

# DR VANDENBURG WILL SEE YOU NOW

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**W**e have had other questions regarding Anti-Depressants. These drugs are never out of the news. Three weeks ago, there was a review article in the British Medical Journal (BMJ) and the BMJ published my views on this article\*.

The newer Anti-depressants called Selective Serotonin Reuptake Inhibitors (SSRIs) have been around since the late 1980s.

Starting with Prozac whose scientific name is Fluoxetine. There is no doubt that they are safer than the older Anti-Depressants, especially in overdose.

“ *They are only part of the management plan* ”

However, they have adverse effects in many people and have been linked to potentially serious situations, although in general, they are a useful treatment, particularly for moderate and severe depressive episodes.

They should always be used with frequent monitoring by a health care professional to look for the detrimental changes in behaviour, which can particularly in young people lead to an increase in suicidal thought.

They have also been linked to aggression and hostility, can precipitate mania and psychosis and cause severe Psychomotor Restlessness.

In my view, they are only part of the management plan of depressive illness, which should also include one of the many forms of psychotherapy. A plan of personal development, possibly using self-help books and even alternative complementary therapies from massage to meditation, self-hypnosis, Tai Chi, visualisations and programmes of treatment like neuro-linguistic programming (NLP), incorporating positive thinking and reframing of one's thoughts.

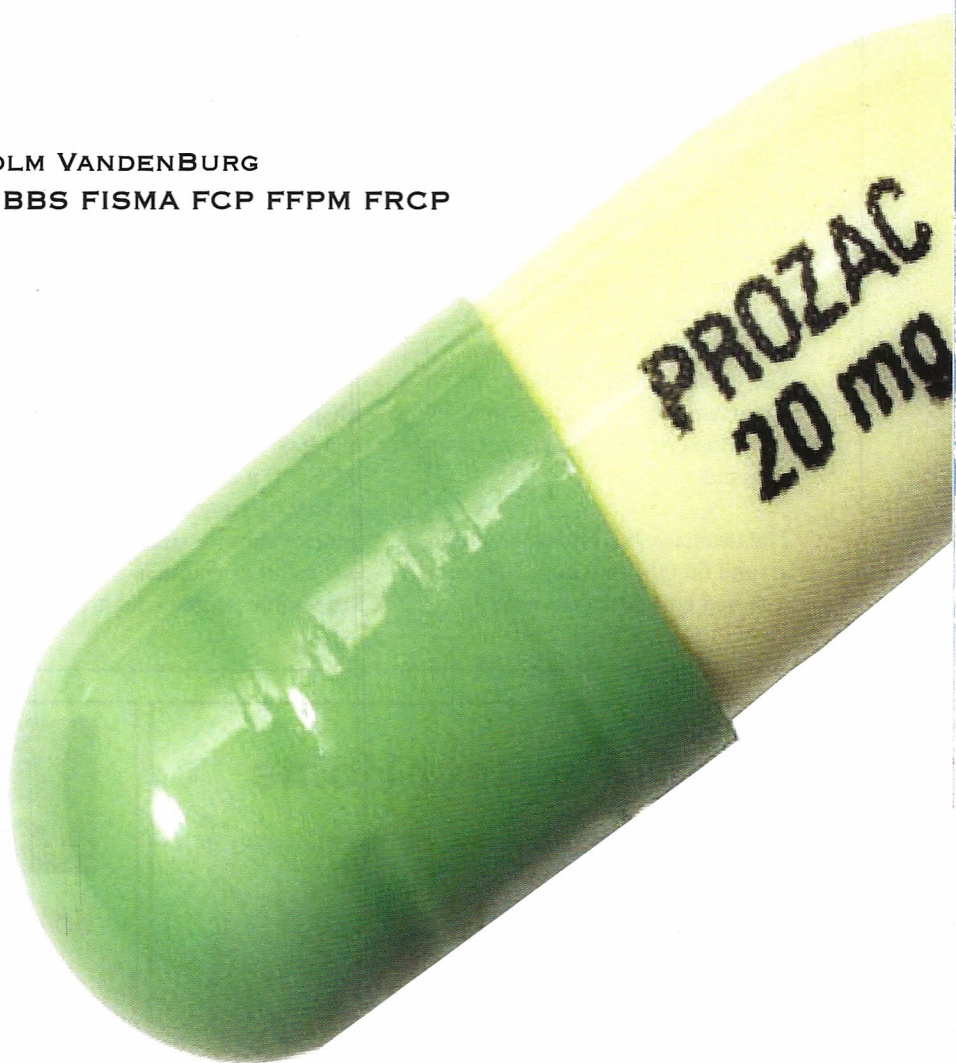
All these things may lead to changes in emotion, mood, behaviour and lifestyle.

I see Anti-Depressant tablets

similarly to the scaffolding surrounding a new building; necessary while the building is taking shape, but once it is stable, you can take the scaffolding down.

Having said that, some people with recurrent depression are best staying on the tablets long-term. Always, under supervision from a professional.

\*[www.bmj.com/search/VandenBurg](http://www.bmj.com/search/VandenBurg), published on 08 February.





## Q&A

Dear Dr VandenBurg,  
I have been told by my doctor that I have depression and that it has been caused by a chemical imbalance. My doctor has prescribed me Citalopram, which I have been on for almost two months.

My depression does not seem to have been lifted, in fact I feel worse now than before I took it. When will my chemical imbalance be rectified?

S.C

Dear S.C,

Your situation is not unusual and as usual my advice is to talk it through with your own Doctor. My general views may not relate to you.

The only proven chemical imbalance causing depression is probably Bipolar illness, which used to be called Manic Depression.

Whether ordinary depressive illness is a chemical imbalance is a matter of doubt.

My personal view is that many people will have alterations in their ability to make or utilise the neuro-chemical transmitter Serotonin; that is why the SSRIs may help.

The alternate hypothesis that depression is related to one's inability to deal with life circumstances and is a result of past experiences and upbringing is held to be true by many.

As always, it is probably a mixture of a genetic predisposition to become depressed and one's life experiences both interacting.

It is not unusual for patients to complain that they feel worse on anti-depressants.

One of the difficulties is the adverse events usually occur before the therapeutic benefit and I always explain this to my patients.

Citalopram is said to be one of the faster acting of the SSRIs and one of the better tolerated.

However, having said that, the list of side effects is extensive and the common ones include decreased or increased appetite with weight changes, agitation and anxiety with an increased nervousness, lethargy, inability to sleep and concentrate,

tremors, dizziness and sensory disturbances.

Dry mouth, nausea, sweating, itching, diarrhoea, vomiting and constipation, skin itchiness, muscle and joint pains and fatigue. Wow, what a list!

Unluckily, they also often cause sexual problems including impotence and lack of sexual desire and difficulties with Orgasm.

Changes in behaviour, suicidal thoughts, confusional states all have to be looked for. Many people get at least one of these adverse effects. They are minimised by starting with very small doses and often go with continued use. Because they help people feel better, once the therapeutic effect kicks in, patients tolerate minor effects.

Talk to your Doctor and ask for some form of Psychotherapy, take responsibility for yourself and start Self Help projects.

The books by Gael Lindenfield are good starting points and if you write to me, I'll send you a copy of our joint book, "Positive Under Pressure". Indeed, any reader can write to the Editor for a copy.

Dear Dr VandenBurg,

I have been taking Effexor for three years and every time I stop it, I get terrible electric zaps in my head and profuse sweating.

My doctor has told me that this is a sign of my depression returning and has recommended that I continue on my normal dose of Effexor. When will I know that my depression has been cured?

S.P

Dear S.P,

This is a difficult question. Effexor not only prevents the re-uptake of Serotonin, but also prevents the re-uptake of Nor-adrenaline. It is not unusual for it to have many effects on the Nervous System.

Sweating, including sweating at night is the third commonest side effect of this drug, although, it can occur in depression without treatment, particularly if the depression is associated with anxiety.

In the manufacturer's advice to Doctors, they warn of many

abnormalities of sensations particularly of tingling and pins and needles.

In my experience, it is not unusual for patients to describe these sensations as like electrical shockwaves going through to the body, so I can relate to your description of "electrical zaps".

These symptoms of sweating and electrical zaps may also be related to withdrawal of Effexor and Doctors are warned to look for withdrawal symptoms, which may include dizziness, sensory and sleep disturbances, tremors, vertigo, agitation and headaches.

It is possible, given that your effects only occur when you try to stop Effexor, that you are getting such a withdrawal reaction. Discuss reducing the dose very slowly with your Doctor. It may be your depression returning, but the alternative, to my mind, is more likely.

My feeling is that if you have a tendency to depression, this tendency stays with you forever and continuing self-help minimises the chances of recurrence.

See what the charity "Depression Alliance" has in your area and engage with them.

*“ It is not unusual for patients to complain that they feel worse on anti-depressants ”*

Keep your Questions coming in. Please write to the Editor if you want a free copy of my book "Positive Under Pressure", published by Avenue books and available at Amazon.

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