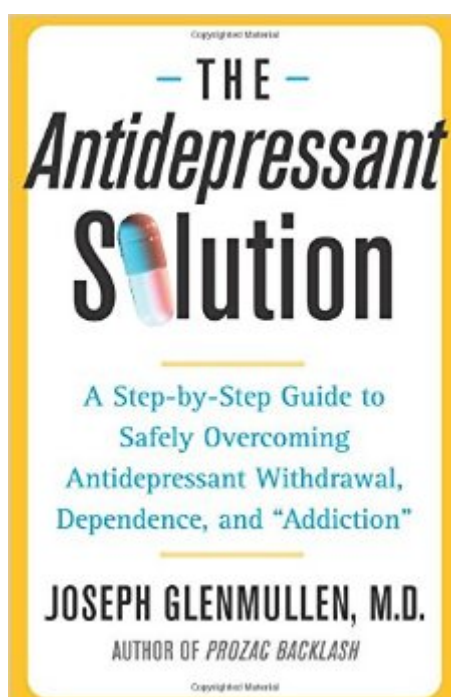


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The Antidepressant Solution: A Step-by-Step Guide To Safely Overcoming Antidepressant Withdrawal, Dependence, And "Addiction"



Synopsis

With the FDA's warning that antidepressants may cause agitation, anxiety, hostility, and even violent or suicidal tendencies, these medications are at the forefront of national legal news. Harvard physician Joseph Glenmullen has led the charge to warn the public that antidepressants are overprescribed, underregulated, and, especially, misunderstood in their side and withdrawal effects. Now he offers a solution! More than twenty million Americans -- including over one million teens and children -- take one of today's popular antidepressants, such as Paxil, Zoloft, or Effexor. Dr. Glenmullen recognizes the many benefits of antidepressants and prescribes them to his patients, but he is also committed to warning the public of the dangers associated with overprescription. Dr. Glenmullen's last book, Prozac Backlash, sounded the alarm about possible dangers. The Antidepressant Solution provides the remedy. It is the first book to call attention to the drugs' catch-22: Although many people are ready to go off these drugs, they continue to take them because either the patient or the doctor mistakes antidepressant withdrawal for depressive relapse. The Antidepressant Solution offers an easy, step-by-step guide for patients and their doctors. Written by the premier authority in the field, The Antidepressant Solution is an invaluable book for all those concerned with going through the process -- from friends and family members to doctors and patients themselves.

Book Information

Paperback: 272 pages

Publisher: Free Press; Reprint edition (January 17, 2006)

Language: English

ISBN-10: 074326973X

ISBN-13: 978-0743269735

Product Dimensions: 5.5 x 0.7 x 8.4 inches

Shipping Weight: 14.9 ounces (View shipping rates and policies)

Average Customer Review: 4.3 out of 5 stars [See all reviews](#) (61 customer reviews)

Best Sellers Rank: #310,422 in Books (See Top 100 in Books) #84 in [Books > Health, Fitness & Dieting > Psychology & Counseling > Psychopharmacology](#) #265 in [Books > Health, Fitness & Dieting > Addiction & Recovery > Drug Dependency](#) #372 in [Books > Health, Fitness & Dieting > Reference](#)

Customer Reviews

Did you know that antidepressant dose reduction and discontinuation can cause severe and

debilitating withdrawal reactions? While 10% of the US population are taking antidepressants, most people, including most doctors, have never heard of antidepressant addiction and withdrawal. Glenmullen does a fine job getting the word out about this urgent health crisis. In 2004 Congress had to force the FDA and drug manufacturers to acknowledge the well-established link between antidepressant use and increased risk of suicidal thoughts and behaviors. Glenmullen shows how severe withdrawal symptoms, which can occur within hours of a missed dose, can actually drive a person to suicide. Many face a horrible dilemma when their withdrawal symptoms are misdiagnosed as relapse. Glenmullen must be applauded for taking on his own colleagues, some of whom have accepted huge fees from the drug companies to suppress and misrepresent the severity of antidepressant "discontinuation syndrome." Numerous misdeeds are revealed in Glenmullen's astute analysis, but the book's primary purpose is not critical. He presents a detailed 5 step method for helping those who want or need to stop taking these drugs. The good news, according to Glenmullen, is that patients are "almost always" able to wean off these drugs if the dose is reduced gradually (according to each individual's tolerance) with the vigilant care of a knowledgeable doctor who is willing to put in the many weeks, sometimes many months, required. To his credit, Glenmullen explores the limits to his method in the story of Andy, a 16 year old boy, who after a month on Effexor, decided he wanted off, but had to spend a whole year of his young life in hell caught between the side effects and severe withdrawal, despite a painfully slow dose reduction.

I purchased this book in 2006 and that started my 2nd chance at life. All in all, I spent 6 years hopelessly addicted to Effexor, which made me both--ironically--emotionally and cognitively numbed yet constantly anxious with sudden outbursts of rage. (SNRI is like taking an upper and a down at the same time.) Prior to Effexor, my life was not perfect but it was sane. I'd been hurt and felt confused and doubted myself, so on the poor advice of family, I convinced myself I was depressed. (But I wasn't. I just needed a friend.) After asking my family's MD for an antidepressant, as if I were the source of the problem, she prescribed me Effexor. That drug is usually a last chance antidepressant--not a first antidepressant-- since it affects 2 brain chemicals. It is usually prescribed to people who are antidepressant resistant. According to Google, SNRI's are prescribed for: Major depressive disorder (MDD) Post traumatic stress disorder (PTSD) Generalized anxiety disorder (GAD) Social anxiety disorder (SAD) Panic disorder Neuropathic pain Fibromyalgia Chronic musculoskeletal pain I HAD NONE OF THE ABOVE. The prescribing MD's specialty is Internal Medicine. GO FIGURE! I down-dosed from Effexor XR at the rate of one pill at a time over 2 years only after spending 6 years hopelessly addicted to it. Depending on your specific drug and body,

you may need to follow the conservative 10% Rule, as mentioned in this book. That is, down dose in 10% reductions only. You'll have to buy a digital laboratory scale that measures to the 2nd or 3rd decimal place. And take the XR balls with applesauce. All in all, this is a GREAT first book because it explains the Why's of antidepressants.

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