Can long-term antidepressant use worsen depression?

One of the things I learned from a very good book called *Anatomy of an Epidemic* is that in the old days, when psychiatric drugs were few to nearly non-existent, many patients fared better than they do today. Often, when someone had a major mental illness such as major depression, they might be confined for a brief period to a mental institution. There, and on their own, they would often get better and, after a while, could be discharged. Some might relapse, but in general, many or most slowly got better and had no permanent effects of either illness or treatment.

Today, there’s a vast array of psychiatric meds available, and they are used freely, with little concern about long-term consequences. There are a few people who are aware of this situation, such as in the following report.

*Can long-term treatment with antidepressant drugs worsen the course of depression?*

**BACKGROUND:**

The possibility that antidepressant drugs, while effectively treating depression, may worsen its course has received inadequate attention...

**RESULTS:**

A number of reported clinical findings point to the following possibilities: very unfavorable long-term outcome of major depression treated by pharmacologic means, paradoxical (depression-inducing) effects of antidepressant drugs in some patients with mood and anxiety disturbances, antidepressant-induced switching and cycle acceleration in bipolar disorder, occurrence of tolerance to the effects of antidepressants during long-term treatment, onset of resistance upon rechallenge with the same antidepressant drug in a
few patients, and withdrawal syndromes following discontinuation of mood-elevating drugs. These phenomena in susceptible individuals may be explained on the basis of the oppositional model of tolerance. Continued drug treatment may recruit processes that oppose the initial acute effects of a drug and may result in loss of clinical effect. When drug treatment ends, these processes may operate unopposed, at least for some time, and increase vulnerability to relapse.

CONCLUSION:
The possibility that antidepressant drugs may worsen the course of depression needs to be tested, even though its scientific exploration is likely to encounter considerable methodological and ideological difficulties. The clinical implications of this hypothesis in depression are considerable…

The “oppositional model of tolerance” mentioned above refers to the brain’s plasticity, which is behind the effects of tolerance to, among other things, addictive drugs. Opiates, for example, bind to opioid receptors, and in the presence of opiates, the cells of the nervous system will produce more receptors. Similarly, serotonin reuptake can become altered in the face of SSRIs. This is one mechanism by which psychiatric drugs can worsen mental illness, and there are others.

The authors also state that “scientific exploration” of this problem may encounter “ideological difficulties”, which is an understatement, I believe. The entire medical/psychiatric establishment is dedicated to giving psychiatric drugs, and the pharmaceutical industry promotes it.

One in ten Americans now takes an antidepressant, and among women in their forties and fifties, the figure is one in four. If you ask me, something is very wrong there. This very likely has huge consequences for society as well, not just for the individuals involved.

Among non-pharmacological treatments for depression can be counted sleep deprivation therapy (sometimes known as wake therapy, see also here), light therapy, and exercise. NB: I’m not saying that antidepressants are never necessary or useful, only that I believe that their use must be carefully considered.