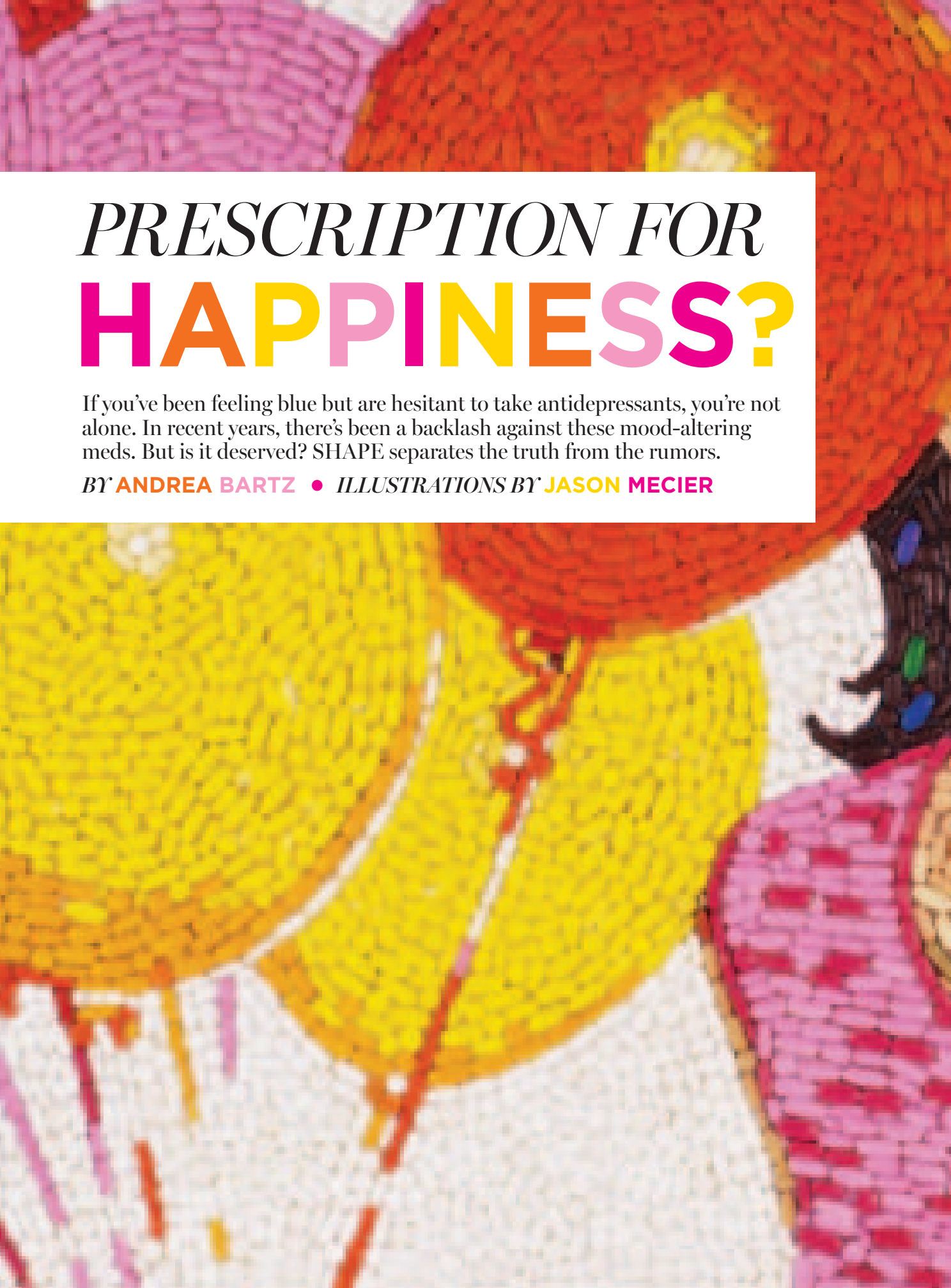
PRESCRIPTION FOR HAPPINESS?

If you've been feeling blue but are hesitant to take antidepressants, you're not alone. In recent years, there's been a backlash against these mood-altering meds. But is it deserved? SHAPE separates the truth from the rumors.

BY ANDREA BARTZ • *ILLUSTRATIONS BY* JASON MECIER



Krista D., a 26-year-old from Wisconsin, had always considered herself a cheerful person. So when she faced two life challenges in a row four years ago—troubles at work and a breakup—she figured she'd bounce back pretty quickly. Instead, she found herself waking up every morning with a lump in her throat that stayed with her all day.

She was plagued by an amorphous sense of dread—not a straightforward fear of failing at her career or remaining single, but a vague, persistent feeling that things "just weren't right."

She felt like she was watching herself from a great distance as she grew furious over the tiniest inconveniences and gave in to sudden cascades of despair.

"It was like this darkness had taken over," Krista recalls now. "It was terrifying." She wasn't sure what to do, but she did know one thing: She didn't want to start taking pills. "In my mind, antidepressant users were just weak,'" she says.

Finally she confided in her mom, who revealed that Krista's much-older brother had gone through a similar experience many years before and that medication had helped him dramatically. When Krista still resisted, her brother stepped in and persuaded her to give it a try. So she went to her doctor and, after tearfully describing her symptoms, left the office with a prescription for Lexapro, one in the class of drugs called selective serotonin reuptake inhibitors, or SSRIs.

After a few weeks of taking it daily, Krista awoke one morning and realized the lump had melted away. She soon found herself smiling more and shrugging off those minor irritations. She felt again like the easygoing person she had always been.

A GROWING CONTROVERSY

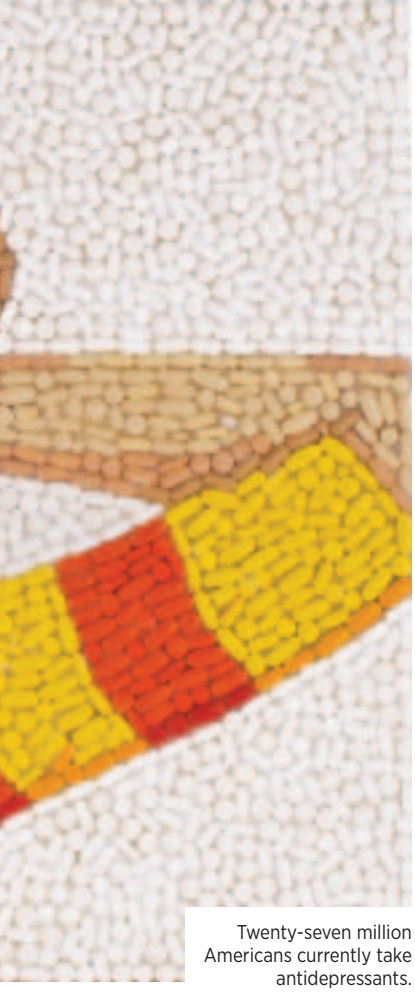
Krista's reluctance to treat her emotional difficulties with a drug is far from unusual. In fact, 43 percent of patients hide depressive symptoms from their doctors, according to new research published in the *Annals of Family Medicine*. The number one reason cited: fear of being put on medication.

That may seem surprising, considering how popular modern antidepressants have become. When the first SSRI, Prozac, hit the market in the late 1980s, it was considered miraculous because it worked as well as older treatments but without a host of serious side effects, like grogginess and dependency, or the risk of overdose. Additional drugs in the same class, such as Zoloft, Paxil, and Celexa, soon followed.

These too were effective with minimal downsides, and doctors hailed the advent of a new age in treatment. Today antidepressants are the most commonly used medication by people ages 18 to 44, with 21 percent of women older than 20 taking one. Although SSRIs remain the most frequently prescribed options, drugs like Effexor and Wellbutrin, which are in different classes, are also extremely popular. (See "The ABCs of Antidepressants," page 143).

Mood-related drugs have always had detractors, however—and when the Centers for Disease Control and Prevention (CDC) released a report on them last fall, that low-level negative buzz exploded into a firestorm of criticism. One startling finding stood out: The use of these medications in the United States had increased nearly 400 percent between 1988 and 2008.

For the most part, reactions were harsh. Many people saw those statistics not as a sign of the drugs' worth but of America's shortcomings. Bloggers, columnists, and even some health experts



Twenty-seven million Americans currently take antidepressants.

suggested that many antidepressant users might just be lazy, gullible, or seeking a quick fix; others felt that at the very least, the drugs are being overprescribed. The headline of a high-trafficked *Slate* article charged, "1 in 4 Women Cannot Possibly Need Mental Health Drugs." And in a CNN feature on the topic, one doctor declared, "Too many people take drugs when they really need to be making changes in their lives."

BETTER LIVING THROUGH CHEMISTRY?

Many other doctors, though, feel just as strongly that these drugs do answer a pressing need—one that may require a medical solution rather than a simple shift in lifestyle. In fact, the psychiatric community agrees that depression has strong physiological roots, and that, in many cases, an imbalance of brain chemicals is to blame. SSRIs are believed to work primarily by regulating levels of serotonin, a neurotransmitter that affects mood, emotion, sleep, and appetite. (Antidepressants in other classes affect different chemicals.)

The condition these drugs target is both prevalent and potentially dangerous. According to the CDC, one in five American women will be diagnosed with clinical depression at some point in her life. Left untreated, it can have serious consequences. At the extreme there is suicide—but short of that, depressed people are more apt to be sedentary and obese and have an increased chance of developing heart disease, stroke, and even cancer.

Beyond the physical ramifications, being under a perpetual dark cloud can take a significant toll on overall quality of life. Depression sufferers are more likely to miss work, struggle with relationships, and generally exist in a world devoid of color. "They're essentially not getting the joy out of life that they should be," says Jonathan Rottenberg, Ph.D., a psychologist at the University of South Florida.

Medication isn't always the best solution, but it works quite well for a lot of people. Nearly 70 percent of clinically depressed patients who stick with the treatment eventually become entirely symptom-free, according to a large study from the National Institute of Mental Health.

AN ENDURING STIGMA

With such promising success rates, why all the resistance and skepticism? "Many people seem to think it's admirable to attack psychiatric medicines," says Peter Kramer, M.D., a psychiatrist at Brown University and author of *Listening to Prozac*. "There's something about large numbers of people turning to mood-related medication that gives us a gut feeling that things are somehow 'not right' or out of whack in our society."

And unfortunately, that wariness is often shared by the very individuals who might benefit most from treatment, which can discourage them from getting it, says Peter Franks, M.D., a researcher at the University of California-Davis. "Taking a pill becomes a daily reminder that one has depression, and there's still a stigma attached

IS IT DEPRESSION—*OR JUST THE BLUES?*

We all feel sad on occasion, especially when life detours into rough terrain—job worries, illness, relationship problems. How do you know when it's more serious? For starters, if you're having suicidal thoughts, seek help right away. Call your doctor, go to the ER, or contact the National Suicide Prevention Lifeline at 800-273-TALK. Milder depression can be murkier, and you may need help from a mental health professional to sort it out, says psychiatrist David Muzina. Make an appointment if, for four or more days a week for at least two weeks, you've been feeling:

- **Irritable or unusually down**
- **Hopeless or helpless**
- **Worthless, guilty, or filled with self-hatred**
- **Bored or annoyed with activities you used to enjoy**
- **Noticeably hungrier or less hungry (often accompanied by weight loss or gain)**
- **Exhausted and lethargic**
- **As if you're not sleeping well or you're getting too much sleep**
- **Extremely distracted and unable to concentrate**

SOURCE: NIH

to mental health issues," he says.

The heart of the problem may lie in the fact that many see depression not as a biological disorder but as a failure of will, says Paul Duberstein, Ph.D., a psychologist affiliated with the University of Rochester Medical Center. "People have been taught to keep a stiff upper lip and pull themselves up by their bootstraps when they're suffering," he explains.

And a study Franks led revealed that those who see themselves as "tough" are especially reluctant to reach for some kind of pharmaceutical help.

This kind of attitude just doesn't make sense to doctors like David Muzina, M.D., a psychiatrist and national practice leader of the Medco Neuroscience Therapeutic Resource Center in Fort Worth, TX. He equates a depressive person taking an antidepressant to a diabetes patient needing to take insulin regularly—and no one would ever tell a diabetic to skip her meds and just snap out of it.

CAUSE FOR CAUTION

But then again, a diabetes patient wouldn't take medication without spending ample time discussing her diagnosis with a doctor who's schooled on the subject. Unfortunately, that same standard isn't always applied when it comes to treating depression.

Ideally, the person to consult about feelings of anxiety or despair would be a psychiatrist (a doctor who can prescribe medication) or psychologist or other therapist who counsels patients. Critics of antidepressants say the drugs are frequently doled out by general practitioners (which was the case with Krista). According to researchers at Johns Hopkins and Columbia University, doctors other than psychiatrists write four out of five prescriptions for these drugs, and the number of scripts given to those without an official diagnosis is on the rise.

Not only do those physicians usually have less mental health training than specialists, they also don't always have enough time to suss out who really needs the drugs. "The typical doctor's visit is less than 15 minutes, and most primary-care providers concentrate on things like heart disease and cancer screenings," says Duberstein. He and other experts are also troubled by research showing that some patients are prompted by an advertisement for an antidepressant to request (and often get) a prescription from their family doctor without meeting the criteria for clinical depression. "These drugs are significantly overprescribed for people with mild mood problems," says Rottenberg, "and they haven't been shown to be tremendously effective in such cases."

A related concern is that many patients, even those who do qualify for medication, are taking pills without spending time in psychotherapy. Data from the CDC shows that fewer than one-third of Americans who are on an antidepressant have seen a mental health professional in the last year. While some psychiatrists feel that's okay—that not everyone needs ongoing therapy—combining counseling with a prescription is usually

3 THINGS TO KNOW ABOUT MOOD MEDS

1 SIDE EFFECTS ARE COMMON BUT TREATABLE. If you suffer from sexual side effects—which happens more than 50 percent of the time—your doc might switch you to a drug like Wellbutrin (not an SSRI) or add it to your current prescription to balance out this side effect. Most users who gain weight on SSRIs (and not all of them do) put on an average of just 2 to 7 pounds, an amount that usually can be mitigated with healthy eating and exercise. "You shouldn't feel detached or high on these drugs," says Ruth E. Levine, M.D., professor of psychiatry at the University of Texas Medical Branch in Galveston. "If you do, your doctor can adjust or change your prescription."

2 RESULTS CAN TAKE TIME. Patience is key because it can be up to six weeks before you really feel the effects. Even after that point, only about one-third of patients are a perfect match with the very first med they try, according to research from the National Institute of Mental Health. If your initial prescription doesn't seem to be helping, you may just need some trial and error to find the best fit, says psychologist Jonathan Rottenberg. In some cases, your doc might suggest a "drug cocktail"—for example, a combo of an SSRI plus another mood medication, like Abilify.

3 ADHERENCE IS KEY. You should take an antidepressant every day, preferably at the same time, to get the full benefit, says psychiatrist David Muzina. If you don't, your doctor might mistakenly beef up your dosage, thinking your current prescription isn't working. A study from Medco Research Institute showed that nearly a third of patients whose doses of antidepressants were upped had been taking their original scripts inconsistently.

more effective than simply taking a drug, especially when symptoms are severe, according to the National Institutes of Health.

"Antidepressants are absolutely not a cure-all," says Rottenberg, who, in most cases, recommends at least considering nondrug remedies first, such as talk therapy or lifestyle changes like meditation and exercise. "Drugs help some people a lot, but they're not the only option," he says.

They're also not a quick (or necessarily easy) fix, adds Rottenberg. First of all, many people do experience some side effects—which can include headaches, sleep problems, sexual dysfunction, poor concentration, and even sometimes a temporary increase in suicidal feelings—when they start an antidepression regimen.

Furthermore, unlike popping an aspirin, these drugs require a significant commitment. In addition to taking several weeks to produce results, they shouldn't be stopped too suddenly. "Antidepressants can be difficult to go off of," explains Rottenberg. Dosages must be slowly reduced to minimize withdrawal symptoms, and some people have a temporary uptick in depression after stopping.

THE BOTTOM LINE

Clearly, there are many factors to consider when treating depression with pills. But the question remains: Is America grossly overmedicated? Probably not, says Duberstein, because though antidepressants are overprescribed in some groups, they're being underused in others who could benefit greatly from their effects. For every person who takes pills without having clinical depression, he says, there may be someone not given medication who needs it. And in fact, the same CDC report that found the 400 percent jump in prescriptions also noted that two-thirds of severely depressed people do not take *any* medications for their condition.

Today the CDC estimates that nearly half of adults in the United States will develop at least one mental illness during their lifetime. "The high number of people taking antidepressants might actually be a good sign," says Muzina. It could simply mean that lots of people are on them because they're depressed and getting help.

Another important point, says Muzina, is that these drugs are not used only for depression. They are also regularly prescribed for other conditions including generalized anxiety, chronic pain, obsessive compulsive disorder, and eating disorders, which drives up the statistics.

Rather than debating whether those numbers are too high, say many mental health experts, perhaps a more urgent and positive goal would be to help sufferers get the assistance they need. That might take the form of a pill, regular therapy sessions, or some combination of the two. There's no denying that for some people, medication is life-changing—and sometimes lifesaving.

That was certainly the case with Ingrid Deetz, a 32-year-old from St. Louis, who went on antidepressants at age 20 after having suicidal thoughts. "There was a time when I felt I should have been stronger than my illness," she says. "But I just needed the pain to stop." For her, medication combined with therapy was the answer. Within weeks, the dark thoughts began to dissipate.

Krista too, despite her initial hesitation, is satisfied with her decision. She has been taking Lexapro for three years and has no plans to stop in the foreseeable future. "It gave me back my life," she says.

Deetz, who has stayed on her meds for 12 years, says she still fields remarks that she "shouldn't" take them because she's "clearly not depressed." But she believes that her calm, positive outlook is thanks, in part, to her medication.

"Taking a daily pill is better than feeling suicidal or even just very sad," she says. "Life is way too short to spend it in agony."

THE ABCs OF *ANTIDEPRESSANTS*

If you need medication, many doctors will suggest an SSRI "because these drugs are very safe and effective," says psychiatrist Ruth Levine. But they're not the only options. Here are some others that may also be worth considering:

- **SNRIs** (serotonin and norepinephrine reuptake inhibitors): These drugs—which include Effexor, Pristiq, and Cymbalta—affect not only serotonin but also norepinephrine (another mood chemical), and can be good choices for people who don't respond well to SSRIs, says Levine. They also work well for people with depression coupled with nerve pain.
- **NDRIs** (norepinephrine and dopamine reuptake inhibitors): The one drug in this class, bupropion (Wellbutrin), is very popular. It doesn't cause sexual side effects or weight gain, and it has an energizing effect. The downsides: Some people feel jittery on it, and there is a slight risk of seizures.
- **MAO inhibitors** and **tricyclics:** "These older classes of drugs carry more severe side effects," says Levine. They're generally only used for depression in those who haven't responded to the newer, safer meds on the market.