

# LIFTING DEPRESSION SUMMIT 2021

HUMAN GIVENS

Marion Brown

Antidepressants:

What people need to know



THE  
**Lifting  
Depression**  
SUMMIT

Intended for healthcare professionals



## General Practice

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

BMJ 1996; 313 doi: <https://doi.org/10.1136/bmj.313.7061.858> (Published 05 October 1996) Cite this as: BMJ 1996;313:858

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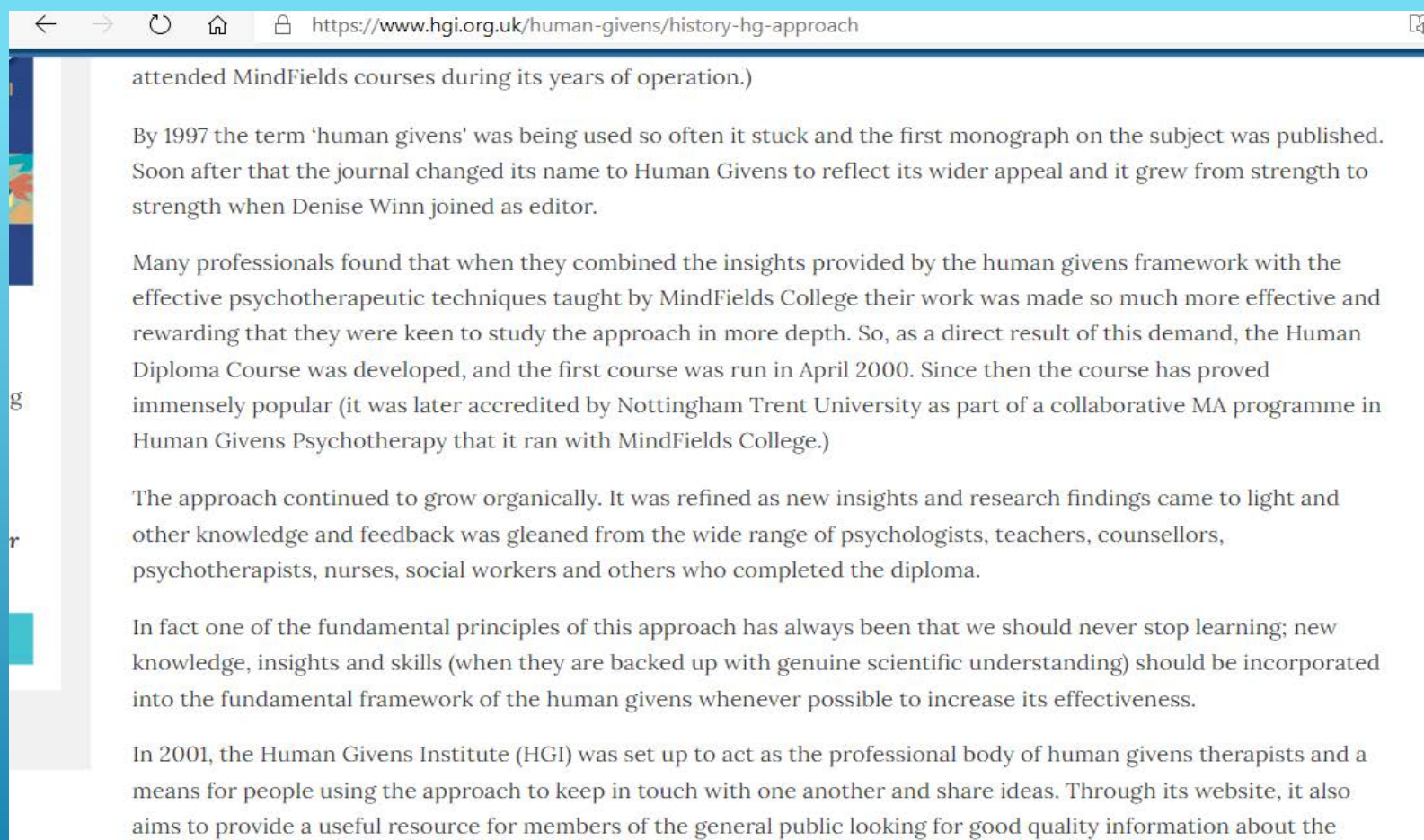
- Accepted 17 June 1996

## 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.



## 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.



Drug search



Lifesaving checklist



Interaction checker



Post-SSRI sexual dysfunction



Complex withdrawal



Too many drugs?



Guides & papers



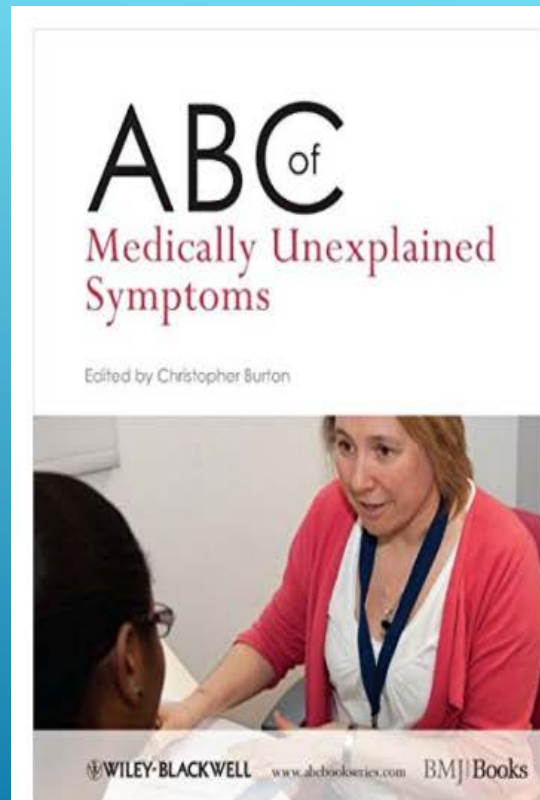
Glossary


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.







**MENTAL HEALTH**  
 Living well for longer

2014 update

**Guidance for Health Professionals on Medically Unexplained Symptoms (MUS)**

**KEY LEARNING POINTS**

**Making Sense of Symptoms**  
**Managing Professional Uncertainty**  
**Building on Patient Strengths**

Medically unexplained symptoms are 'persistent bodily complaints for which adequate examination does not reveal sufficient explanatory, structural or other specified pathology.'

» People want to be taken seriously: show your patients you believe them.  
 – Ask yourself and the patient "Am I hearing and understanding what you are trying to tell me?"

» Doctors can make a difference to a patient's well-being, even when their symptoms are unexplained.  
 – Concentrate on helping to manage symptoms and improving functionality.

» Sometimes the only "therapy" needed is the strength of your doctor-patient relationship. Continuity of care can have a very positive impact.  
 – Be pre-emptively reassuring, yet show you have an open mind and will continue to reassess.  
 – Explain rather than just 'normalise'.

» Be explicit about your thoughts, your uncertainties and your expectations of referrals to specialist care.  
 – Proactively communicate with other clinicians.

Though 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 unsupported and confused. This uncertainty often leads to extensive and unproductive investigations.<sup>1</sup>

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 patients' fears and managing their own anxiety and uncertainty.<sup>2</sup>

**"Our remedies oft in ourselves do lie."**

Alfred Lord Tennyson, *Ulysses*, 1842



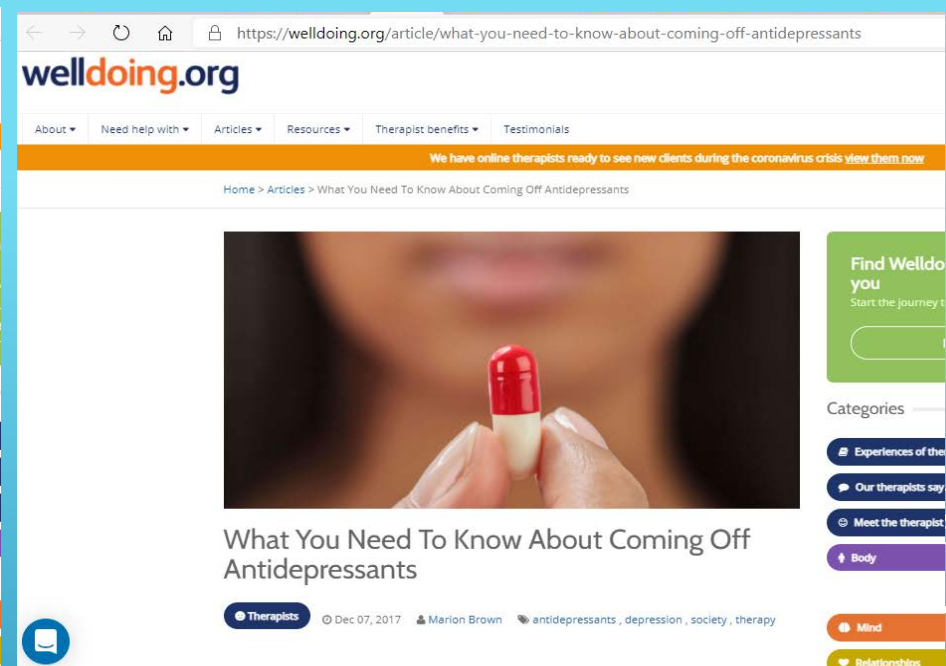
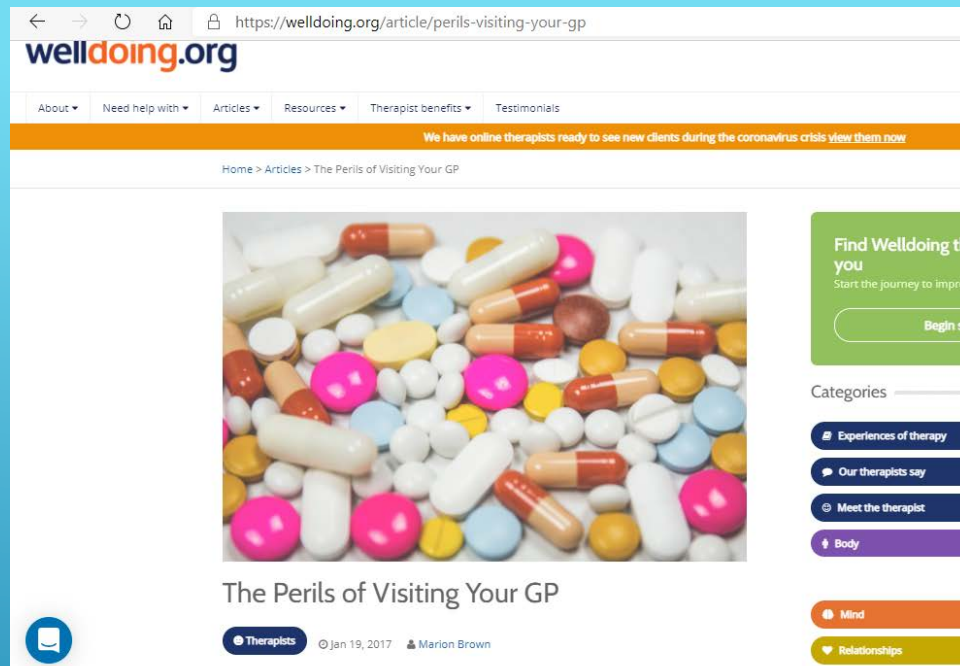
#### Top Ten Tips for Medically Unexplained Symptoms

Medically unexplained symptoms (MUS) is the term given to repeated help-seeking for physical symptoms for which no clear or consistent organic pathology can be demonstrated. Eg: Pain 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. They can lead to significant distress for patients and high stress levels for clinicians.
2. The role of the GP is significant in the management of patients with MUS, particularly continuity with one GP where possible.
3. MUS account for up to 20% of GP consultations. 25% persist in primary care for over 12 months.
4. Think of associated depression and/or anxiety. Talking therapies and antidepressants have been shown to improve outcomes.
5. Rule out medical causes but do not investigate or refer endlessly.
6. Encourage and educate the patient to include responsibility and self-management. Holistic care is essential.
7. Focus on managing the symptoms, not finding a cure.
8. Consider regular planned reviews, using double appointments if needed.
9. Ensure good communication with other agencies and healthcare professionals.
10. Remain aware of countertransference feelings of anger and frustration. Make sure you have support available to discuss cases if needed.

#### References to links to for further information:

1. Patient.co.uk – somatic symptom disorder. <http://patient.info/doctor/somatic-symptom-disorder>
2. NHS Commissioning Support for London. Medically Unexplained Symptoms (MUS): Project Implementation Report. March 2011.
3. Chitnis A, Dowrick C, Byng R et al. Guidance for health professionals on medically unexplained symptoms. 2011; London: Royal College of General Practitioners and Royal College of Psychiatrists.
4. Kirmayer LJ, Groleau D, Looper KJ et al. Explaining medically unexplained symptoms. Can J Psychiatry 2004;49:663-672.
5. Creed F, Henningsen P & Fink P (2011) Medically Unexplained Symptoms, Somatisation and Bodily Distress: developing better clinical services. Cambridge University Press, Cambridge (as per Simon for slide 25)



## THE PERILS OF VISITING YOUR GP (WELLDONING.ORG) JAN 2017

<https://welldoning.org/article/perils-visiting-your-gp>

## WHAT YOU NEED TO KNOW ABOUT COMING OFF ANTIDEPRESSANTS (WELLDONING.ORG) DEC 2017

<https://welldoning.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

**A**

Activating  
agent

**P**

Pattern  
matching

**E**

Emotional  
arousal

**T**

Thought  
(maybe)

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

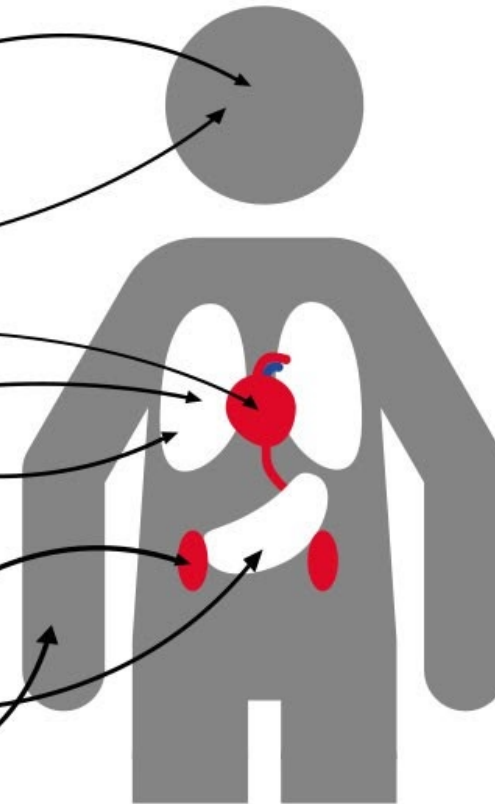
–Faster, deeper breathing

–Increased blood flow to large  
muscle groups

–Adrenal hormones (cortisol and  
DHEA) released, resulting in  
increased energy mobilization

–Digestion slows dramatically

–Blood pressure increases



### REACTIONS

- 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 (adrenocorticotrophic hormone)

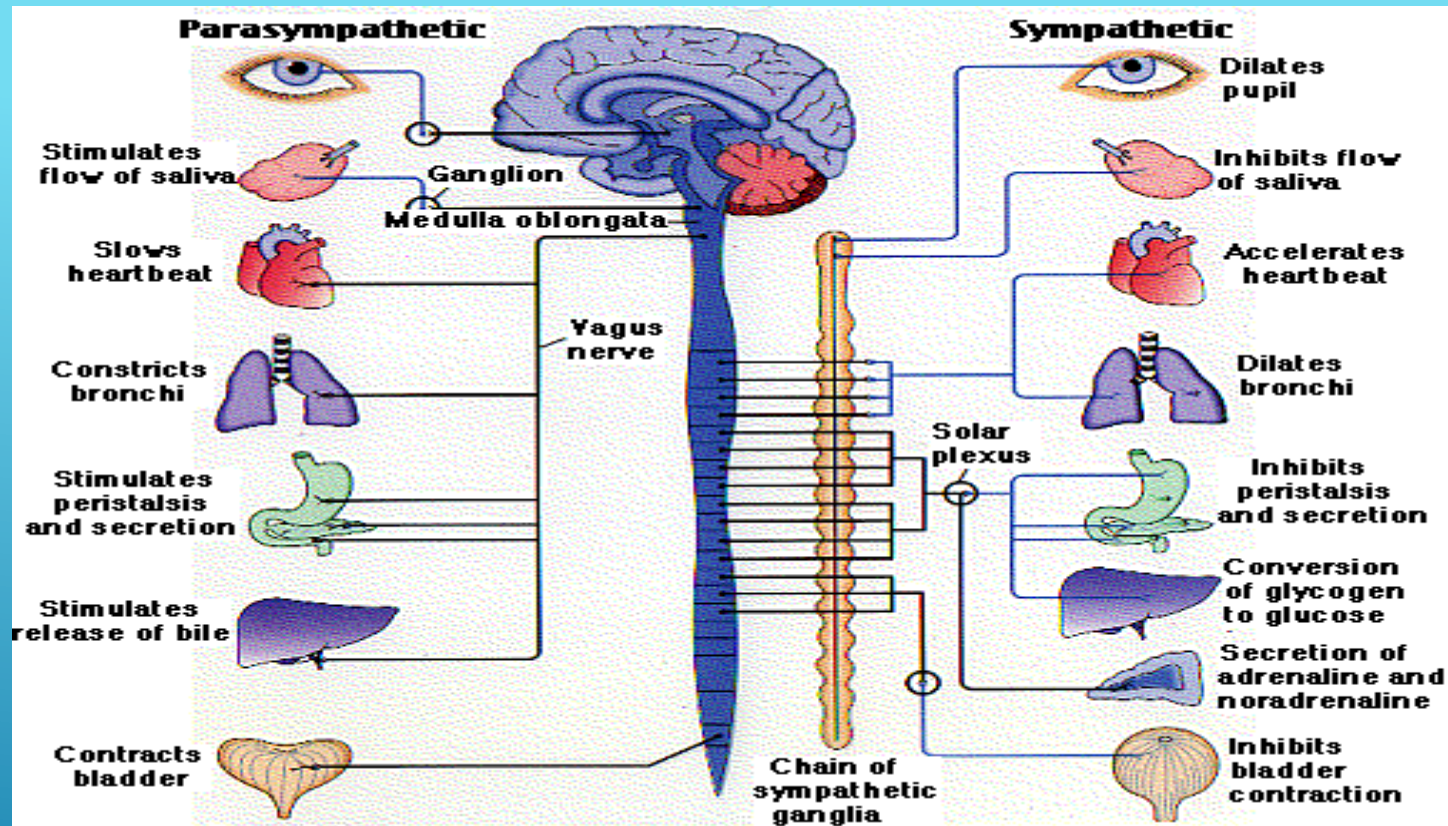
>> and hormone cortisol etc. released – ready for **ACTION!**

#### **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

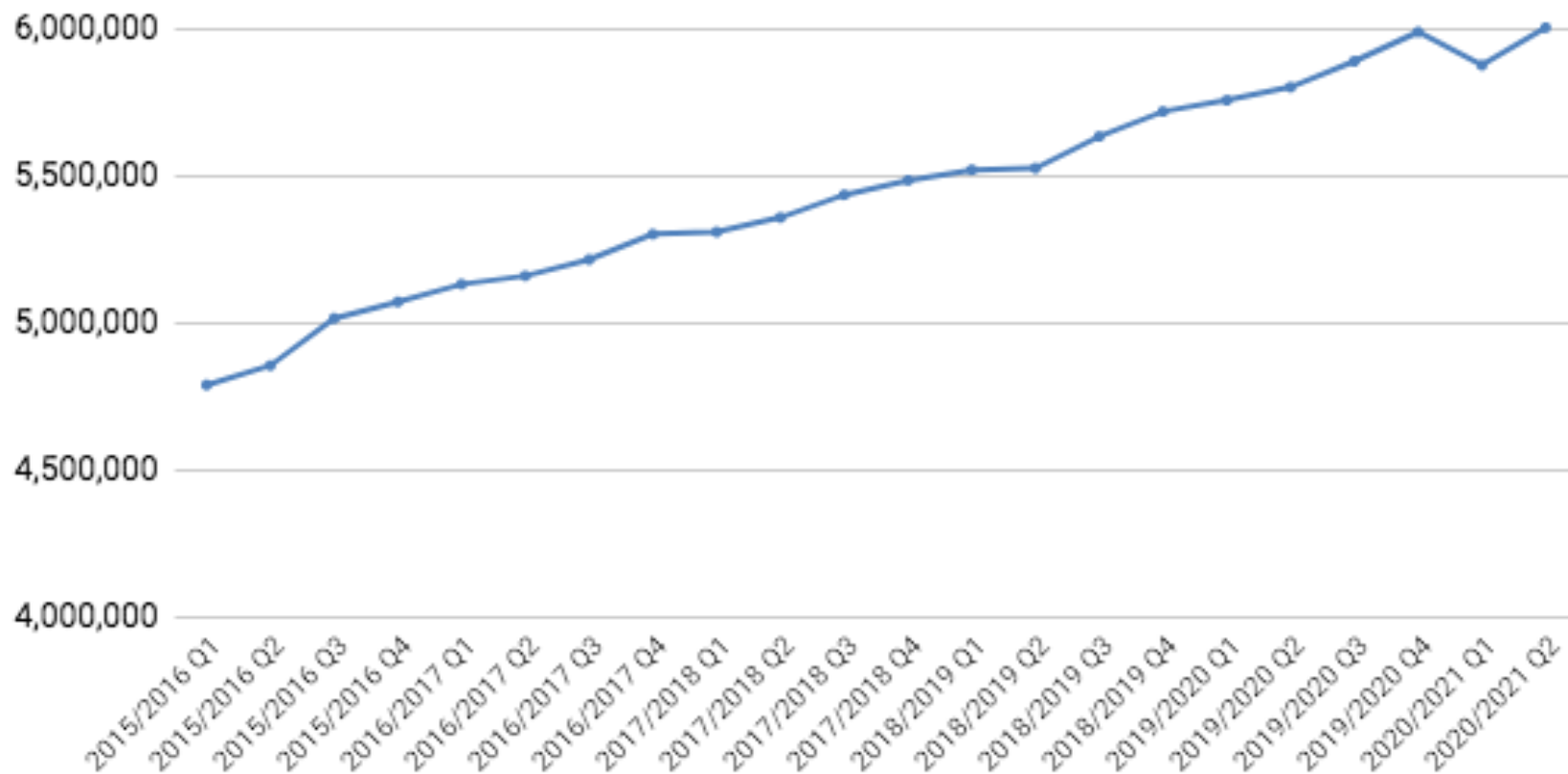
(NOTE – similarities to panic attack - or any overwhelmed state)

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 then system.

## Patients prescribed antidepressants in England (NHSBSA, 10 Dec 2020)

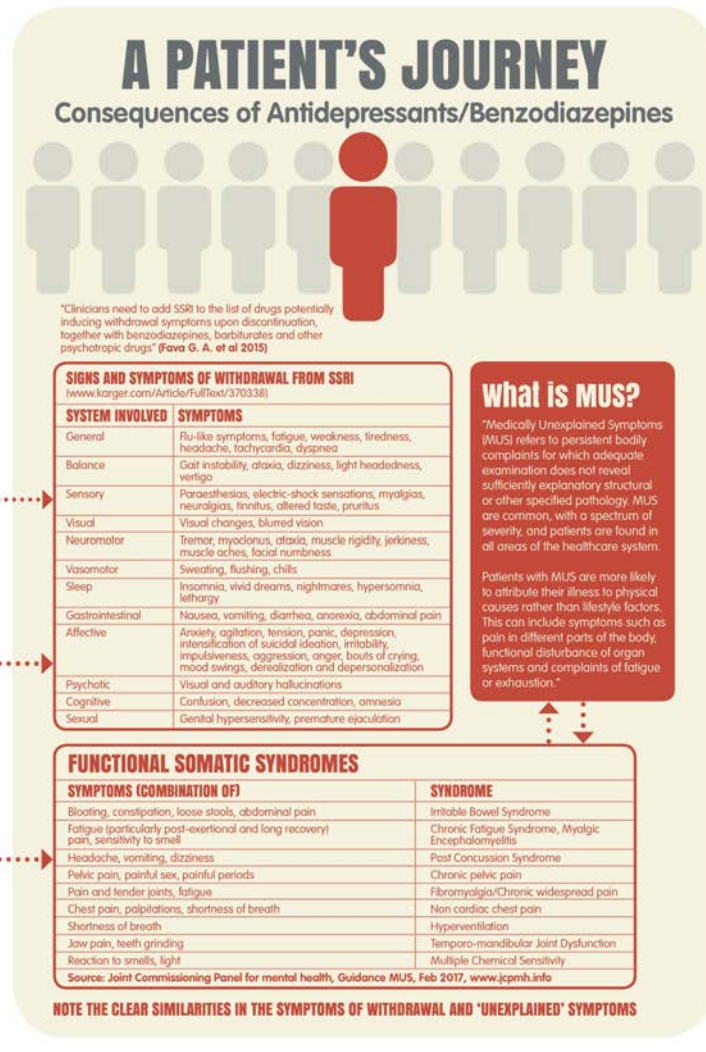
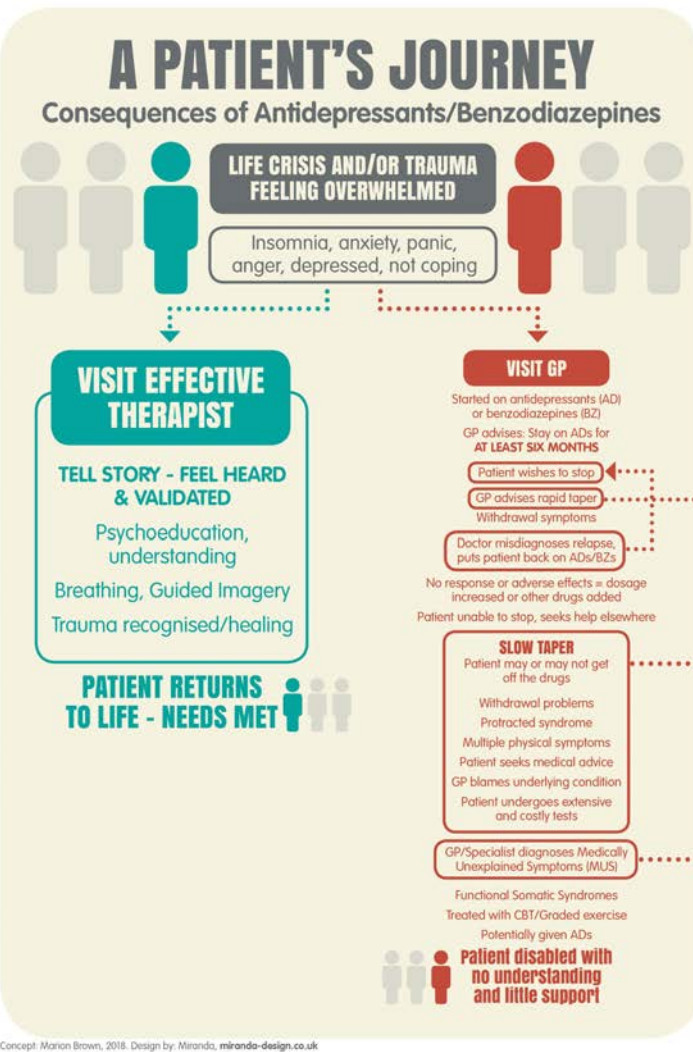


## WHAT'S THE HARM IN TAKING AN ANTIDEPRESSANT? - KELLY BROGAN MD

### THE SAFETY, TOLERABILITY AND RISKS ASSOCIATED WITH THE USE OF NEWER GENERATION ANTIDEPRESSANT DRUGS: A CRITICAL REVIEW OF THE LITERATURE - FULLTEXT - PSYCHOTHERAPY AND PSYCHOSOMATICS 2016, VOL. 85, NO. 5 - KARGER PUBLISHERS

**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



[https://www.hgi.org.uk/sites/default/files/hgi/Marions%20infographic for%20print%20A4%20x%202%20pages.pdf](https://www.hgi.org.uk/sites/default/files/hgi/Marions%20infographic%20for%20print%20A4%20x%202%20pages.pdf)

## PREScribed DRUG DEPENDENCE - RECOGNITION AND SUPPORT

95%

### GUT

(Peristalsis/Appetite)

Nausea/Vomiting

Diarrhoea

IBS

Gastritis

### MUSCLES

(Contract/relax)

Rigidity

Spasms

Tremor

Tics/Jerks

Brain zaps

## SEROTONIN

### HEART

(Blood pressure)

Palpitations

Arrhythmia

### SLEEP

(Regulates sleep cycle)

Insomnia

5%

### CNS/BRAIN/MIND

(Safety/Peace of Mind/Wellbeing)

Feeling unsafe

Imminent danger

Hypervigilance

Sights sounds smells tastes touch

Rumination about risk

AS ALL THIS WORSENS.....

Anorexia/weight loss

Food intolerances

Drug/supplement intolerances

Movement disorders

Phobias /panic attacks

Rigid with fear/terror

Fear of normal body functions

## TRAUMA

Designed by Stevie Lewis

6



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 [misssd.co](https://misssd.co)

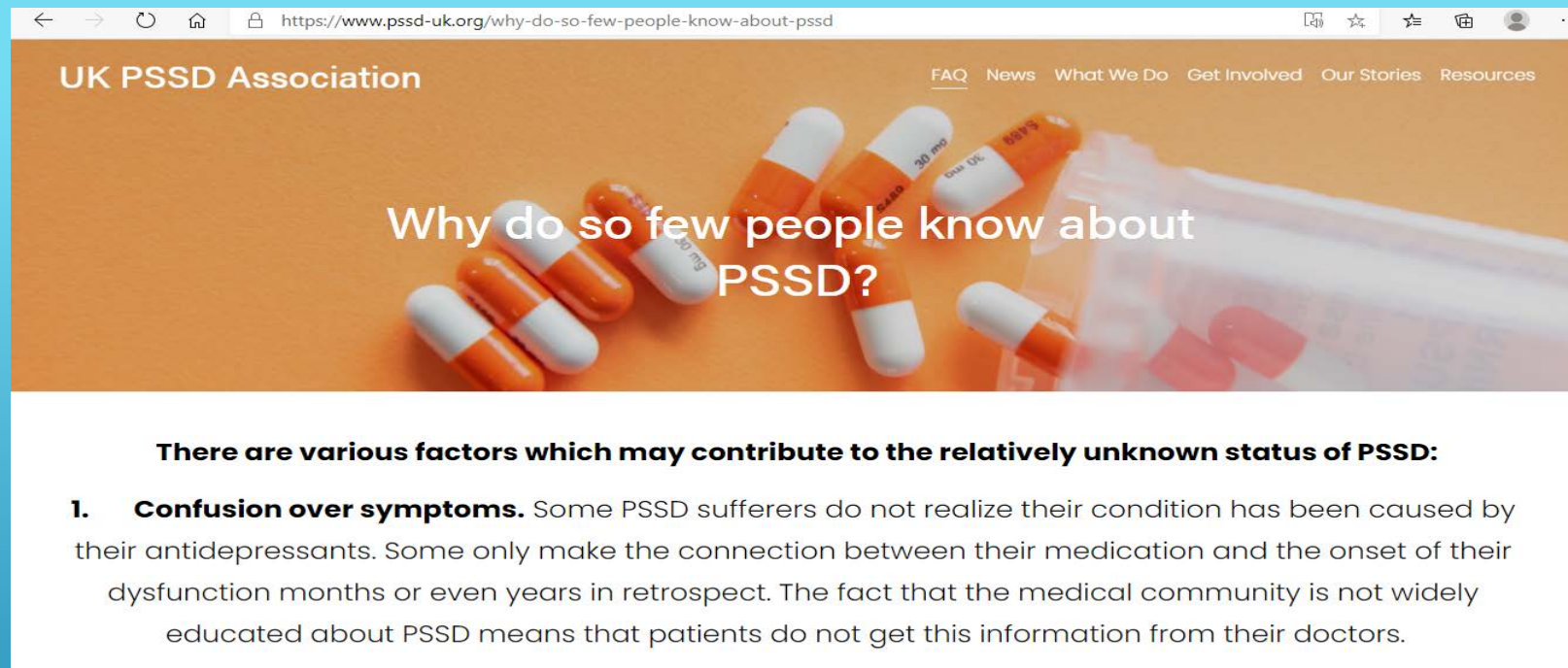
# AKATHISIA



recovery&renewal  
@recover2renew

"#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."

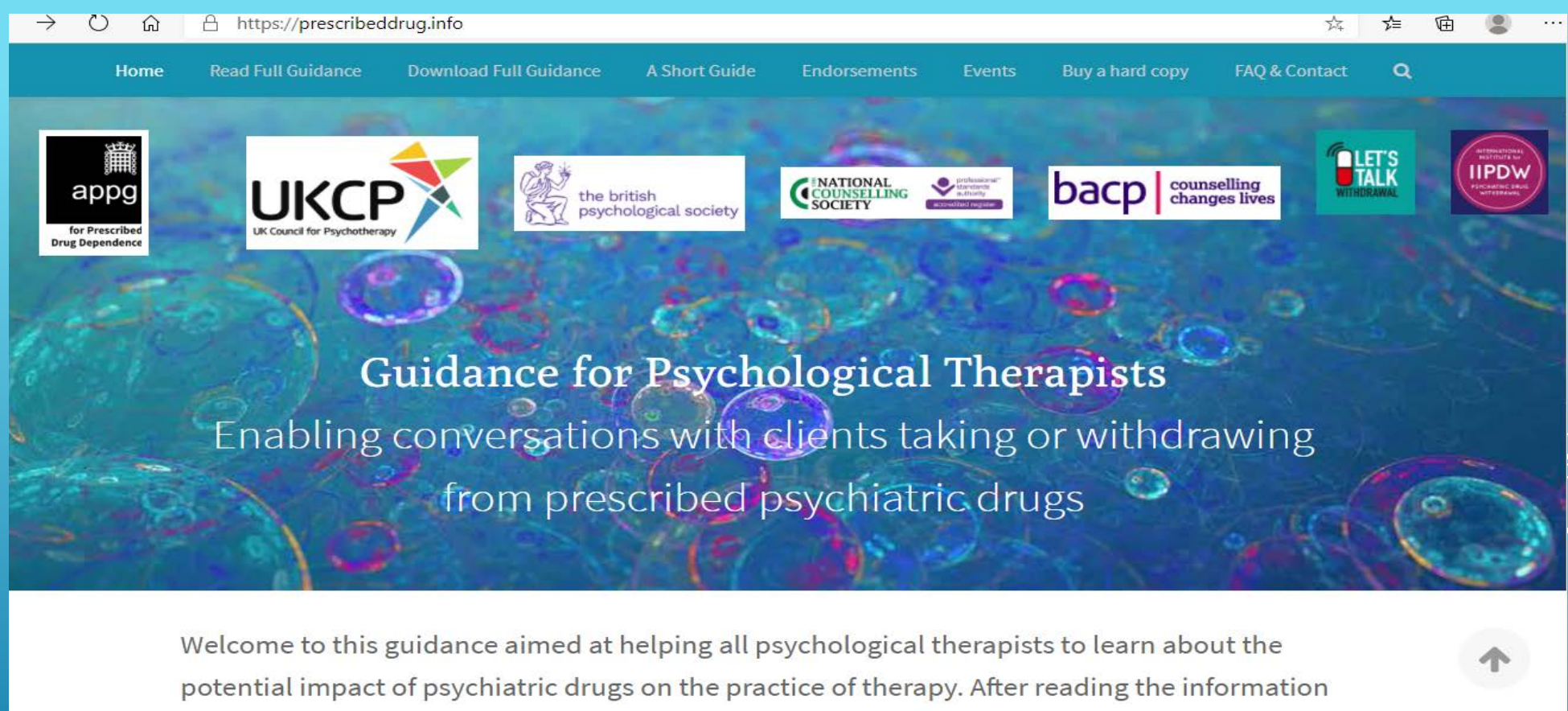
For more information about Akathisia: <https://misssd.co/>



## PSSD-UK.ORG

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

Why do so few people know about PSSD? <https://www.pssd-uk.org/why-do-so-few-people-know-about-pssd>



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

Link: <https://prescribedrug.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

## NEW RCPSYCH INFORMATION LEAFLET – SEPT 2020


ENDORSED RESOURCE – STOPPING ANTIDEPRESSANTS | DEPRESSION IN ADULTS: RECOGNITION  
AND MANAGEMENT | GUIDANCE | NICE

Not secure | <https://www.bmj.com/content/371/bmj.m3745/infographic>

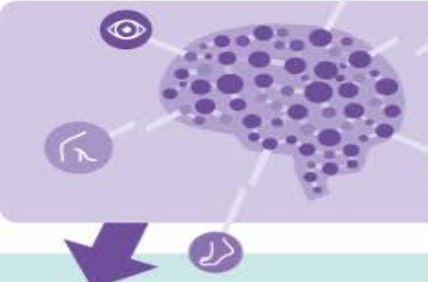
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thebmj Visual summary 

## 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



Person with motor or sensory symptoms such as:


- Paralysis
- Tremor
- Dystonia
- Speech symptoms
- Seizures
- Sensory disturbance — Including visual loss

**Patient history**

Symptoms	Ability	Onset
Patients with FND often have multiple symptoms. Ask about motor and sensory symptoms, fatigue, pain, sleep disturbance, memory, and dissociative symptoms	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	Look particularly for physical triggering such as injury, migraine or syncope. Previous adverse experiences are a risk factor, but may not be present

**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, incongruity with pathophysiological disease

**Positive diagnostic signs** 

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

## RECOGNISING FUNCTIONAL NEUROLOGICAL DISORDER | THE BMJ

Link: <https://www.bmj.com/content/371/bmj.m3745>



recovery&renewal @recover2renew · 41s

000

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](https://www.madinamerica.com)

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

**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](http://prescribeddrug.info)

International Institute for Prescription Drug Withdrawal [iipdw.org](http://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:



THE  
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[PE01651: PRESCRIBED DRUG DEPENDENCE AND WITHDRAWAL - GETTING INVOLVED : SCOTTISH PARLIAMENT](#)

[IS THE BMJ – AND THE MEDICAL PROFESSION THAT IT REPRESENTS – REALLY ‘LISTENING TO PATIENTS’ AND THE PUBLIC? | THE BMJ](#)

[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](#)



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**Lifting  
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- ▶ [RxISK | Prescription Drug Side Effects](#)
  - ▶ [Home Page | Inner Compass Initiative \(theinnercompass.org\)](#)
  - ▶ [the pill that steals lives](#)
  - ▶ [Akathisia Alliance for Education and Research](#) [ [Malcharist \(samizdathealth.org\)](#)]
  - ▶ [MISSD - The Medication-Induced Suicide Prevention and Education Foundation in Memory of Stewart Dolin - Akathisia Support](#)
  - ▶ [Medicating Normal | A documentary film about profit-driven psychiatry](#)
  - ▶ [Harm Reduction Guide to Coming Off Psychiatric Drugs and Withdrawal | Will Hall, MA, DiplPW](#)
  - ▶ [Forums - Surviving Antidepressants](#)
  - ▶ [Drugs.com | Prescription Drug Information, Interactions & Side Effects](#)
  - ▶ [Joanna Moncrieff | Books, papers and blogs by Joanna Moncrieff](#)
  - ▶ [Guidance for Psychological Therapists – Presented by the APPG for Prescribed Drug Dependence](#)
  - ▶ [Home - \(iipdw.org\)](#)
- (rcpsych.ac.uk) [https://www.rcpsych.ac.uk/docs/default-source/mental-health/treatments-and-wellbeing/print-outs/stopping-antidepressant-printable.pdf?sfvrsn=2c9a63e0\\_2](https://www.rcpsych.ac.uk/docs/default-source/mental-health/treatments-and-wellbeing/print-outs/stopping-antidepressant-printable.pdf?sfvrsn=2c9a63e0_2)

## FURTHER REFS

- ▶ Thank You
- ▶ Look forward to questions & discussion
- ▶ [mmarionbrown@gmail.com](mailto:mmarionbrown@gmail.com)
- ▶ @recover2renew

QUESTIONS ??



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