

July 9, 11:50 ET: Coverage of this is emerging:

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FOR IMMEDIATE RELEASE

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New Study Analysis Draws Wrong Conclusions and Misleads Public About The Prevalence And Severity of SSRI Withdrawal, Say Advocates

The study concedes that withdrawal exists, but downplays the severity, ignores the long tail of symptoms, and leaves out those most impacted.

July 9, 2025 — New York, NY — Experts and advocates for those harmed by psychiatric drugs say a new analysis of pharma-backed research into antidepressant withdrawal fails to reflect the experience of the public, including millions of people who have stopped or are stopping antidepressants.

“This paper filters out the very experiences it claims to measure,” says Morgan Stewart, founder of the Antidepressant Coalition for Education (ACE), in response to the newly published review in *JAMA Psychiatry*. “The analysis claims antidepressant withdrawal symptoms are typically ‘mild,’ ‘transient,’ and ‘clinically [un]important,’ but the analysis makes these conclusions based largely on short-term studies that aren’t reflective of real-world conditions”

“Medical professionals and researchers specializing in this subject, as well as advocates for those harmed by psychiatric drugs say the review’s design conceals the scope of withdrawal and fails to reflect the lived experience of millions.” adds Stewart.

“It’s a tightly gated analysis that might pacify policymakers looking to cut corners, and some in the media, but risks harming those experiencing serious withdrawal while undermining urgently needed public health action.”

What the Study Gets Wrong

The study, by Kalfas et al, draws on 50 industry-backed studies, concluding withdrawal symptoms are modest and unlikely to cause clinical concern. But a litany of major limitations challenge its relevance:

Short Follow-Up Periods

“The majority of trials that used the DESS only followed up participants for up to two weeks, and therefore potential long-term discontinuation symptoms could not be assessed.” Page E6

Many people don’t begin to experience withdrawal symptoms until after the two-week window. The study’s timeframe fails to capture delayed or protracted withdrawal effects. It also fails to distinguish between relapse and withdrawal using the DESS (Discontinuation-Emergent Signs and Symptoms) scale.

Non-Representative Use Durations

“Treatment duration in the included studies was likely shorter than in real-world settings, which could have influenced our findings.” Page E6

Most participants only had brief exposure to antidepressants (8-26 weeks). In contrast, real-world users often take them for years. Most doctors and official clinical antidepressant prescribing guidelines recommend they be taken for a minimum of six months, and evidence suggests duration of use is a key factor in withdrawal severity.

Exclusion of Rare but Devastating Effects

“Some RCTs only reported AEs [adverse events] occurring in more than 10% of the sample. Consequently, some of the most severe but less common discontinuation symptoms would not have been reported.” Page E6

This threshold excludes less common but clinically significant and serious symptoms—like akathisia, derealization, emotional lability, and suicidality—which are frequently reported by long-term users.

Dismissive of Tapering Protocols

“Our findings... cast a degree of doubt on the need for routine use of longer-term tapering regimens apart from any theoretical concerns.” Page E6

Despite this claim, the review includes no studies investigating real-world, gradual tapering methods. It questions tapering without supplying relevant data.

Significant Pharma Involvement and Conflicts of Interest

“This publication used data from pharmaceutical companies such as Lundbeck, Takeda, Lilly, and Pfizer that has been made available through Vivli Inc.” Page E7

A significant number of reviewed studies directly involved drug companies. Additionally, many of the paper’s authors disclose financial relationships with more than 20 pharmaceutical companies, including those whose products were under review in the analysis.

Reframes Withdrawal as Relapse

“Mood worsening was not associated with discontinuation; therefore, later presentation of depression after discontinuation is indicative of depression relapse.” Abstract & Page E5

The study presumes that mood symptoms arising after the early withdrawal window reflect a return of the underlying disorder. This undermines efforts

to distinguish withdrawal from relapse—an issue that remains unresolved in the literature.

“This Is a Controlled Narrative”

“This is what we call a limited hangout,” Stewart says. “It concedes that withdrawal exists, but it downplays the severity, ignores the long tail of symptoms, and leaves out those most impacted.”

Cooper Davis, Executive Director of Inner Compass Initiative, a charitable organization that supports individuals navigating psychiatric drug withdrawal, agrees:

“The paper does what these reviews often do—it confuses absence of evidence with evidence of absence. Long-term, severe withdrawal is real, and it’s simply not captured in the dataset they chose to work with. This is a controlled narrative.”

Advocates Call for Independent, Real-World Research

Both ACE and Inner Compass Initiative are calling for:

- Longitudinal, real-world studies of antidepressant withdrawal
- Separation of clinical research from pharmaceutical funding
- Integration of layperson expertise into public health policy

“This is a misleading analysis of antidepressant withdrawal,” Stewart says. “It’s a manufactured consensus based on industry-aligned data.”

ENDS: 786 words

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About the Antidepressant Coalition for Education (ACE)

www.antidepressantinfo.org

ACE is a grassroots organization that educates the public, medical professionals, and policymakers about the risks, realities, and overlooked consequences of long-term antidepressant use and withdrawal.

About Inner Compass Initiative (ICI)

Inner Compass Initiative is a 501c3 non-profit organization that advocates for more informed choice in psychiatric drug prescribing, and offers education, resources, and mutual aid community for anyone seeking information and support both through and beyond the mental health system.

www.theinnercompass.org

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