

## Antidepressants Do Work

There has been a great deal of misinformation in the press in recent years about the value of antidepressants. Some publications and newspaper articles have claimed that they don't work any better than placebo and even then only in more severely depressed patients. This is a highly misleading interpretation of the evidence which is extensive and shows clearly that antidepressants do work, even in the less severely depressed people.

All licensed antidepressants have a clear evidence base of efficacy – that is, they have been demonstrated to work to the satisfaction of the bodies that regulate and license new treatments – see the BAP guidelines<sup>1</sup> [[www.bap.org.uk/pdfs/antidepressants.pdf](http://www.bap.org.uk/pdfs/antidepressants.pdf)]. Also they work for patients with all levels of depression that might lead people to seek treatment<sup>2</sup>. The size of this effect is similar to that of treatments for other disorders, both psychiatric and medical.

If we look into the longer term benefits of antidepressants then we find an even stronger effect. The ability of antidepressants to prevent further episodes of depression is one of the strongest findings of **any treatment** in the whole of medicine<sup>3</sup>. They also significantly reduce the risk of suicide<sup>4</sup>.

Placebo does have an impact on mood when used in clinical trials – but the effect is much less than that of antidepressants. Moreover if the effects of antidepressants are compared with those of no treatment, as is sometimes done for psychotherapy trials, then the effects of drug treatments are as big as those of talking therapies<sup>5</sup>. Some people have suggested that because placebo does have an effect and is free of adverse effects then it should be used, especially in mild-moderate depression. This idea is flawed in two ways. It would be quite unethical for doctors to use placebo knowing that it was not an active treatment. Also placebo is not necessarily harmless – people can get adverse effects which we call the nocebo effect<sup>6</sup>.

Finally many patients worry that antidepressants are “addictive”. This is not the case; yes some people may have some minor withdrawal reactions when they decide to stop treatment but there are no other features of addiction such as drug craving and drug liking<sup>7</sup>.

<sup>1</sup> Anderson, Ferrier, Baldwin *et al* [2008] Evidence-based guidelines for treating depressive disorders with antidepressants: a revision of the 2000 British Association for Psychopharmacology guidelines. *Journal of Psychopharmacology* 22: 343-396

<sup>2</sup> Melander *et al* 2008 A regulatory apologia - a review of placebo-controlled studies in regulatory submissions of new-generation antidepressants. *European Neuropsychopharmacology* 18: 623-627

- <sup>3</sup> Geddes, J Carney, S, Davies, C Furukawa, T Kupfer, T, Frank, E. Goodwin G (2003) Relapse prevention with antidepressant drug treatment in depressive disorders: a systematic review. *The Lancet* 361(9358): 653-661
- <sup>4</sup> Isacson G (2000) suicide prevention – a medical breakthrough? *Act Psych Scand* 102: 113-117
- <sup>5</sup> Nutt DJ and Sharpe M (2008) Uncritical positive regard? Issues in the safety and efficacy of psychotherapy. *Journal of Psychopharmacology* 22: 3-6
- <sup>6</sup> Nutt DJ and Malizia AL (2008) Why does the world have such a “down” on antidepressants? *Journal of Psychopharmacology* 22: 223-226
- <sup>7</sup> Nutt DJ (2003) Death and dependence: current controversies over the selective serotonin reuptake inhibitors. *Journal of Psychopharmacology* 17: 355-364