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Web Roundup: Women, Withdrawal, and Antidepressants

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By Katherine Warren

In April, an [article in the *New York Times*](#) caused a stir with the headline, “Many People Taking Antidepressants Discover They Cannot Quit.” The piece begins with a young woman who “would hunch over the kitchen table, steady her hands and draw a bead of liquid from a vial with a small dropper.” Over a period of months of trying to wean herself off of an antidepressant medication, she experienced debilitating withdrawal symptoms. The opening imagery and the powerful narratives from within the piece are often ones that we associate more with headlines on the opioid crisis than with a class of drugs long [thought not to be “habit-forming.”](#)

More than [8,800 readers wrote back](#) to the *New York Times* about their own experiences with and opinions of antidepressants. Their responses characterized the wide breadth of understandings of this class of psychoactive medications, from lifesaving to more insidiously life-altering. As the article notes, long-term antidepressant use has risen dramatically in the United States over recent years. The authors use federal survey data to estimate that 15 million American have taken antidepressants for at least five years and nearly 25 million have used them for at least two years. As the authors conclude after reviewing many of these responses, “Whatever their ages, all of us are part of Generation Rx – a huge, uncontrolled experiment with little precedent and few guideposts.”

A good amount of airtime—and [marketing dollars](#)—are paid, however, to the use of antidepressants among women. This is, in part, understandable by prescribing and psychiatric diagnostic differences by gender. According to the Centers for Disease Control and Prevention, [women are twice as likely to take antidepressants](#) than men. They are also about [twice as likely to be diagnosed with depression](#).

Elsewhere on the web last month, a [small study](#) found that women with depression who took selective serotonin reuptake inhibitors (SSRIs), a common class of antidepressants, during pregnancy had children with higher tests of executive function at age 12 than those without prenatal exposures. This serves as the latest addition to a number of conflicting, low- to moderate-quality studies on the antenatal effects of SSRI use on

pregnancy complications and outcomes.

In the United States, nearly [8 percent of pregnant women](#) were prescribed antidepressant medications from 2004 to 2005. Though the largest studies have found comparable risks of [severe congenital malformations](#) and [birth defects](#), past observational studies have found associations between antenatal SSRI use and cardiac defects, miscarriage, hypertensive disorders of pregnancy such as preeclampsia, postpartum hemorrhage, preterm birth, and low birth weight. The use of antidepressant medications among women who are pregnant remains controversial. The issue has generated powerful testimonials on either side, with many arguing that warnings around SSRI use in pregnancy [reinforce a societal subtext](#) that “[w]hen you become pregnant, your body is no longer yours.”

As the *New York Times* piece points out, the number of people on long-term antidepressants has at times outpaced the research on their long-term effects, not just in pregnancy but for the population at large. The original studies used to prove efficacy for the U.S. Food and Drug Administration (FDA) approval of the drugs were designed for use over a number of months. Less still is known about what has come to be known as “[antidepressant discontinuation syndrome](#),” a set of flu-like symptoms associated with stopping the medications. People who stop the medication abruptly or “cold turkey” rather than tapering their dose or those taking the shorter-acting medications are more likely to experience these symptoms. The well-known fluoxetine or Prozac, for example, is associated with a lower likelihood of the syndrome than other medications in the same category such as paroxetine or Paxil.

Research on antidepressant medications is complex, particularly because the term encompasses a number of different drug classes with varying pharmacologic mechanisms. The name, “antidepressant,” itself can be misleading, as both FDA-sanctioned and off-label indications allow for use in the treatment of a number of illnesses from anxiety to obsessive compulsive disorder to bulimia nervosa.

The topic links to a number of critical issues in medicine and anthropology: [pharmaceutical citizenship](#) and [prosthesis](#), [chronic pain](#), and the [coding](#), [gendering](#), and [racializing](#) of bioactive substances. Antidepressants hold powerful sway in the popular press as well. A quick search of recent news pieces on the topic reveals articles that comment on everything from a [genetic test](#) to predict an individual’s ideal antidepressant to links to [obesity and weight gain](#) to a more conspiratorial assertion that antidepressants are to blame for the [nation’s gun violence epidemic](#).

The balance between caution, critique, and fear-mongering in the coverage of such issues is a delicate one, particularly for a set of

symptoms, medications, and diagnoses that remain heavily stigmatized. As pharmaceuticals for depression and other psychiatric diagnoses evolve, this will be an important sphere for the role of social science in medicine and psychiatry.

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