

Pill-popping problem

Antidepressants can come with very negative side effects

news

ANTIDEPRESSANT USAGE

Marlo Campbell

Three weeks after Tooker Gomberg jumped off a Halifax bridge, the U.S. FDA linked certain antidepressant drugs with increased suicidal tendencies.

"(It) was a kick in the head," says Angela Bischoff, Gomberg's partner of 17 years.

A lifetime of activism had taken its toll on Gomberg, environmental and social justice advocate and former Edmonton city councillor.

Gomberg first experienced depression while living in Toronto in late 2001. Talk therapy, homeopathic remedies and the support of friends helped him through it, but depression returned when the couple moved to Halifax a year later. Socially isolated and unemployed, he turned to psychiatry (the only treatment covered by provincial health care) and was prescribed an antidepressant.

He became extremely agitated. In response, his dosage was increased — eventually to the maximum.

"It just got worse and worse," Bischoff says.

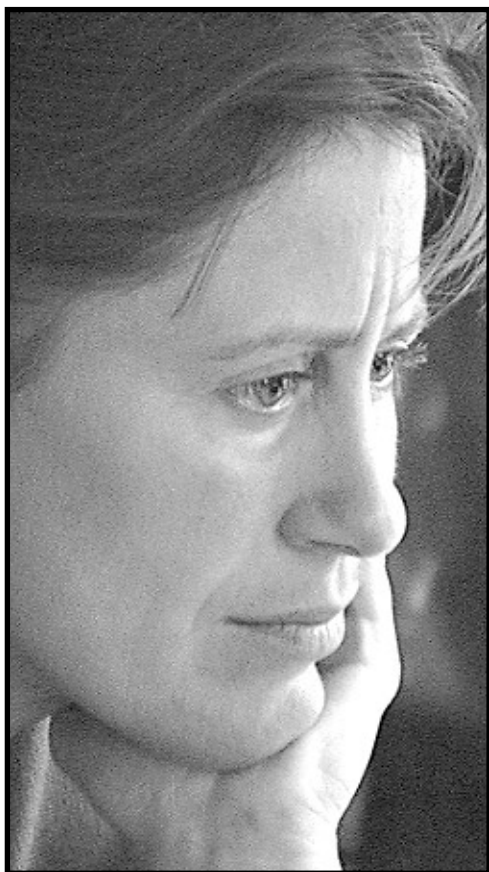
Five weeks in, he returned once again to the psychiatrist, where he was given a tranquilizer and told to stay with the program. That afternoon, he took his own life.

Neither Bischoff nor Gomberg had ever been warned about the potential for this type of adverse effect, and spurred on by the FDA announcement (Health Canada released a similar advisory two months later) Bischoff began researching the issue.

Along with Kelly Reinhardt and Bridget Haworth — friends of Gomberg and members of boilingfrog, an independent media organization — Bischoff subsequently organized a 23-city cross-country tour called Healthy Mind, Body, Planet.

She describes it as "a labour of love and a commitment to Tooker's memory."

The multimedia presentation that rolled through Winnipeg on May 12 connects antidepressant use with advertising, "big pharma" and corporate culture. At each stop, a free newspaper is distributed and audience members are filmed sharing their own experiences for blogs and podcasts, which can be seen online at www.greenspiration.org.



Angela Bischoff

Antidepressant use in Canada has almost doubled since 1999. In 2004, 22.5 million antidepressant prescriptions were filled.

Dr. Murray Enns and Dr. Mark Lander are psychiatrists who work in the Mood Disorders Program at the Health Sciences Centre.

Enns acknowledges a "meaningful percentage of people" experience a worsening of anxiety in the initial stages of treatment — Bischoff's data put the figure at one in four, while Enns believes it's more like 10 to 15 per cent — but he says antidepressants have been proven effective in the long run.

"We have to distinguish between short-term effect and eventual benefit," he says.

"The reality is, whenever you treat someone with depression, suicidal behavior is a possibility," Lander says.

He believes current media coverage lacks perspective.

"On the whole, by treating the depression

you're going to reduce the risk (of suicide)... and that's the part that doesn't get across," he says.

Enns agrees that certain antidepressants can initially increase suicidal thoughts in some patients but explains "that's why people should be monitored carefully when they're being prescribed an antidepressant."

Most psychiatrists treat depression with a combination of medication and talk therapy. However, general practitioners treat the majority of Canadians and often don't have the time or resources to offer additional counselling.

The average length of a GP visit in Canada is less than 10 minutes.

Bischoff argues that pharmaceutical companies are medicalizing natural feelings in order to make a profit — intentionally broadening the definition of mental illness.

"Drug companies are really preying on our

been prescribed at least one antidepressant in 2001-02 — a rate of 12.81 per 1,000 children.

• Winnipeg's prescription rate for children aged five to 19 was 13.75 per 1,000 children. Comparing areas within the city, River Heights had the highest rate of antidepressant prescriptions, at 21.19 per 1,000 children.

• According to the Canadian Health Network, depression will strike one out of every eight men and one out of every four women.

• Prozac, introduced in 1986, has been prescribed to 54 million people worldwide.

• The World Health Organization predicts depression will be the second-most-common cause of disability in the world in less than 20 years.

• You should not stop taking an antidepressant on your own, even if you are experiencing negative side effects. If you think you are having an adverse reaction, see your doctor. If you feel like harming yourself or others, tell someone.

Depressing stats

• In 2004, the retail value of antidepressant prescriptions in Canada was \$1.1 billion.

• Depression was the second-most-common reason Canadians visited a doctor in 2005. In 79 per cent of those visits, the patient left with a prescription.

• Selective serotonin reuptake inhibitors (SSRIs) made up 75 per cent of all antidepressant prescriptions dispensed in Canada in 2004.

• Manitobans consumed the highest per capita amount of SSRIs in 2004 — 25 pills per person.

• No antidepressant drugs have been authorized by Health Canada to treat children. However, drugs are often prescribed 'off-label,' which means they're used in a way that's not officially approved. The practice is acknowledged by Health Canada as an important tool for doctors to help their patients.

• A study done through the Manitoba Centre for Health Policy found that 3,249 Manitoban children between the ages of five and 19 had

emotions, and they advertise to make us believe that there's something wrong with us," she says.

Direct-to-consumer drug advertising is illegal in Canada, but many people are still exposed to it through American TV shows or magazines. More people are now asking doctors for specific brand-name drugs.

Enns and Lander see antidepressants as one of several viable treatment options for a variety of disorders.

"The medications are neither a panacea and a cure-all for emotional disorders, nor are they absolutely horrid, awful things that they are sometimes portrayed to be," Enns says.

But Bischoff remains wary.

"These drugs are not taken seriously enough," she says. "They may help some people, but they also harm people, and (that's) what we're not hearing."

Sad but true

Doctors gave Canadians over 47 million antidepressant prescriptions last year



...and another thing!

Marlo Campbell

Antidepressant drug use is a sensitive topic, and I realize 500 words doesn't allow for much in-depth analysis. But with almost 9 million depression diagnoses last year in Canada, the issue begs some attention.

In fact, my very first interaction with an *Uptown* reader was about antidepressants. A young man called me to discuss a column in which I called my generation "passive, socially isolated and doped up on antidepressants and trans-fat-laden junk food."

He had struggled with anger for years

and felt antidepressants literally saved his life. He didn't appreciate the 'pill-popper' stereotype. We had a nice chat and found some common ground.

It's undeniable that psychotherapeutic medications can help alleviate the debilitating symptoms of mood disorders. I know of several people for whom this is true. Odds are that you do, too, because over 47 million psychotherapeutic prescriptions were dispensed last year in our country.

But, to use some of my favorite cop-show lingo, my intuition tells me something's hinkey.

Personally, I've been offered antidepressants twice in my lifetime.

Several years ago, I began bursting into tears for no reason. Contrary to what regu-

lar readers might assume, this was abnormal for me. Moodiness and righteous indignation are more my style.

I was pretty sure the birth-control pill was the culprit, and a trip to my doctor confirmed my suspicions. However, rather than suggest I switch to a different brand, she immediately suggested antidepressants.

More recently, I was offered antidepressants by an emergency-room doctor (it's a long story). I hadn't asked for them, nor was I questioned about my diet, lifestyle or general stress level.

A documented percentage of people on antidepressants become suicidal in the first month of treatment. One would think a doctor who wouldn't be seeing me for any follow-up would be hesitant to hand out a prescription.

Then again, maybe he thought he was doing me a favour. Women were twice as likely to see a doctor for depression last year, so either we're legitimately more stressed out or we're still buying into the notion that we need a 'little helper' to navigate our way through the complexities of modern life.

"There, there, dear: take this pill and go

buy yourself a lipstick and you'll feel a lot better.'

The Canadian Health Network estimates that only a third of people suffering from depression will ever seek help.

Extrapolating, that means as many as 27 million Canadians might actually be depressed. It's a staggering figure.

The anti-drug activists could be right: maybe 'big pharma' has successfully convinced us that our emotions are actually treatable disorders. In a culture of instant gratification and quick fixes, doctors are just doing what we ask of them — simple supply and demand.

Then again, if the millions of diagnoses are accurate, the situation might be much worse.

Maybe decades of toxic chemicals and processed food and television have rewired our brains. Maybe 9/11 is to blame.

Whatever the reason, something seems to be very wrong with our collective emotional health. How depressing.

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In happier news, congrats to Don Elcheshen, who won a free copy of *David Suzuki: The Autobiography* by calling me after reading the May 25 issue of *Uptown*.