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## Patient Online Report of Selective Serotonin Reuptake Inhibitor-Induced Persistent Postwithdrawal Anxiety and Mood Disorders

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Recently, Schifano et al. [1] analyzed online self-reporting of misuse of pregabalin, and found psychedelic dissociative effects induced by pregabalin in this selected population of drug abusers, information that apparently can only be obtained at least initially through online self-reporting studies [1].

In the present study, we analyze online self-reporting from a variety of websites visited by patients who had discontinued selective serotonin reuptake inhibitor (SSRI) antidepressants and were reporting, spontaneously on those internet forums, significant withdrawal symptoms and postwithdrawal psychopathology, that they attributed to discontinuation of their SSRI antidepressants. SSRI withdrawal, like for other classes of CNS depressant type (alcohol, benzodiazepine, barbituric, narcotic, antipsychotic, antidepressant), needs to be divided into two phases: the immediate withdrawal phase consisting of new and rebound symptoms, occurring up to 6 weeks after drug withdrawal, depending on the drug elimination half-life [2, 3], and the postwithdrawal phase, consisting of tardive receptor supersensitivity disorders, occurring after 6 weeks of drug withdrawal [4].

One example of self-reporting new withdrawal symptoms of the CNS depressant type is the publication by Shoenberger [5], which described new withdrawal symptoms (headaches, agitation, irritability, nausea, insomnia) as listed in controlled studies [6, 7]. Shoenberger self-reporting does not mention postwithdrawal disorders following withdrawal of paroxetine (taken for 3 years) [5], but reports disturbing feelings of ‘zaps’, electric zapping sensations described as ‘washing over his entire body’ or ‘riding on a rollercoaster’ [5], a withdrawal symptom of the CNS depressant type, which lasted into the fourth week of withdrawal. Zajecka et al. [6] had already listed ‘electric sensations’ as one of new withdrawal symptoms included in four published case reports.

In general, most studies have looked only at minor new symptoms of the CNS depressant withdrawal type [6], but there are some exceptions which examined SSRI postwithdrawal emergent persistent disorders [7–9]. In the present study, we looked at both new SSRI withdrawal symptoms [6] and postwithdrawal persistent symptoms.

Between February 2010 and September 2010, qualitative Google searches of 8 websites including Paxilprogress.org, ehealthforum.com, depressionforums.org, about.com, medhelp.org, drugLib.com, topix.com and survivingantidepressant.org were carried out in English, using keywords as ‘SSRIs withdrawal syndrome’, ‘Paxil withdrawal’, ‘SSRIs forums’. Links from the above websites/forums and other related material were also followed.

In table 1, we list selected online patient self-reporting of physical and psychiatric withdrawal symptoms for each of the 6 SSRIs: paroxetine (n = 3), sertraline (n = 2), citalopram (n = 2), fluoxetine (n = 1), fluvoxamine (n = 1) and escitalopram (n = 3), which we thought reflected best patient self-reporting of SSRI withdrawal symptoms. From online information available, gender is known for 4 patients (2 men and 2 women), the mean length of SSRI treatment (n = 9) was 5.13 years, range 0.25–15 years, median 4.5, and the mean duration of withdrawal symptoms (n = 7) was 2.5 years, range 0.125–6 years, median 2.1 years.

As can be seen in table 1, 58% of patients (7 out of 12) reported persistent postwithdrawal symptoms: 3 of 3 paroxetine patients, 2 of 2 citalopram, 1 of 1 fluvoxamine, 1 of 3 escitalopram and none of both sertraline and fluoxetine patients. We note in table 1, persistent postwithdrawal disorders, which occur after 6 weeks of drug withdrawal, rarely disappear spontaneously, and are sufficiently severe and disabling to have patients returned to previous drug treatment. When their drug treatment is not restarted, postwithdrawal disorders may last several months to years. Significant persistent postwithdrawal emergent symptoms noted consist of anxiety disorders, including generalized anxiety and panic attacks, tardive insomnia, and depressive disorders including major depression and bipolar illness. Anxiety, disturbed mood, depression, mood swings, emotional lability, persistent insomnia, irritability, poor stress tolerance, impaired concentration and impaired memory are the more frequent postwithdrawal symptoms reported online. In the Fava et al. [8] gradual SSRI discontinuation controlled study on panic disorders, 9 of 20 patients (45%) had new withdrawal symptoms and 3 of the 9 (33%) paroxetine-treated patients had persistent emergent postwithdrawal disorders, consisting of bipolar spectrum disorder (n = 2) and major depressive disorder (n = 1) during a 1-year postwithdrawal follow-up.

**Table 1.** Patient online report of new withdrawal (WD) symptoms and persistent postwithdrawal disorders

*Paroxetine*

- 'I was given Seroxat [...]. I took my last pill, after 5 years use, in September 2004. Since then my life has never been the same, even now 6 years later, I suffer debilitating symptoms daily, I have never had a full day without some symptom of WD. Ongoing problems that were not present prior to taking this drug are: anxiety, panic, depression, headaches, sinus problems, recurring infections, fatigue, heartbeat irregularities [...]. The list is endless ... after 6 years of pure hell and loss of social life, work life and family life that this drug has taken from me, I really just want my life back now [...]. I'm not kidding myself I really don't think I will ever be what I once was ...' [Buxy2222, 2011. Available from: [http://survivingantidepressants.org/index.php?topic/83-hellofrombuxy2222/page\\_p\\_199\\_hl\\_buxy\\_fromsearch\\_1#entry199](http://survivingantidepressants.org/index.php?topic/83-hellofrombuxy2222/page_p_199_hl_buxy_fromsearch_1#entry199)]
- 'When we are in WD, I'm in it for 26 months, I noticed that I caught the diseases that I surely had later ... I have nocturia, dry eyes, Gougerot, rheumatism phenomenons, insomnia. Some of these things will never go away. WD is a state of vulnerability psychologically and physically. Years of taking Paxil meds diminish the future quality of life of the addict, many testimonies confirm it.' [Stan, 2001. Available from: [http://survivingantidepressants.org/index.php?topic/449-opportunisticdiseases-duringthe-withdrawal/page\\_p\\_4414#entry4414](http://survivingantidepressants.org/index.php?topic/449-opportunisticdiseases-duringthe-withdrawal/page_p_4414#entry4414)]
- 'The insomnia from Paxil WD for me was horrible! I went for weeks with NO sleep. That was 17 months ago and I'm still only getting 3-4 hours of sleep per night. I am tired ALL the time [...]. Before taking the Paxil, I was an excellent sleeper! NEVER had a problem sleeping in my life. Now I don't know if I'll ever sleep well again!' [Nutzyl, 2001. Available from: <http://forums.about.com/n/pfx/forum.aspx?nav=printDiscussion&webtag=ab-depression&tid=1040>]

*Sertraline*

- 'The first time I stopped taking Zoloft was after jaw surgery, and oddly enough after 5 days was more concerned with the WD symptoms from the Zoloft (although I didn't know that's what it was at the time) than I was with my broken face. This is while on pain meds. I thought they might be the cause. I realized at about day 5 that I hadn't taken the Zoloft and that might be the cause. I took one dose and the brain zaps stopped. That scared me.' [Yowza, 2007. Available from: <http://www.medhelp.org/posts/Mental-Health-International/Zoloft-Withdrawal-Please-help/show/268803>]
- 'I began having very scary and unusual problems such as electrical shock sensations in my head, dizziness, disorientation, inability to concentrate, and loose stools among other things [...]. I was very frightened because no one seemed to know what was wrong with me [...]. I started taking the Zoloft again and my symptoms disappeared, that's when I realized that I had been suffering from Zoloft WD.' [Pat, 2000. Available from: <http://forums.about.com/n/pfx/forum.aspx?nav=printDiscussion&webtag=ab-depression&tid=22505>]

*Citalopram*

- 'I slowly started weaning myself off of Celexa in January because it had stopped working and I was miserable. 8 weeks later I really began to experience "discontinuation syndrome". Each day is a different combination of symptoms. The "physical" symptoms such as dizziness, difficulty tracking things visually when I move my head, ear pain seem to diminish whereas mental symptoms seem to get worse. My anxiety is sky high and I've experienced depersonalization for the first time. The sweating and chills get better one day and then get worse the next.' [Karicubed, 2010. Available from: <http://phobias.about.com/u/ua/medication/ssridiscontinuationua.03.htm>]
- 'I did not know this symptom existed so I wasn't able to explain it all until after. The shocks and zaps, were clearly a WD symptom I associated with the discontinuation, but these I didn't; anger, anxiety, panic attacks, depression, uncontrollable emotions, short temper, irritability, loss of direction, stopping all hobbies and interests. I cannot over emphasize how serious all of these symptoms were for me. It seemed to last for about 4 months. It was the worst period in my life, and very frightening.' [GuestM3\_1234, 2010. Available from: <http://phobias.about.com/u/ua/medication/ssridiscontinuationua.03.htm>]

*Fluoxetine*

- 'I've been on Prozac for almost 15 years [...]. I have tried to get off meds numerous times only to go back to them because of WD symptoms and fear. For the last five years I've had facial and body tics, muscle spasms and other side effects. I've been off Prozac for over six weeks now and feel horrible. Tics and spasms seem worse sometimes, too. Still, I'm going to make it this time, I know it. I hope and wish that all of us who just want to be free of SSRIs will finally succeed. We gave into the belief that we couldn't stand on our own, but what if, during all this time, WE COULD?' [Jessie Las Vegas, NV, 2010. Available from: <http://www.topix.com/forum/drug/prozac/TP2F6P0VH5VJA4AFB>]

*Fluvoxamine*

- 'When I got off the drug the first time I was hit with pretty strong WD at the time ... brain shocks, dizziness, etc. It really freaked me out back then 'cause there wasn't nearly as much info about SSRI WD out there, and of course my doctor said that there was no such thing as SSRI WD [...]. Slightly over a year ago, I tried to lower my dosage (which wasn't that high to begin with), but I believe I did this too, and was hit with some of the worst panic attacks that you could imagine. Weird thing ... even though I have suffered anxiety all my life, I NEVER had a full-blown panic attack ... until trying to stop this SSRI! [...].' [OMNI26, 2006. Available from: <http://www.paxilprogress.org/forums/showthread.php?t=18147>]

*Escitalopram*

- 'I did not start showing any WD symptoms until two weeks after stopping the Lexapro completely. These symptoms include brain zaps, occasional nausea and bouts of anxiety. The worst symptom by far is the itching all over my body, but mainly in my face, arms, chest and stomach. It is the type of itch that does not make you want to scratch at yourself so much as just rip off all your skin [...]. I had heard the horror stories of Lexapro but never fully appreciated them until I started going through it myself.' [Hells, 2011. Available from: <http://www.drugs.com/forum/featured-conditions/lexapro-withdrawal-24681.html>]
- '[...] I only had brain zaps for 3 to 5 days as my first WD symptom. Never had them again afterwards. But I have several other issues. Burning/dry skin, off-balance, weird headaches, strong gastrointestinal problems, weird body feeling, numbness/pain in fingertips, tinnitus and lots more. They change by the hour and every day is different. It is a bit better than the windows/waves phase I had prior to that, because most symptoms do not stay for days, but for hours. Still, no minute without any symptom and I can't do any sports or stressful things as they increase symptoms. Somehow feels as in my CNS has no clue what it is doing [...].' [Quirk79, 2011. Available from: <http://www.drugs.com/forum/featured-conditions/lexapro-withdrawal-24681.html>]
- 'I've been suffering SSRI WD syndrome for more than 5 years [...]. During SSRI WD, I've had severe SUICIDAL INSOMNIA for 4 straight years which did not respond to any drugs. I also have severe panic attacks and severe depression [...]. I know that you may think that it's unusual for SSRI protracted WD to last this long (more than 5 years), BUT IT DOES!' [Tillmann, 2011. Available from: [http://survivingantidepressants.org/index.php?topic/302-hi-my-name-is-tillmann-and-im-newhere/page\\_p\\_3211#entry3211](http://survivingantidepressants.org/index.php?topic/302-hi-my-name-is-tillmann-and-im-newhere/page_p_3211#entry3211)]

In accordance with data from controlled trials [6, 10], online self-reporting shows paroxetine to be the most likely to be associated with withdrawal symptoms, while fluoxetine the least. Online forums also show an association between citalopram withdrawal and a variety of persistent postwithdrawal symptoms, lasting more than 4 months. Fluvoxamine appears to be less prescribed, but still reported online to cause postwithdrawal panic disorder (table 1); controlled studies have also found fluvoxamine to be associated with a high frequency of withdrawal symptoms [7].

With regard to minor new SSRI withdrawal symptoms, they are known to occur after drug discontinuation with a variable frequency and duration, from a few hours up to 6 weeks, depending on the SSRI discontinued. Its frequency and severity vary mainly according to the SSRI used [10]. Our online study confirms those reported to occur in the literature with the highest frequency: headaches, nausea, loose stools, dizziness, disorientation, inability to concentrate, tinnitus, and unstable gait. Thus, there is concordance between new SSRI withdrawal symptomatology described in scientific papers and those reported online by patients. As already discussed, a recurrent disabling withdrawal symptom described online by patients is 'brain zaps', 'electrical shock sensations', 'shocks and zaps', there were 5 patients included who had these new withdrawal symptoms (table 1). Even after a very gradual drug tapering and under careful psychiatrist monitoring, new withdrawal symptoms still occur according to most studies [6–8, 10], which is also found in our online patient self-reporting study.

Several limitations of our study should be noted. Patients who reported their experience online might also have been taking other drugs, exaggerated their symptoms or be influenced by other patient online reports. In addition, health professionals did not confirm postwithdrawal emergent symptoms and disorders.

Patient characteristics are limited to what is available online. However, our research found a significantly great number of patients off SSRI, describing the same cluster of withdrawal symptoms for a longer time than expected, to give validity to our results. Paroxetine withdrawal and postwithdrawal symptoms as reported in the scientific literature [7–9] were confirmed, as well as most frequent minor new symptoms reported in controlled clinical trials [7, 10].

Reappraisal of tardive persistent postwithdrawal disorders may also provide a better understanding of rebound, recurrence and relapse during long-term antidepressant drug therapy.

### Disclosure Statement

The authors have no conflicts of interest to disclose.

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