovering something after we've licensed those medicines. [23:00]

[Joanna Moncrieff] There are very few trials that have lasted longer than six months and almost none that have lasted longer than a year. So really, we can say that everyone who takes these drugs for more than a few weeks, is taking part in a huge unregulated experiment to find out what the long-term consequences of doing this are.

[BBC] Panorama has discovered as evidence of withdrawal symptoms grew; one pharmaceutical company wanted to keep what it knew to itself. [23:36]

[BBC] James Davis is a psychologist and campaigner on psychiatric drug harms. He's looking at a confidential Pfizer Memo from 1996. In it, staff discuss what the company will tell regulators in Norway about its drugs sertraline.

[James Davies] It says 'we should not volunteer to describe the withdrawal symptoms but have an agreed list prepared in case they insist'. So, some of the withdrawal reactions they are listing here, we've got sensory disturbances, sweating, nausea, insomnia, tremors, agitation, anxiety. It's quite clear from this document they, they know that these effects exist, that they are hugely problematic, um, but this isn't translating, often, into the information that patients on the ground were getting. Presumably because it would affect the economic profile of these medications. [24:45]

[BBC] Pfizer says it's been monitoring and reporting all adverse event data to the licensing authorities in line with its legal and regulatory obligations and updated sertraline labeling as required. The MHRA, the UK's drug regulator, says in 2003 it asked manufacturers to conduct retrospective analyzes of their clinical trial data. It says it led to more detailed information on withdrawal being added to SSRI labeling. [25:17]

[Jerry Rosenbaum] I'm Jerry Rosenbaum. I'm a professor of psychiatry at Harvard Medical School.

[BBC] During the early 1990s, doctors at one of America's most prestigious hospitals also began noticing withdrawal symptoms.

[Jerry Rosenbaum] We had some pretty dramatic cases in our clinic of people with emergency room visits. We saw people have these symptoms; it was pretty clear. I think at the time we thought it was rare.

[BBC] One of the professor's team was working on an industry-funded trial for a new antidepressant that also targeted serotonin.

[Jerry Rosenbaum] He did something I guess the drug company didn't necessarily approve of, which is, after the study was over, he followed the patients as they discontinued and published the paper about the symptoms that emerged during that period. [26:06]

[BBC] They published data showing 78 of those who'd taken the drug for eight weeks had some withdrawal symptoms within three days of stopping. Professor Rosenbaum went on to publish a study of three other antidepressants. For two of them, Sertraline and paroxetine, more than half of patients who'd taken the drugs for between four months and two years experienced withdrawal symptoms when they stopped.

[Jerry Rosenbaum] The interesting thing is, it, like all of psychiatry, there's tremendous variation. I mean there was a small group of people who had terrible effects and a large group of people who didn't notice it. You know, it's something that doctors needed to be aware of, because, uh, some of the cases that we saw were of people who were told there's no problem stopping these medicines.

[BBC] Highlighting evidence of withdrawal symptoms didn't go down well with the wider medical profession.

[Jerry Rosenbaum] It wasn't a message that despite our, you know, position in this Augusta institution, um, got out very well. I also, um, you know, personally got some negative feedback from colleagues, about focusing on that issue, saying that I was an adverse force for the field. That we worked so hard to get antidepressants, you know, acceptable. [27:24]

[BBC] Pfizer no longer holds the license for sertraline. GlaxoSmithKline still makes paroxetine. They both say patients shouldn't stop treatment abruptly. Any decision to stop should always be taken in close consultation with your doctor. With limited research available doctors were learning about antidepressants through experience. For the Maudsley's professor Taylor it was his own. He'd been taking antidepressants himself.

[David Taylor] I stopped taking antidepressants more than 20 years ago now and I had in mind mild transient short-lived, and there was anything but, it was really quite an unpleasant experience, and that's probably an understatement. I was quite shocked by it. I gained from the experience and was better able to appreciate what other people were telling me. [28:26]

[David Taylor] In the mental health sphere we're quite good at making the same mistake more than once, and I suspect people felt that we wouldn't let that happen again we wouldn't allow an introduction of a group of drugs which seemed to work really well but then later find that it was difficult for people to stop them. But that was pretty much what's happened with SSRIs. [28:58]

[Trish Matthews] I think I was probably 18 months down the line of taking the antidepressant when I thought yeah, I'm fine I feel fine, I think I can come off this.

[BBC] 23% of women in England are now taking an antidepressant. Trish first tried stopping hers in 2000.

[Trish Matthews] Within 24 hours I felt absolutely dreadful. I couldn't hardly lift my head. I was, you know it was like the whole . . . I felt like my blood pressure dropped in my boots. I was out, could hardly function basically. I think probably in my mind I thought that it's just all the symptoms coming back. That, that I must have been worse than what I thought I was, and I rang the doctor and she said I think you have to go back on it.

[BBC] Withdrawal symptoms can be similar to those of depression and anxiety. They're sometimes mistaken for a return of the condition the drugs were prescribed to treat. [30:04]

[Tony Kendrick] Changing mood, changing sleep, anxiety, panic. Those kinds of symptoms are quite common. They're also physical symptoms. So, dizziness, um, changes in digestion, strange physical symptoms, which people call of brain zaps. Because of this overlap it's often quite difficult to know in the early stages of coming off an antidepressant whether a person is simply getting withdrawal symptoms or they're becoming depressed.

[Trish Matthews] So this was the pattern really for the next 20 years. Of coming off for a short time and then coming to go back on again.

[Tony Kendrick] The problem for many GPs, and I do sympathize having been a GP myself, is that if you start to reduce the dose and somebody comes and tells you that they're feeling depressed, you, you may be tempted to say, well, this just proves that you need the antidepressant and we won't try and reduce it again. Because you're fearful that we're going to relapse.

[BBC] There are now more than 8 million people in England taking an antidepressant including SSRIs. Antidepressants are also prescribed for other conditions, including chronic pain and obsessive-compulsive disorder. Figures obtained by Panorama show more than 2 million people have been taking them for five years or longer.

[Tony Kendrick] Antidepressant prescribing has been increasing year on year since the early 1990s, and it's the longer-term prescribing that's driving the increase, and it just keeps going up.

[Wendy Burn] People are staying on antidepressants for longer and longer and we don't really have long-term studies that support that. And, you know, the drugs do have side effects you shouldn't just stay on them without ever thinking about coming off them. I would suggest that anyone who's on an antidepressant should have their treatment reviewed every six months and you should never stop an antidepressant without discussing it with your doctor. [32:13]

[BBC old] Imagine a world where every word ever written could be viewed instantly in your home via an information Super Highway.

[BBC] By the early 2000s the internet began connecting people who are experiencing problems with their drugs.

[Adele Frammer] I already knew about using the web. I was, I was an early adopter of the internet.

[BBC] Adele Frammer was working as a software consultant before she says antidepressant withdrawal forced her to quit. Her doctors thought she was relapsing.

[Adele Frammer] It was clear to me that I was not having a relapse because I never experienced those symptoms before. They were really strange.

[BBC] Adele Set up a support group called Surviving Antidepressants. [33:04]

[Adele Frammer] Almost everybody who comes to my site has been told that they've relapsed. They've been told that their withdrawal symptoms or depression or anxiety or whatever. This is a very universal experience.

[Audrey Barrick] The internet changed everything for people who were experiencing a psychiatric drug harm that were undocumented. We found each other. All along I believed I couldn't be alone but I never had any evidence that I wasn't alone. It was a very lonely journey and it became progressively more isolating. Mostly I wanted to just be believed and in one of my routine searches on the internet I found, oh, my gosh, someone had started a support group for people who had enduring sexual dysfunction after stopping SSRIs.

[BBC] Audrey began publishing some of the first ever academic papers on her condition. It's become known as PSSD: Post SSRI Sexual Dysfunction.

[Audrey Barrick] A large part of my motivation was to put out some papers into the world that could be downloaded and brought to their physician, or brought to their prescriber. I don't want anybody to ever have to go through what I've gone through. [34:44]

[Mark Horowitz] So this is me writing in 2019: 'hello I feel so depressed and depersonalized and fatigued at times I'm not sure what to do with myself. If it is withdrawal then I really hope that it can't last too much longer, because it is sapping my will to keep going. It reminds me of how upsetting it was. A bit maybe, a better place than I was then, but it was a very hard process, it's a bit upsetting to read it. [35:20]

[BBC] At the time UK guidelines advised steadily reducing or tapering an antidepressant dose over four weeks. They said withdrawal would be generally mild and short-lived. Mark had already tried to stop his antidepressant but couldn't. So, he looked for advice online and found Adele's site.

[Mark Horowitz] Online I was getting advice from retired engineers and firemen and housewives it was clear who the experts were. People said it took months to come off, it took more than a year for some of them, and it took several years for quite a few of them.

[Adele Framer] A lot of people had experienced withdrawal from these regimens where the doctors are telling them to cut in half and then half again. So, we knew that that kind of tapering was not working. So, we figured, let's do 10 percent. So that became sort of a word-of-mouth type of recommendation, where gradual tapering meant 10 percent reductions. [36:25]

[Mark Horowitz] I could see that a lot of people were coming down by very small amounts of their drug as they got down to lower doses by smaller and smaller amounts and the reason, they were doing that is because they felt that their withdrawal symptoms became more pronounced at lower doses. Which was, which you might think is a bit surprising. You might think you're on less of the drug it should be easier to come off. But I heard again and again people saying it's these small doses that are particularly hard to come off.

[BBC] Many drugs don't come in such small doses, so some people who are struggling found creative solutions.

[Mark Horowitz] They were grinding up tablets with nail files and measuring them with Jeweler scales, they were making liquids by crushing them, and making liquids and using syringes to measure them out, they were opening up capsules to count beads. As I followed their guidelines, I saw they came off, it was a lot easier that when I come up more quickly, tiredness, memory trouble, concentration issues started to improve, which was, I should say, you know, a huge gift to me. [37:29]

[BBC] Mark then teamed up with the Maudsley's Professor David Taylor. Together they wrote the first paper on how to ease withdrawal symptoms by tapering the dose very slowly. It was published 30 years after the launch of Prozac.

[Mark Horowitz] The way I see it is, you know, half the field is empty in Psychiatry. All the papers, all the textbooks, all the researchers are about how to start the drugs, and there's almost no research and guidelines on how to stop the drugs. To me it's the same as allowing cars to be sold without brakes. We should know how to start the car and how to stop it. [38:11]

[Luke Montagu] I remember very clearly when I first went into severe withdrawal. Looking it up on the internet and I was absolutely horrified. Because I saw that so many people were suffering the same thing and I didn't know about any of this. I hadn't been warned.

[BBC] Luke Montague took Prozac for more than a decade.

[Luke Montagu] And when I stopped the Prozac and I had these severe withdrawal reactions I thought that that was evidence that I was really ill and that I needed the drug in order to survive. I used to think of myself as being held together by pieces of chemical string. I remember thinking about that at the

time, and we just didn't know that it was withdrawal. And of course, that then led to the misdiagnosis of more things that were wrong with me for which more drugs were added.

[BBC] By now he was on another antidepressant. When Luke tried to stop taking all the drugs a few years later he says the withdrawal was so bad he couldn't leave home for three years.

[Luke Montagu] I could at least read online and I could go to websites and it was really the volume of people online suffering in the same way with the same story being left on them long-term coming off them. Suffering horrendous withdrawal and then critically having that withdrawal denied. Having the harms denied by the doctors and that was my story exactly. That that had happened to me. And that made me think that really there was a profound problem with the system and that if I was going to recover, I was going to try and do something about that.

[BBC] Luke contacted the psychologist James Davis. [40:00]

[Luke Montagu] He and I got together and we thought what can we do to help. The critical thing was to get to the experts, because ultimately, if things were going to change, we needed to change the opinion of experts.

[James Davies] There was something that always perplexed us and it was this massive disjunct between what the guidelines were saying, that antidepressant withdrawal is usually, mild self-limiting, resolving over a week, and what we were encountering online.

[BBC] James and Luke wrote a letter to the Times newspaper saying antidepressant withdrawal can be disabling for many patients. It was 2018 and it started a public debate with the then president of the Royal College of psychiatrists.

[Wendy Burn] I replied saying that antidepressants did work and also talking about withdrawal and saying that withdrawal wasn't, wasn't really a problem. I didn't really expect anything to come apart. It was really quite a kind of, you know, casual send a letter, to send a letter to the Times, which once you are president, you do, you do quite a lot. But people got really upset and really angry. [41:00]

[Luke Montagu] I think Wendy found herself in a really difficult position, because on the one hand she had a lot of her members, a lot of psychiatrists, who had promoted this story that antidepressant withdrawal was mild and short-lived, and then, at the same time, she had all of these patients and campaign groups coming to her and saying: this isn't true at all.

[Wendy Burn] I was realizing that the college had got it wrong. So, then we had to work out how to put things right.

[BBC] She asked two experts who'd both experienced withdrawal themselves to help.

[Wendy Burn] We had a lot of input from different people, but two of the big influence were Professor David Taylor and Dr Mark Horowitz.

[BBC] They produced a patient information leaflet on withdrawal and how to taper the dose.

[Wendy Burn] We thought if patients are getting withdrawal symptoms, they can show it to their doctor and say look through all college psychiatrist says that withdrawals a thing and this is, this is how you might experience it.

[James Davies] For us it was a significant U-turn. This was the first time a major psychiatric organization like the Royal College of Psychiatrists had stepped up and acknowledged a problem that had been there for a long time. We felt patients on the ground had been vindicated.

[David Taylor] I think now people accept that a small minority of people will have significant difficulty in stopping antidepressants and they'll get withdrawal symptoms which are severe, in as much as they are difficult to tolerate, and that they can go on for a very long time. [42:54]

[BBC] Professor Burn is no longer president of the Royal College. She's still a practicing psychiatrist and personally regrets that severe and long-lasting withdrawal wasn't recognized sooner.

[Wendy Burn] I can't really explain why it took, um, why it took so long, perhaps partly because of the overlap between relapse and withdrawal. I don't know. I can't really explain it.

[BBC] Do you feel like there's an apology that should be made?

[Wendy Burn] Um, I guess yes. If there's anybody watching who's gone through withdrawal and it wasn't recognized then I'm very sorry. [43:30]

[BBC] In the U.S. Audrey had been trying for years to get recognition for the serious sexual side effects of SSRIs.

[Audrey Barrick] I vigorously reached out to dozens of Health journalists every major newspaper in a big city. I, I wrote to them all. Those efforts resulted in just a couple nibbles but, um, no follow-through. It appeared no one wanted to listen.

[David Healy] You know, you think to yourself, sex, the media will be interested in sex. It was just the opposite. You know, you mentioned sex and the media shut down. The message has tended to be, well, if we raise something like this, it's going to scare people away from treatments that might help. [44:20]

[BBC] By 2019 there were 93.6 million prescriptions in the UK for all types of antidepressants. The number had almost doubled in a decade. Now even rarer SSRI side effects were being more widely discussed. People suffering with post-SSRI sexual dysfunction also began to find each other and raise awareness.

[BBC-old] I think everyone who suffers from PSSD, me included, wants people to know what this medication can cause. What it can do to you. Because we weren't warned.

[BBC] The UK's medicines regulator has been receiving reports of persistent sexual side effects since 1991. Two internal reviews later concluded there was insufficient data to issue any warnings. [45:14]

[Joanna Moncrieff] We don't know much about the prevalence of PSSD. There haven't been any systematic surveys. We don't know how common it is. But what I would say is that even if it's quite uncommon, antidepressants are being used so commonly now, that that would still amount to a substantial number of people.

[BBC] The regulator says it's now received 403 reports of PSSD. On social media there are many more.

[Daryl] It's absolutely horrendous, it flips whatever plans and future I had for my life upside down.

[Rosie] Look, I almost laugh at the fact that I used to think I was suffering, until I got this.

[Emily] I require medical attention, but there is no medical assistance to be found for this condition as it is underreported and understudied.

[David Healy] It's probably not unique, but probably relatively rare, that you get a problem as serious as this, that's put on the medical radar by the people who have the problem rather than the professionals.

[BBC] An acknowledgment that sexual side effects can persist after stopping the drugs was finally added to SSRI patient leaflets in 2019. [46:30]

[Simon] I just feel like I've been completely done over by the medical community. They've updated their packaging but it still doesn't reflect the fact that you can be permanently chemically castrated.

[David Healy] To this day we've got doctors simply not believing people when they say that this can happen. You know, so that's still the experience of a lot of people. It adds to the awful problem, this isn't saying that you won't recover. We need to hang on to the hope of recovery and the fact that there is more research happening so this hope is hopefully getting stronger.

[Kelli] All I could do was just hope that my body knows what did you do and it can go back to the way that it used to be before I took this medication. [47:21]

[BBC] In 2021 the number of antidepressant prescriptions in the UK reached 100 million. With one in seven of us taking them. Understanding the benefits and the risks is more important than ever.

[David Nutt] Antidepressants have actually saved the lives of many hundreds of thousands of people and they allow people to cope with what is becoming more and more stressful society and it might be a lot worse without them.

[BBC] While many doctors report their patients often improve on antidepressants over the last 15 years how well they work has been increasingly called into question.

[Eric Turner] My name is Eric Turner. I'm a former FDA reviewer and before that a research fellow at National Institute of Mental Health.

[BBC] When Eric Turner joined the U.S. regulator the Food and Drug Administration, he'd been prescribing antidepressants as a psychiatrist. He'd also researched them as an academic. [48:29]

[Eric Turner] When I came to the FDA it was the spring of 1998. I thought I knew all about how well drugs work and once I got there, I found out that I didn't, I didn't know much of anything.

[BBC] Working at the FDA Dr Turner got to see confidential Drug Company data from their clinical trials. Those trials measured antidepressants effectiveness by comparing the drug with a dummy pill or placebo.

[Eric Turner] Right away I saw a number of negative studies where the drug didn't be placebo and I was, you know, baffled. You know, how could this be was a shock to me. Because looking at Journal articles and Psychiatry journals it appeared that the drugs always were superior to placebo and I had no reason to think otherwise. [49:25]

[BBC] To gain approval from Regulators, companies usually need to show at least two successful trials where their drug beat Placebo by a significant margin. What Eric was seeing was how many attempts companies needed to achieve that.

[Eric Turner] And then I spoke with my boss about this. I said what's going on here, uh, what's with all these negative studies, and he, he kind of chuckled, as, oh yeah, basically it happens all the time, yeah, about, you know, 40 percent of the time these studies will fail. And um, yeah, I, I didn't see the humor in that. [50:00]

[BBC] Eric Turner began scrutinizing studies published by the drug companies and their trial data only the FDA got to see.

[Eric Turner] If you look at the FDA data, you find out that the fact is, there's roughly, half the trials are negative, uh, it did not beat placebo. And only half were positive.

[BBC] in 2008 he published the first evidence of how many antidepressant trials were unsuccessful. He found the effectiveness of a range of antidepressants had been overstated by between 11 and 69 percent.

[Eric Turner] If you exaggerate the benefits, make the drug look more effective than it really is, by suppressing negative studies, then that's going to alter the risk benefit ratio right there. By that time clinicians have been prescribing a Prozac and Zoloft and Paxil for many years and they probably were

quite comfortable with them, and felt that they knew what they needed to know about these drugs.
[51:03]

[BBC] In 2018 a leading academic and his team published a review that had taken six years to complete. Their aim, to settle the debate over the effectiveness of antidepressants.

[Andrea Cipriani] Part of the controversy is the influence of industry in this area. Because in the past we know that there was a push for prescribing drugs and trying to market these drugs as a quick fix, an easy solution, and they're definitely not.

[BBC old] Scientists think they have finally answered the question in a huge study. They analyzed more than 500 clinical trials including previously unpublished data held by drug companies.

[Andrea Cipriani] This was the largest studies ever carried out in mental health.

[BBC] Professor Cipriani's analysis of trials involving people with depression showed on average more improved substantially with an antidepressant than placebo. [52:00]

[Andrea Cipriani] We know that antidepressants are better than Placebo but the difference is about 15 percent from placebo. So, it's not a huge dramatic difference.

[BBC] Around 40 percent improved on placebo. Around 55 percent improved on the drug. Giving a 15 percent difference between the two.

[David Nutt] The difference between placebo and active treatment can be the difference between life or death if it happens to be that it gets you above being suicidal. We have to look at the benefit-risk. The benefit-risk for this is really rather remarkably, actually.

[Andrea Cipriani] I think it's an average effect but it doesn't reflect what is the reality. Which is some people don't respond at all and other people respond a lot to the medication. This is why we need to get rid of the one size of fits all approach. [53:00]

[Tony Kendrick] Professor Kendrick co-wrote the latest NHS guidelines. For adults with more severe depression antidepressants remain an important treatment option, but in less severe cases GPS are now recommended not to prescribe antidepressants unless patients request them.

[Tony Kendrick] We now teach students and trainees to hold off on prescribing antidepressants if possible. For mild depression most people get better whatever you do over a few months. So, if you can hold off, then you don't start people on antidepressants and then they're not going to get problems further down the line trying to come off them.

[BBC] The companies behind the most widely used SSRIs in the UK say that many clinical trials and studies by independent researchers show their drugs are effective. That they've been taken by millions worldwide for potentially devastating and sometimes life-threatening conditions and that they've helped patients globally. They say, as with all medicine's SSRIs have potential side effects, which are clearly stated in the prescribing information. And they say their drugs are considered to be safe with a positive benefit risk ratio by doctor's patients and regulators around the world. [54:25]

[BBC] Trish has been slowly tapering off her antidepressant for three years

[Trish Matthews] I feel that my last dose of my SSRI will probably be in within about the next two to three weeks. I do think there'll be traces of issues for a while and I'm prepared for that. I just hope that maybe a year's time or something, like that I can think, you know, that's all gone, and um, sort of this is me as I am. You know. So that's what I hope for yeah, definitely. [55:17]

[BBC] Mark's now been reducing his dose for five years. He's hoping to stop completely in the next few months.

[Mark Horowitz] The history of Psychiatry is of drugs being put onto the market being told that they're effective, there's minimal side effects and they're easy to stop. And again and again, that it's turned out that years later, that that none of those things are true.

[David Taylor] What matters are the regulatory conditions. And at the moment to my knowledge there isn't a regulatory demand that new drugs are tested in terms of their long, very long-term use, of the likely long-term effects of withdrawing. [56:06]

[BBC] Millions of people around the world continue to take SSRI antidepressants. For many the benefits still outweigh the risks.

[Wendy Burn] I believe very firmly as, as does the college, that antidepressants are helpful. And I've seen throughout my long and extensive career, I have seen people benefit from antidepressants, and I see lives being saved by them.

[Jerry Rosenbaum] Well I think that you know the, the SSRIs will be, you know, history, at some point, um, I think they were more helpful than not, but you know, not everybody was helped, for sure lots of people weren't.

[BBC] It's more than 30 years since the wonder drugs of a generation promised safe effective treatment for depression. But the story has turned out to be much more complicated. [57:03]

[BBC] And for those harmed by them it's been a long hard fight to be heard.

[Audrey Barrick] Okay good boy, let's go home buddy. So, you've asked what I think my life might have been like if this hadn't happened. It's a really painful question. It's really hard to contemplate. That's left an indelible mark on my life. That's been huge, but nobody's life is predictable. I've retired now and threw out a lot of my files. I thought I might have been done.

[BBC] How does it feel kind of sitting here, and talking about it now?

[Audrey Barrick] I've been waiting for you to show up for 15 years. Thank you for coming. It's amazing