Withdrawal from Prozac, other SSRIs: not so easy!

Physicians have hailed the new generation of antidepressants called selective serotonin reuptake inhibitors (SSRIs) because they are more effective than older drugs and appear to have fewer side effects. However, reports of adverse effects due to SSRIs are increasing (see ARRI 12/1, 11/2, 11/1, 10/4). In addition, there is new evidence that discontinuing SSRIs can lead to significant and occasionally severe withdrawal symptoms.

The researchers identified a cluster of withdrawal symptoms including dizziness and light-headedness, nausea and vomiting, fatigue, lethargy, myalgia, chills, flu-like symptoms, sensory and sleep disturbances, anxiety, agitation, crying spells, irritability, and possibly aggressive or impulsive behavior.

Recently, John Zajecka and colleagues conducted a literature search to identify reported withdrawal symptoms seen in patients taking SRIs (a category including both SSRIs and non-selective serotonin reuptake inhibitors, which are drugs that affect other neurotransmitters as well as serotonin). The researchers identified a cluster of symptoms seen in some patients withdrawing from SRIs, including dizziness and light-headedness, nausea and vomiting, fatigue, lethargy, myalgia, chills, flu-like symptoms, sensory and sleep disturbances, anxiety, agitation, crying spells, and irritability. (In separate research, P. Haddad tentatively links SRI withdrawal to aggressive or impulsive behavior as well.) Zajecka et al. say that symptoms may last up to three weeks, and that "symptoms of discontinuation may be mistaken for physical illness or relapse into depression," often leading to unnecessary treatments.

Withdrawal symptoms are more common with SRI or SSRI drugs that have short half-lives (including paroxetine, clomipramine, venlafaxine, and fluvoxamine), and less common with fluoxetine or sertraline. Symptoms may occur when the drugs are discontinued suddenly, when doses are missed, or when dosages are reduced. Withdrawal symptoms are often misinterpreted by physicians, because many doctors are not aware of the potential for problems: a recent survey found that over two-thirds of non-psychiatrists and one quarter of psychiatrists did not know that SSRIs could cause withdrawal symptoms.

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"Discontinuation symptoms after treatment with serotonin reuptake inhibitors: a literature review," J. Zajecka, K. A. Tracy, and S. Mitchell; *Journal of Clinical Psychiatry*, Vol. 58, No. 7, July 1997, pp. 291-297. Address: J. Zajecka, Women's Board Depression Treatment and Research Center, Rush Presbyterian St. Luke's Medical Center, Chicago, IL 60612.

—and—

"Clinical management of antidepressant discontinuation," J. F. Rosenbaum and J. Zajecka; *Journal of Clinical Psychiatry*, Vol. 58, Supplement 7, July 1997, pp. 37-40. Address: J. F. Rosenbaum, Clinical Psychopharmacology Unit, Massachusetts General Hospital, Boston, MA 02114.

—and—

"Newer antidepressants and the discontinuation syndrome," P. Haddad; *Journal of Clinical Psychiatry*, Vol. 58, Supplement 7, July 1997, pp. 17-21. Address: P. Haddad, Prestwich Hospital, Manchester, U.K.

—and—

"Serotonin reuptake inhibitor discontinuation syndrome: a hypothetical definition. Discontinuation Consensus Panel," A. F. Schatzberg, P. Haddad, E. M. Kaplan, M. Lejoyeux, J. F. Rosenbaum, A. H. Young, and J. Zajecka; *Journal of Clinical Psychiatry*, Vol. 58, Supplement 7, July 1997, pp. 5-10. Address: A. F. Schatzberg, Department of Psychiatry, Stanford University School of Medicine, Stanford, CA 94305.

—and—

"Antidepressant dependency," *HealthFacts*, April 1998.

LETTERS TO THE EDITOR

Lovaas Controversy

To the Editor:

For a newsletter claiming dedication to the research process, you have shown continued uncritical endorsement of the Lovaas method, known by many names including Families United for Intensive Autism Treatment (FIAT) and Early Intervention Project (EIP). Such uncritical endorsement has supported unscientific marketing of this technique and is likely to produce long-term negative consequences for many autistic children.

This intensive technique, first described as a research project in Lovaas, 1987, has major unresolved research questions. This project provided for 40 hours of intensive behavioral treatment, administered in various settings, by graduate students using primarily discrete trial learning.

[Lovaas's techniques] have not been adequately evaluated or replicated. Even supporters for the Lovaas technique (Green, 1996) have called for additional research on the 40-hours-per-week intensity, the duration of treatment, the qualification of therapists, the need for other educational interventions, the location of the intervention, and the effectiveness of an annual cost of $60,000 to $70,000 per child charged by advocates for this technique.

An increasing number of advocates for the Lovaas technique are using the courts, not just to resolve some legitimate procedural questions, but increasingly to judge research questions appropriately resolved only through research structures. This has resulted in what Feinberg and Beyer (1997) described as a "veritable growth industry" of the Lovaas technique, with funds sorely needed by special needs children going to the legal system and elsewhere.

This highly specific application of behavioral treatment requires research support, precisely as any other specific treatment technique, be it facilitated communication, megavitamin therapy, or auditory training. Sheinkopf & Siegel, Ozonoff & Cathcart, and Gresham & MacMillan, in the February 1998 issue of the *Journal of Autism and Developmental Disorders*, all raise serious questions about the details of the Lovaas technique.

There are many negative consequences for having research claims judged in the courts, and long-term social policy is becoming increasingly aversive to the interests of autistic children, such as the following: Individual children may be denied the most appropriate intervention, other than the Lovaas method. An adversarial and distrustful environment is increasingly promoted. Loss of public credibility for professionals is increased. A backlash against special needs programs is supported. Accountability by empirical research is made irrelevant, and legitimate class action initiatives are undermined.

It is understandable that some parents may choose to try the Lovaas method, but in the interest of their children, I urge them to oppose it as social policy in the form of entitlement under IDEA, Part H.

Eric Schopler
Founder and Co-Director
TEACCH

(For list of references, send ARI an SASE marked "Schopler refs.")

Vitamin B6/Magnesium, DMG

To the Editor:

I was hesitant to use the vitamin B6 and magnesium pills with my daughter (who has autism) because of a widely shared skepticism about vitamin therapy. After nothing

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