

# Big Pharma Wants People on Antidepressants for Years and It's Working

By [Martha Rosenberg](#)

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*Antidepressants were once considered a short-term therapy to help people get over a troubled time. All that changed with the debut of selective serotonin reuptake inhibitor (SSRI) antidepressants, drug ads on TV and the promotion of the “chemical imbalance” theory of depression. Though there is almost no evidence of the theory--that SSRI antidepressants correct deficits in brain levels of serotonin, a neurotransmitter--antidepressants became blockbusters for Pharma.*

“By the mid-1990s, drug makers had convinced government regulators that when taken long-term, the medications sharply reduced the risk of relapse in people with chronic, recurrent depression,” says the [New York Times](#).

Thanks to drug advertising and the unproven serotonin theory, the use of antidepressants has almost [tripled](#). Only 13.4 million Americans took antidepressants in 1999–2000 ballooning to 34.4 million in 2013–4. In 2015 one in [four U.S. women](#) were on psychiatric drugs, usually antidepressants. More concerning, long-term use of antidepressants has doubled since 2010 and *tripled* since 2000 so that 15.5 million Americans have been taking the medications for at least five years. Yet few studies show the safety or efficacy antidepressants used long-term.

I have frequently reported on the side effects of SSRIs from [birth defects](#) associated with Paxil, including heart malformations, to [sexual dysfunction](#) and weight gain. The pills are also linked to [serotonin syndrome](#) when taken with migraine drugs and gastrointestinal bleeding when taken with aspirin.

One especially concerning side effect of SSRIs is [bone-thinning](#) and osteoporosis. Fracture events linked to SSRIs, especially from long-term use, have barely been researched or explored and are often dismissed by older patients as mere “aging.”

The wide use of SSRIs in the U.S. population does not just have health implications—it has political implications, too. By selling “depression” and its “cure,” Pharma siphons off legitimate, activist anger at a government system that keeps people poor, powerless, locked out of opportunity and saddled with debt. If they are unhappy, they have a *personal problem* says Pharma, treated with a pill—not a political problem.

Labeling bad and sad moods “depression” also transmits an unrealistic idea that people should be “more than happy” all the time and if they are not, they are “mentally ill.” Gone are the days when bad moods were attributed to problems with finance, romance, debt, jobs, housing, careers, family, marriages and health.

## Pharma backlash

In April, the New York Times [reported](#) something the drug safety community has warned about for years: antidepressants can be very difficult to quit. In fact, the withdrawal from them—which Pharma calls a “discontinuation syndrome”—is similar to that of addictive drugs. Many patients are miffed that they were not warned by their doctors they may be “parked” on the drugs indefinitely, said the Times, thanks to side effects of dizziness, nausea, headache and brain zaps which do not go away quickly when they try to stop the drugs. Brian, a 29-year-old Chicagoan I interviewed who did not want his name used, told me he has remained on a SSRI antidepressant for years despite his wish to quit.

“Every time I try to stop, I get something that feels like an electrical current in my head and I can’t do it,” he says.

The article drew a [huge backlash](#) from psychiatrists from Pharma-funded medical schools.

“By amplifying the social media echo chamber, the article creates the unfortunate impression that most patients are forced to continue antidepressants out of fear of withdrawal rather than out of prevention of recurrence,” wrote 39 psychiatrists, terming depression “chronic” and “undertreated.”

At least 35 of the letter signers who want to see more not less SSRIs are affiliated with Columbia University’s College of Physicians and Surgeons which [received](#) \$250 million from former Merck CEO Roy Vagelos and his wife Diana last year.

There was a similar Pharma-funded [backlash](#) in 2004 when the FDA added a black box warning label to SSRIs that said they are linked to suicide, especially in young people, threatening drug sales.

“The concerns about antidepressant use in children and adolescents have paradoxically resulted in a reduction in their use, and this has contributed to increased suicide rates,” said Charles Nemeroff who happened to have links to Eli Lilly, Pfizer, Wyeth-Ayerst, Pharmacia-Upjohn and five other drug makers.

Black box warnings create a barrier to treatment “by scaring young people and parents away from care,” said Mental Health America, reported to have accepted \$3.8 million from pharmaceutical companies in 2005 the year after the black box warnings.

Doctors promoting SSRIs in medical articles have also been [outed](#) as taking money from Pharma. Doctor authors who had defended the use of antidepressants during pregnancy in a 2006 Journal of the American Medical Association (JAMA) article had ties to antidepressant manufacturers. Lee Cohen, lead author of the antidepressants study, declared in a follow-up letter to JAMA that,

“We did not view those associations as relevant to this study,” and listed 76 other relationships the nine physician authors had with Pharma.

Yes, 76. Three years later another JAMA author was found to have undisclosed financial links to SSRI makers. Robert Robinson, who wrote about the drug Lexapro, had failed to [report lecture fees](#) he received from its manufacturer.

Martin Keller, former professor emeritus of psychiatry at Brown and lead author of a now discredited Paxil study, [admitted](#) that GSK had given him tens of thousands of dollars during and after the study.

Environmental concerns



Finally, with as much as a quarter of the population on SSRIs in some areas, there is an underreported concern about drugs in [waterways](#) and even drinking systems. A few years ago, the Southern Daily Echo News [reported](#) that fish were under the influence of Prozac and five times more likely to swim toward light than away from it, making them also more susceptible to predators.

Shrimp are also believed to be at risk.

“Crustaceans are crucial to the food chain and if shrimps’ natural behaviour is being changed because of antidepressant levels in the sea this could seriously upset the natural balance of the ecosystem,” says Dr. Alex Ford, from the University of Portsmouth’s Institute of Marine Sciences.

Could those of us who do not want to take psychiatric drugs be unwittingly receiving SSRIs anyway, perhaps in [drinking](#) water?

“There’s no doubt about it, pharmaceuticals are being detected in the environment and there is genuine concern that these compounds, in the small concentrations that they’re at, could be causing impacts to human health or to aquatic organisms,” said Mary Buzby, director of environmental technology for Merck.

Clearly, Pharma’s SSRI marketing spree which has millions of people on SSRIs for decades does not just threaten patients.

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*Martha Rosenberg is a freelance journalist and the author of the highly acclaimed “Born With A Junk Food Deficiency: How Flaks, Quacks and Hacks Pimp The Public Health,” published by Prometheus Books. Check her [Facebook](#) page.*

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