

Sad facts about happy pills

New study results highlight how **SSRI antidepressants work by damaging the brain**

By Morné Malan

We've never minced our words about the dangers of the widely prescribed antidepressants known as selective serotonin reuptake inhibitors (SSRIs). On several occasions, *Health Intelligence* wrote how they can ruin your sex life, make you gain weight and often don't work. But when a recent study reports that anti-inflammatory medication reduces SSRIs' effectiveness by as much as 14%, alarm bells should ring even louder.¹

FACT 1: THEY CAUSE BRAIN DAMAGE

An average person would probably look at a news headline that reports on these findings as helpful. It seems good to know that, if you're on SSRIs, you shouldn't be taking aspirin, ibuprofen or naproxen, because your happy pills won't work as well. That is, unless you're an elderly person also suffering from arthritis. That would mean choosing between pain in your joints and psychological anguish – not a pleasant choice to make.

However, the implication disguised behind this "advice" is that the SSRIs themselves must be *causing* some sort of inflammation in the brain that has a secondary effect of making you feel happier. This is exactly what the study

found: SSRIs trigger immune cells in the body to release highly inflammatory substances which cross the blood-brain barrier. In the brain, they accumulate in, and inflame, what are called the glial cells, responsible for the secretion of a natural brain healing and rejuvenation compound, named brain-derived neurotrophic factor (BDNF). Low levels of BDNF are directly linked to anything from Alzheimer's disease to schizophrenia, as well as to depression.^{2,3} The toxic inflammation then causes the brain to try and heal itself by boosting BDNF levels, and a secondary effect of that is feeling happier. This is a completely unnatural and bizarre way of getting the desired outcome.⁴ It's a bit like bumping your head against a brick wall only because it feels good when you stop! And that's not where the damage ends.

When a recent study reports that anti-inflammatory medication reduces SSRIs' effectiveness by as much as 14%, alarm bells should ring

FACT 2: THEY CAUSE CANCER

In April 2011, a review published in the journal *PLoS ONE* looked at 61 studies that had investigated the link between breast and ovarian cancer, and antidepressants.³ Overall, there was an 11% increase in the risk of contracting these diseases while on SSRIs, higher than with any other form of antidepressant.

More shocking is that the study also looked at the financial links between researchers and manufacturers of these antidepressants. It revealed that, of the 15 researchers who had such ties, not a single one found any cancer risk in the studies they were involved in. This is as opposed to 43% of researchers without industry ties who did find such risks.



If SSRIs cause cancer, imagine what this means to the many women who are prescribed antidepressants to help them cope with the depressing reality of having a deadly disease. The medicine they're given might make the life threat even more dire.

FACT 3: THEY CAUSE DEATH

This is where the risks of using of SSRIs over an extended period really become a matter of life and death. In March 2009, a large study of women taking this type of medicine cast a very dark shadow when it found that, independent of all other factors, SSRI use was directly linked to a higher risk of dying suddenly from a heart attack.⁵ Later that same year, the shadow deepened when yet another study of 136,000 postmenopausal women using SSRIs revealed they faced:⁶

- A 32% greater chance of dying from any cause
- A 45% higher risk of a stroke of any kind
- An incredible 212% greater chance of suffering a haemorrhagic stroke, caused by a burst blood vessel and bleeding on the brain
- A 210% increased risk that the stroke damage would be bad enough to kill.

With findings such as these, plus growing allegations that large pharmaceutical companies may be paying researchers to underplay the dangers of SSRIs, perhaps its time for all

those suffering from mood disturbances beyond their control to stop accepting prescriptions for dangerous medicine, and to turn to safer, more natural alternatives. **III**

NATURAL ANTIDEPRESSANT PROTOCOL

5-HTP (100mg three times per day)

SAME (400mg once or twice daily)

Tyrosine (1,000mg twice daily)

Phosphatidylserine (100mg two to three times per day)

Magnesium glycinate (400mg twice daily).

References

1. Warner-Schmidt J, Vanover KE, et al. Antidepressant effects of selective serotonin reuptake inhibitors (SSRIs) are attenuated by antiinflammatory drugs in mice and humans. *Proceedings of the National Academy of Sciences*. Apr. 2011. www.pnas.org/content/early/2011/04/20/1104836108.abstract
2. Nagahata AH, Merrill DA, et al. Neuroprotective effects of brain-derived neurotrophic factor in rodent and primate models of Alzheimer's disease. *Nature Medicine*. Feb 2009. www.wellnessresources.com/studies/bdnf_prevents_and_reverses_alzheimers/
3. Brené AS, Mathé AA. BDNF in schizophrenia, depression and corresponding animal models. *Molecular Psychiatry*. Jan 2005;10:345-52
4. Scarlett B, Pinnock A, et al. The Roles of BDNF, pCREB and Wnt3a in the Latent Period Preceding Activation of Progenitor Cell Mitosis in The Adult Dentate Gyrus by Fluoxetine. *PLoS ONE*. Oct 2010. www.ncbi.nlm.nih.gov/pmc/articles/PMC2965105/?tool=pubmed
5. Cosgrove L, Shi L, et al. Antidepressants and Breast and Ovarian Cancer Risk: A Review of the Literature and Researchers' Financial Associations with Industry. *PLoS ONE*. Apr 2011. www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0018210
6. Whang W, Kutizansky LD, et al. Depression and Risk of Sudden Cardiac Death and Coronary Heart Disease in Women: Results From the Nurses' Health Study. *Journal of the American College of Cardiology*. Mar 2009;53(11,17):950-8
7. Smoller JW, Allison M, et al. Antidepressant Use and Risk of Incident Cardiovascular Morbidity and Mortality Among Postmenopausal Women in the Women's Health Initiative Study. *Arch Intern Med*. Dec 2009;169(22):2128-39