

THE TRANQUILLISER GROUP

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INFORMATION AND WITHDRAWAL ADVICE ON SELECTIVE SEROTONIN RE-UPTAKE INHIBITOR (SSRI) MEDICATION

The Tranquilliser Group only advise safe, gentle, gradual methods of withdrawal. There are other faster methods publicised on the web and advocated by health professionals but the web is also full of frightening anecdotes from people who tried to withdraw without adequate preparation and much too quickly. If you have family and work responsibilities and cannot afford long and disabling bouts of withdrawal sickness, if you cannot afford the time to stop withdrawing and go back up to the full dose and start again, and if you cannot put up with any more traumatic mental distress, please be patient and opt for safe, gentle, gradual withdrawal. It works.

The drugs discussed here are

FLUOXETINE/PROZAC,

PAROXETINE/ SEROXAT (PAXIL IN US),

CITALOPRAM/CIPRAMIL (CELEXA IN US),

FLUVOXAMINE/ FAVERIN (LUVOX IN US),

SERTRALINE/ LUSTRAL (ZOLOFT IN US) AND

VENLAFAXINE/ EFFEXOR (EFEXOR IN US)

but there are other similar drugs which also respond successfully to the same safe, gentle, gradual methods of withdrawal. Ring the Helpline for free advice.

Remember, before you make any reductions in your medication you MUST consult with your doctor. If after consultation it is your informed decision to commence withdrawal you MUST allow your doctor opportunity to monitor your physical health throughout withdrawal and avoid taking any other medications without prior medical advice.

A BRIEF HISTORY

The main enthusiast for the idea that enhanced Serotonin levels might, in some cases, lift a depressive mood was Dr. Jorgen Buus Lassen, head of research at the Danish firm Farrosan. Dr. Lassen published his findings on the success of the drug which eventually became Paroxetine in 1975 and stated later “It didn’t work with all patients” he said “we could just show that we had about the same efficacy as the older Tricyclic antidepressants. We didn’t see a better effect, but we saw fewer side effects (mainly nausea).”

Dr. Lassen concluded that some people using his SSRI drug showed improvement in their depressive condition but only as good an improvement as he would have expected had they used a Tricyclic anti-depressant (but with less vomit). But Tricyclic anti-depressants are lethal in overdose while SSRIs are not and before long all the major drug manufacturers were marketing SSRI drugs to doctors.

There was a time when one could not read about Dr. Lassen’s early SSRI work without finding the tale of Resperine lurking nearby. Resperine was a tranquillising drug which a) appeared to produce symptoms of depressive illness in those who used it and b) was ‘known’ to deplete Serotonin levels in the brain. It would be

preposterous to claim that Dr.Lassen believed that the apparent connection between a) and b) ‘proved’ that depleted Serotonin levels cause depression, or that depression causes depleted Serotonin or even that both are caused by some other factor(s). To a researcher correlation ‘proves’ nothing at all but it is surprising how often the Resperine tale is repeated as if Dr. Lassen was unaware of basic logic. The Resperine findings do not demonstrate causal connection.

More details about Serotonin and how SSRIs work are on our [free download](#) **SEROTONIN** but the drug Dr. Lassen produced and tested, which was eventually marketed as Paroxetine/ Seroxat, seemed to prevent Serotonin being re-absorbed back into the nerve cells of the brain after a message was transmitted and so increased the amount of Serotonin available at some Serotonin receptor sites but not others (hence selective). Manufacturers generally seem unable to state which Serotonin sites their particular drug ‘selects’ but all purport to offer a Selective Serotonin Re-uptake Inhibitor.

WHY DO PEOPLE USE SSRI MEDICATION?

All the drugs discussed here are supplied in the UK with a list of effects which are not beneficial to the user. These are usually listed as ‘side effects’ which title trivialises serious shortcomings. SSRI side effects are not rare among those who contact us for help; every SSRI user experiences some of them but which, how many and how often is not predictable by medical advisors.

LISTED EFFECTS

- Gastrointestinal upset including nausea, vomiting, diarrhoea, acid stomach and

constipation.

- Anorexia; initial weight loss with weight gain later.
- Dry mouth, anxiety, palpitations, tremor, convulsions, fever and headaches.
- Drowsiness, lethargy and weakness.
- Sweating, hypothermia, loss of appetite and sleep disorder.
- Sexual disorders and loss of libido.
- Photosensitivity, skin rashes and hair loss.

Some SSRIs also list blood disorders, lower sodium levels and liver dysfunction, aggressive behaviour, inflammation of inner organs and hypersensitivity among the 'side effects'.

UNLISTED EFFECTS

All the people we have seen over the last twenty years suspect there are other insidious effects to SSRI use. When carers, partners, family and friends who knew the person before they used SSRIs attend our group ALL state that the user has undergone personality change. Most commonly observed is a form of emotional flattening like an absence of affect, such that the user is not their former self and now appears indifferent and unfeeling towards them.

Given that every SSRI comes with explicit warnings about the adverse effects of taking it and that SSRIs seem to cause personality disorder, the question of why people take and continue to use them is a good one.

There seem to be three main reasons.

1. It is in the interests of drug manufacturers to find as many applications as possible for their drug while the patent still holds. Once they have enough data to make a plausible case for their drug ‘helping’ patients suffering a particular illness, stunningly effective marketing operations begin to sell the drug to our doctors and they do it very well. We have had group meetings where three SSRI users experiencing exactly the same symptoms have discovered that they were each prescribed the self-same drug for three quite different reasons. One suffered depressive illness, one social phobia and one post traumatic stress disorder. The only common element was the drug they each used but they did not know that until they met. Each thought she alone was a special case suffering some peculiar mental illness unique to her.

The marketing efforts work. Doctors quite commonly tell us that SSRI drugs have “helped millions” unaware that they are repeating a slogan dreamed up by an advertising agency which should be no more significant to doctors than “Persil washes whiter” or “Guinness is good for you” was for our grandparents. Millions were not subjected to any kind of test and major, however subjective, and of the relatively few who were (about 160,000 at the last count) less than half said they felt better on an SSRI. Advertising practices poetic licence but we expect objectivity from medical research.

There is no hard evidence to show that ANY SSRI cures ANY illness significantly more often than placebo yet doctors still say the drugs ‘have helped millions’; fairly frequently.

2. Although it is pure luck (see [SEROTONIN download](#)) some people will feel different after taking an SSRI in ways which lead them to believe it has lifted their

depression, overcome their social phobia, etc. Many more will not but the fact that some people feel 'better' is enough to encourage unhappy people contending with truly awful illnesses to keep on trying and doctors to keep on prescribing.

3. If, for whatever reason the SSRI user tries to come off their SSRI too quickly or too abruptly, they will, in ALL cases known to us, experience symptoms which are very similar to those which led them to be prescribed the drug in the first place AND new and much weirder symptoms (see below). Taken together, that is more than enough to persuade rational SSRI users that they are much more ill than they thought they were and that the only safe course is to keep taking the tablets. Such SSRI users become frightened to withdraw.

SSRI WITHDRAWAL SYMPTOMS

Many of the withdrawal effects people experience when they make cuts in medication are very similar to the 'side effects' listed for SSRIs. Providing reductions are small and spaced so that the user can recover stability before cutting more, most people can withdraw with few problems, which is not surprising given that somehow they have been trying to get on with their lives despite drug 'side effects' and have necessarily become experienced in dealing with them. Withdrawal symptoms in safe, gentle, gradual withdrawal can hardly be much worse than those SSRI users deal with anyway. The common symptoms are:-

Abdominal pains, diarrhoea, nausea, vomiting, fatigue, headache, muscle pains, weakness, sweating, chills, palpitations, insomnia, dreams and nightmares so vivid they seem real, dizziness, light-headedness, vertigo, pins and needles, electric shock

sensations ('Zaps'), tremors, loss of balance, muscle stiffness and abnormal movements.

Few of our members have managed to collect the full set of withdrawal symptoms. They come and go with each reduction and pass within a day or so but they can be very disturbing if unexpected.

The other effects tend to be psychological so are not always obvious to the person experiencing them. Few want to worry their friends, family, partners and carers about them but when pressed and in the safety of the group, people report:- anxiety, agitation, depression, crying spells, irritability, over-activity, aggression, depersonalisation, confusion, concentration difficulties, hallucinations and lowered or depressed mood.

These problems too will quickly pass providing withdrawal is gradual and safe.

PREPARING TO WITHDRAW FROM SSRIS

PHASE ONE - CONDUCT YOUR OWN DIAGNOSIS.

Take an analytical look at your own feelings and behaviours. Invite family and friends who knew you before you used SSRIs to declare any changes they have noticed and listen carefully to what they say. If you discover that the person you now are is unsatisfactory to you or that your current behaviour is unsustainable given your commitments, responsibilities and aspirations, record what you feel is odd about yourself and consult your doctor or medical advisor. If, after consultation, your informed decision is to move towards SSRI withdrawal, go on to phase two.

PHASE TWO - IMPOSE AN EATING AND DRUG TAKING REGIME

You need to know how much of the SSRI you use every day. There is a time lapse between taking the drug and it having effect. If you rely on how you feel to decide how much SSRI to take and when, you are already moving in and out of withdrawal without achieving any of the benefits of long-term reduction. You need to take the same amount of the same drug at the same time every day.

You also need to take control of your diet. SSRIs alter appetite such that if you only eat when you are hungry you will go too long between meals and there will be severe consequences for your blood sugar levels and your levels of anxiety. In our experience, most psycho active drugs, certainly SSRIs and Benzodiazapines, make it impossible for the body to maintain automatic insulin: adrenalin balance which is why people awake in panic at 4.30 in the morning. The effects of supper have worn off and blood sugar levels have fallen, triggering an adrenal response your body can no longer automatically counter. Going too long without eating on SSRIs will cause sweating, intense nervous anxiety, panics, trembling and fatigue. It is very like a diabetic going in to insulin shock and the symptoms are all adverse, including;- Dizziness, fainting, blackouts, headaches, fatigue and exhaustion, drowsiness, abnormal attacks of sleepiness, muscle pains and cramps, cold feet and hands, numbness, insomnia, inability to concentrate, excessive worry and anxiety, depression, forgetfulness, illogical fears, suicidal thoughts, tremors, cold sweats, inner trembling, un-coordination, rapid heartbeat, blurred vision, allergies, itching and crawling sensations on the skin, loss of sexual drive and loss of appetite.

If you are using SSRIs you will experience many of these symptoms anyway but you need to eliminate those which are caused by low blood sugar and concentrate on the

ones the drug causes. You need to eat every three to four hours and use a diet appropriate to your medication use. The diet detailed in our free download [THE TRANQUILLISER GROUP](#) will provide immediate relief and you should use it for at least two weeks before you make any cuts in medication and stay on it or something very like it until you have withdrawn. If you are using a lot of sugar or sweeteners, too many stimulants (often hidden among preservatives, flavouring and colouring in many foods and drinks) and relying on sugar and stimulants to keep going when you have not eaten, you will feel a lot better (and lose weight) without making any reductions, within three days of starting on the diet.

There are two other drugs which you either need to give up or learn to treat with extreme caution before you begin withdrawal; Caffeine and Nicotine.

CAFFEINE

You need to give up Caffeine totally before you can comfortably withdraw from SSRIs. While withdrawing you should take between one and one and a half litres of water every day to avoid headaches so if you are drinking enough already it will not be impossible to cut out caffeine laden drinks. A pharmacologist would consider doses of Caffeine greater than 250mg daily to be excessive but many people use much more than that. Caffeine affects all parts of the brain and produces effects indistinguishable from acute anxiety – nervousness, irritability, agitation, trembling hands and rapid breathing.

250 mg daily sounds a lot but the amount of caffeine in drinks is high;

Filter or brewed coffee	100-150 mg per cup
Instant coffee	85- 100 mg per cup
Tea	60- 75 mg per cup
Cola	40- 60 mg per cup

Decaffeinated coffee 2- 4 mg per cup

Many patent medicines, Aspirin, phenacetin, most 'pick-me-up' stimulants, analgesics and cold cures contain 32 mg caffeine per tablet.

NICOTINE

Please don't panic if you smoke but you need to be aware that smoking is often a substitute for eating because it induces a very sharp rise, 36% in seven minutes, in blood sugar levels. Then blood sugar falls very rapidly and you feel the urge to smoke again, or drink strong coffee or tea or eat some chocolate. It would be best if you gave up smoking but failing that we strongly advise smokers to treat cigarettes as a luxury item and only take one after you have eaten. Never take your cigarettes into the bedroom and never smoke in the morning before you eat.

ANTI-HISTAMINES AND ST. JOHN'S WORT.

Both these substances alter Serotonin levels in the brain and have their own unique list of 'side effects'. Neither should be used with SSRIs without prior medical advice.

PHASE THREE – MILD EXERCISE AND SOCIAL ACTIVITY

Once you have your drug taking and dietary regime in place, you need to set aside time every day for mild exercise and mild social interaction. You need to be able to get out of your home for an hour or two every day and talk to the people you meet, even if only to say 'Hello'. You really will not want to go to all the trouble of withdrawing and then find you need treatment for agoraphobia or social phobia because you forgot to go out for a daily walk.

REDUCING SSRIs

If we suddenly stop taking an SSRI we become ill quickly. How quickly depends on how long the drug remains potent after we take it. Although the drugs discussed here are very similar, potency varies. The best indicator is the 'half-life' of the drug, that is the time it takes for 50% of its potency to dissipate. All SSRIs store in the fatty tissue of the body as well as in the brain which means every user has a reserve which allows them to miss a dose now and again without too much damage but missing a dose on a short acting drug is more dangerous than missing a dose on a long acting drug. The shortest half life of any of the drugs discussed here and therefore the shortest acting is Venlafaxine/ Effexor at 5 hours. The longest acting drug is Fluoxetine/ Prozac at 4 to 6 days half life. Where possible we advise all SSRI users to switch to Fluoxetine/ Prozac although we have had several people successfully withdraw from Paroxetine / Seroxat (half life 24 hours). The other consideration when deciding if or not you will find withdrawal gentler by transferring to another SSRI is whether or not the drug you use is readily available in liquid form. At the moment Fluoxetine/ Prozac and Paroxetine/ Seroxat are available in liquid form and at a potency level suitable for practical and accurate measure during withdrawal. Citalopram/ Cipramil is also available in oral drops as a liquid but one drop of the liquid is equivalent to 2.5mg of the tablet so it is not easy to achieve the necessary accuracy of reductions during withdrawal. It can be done so if other SSRIs can not be tolerated please ring our Helpline for free advice. (There is also a liquid version of the SSRI drug Escitalopram, patented as a separate drug by the manufacturer of Citalopram, of which it is an isomer but we have no information or experience of using this drug to withdraw from Citalopram/ Cipramil.)

FLUOXETINE/ PROZAC WITHDRAWAL

Safe, gentle withdrawal is to reduce your current dose by one eighth, wait two weeks or until you feel stable again and reduce by one eighth of that dose, wait two weeks or until you feel stable... and so on. Fluoxetine/ Prozac is available in liquid form, 20 mg = 5 ml and your pharmacist can supply oral syringes size 5 ml, 2.5 ml and 1 ml, each with equal interval scales to enable you to measure exactly how much liquid you are taking.

You can calculate your daily dose for the next two weeks each time you are ready to make a cut by using your calculator and multiplying the amount you use now by 0.875, which is seven eighths. It is quite safe to round up or down when quantities are too small to accurately measure. Chart one below serves as example and you can use it to tick off each reduction as you are able to achieve it.

CHART ONE

EXAMPLE: - 20 mg Fluoxetine/ Prozac = 5 ml

5 ml daily to 4.4 ml daily. Stay on 4.4 ml daily for two week or until you feel stable then go to 3.9 ml daily and stay on that dose for a minimum of two weeks, then go to 3.5 ml daily... and so on as indicated below.

3.0 ml to 2.6ml to 2.3 ml to 2.0 ml to 1.8 ml to 1.6 ml to 1.4 ml to 1.2 ml to 1.0 ml to 0.9 ml to 0.8 ml to 0.7 ml to 0.65 ml to 0.6 ml to 0.55 ml to 0.5 ml to 0.45 ml to 0.4 ml to 0.35 ml to 0.3 ml to 0.25 ml to 0.15 ml to 0.1 ml to 0.05 ml to Zero.

Most people can withdraw at this pace but all kinds of things will crop up while you are withdrawing which require you to remain on a particular dose for longer than you would wish. It will not harm you but trying to speed the process up by then cutting too much to make up for the reductions you have missed will. If you are finding withdrawal too wearing at a particular time you can try cutting by one tenth instead of

one eighth for a while or you can leave a longer period between reductions. Come to our group or one similar or use our free Helpline for support and feel free to call us should you run into problems. Remember withdrawal is not an endurance test, take your time and give your brain time to grow accustomed to using its regained capacity before you make the next cut. Stay safe and do not become impatient.

OTHER SSRIs

Your prescribing doctor can convert all other SSRIs to equivalent Fluoxetine/ Prozac liquid. If you decide to do so you will need to take the doctor's advice about how to change over. Some people can tolerate switching all of their SSRI to Fluoxetine/ Prozac at once; others need to convert from the original drug to Fluoxetine/ Prozac a little at a time. In either case, you need to use the equivalent amount of Fluoxetine/ Prozac at the exact equivalent daily dose for at least four weeks before using Chart One above to start to withdraw. Do not attempt to convert and reduce simultaneously. It is one thing to understand intellectually that the new drug is chemically much the same as the old one but our survival instincts are not intellectual and will need to be convinced slowly and patiently.

The conversion rates for 20 mg = 5 ml Fluoxetine / Prozac are:

= Paroxetine/ Seroxat 20 mg

= Sertraline/ Lustral 50 mg

= Citalopram/ Cipramil 20 mg

= Venlafaxine/ Effexor 75 mg

= Fluvoxamine/ Faverin 50 mg.

Paroxetine/ Seroxat is available in liquid form. 20 mg Paroxetine = 10 ml.

If you wish you can withdraw using Chart Two below but you need to be aware that Paroxetine/ Seroxat is relatively fast acting so missing doses is more critical than with Fluoxetine/Prozac and Paroxetine/ Seroxat liquid is more potent so exact measure is more important.

CHART TWO

Start at 20 mg Paroxetine/ Seroxat daily = 10 ml Paroxetine/ Seroxat and go to 8.75 ml daily for at least two weeks or until you feel stable, then go to 7.5 ml daily for at least two weeks or until you feel stable again, then go to 6.25 ml daily...and so on.

Next go to 5 ml then to 4.88 to 4.75 to 4.63 to 4.5 to 4.45 to 4.4 to 4.35 to 4.3 to 4.25 to 4.2 to 4.15 to 4.1 to 4.05 to 4.00 to 3.95 to 3.9 to 3.85 to 3.8 to 3.75 to 3.7 to 3.65 to 3.6 to 3.55 to 3.5 to 3.45 to 3.4 to 3.35 to 3.3 to 3.25 to 3.2 to 3.15 to 3.1 to 3.05 to 3.00 to 2.95 to 2.9 to 2.85 to 2.8 to 2.75 to 2.7 to 2.65 to 2.6 to 2.55 to 2.5 to 2.45 to 2.4 to 2.35 to 2.3 to 2.25 to 2.2 to 2.15 to 2.1 to 2.05 to 2 to 1.95 to 1.9 to 1.85 to 1.8 to 1.75 to 1.7 to 1.65 to 1.6 to 1.55 to 1.5 to 1.45 to 1.4 to 1.35 to 1.3 to 1.25 to 1.2 to 1.15 to 1.1 to 1.05 to 1 to 0.95 to 0.9 to 0.85 to 0.8 to 0.75 to 0.7 to 0.65 to 0.6 to 0.55 to 0.5 to 0.45 to 0.4 to 0.35 to 0.3 0 to 0.25 to 0.2 0.15 to 0.1 to 0.05 to Zero.

No matter which type of drug and which rate of withdrawal you decide to use it is very important that you alone decide when to make a cut. Do not reduce if you are ill, stay on the same dose until you recover and do not reduce if you do not feel stable enough. Only you know how you feel so only you can judge when it is safe to make a cut. Stay safe.

SOME FINAL POINTS ABOUT SSRIS

1. The drugs do not become weaker over time, we learn to tolerate them. If you are one of the lucky one's who derived initial benefit sufficient to outweigh the adverse side effects do not expect benefit to return after it has passed.
2. Every reduction means more of your brain's massive parallel processing capacity becomes available for use again. You will not be able to use the new capacity immediately so do not be disappointed if nothing seems to be changing. Your brain has to practice using and develop confidence in its re-gained abilities. If you cannot regularly attend a group like ours or regularly talk to people who know what you are experiencing in withdrawal, keep a diary. You will soon see how much more you can do as the effects of the drug recede.
3. If you have been using SSRIs for years rather than months you will have forgotten the richness of perception and the intensity of emotional experience you used to have. Sooner or later in withdrawal there will come a time when the light becomes brighter, noises louder, colours more vivid and you will find yourself in tears again – often over absolute trivia. You need to expect such changes and appreciate them for the positive signs they are; indicators that your life is returning to normal.
4. During the latter stages of withdrawal you will suddenly find yourself much more aware and with more energy as the sedative effects of the drug dissipate. This can be a very frustrating time because you become super critical of yourself and all that is yours. Your home needs decorating, your garden need digging over, your fence needs repairing. You need to learn to pace yourself because every time you do too much work, fat in the body breaks down and releases more of the drug it has been storing into your blood stream. The day after, you will suffer an unplanned reduction.

4- Being obliged to do only a fraction of what you think needs to be done is frustrating. You will feel driven to make changes you may regret once completely free of the drug. Do not sell your business or home, divorce your partner, resign from work or move house. The rule is, make no irrevocable decisions until you are finally clear of the drug.

5- Finally, remember that as withdrawal progresses other people will cease to be an irritating distraction from the business of withdrawal and you will begin to find them a source of entertainment again. Do not wait until you desperately need others. Go out and join as many clubs, classes, interest groups and voluntary groups as you can manage. Deflecting your attention outwards rather than intensely and too often critically inwards far outweighs the risk of finding other people's enthusiasms a bit boring.

We wish you well and hope you will contact us for free help and support whenever you need it and if you find ideas and experiences which help you in withdrawal please tell us. Even after twenty years we have NOT heard it all before and your ideas and contributions could easily be the ones that help someone else get off SSRIs.

Good luck.

The Tranquilliser Group

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Please feel free to share the information contained in this document if you believe it can help in some way. If you do, we'd appreciate that you acknowledge us as the

source of this information, perhaps by linking back to our site at

<http://thetranquillisergroup.co.uk>

Thank you

Tom, Jenny, Lindsey and Mark.