Are antidepressants overprescribed?

Des Spence general practitioner, Green Area, Maryhill Health Centre, Glasgow G20 9DR, UK **destwo@yahoo.co.uk**

YES

Antidepressant prescriptions in the UK jumped by 9.6% in 2011, to 46 million prescriptions.[1] As a generalist prescribing antidepressants daily in primary care, I think that we use antidepressants too easily, for too long, and that they are effective for few people (if at all). But even questioning current care is considered "stigmatising" towards mental illness and "populist" anti-medicine rhetoric.[2] The arguments put forward for using antidepressants are simple: depression is an important, often stigmatised, illness, for which antidepressants work; prescribing is supported by national guidelines; and long term treatment prevents relapse.[2 3] But, regrettably, the argument is not that simple, and psychiatry's defensiveness is stifling legitimate discussion.

Question of definition

The current definition of depression is too loose and is causing widespread medicalisation. The *Diagnostic and Statistical Manual of Mental Disorders* (both DSM-IV and the proposed DSM-5) suggests defining two weeks of low mood as "clinical depression," irrespective of circumstance. Depression is depression. It even proposes that being low two weeks after bereavement should be considered depression. But with 75% of those who write these definitions having links to drug companies,[4] is this a story of a specialty being too close to industry? Mental illness is the drug industry's golden goose: incurable, common, long term, and involving multiple medications. This relation with industry has engrained a therapeutic drug mindset to treat mental illness. Today the Centers for Disease Control and Prevention reports that 25% of US citizens have a psychiatric illness.[5] Isn't this medicalising normality?

The National Institute for Health and Clinical Excellence guidelines do not support the use of antidepressant medication in mild depression, nor necessarily as first line treatment of moderate depression.[6] Guidelines promote the use of psychological talk based interventions. Paradoxically, therefore, any increase in prescribing of antidepressants may reflect non-adherence to these guidelines. Indeed, some meta-analyses suggest antidepressants may not work at all in mild to moderate depression.[7 8]

But even if we accept that antidepressants are effective, a Cochrane review suggests that only one in seven people actually benefits.[9] Thus millions of people are enduring at least six months of ineffective treatment. People who do not respond fare worse, with switches of medications and often multiple drug combinations.

What does the evidence show?

We are assured that depression is undertreated, but this research dates to the 1990s and is no longer relevant.[10] Other observational research reassures us that antidepressants are being used appropriately, but this research merely demonstrates that antidepressants are used in people with depressive symptoms, not whether they are used appropriately—that is, only in those with more severe symptoms.[11] Although it has been suggested that the increase in prescriptions could be due to longer duration of treatment,[2] this isn't plausible.

Since this research was published in 2006, prescriptions in England have increased by 17.3 million, a 59% increase.[12] The only explanation is that we are prescribing more antidepressants to ever more people.

Ian C Reid professor of psychiatry, Division of Applied Medicine, University of Aberdeen, Aberdeen, UK **i.reid@abdn.ac.uk**

NO

The notion that antidepressants are overprescribed is certainly popular and hardly new. There is profound suspicion of them: antidepressants are regularly caricatured in the media as an addictive emotional anaesthetic, peddled by thoughtless general practitioners as a matter of convenience, and taken by credulous dupes who seek "a pill for every ill." Little wonder that decrying antidepressant prescription is such a sure-fire crowd pleaser for the press.

The reality is very different. Depressive disorder is a common, recurrent, debilitating, and potentially lethal illness. Psychiatric drugs, including antidepressants, have equivalent effectiveness to drugs in other branches of medicine (as detailed in a review of 94 meta-analyses comparing drug effect sizes in medical disease with drugs in psychiatric disorder[1]). Given recent demonstrations that depression is still under-recognised and undertreated,[2 3] the claim that antidepressants are overprescribed needs careful consideration.

Reasons for the increase

Does the rising antidepressant prescription volume indicate overprescription? Many observers have assumed that increasing prescription must represent more patients diagnosed as having depression. Yet there has been no increase in incidence or prevalence; care seeking behaviour by patients; or identification by general practitioners[4]—rebutting the presumption that a creeping medicalisation of everyday distress is raising antidepressant use. The real reason is more mundane: a large descriptive study using the national general practice research database indicates that small but appropriate increases in the duration of antidepressant prescription—rather than more patients— have been driving the increase.[5] The rise in volume simply represents gradually improving practice. Consider the arithmetic: many of the patients in this study were receiving treatment of inadequate duration (one month). Meeting current guidance (six months) should improve outcomes but would eventually increase antidepressant prescription volume sixfold, without any change in the numbers being treated.

Depression is still under-recognised and undertreated

Increased use in other conditions[6] has compounded misunderstanding because the relevant statistics do not record diagnosis. In the last two years alone, Scottish national data show that the number of patients taking amitriptyline increased by 22%, accounting for nearly one third of all those receiving antidepressants.[7] But this tricyclic is hardly ever prescribed for depression now; it is used instead for indications such as neuropathic pain.

The idea persists that GPs are handing out antidepressants "like sweeties." We screened nearly 1000 general practice attenders in Grampian for depression and scrutinised the prescription decisions made by 33 GPs.[3] Almost half of the depressed patients we identified were unrecognised and, contrary to popular stereotype, GPs were cautious and conservative in their prescribing for those that they did diagnose. We found only three patients for whom the indication was unclear. If only antibiotic or proton pump inhibitor prescription was so sparing. This finding helped persuade the Scottish government to withdraw a target to reduce prescribing by 10%.[8]

Des Spence believes that the rising prescription rates for antidepressants reflect overmedicalisation, but **Ian Reid** argues that prescribing is cautious and appropriate

Even if longer prescribing does contribute to increasing prescription totals, there is no evidence to support this policy. The major systematic review of randomised trials of antidepressant drugs to prevent relapse in depression had only 500 patients taking selective serotonin reuptake inhibitors for up to three years.[13] Another systematic review concludes that research "provides no guidance" to support long term treatment.[14] A policy of ever lengthening courses of antidepressants is a product largely of "expert" opinion, not evidence.

Mental illness is the drug industry's golden goose

Before we continue with this policy the psychiatric community must produce evidence of benefit. The internet is awash with harrowing patient stories of side effects such as gastrointestinal disturbances, hypersensitivity, anxiety, insomnia, tremor, hallucinations, drowsiness, sexual dysfunction, hypomania, and suicidal behaviour.[15] Research also suggests that half of patients experience a withdrawal syndrome.[16] Patients are reluctant to stop antidepressants, assuming these symptoms mark a return of their depression. Some even believe they will never feel "happy" without medication.

The antidepressant approach is used to validate the "biochemical model"—depression is a mere chemical imbalance. This seems counterintuitive, reductionist, and dismissive of the human condition and is not supported by robust evidence.[17] Lastly, it has been suggested that increased use of antidepressants is linked to a fall in suicide rates.[18] But this doesn't seem credible: suicide has increased sharply since the economic recession despite increasing antidepressant use.[19] Ian Reid wrote of depression: "work, purpose, faith, family, friends and security can't make it better."[20] I fundamentally disagree. Improving society's wellbeing is not in the gift of medicine nor mere medication, and overprescribing of antidepressants serves as distraction from a wider debate about why we are so unhappy as a society. We are doing harm.

Competing interests: I am involved in No Free Lunch, an organisation seeking to limit the influence of Big Pharma over drug promotion and education. I receive no payment or expenses for this. I advocate that healthcare professionals should not see representatives of the pharmaceutical industry.

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DWIGHT ESCHLIMAN

BMJ poll

Are antidepressants overprescribed?
79.3% (862 votes) voted yes and
20.7% (226 votes) voted no

bmj.com

- Practice: Newer antidepressants for the treatment of depression in adults (*BMJ* 2012;344:d8300)
- Research: Explaining the rise in antidepressant prescribing (*BMJ* 2009;339:b3999)

Response on bmj.com

"The issue with depression is that we are looking at a diagnosis complicated by a lack of hard biological markers, which is used as a battle ground for experts who appear to be (over)committed to their particular version of the story. . . A careful reading of the literature clearly makes the case that there is too much feeling and too little objectivity when it comes to taking positions on the antidepressant prescription issue."
Adrian Preda, Professor of Psychiatry, University of California Irvine, 101 The City Drive South, Orange, CA 92868

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Practice supported by evidence

What about the widely reported story that antidepressants are no better than placebo? That arose from a meta-analysis of data from clinical trials submitted to the US Food and Drug Administration for the licensing of four of the new generation antidepressants.[9] This was interpreted as showing that antidepressant drugs are no better than placebo except in severe depression. Sadly, demonstrations of methodological flaws and selective reporting[10] suggest that the conclusions were "unjustified."[11] Another meta-analysis using complete longitudinal person level data from a large set of published and unpublished studies not only bolsters evidence for the efficacy of antidepressants but also suggests that baseline severity may not predict antidepressant response after all: milder cases seem to benefit, too.[12] Contrary to current guidance, the question of efficacy in mild depression is not settled.

Media reports have claimed that limited availability of psychological therapy leads to inappropriate antidepressant prescription. Actually, there is no consistent relation between the availability of psychological therapies and antidepressant use—as shown by comparing the rates of antidepressant prescription with the numbers of talking therapists available across each of the primary care trusts in England.[13] Furthermore, psychological therapies are, at best, as effective as antidepressant drugs, not superior to them; indeed, effect sizes for psychological therapy may be smaller.[14] This is counterintuitive to both the public and politicians, many of whom assume that antidepressants cannot possibly be effective in the face of adversity. In fact, preceding adverse life events have little impact on response to antidepressants in depressive disorder.[15]

Antidepressants are but one element available in the treatment of depression, not a panacea. Like "talking treatments" (with which antidepressants are entirely compatible), they can have harmful side effects, and they certainly don't help everyone with the disorder. But they are not overprescribed. Careless reportage has demonised them in the public eye, adding to the stigmatisation of mental illness, and erecting unnecessary barriers to effective care.

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