

New Concerns Emerge About Long-Term Antidepressant Use

More Americans are taking antidepressants for longer. But doctors say patients should weigh the pros and cons amid new research on risks.



ILLUSTRATION: MICHAEL GLENWOOD

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How long is too long to be on antidepressants?

More Americans are taking antidepressant medications like Prozac and Zoloft for extended periods of time: One-quarter of people on the drugs have used them for a decade or more, according to [data from the National Center for Health Statistics](#). But even the longest rigorous studies of antidepressants' safety and efficacy have followed patients for only a couple of years.

Now, there's a growing concern among health professionals that some people who are taking the drugs long-term shouldn't be—needlessly subjecting themselves to side effects and potential health risks. "Sometimes a person gets put on a medicine and it simply gets continued because nobody thinks very hard about it," says James Potash, psychiatrist-in-chief at Johns Hopkins Medicine.

Some recent studies have suggested serious potential risks. People who used antidepressants had a 14% higher risk of heart attacks and strokes and a 33% [greater risk of death](#), according to findings in a meta-analysis of 17 studies that was published in 2017 in the journal *Psychotherapy and Psychosomatics*.

The most popular antidepressants, selective serotonin reuptake inhibitors, or SSRIs, affect the action of the neurotransmitter serotonin not only in the brain but throughout the body. And because serotonin is involved in critical processes like growth, digestion and immune function, disrupting serotonin levels could have widespread negative health effects, says Marta Maslej, a postdoctoral fellow at the Centre for Addiction and Mental Health in Toronto and the lead author of the study. "For the sake of treating depression, you might be disrupting things," she says. "There should be more weighing of the trade-offs."

The risks appear to climb as people age. In older adults, SSRI medications are associated with [falls](#) and [fractures](#). Some studies have found a link between SSRI use and a higher risk of [dementia](#). But the science is murky. Other studies have found no such association; one study even found that SSRIs may delay the onset of Alzheimer's disease in people with mild cognitive impairment. There is stronger evidence that the long-term use of one particular antidepressant, Paxil, does increase the risk of [developing dementia](#). Still, these studies are all observational: They don't prove that SSRIs cause the problems, only that their use is associated with them. And it can be difficult to tell whether the increased risk is due to the medication or the underlying anxiety or depression.

The research comes as use of antidepressants has soared: 13% of Americans age 12 and over said they took the medications in the past month in the NCHS survey conducted from 2011 to 2014. That is up from 7.7% in the 1999 to 2002 survey.

And there's evidence that antidepressants are overprescribed. In [73% of health care visits](#) where antidepressants were prescribed to medical patients, no psychiatric diagnosis was reported, up from about 60% in 1996, according to a study published in 2011 in the journal Health Affairs.

At the same time, many people who truly do suffer from depression and anxiety don't get treatment, says Mark Olfson, a professor of psychiatry and epidemiology at Columbia University Irving Medical Center. He is the lead author of a paper that found that only [38% of U.S. adults with major depression](#) and 24% of people with anxiety disorders had received treatment within the past year. "We have big problems of undertreatment and people who may be on these medications longer than they need to be," he says.

A study published in 2014 in the journal Family Practice found that the longer patients were on the medications, the less likely they were to have their [prescriptions reviewed](#) to determine whether they were still needed or working, or if the dose should be changed. Nearly three-quarters of people treated with antidepressants receive them from [primary care physicians](#). With all that these doctors must cram into short visits, many may not have the time to appropriately monitor the medications, says Beth Salcedo, a psychiatrist in Washington, D.C., and the president of the Anxiety and Depression Association of America.



Isabel Evans, now 28, began taking Prozac when she was 15 years old for anxiety and obsessive compulsive disorder. PHOTO: ISABEL EVANS

Isabel Evans began taking Prozac when she was 15 years old for anxiety and obsessive compulsive disorder. She also entered therapy. The combination “really helped,” says Ms. Evans, a 28-year-old from Brooklyn, N.Y., who works in the documentary film business.

Over the years she’s switched antidepressants twice and has sometimes stopped taking them altogether when she feels well. But after a few weeks off the medicine, her anxiety will surge and she’ll have difficulty sleeping.

“I would love to go off these completely one day, but I’ve been on them for years and so the prospect is pretty scary,” she says. When stopping antidepressants, doctors advise patients to taper the drugs slowly to reduce potential withdrawal symptoms.

For many patients, the drugs deliver myriad benefits. Studies have found that depression increases the risk of [heart disease](#), [stroke](#), [diabetes](#) and [early death](#). People with depression are also more likely to die by suicide. “These drugs have saved millions of lives,” says Charles Nemeroff, a professor and acting chair in the department of psychiatry at Dell Medical School at the University of Texas at Austin.

Long-term—even indefinite—use of antidepressants may be the best treatment for someone with multiple past episodes of depression, especially if they have a history of suicide attempts or have residual symptoms, like sleep problems, says Dr. Potash. Dr. Salcedo advises patients who have had several bouts to be recovered and stable for at least three to five years before considering stopping medication. In all cases, she prefers treating people with a combination of talk therapy and medication.

The big danger of going off antidepressants is the risk of relapse. People who have had one episode of depression have a 50% chance of [having a second](#). Those who have had two episodes have an 80% chance of having another. Staying on antidepressant

medication can cut the risk of [relapse in half](#), according to a review of 15 clinical trials published in 2014 in the Journal of Clinical Psychiatry.

SSRIs are generally considered safe to take long-term, says Maurizio Fava, executive vice chair of the department of psychiatry at Massachusetts General Hospital. There are some well-known risks: The FDA has issued a “black-box” warning on SSRIs that states that the drugs may increase the risk of suicidal thoughts and behaviors in some children and adolescents. And research has generally found that SSRIs are only slightly more effective at treating acute mild depression than placebos, with stronger benefits in more severe depression. “But at the end of the day we don’t have any controlled data on 10 years or 20 years of use,” Dr. Fava says.



Gilbert Lamphere says he has been doing well on antidepressants for years now. PHOTO: ATHENA SCOTT

Gilbert Lamphere says he was blindsided in 2000 by depression, brought on, he believes, by business-related stress. “It came out of the blue and hit very hard,” says Mr. Lamphere, the 67-year-old chairman of MidRail Corp., a freight rail company, who lives on Jupiter Island, Fla. He couldn’t work and was overwhelmed by a feeling of “how futile life was,” he says. His depression was so severe that he was hospitalized several times, had dozens of electroconvulsive therapy treatments and was put on several medications, including antidepressants.

He has stayed on the medication and has been doing well for years now. When he thinks about stopping the drugs, the answer is a “resounding ‘no,’ ” he says. “Why would I ever get off?”

Managing Long-Term SSRI Use

Beth Salcedo, a psychiatrist and the president of the Anxiety and Depression Association of America, has these tips for patients:

*Check in with your doctor regularly—at least twice a year—to assess whether the drug is still needed or working, or if the dose needs adjusting.

*If you decide to stop the medication, do it under a doctor’s guidance and taper it very slowly—over a few months or longer—to minimize withdrawal symptoms and make it easier to reverse course if anxiety or depression surges.

*Do a course of cognitive behavioral therapy before or while going off medication. This can give you skills to manage anxiety and depression and can help prevent a relapse.

*Identify early warning signs that a relapse may be on the horizon, like difficulty sleeping or avoiding social engagements, so you can quickly adjust or restart treatment.

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