

The Adverse Effects of Chemical Treatment of Depression in Children

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The intent of this article is to present to the field doctor the story of growing usage and adverse effects of newer types of antidepressants (selective serotonin reuptake inhibitors, or SSRIs) among children and adults. This is not an attempt to discourage entirely the use of antidepressants by children, but rather, to provide the family chiropractor information that may shed light on the growing concerns held by many in other health care branches.

On January 3, 2003, the *Bloomberg News* reported that Eli Lilly had been given approval from the Food and Drug Administration (FDA) to release its antidepressant, Prozac (fluoxetine) for treating children and adolescents with depression (major depressive disorder) and obsessive-compulsive disorder (OCD). Prozac was approved for patients 7-17 years of age, although the manufacturer planned not to promote the pill for children. Prozac once was the world's top-selling depression treatment, with annual sales of more than \$2 billion dollars.¹

After many reports and hearings, on March 22, 2004, the FDA issued a Public Health Advisory regarding the new generation of antidepressants (Prozac, Zoloft, Celexa, Luvox, Paxil and Lexapro), including Wellbutrin, Effexor, Remeron and Serzone. The FDA warned that these antidepressants may contribute to suicide among children and adults for a small few; however, the warning came short of concluding that they were a cause of suicide.

What may not have received as much attention are the other known side-effects of these antidepressants, which include:

- agitation;
- anxiety;
- insomnia;
- panic attacks;
- irritability;
- hostility;
- impulsivity;
- mania;
- hypomania; and
- akathisia (severe restlessness).

It should be further noted that these antidepressants and their induced behaviors, listed above, are identical to those of methamphetamine, cocaine and PCP, all chemicals known to cause violence and aggression. Both the new antidepressants and old stimulants alter the neurotransmitter in the brain called serotonin.²⁻⁵ Another added concern to the usage of antidepressants is that the behavior of "mania" often escalates to violence when the person is aggravated. A manic individual can also go into a crash stage of depression or suicidal behavior.

On March 22, 2004, the FDA issued a caution to physicians, their patients and families, urging them to "closely monitor both adults and children with depression, especially at the beginning of

treatment, or when the dosages are changed with either an increase or decrease of dose." The FDA also asked the manufacturers to change the labels of 10 drugs to include stronger cautions and warnings about monitoring patients for worsening of depression and the signs of suicidal behavior.⁶ The FDA has made the new label and cautions available on its Web site: www.fda.gov/cder/drug/antidepressants/defaults.htm.

Peter Breggin, MD - a psychiatrist, medical expert and author - has been a watchdog regarding the underreporting of side-effects of antidepressants and Ritalin when used on children. His books, *The Antidepressant Fact Book*, *Brain-Disabling Treatments in Psychiatry* and *Talking Back to Prozac*, reveal his decade-long journey to uncover the hidden truths and often tragic outcomes involving children taking these prescription drugs.³⁻⁵

Dr. Breggin has recommended that the U.S. follow Great Britain in banning the use of most of these drugs by children. Regarding the new FDA committee suggestion of "black warning labeling" of all antidepressants, Dr. Breggin suggests that he would rather see that the specific drugs be labeled. His concern is that if all antidepressants receive the black label, this would water down the overall impact on the sales of SSRIs, which would positively benefit the drug industry.

Dr. Breggin further suggests that if the FDA is not willing to ban SSRIs drugs, then the FDA should label these drugs a "contraindication" in children. At least a contraindication would be an alert not to prescribe these medications to children. (To stay current with Dr. Breggin's articles and his public safety concerns, periodically check his Web site, www.breggin.com.)

Parents should also be cautious when removing their child too quickly from antidepressants. Withdrawal reactions may take days or weeks; a physician should closely monitor this process. A side-note to the reader is that many antidepressants are prescribed at medically supervised weight-loss clinics and are often used not only on the obese adult, but the adolescent.

Although the family chiropractor does not treat depression, many parents may want to discuss this concern and their child's struggle with this problem. Parents often do not know what direction to take or what alternative choices exist. Further, many parents lack all the information (previously stated side-effects) necessary to make such a critical decision regarding their child.

Dr. Breggin would suggest, "Those struggling with severe depression essentially are feeling profound hopelessness and despair that can be addressed by a variety of psychotherapeutic, educational, and spiritual or religious interventions."

Family chiropractors should keep themselves current regarding the trends of usage of antidepressants by children and the public safety concerns of these drugs, and direct parents to related Web sites, research studies, books and resources. Even developing a network of other health professionals who would approach the child in a noninvasive manner is suggested.

And last, but not least, never underestimate the powerful influence of an upper cervical adjustment. Although studies are warranted in this area, many who perform specific chiropractic adjustive techniques to the upper cervical spine hear of improvement in many of the children's behavioral issues.

References

1. www.nytimes.com/2003/01/04/business/04PROZ.html?ex=1103950800&en=b2b5.
2. "The Proven Dangers of Antidepressants." www.breggin.com.
3. Breggin P. *Brain-Disabling Treatments in Psychiatry*. Springer Publishing, 1997.

4. Breggin P. *The Antidepressant Fact Book*. Preseus, 2002.
5. Breggin P and Breggin G. *Talking Back to Prozac*. St. Martin's Press, 1994.
6. www.fda.gov/bbs/topics/ANSWERS/2004/NS01283.html.

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