LIFTING DEPRESSION SUMMIT 2021

HUMAN GIVENS
Marion Brown

Antidepressants: What people need to know
Lay people's attitudes to treatment of depression: results of opinion poll for Defeat Depression Campaign just before its launch

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Abstract

Objective: To investigate the attitudes of the general public towards depression before the Defeat Depression Campaign of the Royal Colleges of Psychiatrists and General Practitioners; these results form the baseline to assess the change in attitudes brought about by the campaign.

Design: Group discussions generated data for initial qualitative research. The quantitative survey comprised a doorstep survey of 2003 people in 143 places around the United Kingdom.

Results: The lay public in general seemed to be sympathetic to those with depression but reluctant to consult. Most (1704 (85%)) believed counselling to be effective but were against antidepressants. Many subjects (1563 (78%)) regarded antidepressants as addictive.
attended MindFields courses during its years of operation.)

By 1997 the term ‘human given’ was being used so often it stuck and the first monograph on the subject was published. Soon after that the journal changed its name to Human Givens to reflect its wider appeal and it grew from strength to strength when Denise Winn joined as editor.

Many professionals found that when they combined the insights provided by the human given framework with the effective psychotherapeutic techniques taught by MindFields College their work was made so much more effective and rewarding that they were keen to study the approach in more depth. So, as a direct result of this demand, the Human Diploma Course was developed, and the first course was run in April 2000. Since then the course has proved immensely popular (it was later accredited by Nottingham Trent University as part of a collaborative MA programme in Human Givens Psychotherapy that it ran with MindFields College.)

The approach continued to grow organically. It was refined as new insights and research findings came to light and other knowledge and feedback was gleaned from the wide range of psychologists, teachers, counsellors, psychotherapists, nurses, social workers and others who completed the diploma.

In fact one of the fundamental principles of this approach has always been that we should never stop learning; new knowledge, insights and skills (when they are backed up with genuine scientific understanding) should be incorporated into the fundamental framework of the human given whenever possible to increase its effectiveness.

In 2001, the Human Givens Institute (HGI) was set up to act as the professional body of human given therapists and a means for people using the approach to keep in touch with one another and share ideas. Through its website, it also aims to provide a useful resource for members of the general public looking for good quality information about the

HUMAN GIVENS HISTORY – AND ME!
1997 …. ONWARDS

Link: https://www.hgi.org.uk/human-givens/history-hg-approach
No one knows a prescription drug’s side effects like the person taking it.

Make your voice heard.

RxISK is a free, independent drug safety website to help you weigh the benefits of any medication against its potential dangers.

Could it be my meds?

All drugs have side effects, but people often don’t link the effect they are experiencing to starting, stopping, or changing the dose of a drug. RxISK provides free access to information and tools to help you assess the connection between a drug and a side effect.

Are you experiencing a drug side effect?

Get your free RxISK Report to find out.

The RxISK Report takes 10 minutes to complete and provides you with a RxISK Score indicating how likely it is that your problem is caused by starting or stopping a prescription drug.

Link: https://rxisk.org
Guidance for Health Professionals on Medically Unexplained Symptoms (MUS)

**Key Learning Points**

- **Making Sense of Symptoms**
  - Managing Professional Uncertainty
  - Building on Patient Strengths
- **Clinically Unexplained Symptoms** are: symptoms, bodily complaints for which adequate examination has not revealed sufficient pathological physical or other relevant pathology.

Thought GPs often have a strong suspicion that there is no serious medical condition in cases of MUS, they often worry about missing something crucial. Similarly, patients may feel unsuspicious and confused. This uncertainty is often both intrusive and reproduced investigations. This guidance will highlight the importance of clinicians trusting, perhaps more than they do, their own psychological abilities and the strengths of their therapeutic alliance with their patients. This helps to achieve better concordance between addressing the patient’s “brain and managing their own anxiety and uncertainty.”

“**Our remedies oft in ourselves do lie**”

Top Ten Tips for Medically Unexplained Symptoms

- Medically unexplained symptoms (MUS) is the term given to repeated help-seeking for physical symptoms when no clear or consistent organic pathology can be demonstrated.
- Commonly, patients present with multiple symptoms reported in various locations, functional disturbance of organ systems, fatigue.

1. The annual healthcare costs of MUS are estimated at about £3 billion in the UK.
2. They can lead to significant distress for patients and high stress levels for clinicians.
3. The role of the GP is significant in the management of patients with MUS, particularly continuity with one GP where possible.
4. MUS accounts for up to 20% of GP consultations. 25% persist in primary care for over 12 months.
5. Think of associated depression and/or anxiety. Tackling therapies and antidepressants have been shown to improve outcomes.
6. Rule out medical causes but do not investigate or refer exclusively.
7. Encourage and educate the patient to take responsibility for their health and self-management. Holistic care is essential.
8. Focus on managing the symptoms, not finding a cure.
9. Consider regular planned reviews, using double appointments if needed.
10. Ensure good communication with other agencies and healthcare professionals.

“**Our remedies oft in ourselves do lie**”

References to links to for further information:

THE PERILS OF VISITING YOUR GP (WELLDOING.ORG) JAN 2017
https://welldoing.org/article/perils-visiting-your-gp

WHAT YOU NEED TO KNOW ABOUT COMING OFF ANTIDEPRESSANTS (WELLDOING.ORG) DEC 2017
https://welldoing.org/article/what-you-need-to-know-about-coming-off-antidepressants
The APET™ model derives from what science has discovered about brain functioning – which is what informs the human givens approach.

When in conflict the perception (not necessarily consciously available) is that the ‘other’ person or people is/are preventing the party from getting their needs met – and is/are consequently a threat. The brain then responds to anything connected to this other person (or people) as clear ‘danger’ and there is a release of stress hormones. This results in ‘black-and-white’ thinking and, as the conflict spirals, leads to repeated firing of the fight-flight response – which can lead on to potentially frightening and damaging actions/behaviours and /or serious stress-related illnesses. The same is happening to each of the parties in conflict – where each is perceived as preventing the other from getting their innate human emotional needs met. Our challenge is to learn to access appropriate thinking and responses, depending on circumstances.
“FIGHT OR FLIGHT”
ACUTE STRESS RESPONSE

- Increased blood flow to brain;
  increased production of catecholamines (epinephrine, norepinephrine, dopamine)
  which help to facilitate cognitive performance
- Pupils dilate/Peripheral vision is reduced
- Heart rate increases
- Faster, deeper breathing
- Increased blood flow to large muscle groups
- Adrenal hormones (cortisol and DHEA) released, resulting in increased energy mobilization
- Digestion slows dramatically
- Blood pressure increases

REATIONS
- Increased alertness
- Increased short term strength
- Increased ability to handle stress
- Heightened ability to focus
- Increased oxygen to the brain
- Faster, deeper breathing
- Heightened sense of smell
- Body and mind are hyper-alert

OTHER RESPONSES
- Perspiration increases to cool body
- Muscle tension increases to prepare for “fight or flight”
- Saliva production decreases
- Metabolism speeds up considerably
- Inflammation increases
- Blood flow from skin surface is diverted to larger muscle groups & brain
- Body extremities can change temperature
- Blood pressure increases
THE FIGHT OR FLIGHT RESPONSE

THREAT – an attack, harmful event or threat to survival
BRAIN – processes signals... firstly in amygdala

If threat perceived immediately:
Hormones adrenaline & noradrenaline released >>
>> Pituitary gland secretes ACTH (adrenocorticotropic hormone)
>> and hormone cortisol etc. released – ready for ACTION!

Physical effects:
- Heart rate increase and rise in blood pressure – pounding heart and racing pulse (ready to fight or flee)
- Breathing quickens – increase oxygen in blood
- Blood-clotting mechanisms activated (in case of injury)
- Muscles tense – shaking/quaking
- Saliva dries and digestion ceases
- Perspiration increases (need to keep temp. ok in action)
- Pupils dilate
- Bowel and Bladder muscles may relax
- Focused attention to deal with threat – trance state

(NOTE – similarities to panic attack - or any overwhelmed state)

General related symptoms often experienced during periods of ongoing ‘stress’ include:
Anxiety, Panic Attacks, Depression, Anger outbursts, Weepiness, Insomnia, Loss of Appetite, Digestive problems, High Blood Pressure...
Homeostasis is the tendency of a biological system to maintain relatively constant conditions in the internal environment whilst continuously interacting with and adjusting to changes originating within or outside the system.
Patients prescribed antidepressants in England (NHSBSA, 10 Dec 2020)
### Table 1. Main adverse events related to use of newer generation ADs

| 1. | Gastrointestinal (nausea, vomiting, GI bleeding) |
| 2. | Hepatotoxicity and hypersensitivity reactions (dermatologic and vascular manifestations) |
| 3. | Weight gain and metabolic disturbances |
| 4. | Cardiovascular (QT interval prolongation, basal heart rate and HRV, hypertension, orthostatic hypotension) |
| 5. | Genitourinary (urinary retention, incontinence) |
| 6. | Sexual dysfunction |
| 7. | Hyponatremia |
| 8. | Osteoporosis and fractures |
| 9. | Bleeding |
| 10. | Central nervous system (seizure threshold, extrapyramidal side effects, serotonin syndrome, headache, stroke) |
| 11. | Sweating |
| 12. | Sleep disturbances |
| 13. | Affective (apathy, switching into hypomania or mania, paradoxical effects) |
| 14. | Suicidality |
| 15. | Safety in overdose |
| 16. | Discontinuation syndromes |
| 17. | Ophthalmic (glaucoma, cataract) |
| 18. | Hyperprolactinemia |
| 19. | Risk during pregnancy and breast feeding |
| 20. | Risk of malignancies |
### Prescribed Drug Dependence - Recognition and Support

<table>
<thead>
<tr>
<th>95%</th>
<th>5%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GUT</strong> (Peristalsis/Appetite)</td>
<td><strong>CNS/BRAIN/MIND</strong> (Safety/Peace of Mind/Wellbeing)</td>
</tr>
<tr>
<td><strong>MUSCLES</strong> (Contract/relax)</td>
<td></td>
</tr>
<tr>
<td>Nausea/Vomiting</td>
<td></td>
</tr>
<tr>
<td>Diarrhoea</td>
<td></td>
</tr>
<tr>
<td>IBS</td>
<td></td>
</tr>
<tr>
<td>Gastritis</td>
<td></td>
</tr>
<tr>
<td><strong>HEART</strong> (Blood pressure)</td>
<td></td>
</tr>
<tr>
<td>Rigidly</td>
<td>Feeling unsafe</td>
</tr>
<tr>
<td>Spasms</td>
<td>Imminent danger</td>
</tr>
<tr>
<td>Tremor</td>
<td>Hypervigilance</td>
</tr>
<tr>
<td>Tics/Jerks</td>
<td>Sights sounds smells tastes touch</td>
</tr>
<tr>
<td>Brain zaps</td>
<td>Rumination about risk</td>
</tr>
<tr>
<td><strong>SLEEP</strong> (Regulates sleep cycle)</td>
<td></td>
</tr>
<tr>
<td>Palpitations</td>
<td></td>
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<tr>
<td>Arrhythmia</td>
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<tr>
<td>Insomnia</td>
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</tbody>
</table>

**As All This Worsens.................**

- Anorexia/weight loss
- Movement disorders
- Food intolerances
- Drug/supplement intolerances
- Phobias/panic attacks
- Rigid with fear/terror
- Fear of normal body functions

**TRAUMA**

Designed by Stevie Lewis
Are you or someone you know suddenly unable to stop moving or agitated?

If so, and you recently started, stopped or changed the dosage of a medication, you may be suffering from akathisia. This disorder is also characterized by inner restlessness, anxiety, agitation, impulsivity, aggressiveness, insomnia, irritability, and hostility. Akathisia can lead to violence/suicide.

Learn more at missd.co

AKATHISIA

For more information about Akathisia: https://missd.co/

"#Akathisia presents people with a tortuous fight to stay alive. It is so uncomfortable, distressing & under-recognised by the medical profession that people often turn to #suicide as their only option. They literally think they are losing their minds."
There are various factors which may contribute to the relatively unknown status of PSSD:

1. **Confusion over symptoms.** Some PSSD sufferers do not realize their condition has been caused by their antidepressants. Some only make the connection between their medication and the onset of their dysfunction months or even years in retrospect. The fact that the medical community is not widely educated about PSSD means that patients do not get this information from their doctors.

**PSSD-UK.ORG**

SEXUAL DYSFUNCTION MAY BE A PERMANENT SIDE EFFECT WITH ANTIDEPRESSANTS — PSYCHIATRIST STUART SHIPKO - YOUTUBE

Welcome to this guidance aimed at helping all psychological therapists to learn about the potential impact of psychiatric drugs on the practice of therapy. After reading the information

Guidance for psychological therapists: information for GPs advising patients on antidepressant withdrawal | British Journal of General Practice (bjgp.org) by STEVIE LEWIS

Link: https://prescribeddrug.info/
Stopping antidepressants

This information is for anyone who wants to know more about stopping antidepressants.

It describes:

- symptoms that you may get when stopping an antidepressant
- some ways to reduce or avoid these symptoms.

This patient information accurately reflects recommendations in the NICE guidance on depression in adults.
Recognising functional neurological disorder

Looking for positive diagnostic signs in primary care

Functional neurological disorder (FND) describes a disorder of the voluntary motor or sensory system, which has been linked to corruption of pre-conscious phases of motor planning. It should usually be diagnosed by someone with specific expertise in the diagnosis of neurological disease, but it can be useful to recognise the signs and symptoms in primary care for appropriate and timely specialist referral.

### Patient history

**Symptoms**
Patients with FND often have multiple symptoms. Ask about motor and sensory symptoms, fatigue, pain, sleep disturbance, memory, and dissociative symptoms.

**Ability**
Ask patients to describe a typical day, to build a picture of how disabled they are. This can also help determine whether there may be comorbid depression or anxiety.

**Onset**
Look particularly for physical triggering such as injury, migraine or syncope. Previous adverse experiences are a risk factor, but may not be present.

### Positive diagnostic signs

- **Functional limb weakness**
- **Functional movement disorders**
- **Functional or dissociative seizures**
- **Functional visual signs**

### Examination

Functional neurological disorder is not a diagnosis of exclusion. It should be based on positive clinical features which demonstrate inconsistency between impaired voluntary movement and intact automatic movement, or in some cases, incongruency with pathophysiological disease.

[Link](https://www.bmj.com/content/371/bmj.m3745)
The Patient Voice: Antidepressant Withdrawal, MUS and FND | BJGP Life

recovery&renewal @recover2renew - 41s
The #PatientVoice: #Antidepressant Withdrawal #MUS & #FND
Are #GPs are being guided to misdiagnose & overlook the vitally important indications of serious #prescribeddrug effects, incl #akathisia, leading to harm, chronic illness, disability & deaths?

The Patient Voice: Antidepressant Withdrawal, MUS ...
From BJGP Life: Diagnoses of MUS (medically unexplained symptoms) or FND (functional ... madinamerica.com
Antidepressant Withdrawal - GROWING BODY OF WORK NOW ...
Drug ‘Half-lives’- only half the problem!! Post -Acute Withdrawals .... etc
Guidance for Therapists (Info for everyone!) prescribeddrug.info
International Institute for Prescription Drug Withdrawal iipdw.org

MAIN TAKEWAY MESSAGE ...

➤ **BELIEVE** what the client/patient/person is telling you.
➤ **LEARN** as much as you can about this – the prescribers have been co-opted/beguiled by Pharma - & the Medical System.
➤ **ENCOURAGE** liaising with, and educating, the prescriber.
➤ **SUPPORT** the person – for optimum benefit.

NEW BOOK DUE OUT Mid-2021 – by Beverley Thomson – “Antidepressed” written specifically to inform and empower lay people so that they can become ‘savvy consumers’ of antidepressants.
SOME OF OUR OWN WORK:

PE01651: PRESCRIBED DRUG DEPENDENCE AND WITHDRAWAL - GETTING INVOLVED : SCOTTISH PARLIAMENT


MARIONS INFOGRAPHIC FOR PRINT A4 X 2 PAGES.PDF (HGI.ORG.UK)

THE ALARMING HIJACKING OF THE BIOPSYCHOSOCIAL MODEL | HUMAN GIVENS INSTITUTE (HGI.ORG.UK)

RE: FUNCTIONAL NEUROLOGICAL DISORDER - PATIENTS' EXPERIENCE & RESEARCH | THE BMJ

THE ‘PATIENT VOICE’: PATIENTS WHO EXPERIENCE ANTIDEPRESSANT WITHDRAWAL SYMPTOMS ARE OFTEN DISMISSED, OR MISDIAGNOSED WITH RELAPSE, OR A NEW MEDICAL CONDITION - ANNE GUY, MARION BROWN, STEVIE LEWIS, MARK HOROWITZ, 2020 (SAGEPUB.COM)

THE PATIENT VOICE: ANTIDEPRESSANT WITHDRAWAL, MUS AND FND | BJGP LIFE

PROTRACTED WITHDRAWAL SYNDROME AFTER ANTIDEPRESSANT USE | PSYCHOLOGY TODAY UK
Thank You

Look forward to questions & discussion

mmarionbrown@gmail.com

@recover2renew

QUESTIONS ??