

HAMS Position Statement on Psychiatric Medications

1) HAMS recognizes that psychiatric medications can be great lifesavers for many people and we encourage people who are benefitting from psychiatric medications to continue taking them; we also encourage people who may benefit from them to consult with their doctor about giving them a try.

2) HAMS also recognizes that psychiatric medications have negative side effects which can do some people more harm than good. HAMS is supportive of people choosing to stop taking psychiatric medications because of negative side effects as well as people who choose not to begin taking them. HAMS recognizes that the abrupt discontinuation of some psychiatric medications can be accompanied by dangerous withdrawal symptoms (Haddad and Anderson 2007). HAMS urges people who are thinking about discontinuing a psychiatric medication to first consult with their physician and if they decide to discontinue the medication to work out a safe tapering schedule with their physician.

3) HAMS suggests that people who struggle with psychiatric issues such as depression, anxiety, etc, first attempt to treat them with a clinically validated self-help book such as David Burns's Feeling Good. If this is not sufficient to overcome the problem then one can add talk therapy to the mix. If this is still not solving the problem it may be time to add psychiatric medications. This is a suggested progression--it is not required. People who wish to start with talk therapy or medications first are welcome to do so--it is all the free choice of the individual.

4) Individuals who are suffering from suicidal ideation or other emergency psychiatric symptoms should not wait but immediately seek emergency treatment such as calling a suicide hotline.

5) HAMS specializes in alcohol and offers people information about interactions of psychiatric medications and alcohol which may help individuals to determine whether or not they wish to take these medications. See section 10 for specifics. It is beyond the scope of HAMS to attempt to act as a substitute for a physician or discuss the pros and cons of psychiatric medications except for those which are related to alcohol consumption.

6) The choice of whether or not to take psychiatric medications is between individuals and their doctors; HAMS members do not attempt to talk others into starting psych meds or into discontinuing them. Rather we are here to support each individual in their own personal choice with regard to these medications

7) Clinical trials have demonstrated that exercise is an effective treatment for depression. Some people may opt to use exercise rather than psychiatric medications.

8) We encourage all HAMS members to be pro-active health care consumers and to be aware of all the pros and cons of any medications they consider taking.

9) Dosage and drug cocktails: We also recognize that a low dose of a psych drug (e.g. 20 mg Prozac) can have fewer potential side effects than a high dose (e.g 80 mg Prozac) and a single drug carries fewer risks than a drug cocktail.

10) Medication Specific Information

Antidepressants:

- a) Myth has it that alcohol will prevent antidepressants from working to reduce depression; however there is virtually no clinical evidence to either confirm or disconfirm this hypothesis. We are aware of only one study which was conducted on this issue: the antidepressant studied was imipramine. This study showed that imipramine was effective in reducing depression in subjects who continued to drink alcohol (McGrath et al 1996).
- b) SSRIs have been demonstrated to reduce drinking in subjects with Major Depressive Disorder (Cornelius et al 1997). SSRIs have no long term effect on alcohol consumption in the general population of non-depressed drinkers (Kranzler et al 1995). However, research suggests that SSRIs can increase alcohol consumption in certain special populations, namely in women (Naranjo et al 1995) and in people with early onset alcohol dependence (Kranzler et al 1996). HAMS suggests that SSRIs are only helpful for drinkers with Major Depressive Disorder.
- c) Wellbutrin (aka Zyban, bupropion) has been shown to increase the odds of having alcohol withdrawal seizures (Silverstone et al 2008). It may also increase the likelihood of having blackouts and other adverse effects of alcohol due to lowered tolerance (GlaxoSmithKline). HAMS recommends that drinkers generally avoid this medication.

Antianxiety drugs

- d) Benzodiazepines such as Valium, Librium, Ativan etc. interact with alcohol to lower the overdose threshold (Tanaka 2002). Mixing alcohol with benzodiazepines greatly increases the chance of death by overdose and we recommend very strongly that people not mix these medications with alcohol.
- e) For more information about drug and alcohol interactions see the appendix to the HAMS book.

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