TREATING DEPRESSION - COULD THE CURE BE WORSE THAN THE DISEASE?

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It’s normal to feel downhearted following the loss of a loved one or during other sad situations. People vary with respect to the severity and duration of their distress but this type of despondency tends to diminish and fade away after a year. Depression can be disabling for some who experience life-threatening situations such as an earthquake, the 9/11 disaster or rape. While these feelings similarly subside with time they can recur months or years later in certain individuals who develop Post Traumatic Stress Disorder when something triggers a flashback to the original tragedy.

Post-partum depression following childbirth is not uncommon and menopausal or involutional melancholia (melancholy associated with “the change”) was formerly an established psychiatric disorder thought to be due to estrogen deficiency. While this diagnosis has now been discarded it is likely that hormonal influences do play a role since depression is two to three times more frequent in women than men.

Depression can be seen in thyroid and other endocrine disturbances, in patients suffering from stroke, Parkinson’s and other neurologic diseases, inflammatory disorders like lupus and rheumatoid arthritis, various vitamin deficiencies and as a side effect of numerous drugs. People with Seasonal Affective Disorder become depressed during the winter months because of diminished exposure to daylight. A family history of depression increases risk but how much is genetic as opposed to a behavior learned from contact with depressed relatives may be difficult to determine. Some researchers believe there is a specific depression gene but it seems more likely that multiple genes may be involved in different patients.

However, most patients with significant clinical depression do not have a family history nor does there appear to be anything else that could conceivably have caused their descent into the depths of despair. Diverse treatments are available but few have any predictable results. One possible exception is electroconvulsive (shock) therapy, which has been successfully used for decades to treat severe depression, although nobody knows how it works. The most popular antidepressant medications do claim to have a scientific rationale. However, several studies have shown that they are not much more effective than placebos. In addition, there are growing concerns that they may be dangerous, if not deadly.

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