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Psychiatric drug-induced Chronic Brain Impairment (CBI): Implications for long-term treatment with psychiatric medications.

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Abstract
Understanding the hazards associated with long-term exposure to psychiatric drugs is very important but rarely emphasized in the scientific literature and clinical practice. Drawing on the scientific literature and clinical experience. the author describes the syndrome of Chronic Brain Impairment (CBI) which can be caused by any trauma to the brain including Traumatic Brain Injury (TBI), electroconvulsive therapy (ECT), and long-term exposure to psychiatric medications. Knowledge of the syndrome should enable clinicians to more easily identify long-term adverse effects caused by psychiatric drugs while enabling researchers to approach the problem with a more comprehensive understanding of the common elements of brain injury as they are manifested after long-term exposure to psychiatric medications. Treatment options are also discussed.

Introduction

Every type of psychiatric medication initially produces effects that are specific to the particular drug's unique impact on neurotransmitters and other aspects of brain function. For example, the SSRI antide-pressants block the removal of the neurotransmitter serotonin from the synapses; the antipsychotic drugs suppress and block dopamine neurotransmission; and the benzodiazepines amplify GABA neurotrans-mission which in turns suppresses overall brain function. Although all psychiatric drugs have specific initial biochemical effects, overtime other neurotransmitter systems react to the initial effects and broader changes begin to take place in the brain and in mental functioning.

The clinical effect of chronic exposure to psychoactive substances, including psychiatric drugs, pro-duces effects very similar to those of close-head injury due to traumatic brain injury (TBI) or the Postconcussive Syndrome. Generalized or global harm to the brain from any cause produces very similar mental effects. The brain and its associated mental processes respond in a very similar fashion to injuries from causes as diverse as electroshock treatment closed head injury from repeated sports-induced concussions or TBI in wartime, chronic abuse of alcohol and street drugs, long-term exposure to psychiatric polydrug treatment, and long-term exposure to particular classes of psychiatric drugs including stimulants, benzodiazepines, lithium and antipsychotic drugs. Global or generalized brain impairments - those that involve the whole brain - look so much alike in their mental symptoms because the injured brain has only a limited repertoire of reactions.

This is an excerpt of the broader paper.