



# 'Should I take ANTIDEPRESSANTS?'

*Her doctor has prescribed them for her anxiety and panic attacks, but Katherine Baldwin, 41, has doubts about starting on a course of pills. Are they really her only option?*

Photograph JENNY LEWIS

I HAVE A BOX OF ANTIDEPRESSANTS IN MY kitchen cupboard, right next to the PG Tips. I've opened the box, read the leaflet, but the silver foil is still intact. I picked them up a couple of months ago, after a tearful visit to my GP, and kept them in my handbag for a week. They've been in my kitchen – and on my mind – ever since.

This isn't the first time I've pondered taking so-called 'happy pills'. I've been wrestling with the question for six months. But given my GP prescribed them to me,

shouldn't I just break the foil and start taking them? I know I'm not alone when I say it's not quite so simple.

Like most people, I'm cautious about taking such a big step. I'm unsure how I'll react to the pills, concerned about how long I'd have to stay on them and worried I might find it hard to come off them.

Still, their use has soared in recent years. As an example, doctors in England handed out almost 47 million antidepressant prescriptions in 2011, a 500% increase over the last 20 years. And women are more likely to take them than men. The rise has prompted some experts to ask whether GPs have become too quick to dole out the pills, due to limited time or resources to explore the root of patients' problems.

Personally, I feel I have good cause to be wary of altering my brain chemistry by artificial means. In my teens, I learnt to use food to numb my feelings and ward off anxiety, bingeing on sugar and carbohydrates. For the past nine years, I've been weaning myself off that

behaviour. As I've recovered from my eating disorder, I've learned to sit with my emotions, instead of trying to anaesthetise them. I rarely drink, I've gone caffeine-free – the PG Tips are for guests – and I even buy my shampoo and detergents in health-food shops, so putting mind-altering chemicals into my body after so many years of clearing them out does not appeal.

But six months ago, I started to worry about my mental health. I'd burst into tears after forgetting my internet-banking password and break down every time a friend asked how I was. I wouldn't have said I had the classic symptoms of depression. I still had enthusiasm for life and loved getting out of bed in the morning. I enjoyed seeing friends and had dreams for the future. But I was hypersensitive, plagued with insomnia, racked with worry and often expected the worst.

MY GP PUT ME ON A WAITING LIST FOR cognitive behavioural therapy (CBT), a talking therapy that helps people pinpoint and change thoughts and actions that cause emotional distress. I thought it would work, so was happy to wait. But one day, after something akin to a panic attack – my heart pounded and my stomach churned over a phone call to discuss the fee for an article – I decided it was time for a more powerful and immediate intervention. 'What if this anxious, weepy, fearful person isn't really me?' I thought one night in the bath. 'What if my brain chemistry is messed up? And what if a pill could sort that out, stop this suffering and help me lead a full and happy life?' That's when my GP prescribed the pills.

Citalopram, like Prozac, belongs to the newer generation of antidepressants known as selective serotonin reuptake inhibitors (SSRIs), thought to increase the levels of serotonin – the 'happy hormone' – in the brain. But nobody knows exactly how antidepressants work. And, more importantly for me, expert opinion is divided as to whether they work at all for mild to moderate depression. Most psychiatrists still recommend them – along with therapy – for more severe depression.

My friends who take antidepressants say the pills make them feel less anxious, less weepy and more able to cope. 'I can't tell you the last time I cried and I used to cry pretty much every day for two years,' said one friend who's 40 and been taking Prozac for six months. She says her life hasn't changed, but her perception of it has – she feels more positive, and no longer wakes up wishing she hadn't.

American psychiatrist Peter D Kramer, author of *Listening To Prozac* (Fourth Estate), believes antidepressants are particularly effective in treating anxiety, which seems to be my main issue, and mild mood disorders. 'If your friends say they're working, they're probably right,' he tells me. 'My experience with chronic, minor conditions is that they're debilitating and inhibiting. People who get substantially better on

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these medicines are grateful they took them.' But several of my friends say they don't know if it was the pills that helped or other steps they took – like therapy or a support group. And some studies in recent years suggest the pills may not make any difference to those who aren't severely depressed. 'In the clinical trials

of drugs for people who are mildly or moderately depressed, it seems antidepressants are no better than a placebo,' says University of Hull professor and psychologist Irving Kirsch, author of *The Emperor's New Drugs: Exploding the Antidepressant Myth* (Bodley Head, £12.99). Drugs only have a clinically meaningful benefit for the 10% most severely depressed patients, he adds.

Kirsch believes antidepressants should be a last resort and only for

those at the severe end of the spectrum. Therapy and exercise should come first. 'The data shows you're taking on a lot of risk for no chemical benefit,' says Kirsch, listing side effects from reduced sex drive to difficulties coming off the pills to an increased risk of depression later. He believes doctors give the pills out too freely. 'I had a neighbour whose dog died and his doctor prescribed him an antidepressant,' says Kirsch. His view is that we're too quick to interfere in emotions, like sadness, that are part of the human condition.

Studies show a lack of some nutrients can also cause low mood, so I'm ordering omega-3 fish oils. I also tried the herbal remedy Saint John's Wort, which helps some people with mild depression and is prescribed by GPs in Germany. After one bad weekend, I tried it and did feel my mood lift. But while it works for friends, I felt wired and couldn't sleep, so I stopped taking it after a few weeks.

That made me more wary of taking antidepressants. Since nobody knows how anyone will respond, it seems to me that for those of us with mild to moderate depression, not severe, it comes down to individual choice.

So I've decided to leave the citalopram in its box and wait for my first CBT appointment. The evidence seems to show CBT is just as effective for mild to moderate depression and anxiety, and possibly more effective than drugs in the long-term. That makes sense to me. I know that when I exercise daily, meditate, cook wholesome meals, take time to relax and pursue my dreams like writing my book, I feel better. Hopefully, CBT will help me change my negative thought patterns and train my brain to think the best – for good. ■

## WHERE TO GO FOR HELP

- **NHS information on clinical depression**  
[nhs.uk/conditions/depression/pages/introduction.aspx](https://www.nhs.uk/conditions/depression/pages/introduction.aspx)
- **NHS information on generalised anxiety disorder**  
[nhs.uk/conditions/anxiety/pages/introduction.aspx](https://www.nhs.uk/conditions/anxiety/pages/introduction.aspx)
- **Find a therapist who does CBT with the British Association for Counselling and Psychotherapy** [bacp.co.uk](http://bacp.co.uk)
- **Mind, the mental health charity, is a great resource.**  
[mind.org.uk](http://mind.org.uk); 0300 123 3393

HAIR AND MAKE-UP: CAROLINE PIASECKI. PLEASE NOTE THAT THE ABOVE ARTICLE IS SOLELY AN OVERVIEW OF THE LATEST TREATMENTS AVAILABLE AND IN NO WAY CONSTITUTES AN ENDORSEMENT OR AN IN-DEPTH EXAMINATION OF THE BENEFITS AND MERITS THEREOF. ALWAYS CONSULT YOUR GP BEFORE EMBARKING ON ANY NEW TREATMENT