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OPINION
GUEST ESSAY

Harm From Antidepressants Is Real. Let's Not Cede the Conversation to Kennedy.

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Sarah van Rij for The New York Times

By Awais Aftab
Dr. Aftab is a psychiatrist and the author of "Conversations in Critical Psychiatry."

Like every psychiatrist, I have patients for whom antidepressants are transformative, even lifesaving. But I also see a messier, less advertised side of these medications. There are patients with sexual side effects that they hadn't known could be caused by their antidepressants because previous doctors never warned them. I've had patients experience manic episodes or suicidal thoughts with specific antidepressants, and patients who no longer need to take the drugs, but suffer severe withdrawal symptoms when they try to taper off.

The medical community has reacted with alarm to Health Secretary Robert F. Kennedy's claim that his family members have had a harder time getting off antidepressants than heroin. The American Psychiatric Association and five other psychiatric organizations recently declared that likening antidepressants to Schedule I drugs like heroin was "misleading" and emphasized that antidepressants are "safe and effective."

But some patients heard Mr. Kennedy's comments and felt that someone in a position of power was finally speaking for them. On online forums dedicated to helping people withdraw from antidepressants, such as Surviving Antidepressants, patients describe coming "undone" and going through "pure hell" in efforts to get off their medication.

They see in Mr. Kennedy someone who is alert to the seriousness of their problems, after years of neglect by the medical community, and it doesn't matter to them that their experiences may be relatively rare or that Mr. Kennedy's health movement, which disregards science and embraces anti-vaccine ideology, is unlikely to serve patients' best interests.

Selective serotonin reuptake inhibitors, or S.S.R.I.s (the most commonly prescribed form of antidepressant) were originally studied for short-term use and were approved based on trials that lasted only a few months. But people quickly began taking the drugs for extended periods. Now patients are likely to stay on antidepressants for years, even decades. Of those who try to quit, conservative estimates suggest about one in six experiences antidepressant withdrawal, with around one in 35 having more severe symptoms. Protracted and disabling withdrawal is estimated to be far less common than that. Still, in a country where more than 30 million people take antidepressants, even relatively rare complications can affect thousands of people.

This is why it's a travesty that nearly four decades after the approval of Prozac, there's not a single high-quality randomized controlled trial that can guide clinicians in safely tapering patients off antidepressants. The lack of research also means that official U.S. guidelines for it are sparse. It's no surprise that patients have flocked to online communities to figure out strategies on their own, sometimes cutting pills into increasingly smaller fractions to gradually lower their dose over months and years.

For many patients, it's clearly worth it to start on antidepressants. There's strong evidence that antidepressants are more effective than placebo, especially for short-term use. But, as for most medications, the effectiveness of antidepressants varies from person to person. Nearly a quarter to a third of patients find their depression remarkably improved or even resolved after starting medication, but a similar proportion experience no real benefit even after trying multiple kinds of antidepressants.

Given the routine long-term use of antidepressants, we need more research into whether a medication's effects wear off over time, or if some patients experience more harm from prolonged use than others. But pharmaceutical companies are unlikely to do this research: They have no regulatory obligation to study these things, such studies are expensive to conduct and unfavorable findings can hurt a drug's reputation. Federal funding, meanwhile, has prioritized basic research into causes of mental illness or drug development versus the kinds of questions that come up in medical practice like how to alleviate sexual side effects of medications.

Patients who come off antidepressants tend to be more likely to experience a relapse in symptoms of depression than patients who keep using them. But is that because their underlying depression is returning, or because they are in withdrawal? It can be hard to know. One of the best studies found that 39 percent of people who stayed on their antidepressants experienced worsening depression over a year compared to 56 percent of those who went off an antidepressant.

For many people, a 17 percentage point difference in depression risk is worth staying on a drug. For others, it may not be, especially if they experience significant side effects from antidepressants, like inability to orgasm, emotional blunting and weight gain. On the other hand, many of my patients with longstanding depression and anxiety problems report feeling more mentally

resilient and better able to handle stress while on antidepressants. In those cases, I'm happy for them to keep using the medication long-term.

President Trump recently issued an executive order calling for the creation of a commission on chronic diseases, led by Mr. Kennedy, that would, among other things, investigate the "threat" posed by S.S.R.I.s to young people. The commission is set to deliver an initialreport this month. Like many other physicians, I have reservations about the administration's ability to rigorously study treatments, given its record of disregarding medical evidence and Mr. Trump's preference for assigning leadership roles based on ideological loyalty rather than scientific credentials. With the National Institutes Health enfeebled by staff cuts and stalled grants, private research funding organizations need to step up and make the study of medication safety a research priority.

The public deserves advice about psychiatric medications that does not oscillate between stupor and alarmism. Antidepressants, like all medical interventions, come with benefits and trade-offs. If psychiatry refuses to engage seriously with patients' concerns, if the mantra of "safe and effective" is all it is willing to publicly say, it will lose credibility. We cannot disregard those whose lives have been derailed by psychiatric medications.

This political era has revealed that the aggrieved would rather burn the system to the ground than put up with an establishment that does not speak to their everyday realities. The question is whether the medical establishment will meet that demand with humility and scientific transparency — or leave the conversation to those willing to exploit the suffering of vulnerable individuals for their personal and political gain.

Awais Aftab is a psychiatrist who runs the newsletter Psychiatry at the Margins and is the author of "Conversations in Critical Psychiatry."

https://www.nytimes.com/2025/05/03/opinion/antidepressants-withdrawal-rfk.html?unlocked_article_code=1.EU8.AsrU.L-8qpg9BN52-&smid=em-share

To the Editor:

Re "Harm From Antidepressants Is Real. Let's Not Cede the Conversation to Kennedy," by Awais Aftab, a psychiatrist (Opinion guest essay, May 7):

As a practicing psychiatrist, I agree with Dr. Aftab's call for studies of psychiatric drug side effects and withdrawal effects, as well as greater

transparency about potential risks and benefits. He describes well the dilemmas faced by psychiatrists in everyday clinical practice.

It is important, though, to point out that a number of studies show that the majority of S.S.R.I. prescriptions are written by primary care providers, not psychiatrists, and by other providers who do not have adequate training or support in treating depression and other serious conditions these medications can address.

Most well-trained psychiatrists do take the time to explain and monitor side effects and withdrawal symptoms. It is not unusual, for instance, to take a year or more to properly taper off these medications. It is the rare primary care physician who has the time and training to do this. The studies Dr. Aftab calls for would not only help guide treatment, but just as important, also mitigate the effects of disinformation about these important medications.

Jeffrey Rubin
Madrid

To the Editor:

While I appreciate Awais Aftab's concerns about antidepressant side effects and withdrawal symptoms, I believe that there are more pressing and legitimate causes for concern.

First, irresponsible comments by the health secretary, Robert F. Kennedy Jr. — absurdly suggesting, based on anecdotal experience, that S.S.R.I. withdrawal is worse than coming off heroin — risk frightening away those in need of proper mental health treatment, possibly putting them in danger.

Second, the majority of S.S.R.I.s are prescribed by nonpsychiatrists who are trying to fill a primary care function because of the dearth of mental health professionals, particularly in rural areas. Psychotherapy, especially for less severe forms of clinical depression, is a credible and evidence-based treatment and a viable option for many patients receiving S.S.R.I.s — if one can get the help.

Larry S. Sandberg
New York
The writer is a professor of psychiatry at Weill Cornell Medical College and the author of "Psychotherapy and Medication: The Challenge of Integration."

To the Editor:

Awais Aftab's guest essay about the real but generally treatable adverse effects of discontinuing antidepressants threatens to do more harm than good. The essay ignores Robert F. Kennedy Jr.'s serious and false assertions that antidepressants are partly responsible for the rise in mass school shootings and suicide, a claim for which there is no evidence. Decades of clinical trials show that the combination of medication and psychotherapy is frequently effective in reducing the symptoms of depression.

In the October 2024 issue of the medical journal Health Affairs, our systematic review of the strongest worldwide evidence shows that even written F.D.A. warnings for children and youths that antidepressants might be linked with suicidal thoughts at the start of treatment had unintended adverse consequences.

The fear and stigma of the warnings reduced use of all mental health care, including medications, psychotherapy and doctor visits for depression; this resulted in increased suicide attempts and abrupt increases in suicide deaths among adolescents and young adults.

Dr. Aftab ignores the policy consequences of the health secretary's unscientific rants and, in turn, does cede the argument to an administration threatening access to proven mental health treatments and survival in a large, vulnerable population.

Stephen B. Soumerai
Brookline, Mass.
The writer is a professor of population medicine at Harvard Medical School.

To the Editor:

There is one important omission in Awais Aftab's otherwise excellent discussion of the need for antidepressants to be tested for safety. It is common for psychiatrists (and other health care providers) to recommend that patients start or continue psychotherapy while taking an antidepressant. The combination is more effective than either alone.

Talk therapy is not mentioned in the piece, and it would be important for future studies of the frequency of adverse outcomes resulting from the discontinuation of an antidepressant to take into account whether the patient

was in therapy at the time. One finding of such studies may be that someone going off an antidepressant would do well to continue psychotherapy during the transition period.

Seth Wittner
Worcester, Mass.

To the Editor:

I was glad to read Awais Aftab's essay on the need to take the negative medical effects of psychiatric medication seriously. But I would like to highlight an issue that is far less often addressed: that it can be hard to determine if the drugs are even working in the first place.

Some patients who take psychiatric drugs know that they are better off. They feel lighter, sharper and more capable. But for many, improvement is devilishly hard to measure. To discern what the medication is actually doing can require a deep dive into the murk of subjective experience, where nothing is clear.

"Are you feeling better?" the psychiatrist asks. If you do feel better, is the medication the cause? Is it the work you're doing in psychotherapy? Is it that you're eating better and exercising more? Is it a placebo effect?

The confusion creates its own inertia. Once you get it into your mind that you may need psychiatric drugs, it can seem almost impossible to stop taking them. Why run the risk of withdrawal symptoms or the resurgence of your depression or anxiety? In this way, years can pass during which you wonder whether you might feel and function better without the drugs.

The damage here isn't an empirical matter; it's a moral one. And it gnaws at many of us, even as, for the umpteenth time, we trudge to the pharmacy to refill our prescriptions.

Daniel Smith
Brooklyn
The writer is a psychotherapist and the author of the books "Monkey Mind: A Memoir of Anxiety" and the forthcoming "Hard Feelings: Finding the Wisdom in Our Darkest Emotions."

https://www.nytimes.com/2025/05/17/opinion/rfk-health-antidepressants.html