Here are this week's health care news highlights from AskaPatient:

- Amgen, Merck, and Eli Lilly joined forces to sue HHS over the new requirement, set to take effect in July, to disclose drug list prices during television commercials. Reuters (June 15, 2019)

- Molecular programs in our cells that promote longevity may "switch off" at midlife, perhaps accounting for the increased human disease burden from the sixth decade of life on, according to University of Miami researcher. Science Daily (June 16, 2019)

- Despite the spread of Ebola from Congo to Uganda, the World Health Organization decided not to declare it a public health emergency. Forbes offers some reasons why. Forbes (June 16, 2019)

- Study shows that severe shrinkage of the brain's hippocampus coincides with the onset of psychotic symptoms of schizophrenia, which usually occurs during adolescence. Eureka Alert (June 18, 2019)

- Just working one day a week is enough for mental health and life satisfaction, according to this University of Cambridge study. Health Science Daily (June 18, 2019)

- Swedish study of gabapentinoids finds greater risk of self-harm and unintentional overdose among pregabalin (brand name Lyrica) users compared with gabapentin users, especially among teens and young adults. Science Daily (June 19, 2019)

- Ever read your doctor's notes? This brain cancer patient did and found the document to be almost 5,000 pages long, with some of her own comments surprisingly appearing in the notes verbatim. Kaiser Health News (June 19, 2019)

- Gut bacteria variations have been associated with chronic pain conditions like fibromyalgia. McGill University release (June 19, 2019)

- This week, FDA approved Victoza for pediatric patients age 10 and up for Type 2 diabetes treatment, the first new such treatment since metformin was approved for pediatric use in 2000. FDA Release (June 18, 2018)

- FDA also approved the second "female Viagra" treatment, Vyleesi. This time it comes in the form of an injection. FDA Release (June 21, 2019)

WITHDRAWAL EFFECTS FROM ANTIDEPRESSANTS: A GROWING PROBLEM

According to the National Center for Health Statistics, 11% of adults age 20-59 have used an antidepressant within the last 30 days. For many patients, the medication was initially prescribed to treat a short-term (6 – 9 months) mental health episode, and yet they are still taking the antidepressant years later.

Since 2010, the number of patients in the U.S. who have been taking antidepressants for at least five years has **doubled**, with more than 7% of the population having taken an antidepressant for five years or more. **25 million people in the U.S. have been taking antidepressants for two years or more**.

Why such an increase in usage when usually the drugs are only meant to be taken for the short term? Many patients have tried stopping them, only to experience uncomfortable or even unbearable side effects. In New Zealand, three-fourths of patients surveyed said that **withdrawal symptoms** are the reason they haven't stopped taking their antidepressants.

Clearly, research needs to be done on long-term effects of taking antidepressants along with research on the best way to discontinue them. There is little incentive for a drug company to do either kind of research, however.

A 2017 *New York Times* research story on the topic put it this way: "Some scientists long ago anticipated that a few patients might experience withdrawal symptoms if they tried to stop — they called it 'discontinuation syndrome'**…**withdrawal has never been a focus of drug makers or government regulators, who felt antidepressants could not be addictive and did far more good than harm."

Contrary to predictions made more than twenty-five years ago, when the first SSRI antidepressant Prozac was introduced, it is more

than just a small number of patients experiencing these symptoms. Withdrawal symptoms appear to be the norm rather than the exception.

Recently a research team from University of Wisconsin conducted a text mining project to classify the side effects of antidepressants, including a separate classification of **withdrawal** side effects. They used a sampling of AskaPatient postings and assigned medical terminology to the side effects mentioned by patients.

They also divided the withdrawal side effects into four categories: **physiological, psychological, cognitive, and social impact**. Not surprisingly, physiological and psychological were the most common types of withdrawal effects reported. Also, for each category, SNRIs (Cymbalta and Effexor XR) had about two or three times as many reports of withdrawal side effects than did the SSRIs (Lexapro and Zoloft). Here are the most common withdrawal effects identified:

Top Antidepressant Withdrawal Effects

Physiological Withdrawal Symptoms (361 Reports)

Brain zaps

Dizziness

Nausea

Headache

Malaise/feeling sick

Psychological Withdrawal Symptoms (171 Reports)

Feeling irritable or angry

Mood swings

Depressed mood

Nightmares

Severe anxiety or panic

Social Withdrawal Symptoms (32 Reports)

Difficulty in daily functioning

Bed-ridden or home-bound

Work performance problems

Unable to drive

Personal relationships problems

Cognitive Withdrawal Symptoms (26 Reports)

Confused state

Unable to concentrate or think clearly

Mental suffering

Foggy feeling in head

Amnesia/memory impairment

Chart by AskaPatient.com, June 23, 2019

Source: PsyTar Corpus of Adverse Drug Events, Zolnoori et. Al; based on patient-reported data samples for SSRI (Lexapro and Zoloft) and SNRI (Cymbalta and Effexor XR) antidepressants from AskaPatient database. Report numbers correspond to the number of times the withdrawal effect was reported in the database out of 891 total review posts, with approximately the same number of posts for each of the four drugs. Effects are listed in descending order of frequency for each of the four withdrawal effect types.

SSRI = Selective Serotonin Reuptake Inhibitor

SNRI = Serotonin Norepinephrine Reuptake Inhibitor

Sources and More Reading:

-- "We Need More Research Into Antidepressant Withdrawal" by David M. Perry, April 15, 2019: Pacific Standard "Getting off my antidepressant was hell. I'm not alone—and the pharmaceutical industry isn't helping."

--"Many people taking antidepressants discover that they can't quit" by Benedict Carey and Robert Gebeloff, April 7, 2018: New York Times. Profiles a patient who took nine months to wean off of Zoloft in order to get back to school and routine. A look at withdrawal effects and long-term use of antidepressants.

--"Prescription Drug Use in the U.S.: 2015-2016" by National Center for Health Statistics. Provides statistics on prescription drug use, including antidepressants. NCHS Data Set.

-- A Health and Social Care Information Centre (HSCIC) study reports that prescription rates have doubled over the past decade in Britain, where health officials recently began a nationwide review of prescription drug dependence and withdrawal. Webarchive.nationalarchiveds.gov.uk

-- Zolnoori, M., Fung, K. W., Patrick, T. B., Fontelo, P., Kharrazi, H., Faiola, A.,Hamideh, M. (in press). "A systematic approach for developing a corpus of patient reported adverse drug events: A case study for SSRI and SNRI medications", *Journal of Biomedical Informatics*. " University of WI study and corpus used for the withdrawal effects charts.