



Dr. Henry writes about antidepressant medications

I am a little surprised at the concern about the use of antidepressant medications in the treatment of PPS. It rings of the ongoing stigma against individuals who suffer from so called mental illness. I have spent 31 years studying, researching, and treating mental illness. I have a significant family member who spent 20 years in a state mental hospital. When I first began my psychiatric training 31 years ago, schizophrenia was considered a mental illness with probable psychogenic causes. There was even a term used then, namely the schizophrenogenic mother. Today, we know clearly that schizophrenia is a biological brain disease involving disturbances of certain brain biochemicals affecting cognitive and perceptive function. There are changes on MRIs and probable genetic factors or predispositions. The same can be said of bipolar disorder (manic depressive illness) and major depression. Some studies indicate that over one third of PPSers before being diagnosed or shortly thereafter meet the criteria for the diagnosis of major depression.

The "boundary" between so called mental illness and physical illness is quite vague and may not exist. The very fact that many medications such as the various types of antidepressant drugs help us and many other individuals with chronic or recurring disorders should tell us logically that so called mental illness has definite biological factors and vice versa, that is, a condition such as PPS has definite emotional factors. I know what I have experienced. I have experienced loss of functional status, having to accept disability at a time that I would be at the zenith of my career, fear of what is happening to me and not knowing what really helps except rest, the logical anxiety that this PPS is progressive, and to hear or read that we are all going through this again (deja vu) and the whole experience seems unfair and makes me angry. That anger can get projected when we have our feuds, bash our doctors, and assail various agencies. Don't get me wrong, most of the time our complaints have some merit, and we mostly support each other, but we have been individualists and in control so long that these life style adjustments are tough and can be depressing.

Everyone who has ever lost someone precious or lost a part of their self-esteem or been ill with a chronic disorder knows what depression is like. We take antidepressants and other psychotropic or brain directed drugs because they help some of us. True, the doses are usually lower than for treating most biological depression in people without PPS. But we do not tolerate most any drug or stress very well. We require less pain meds and even less anesthesia than most. Maybe the antidepressant drugs do help our "depression" in lower doses. I simply do not know, but it would not bother me in the least if they do work that way on us. I feel better and when you feel better, you are usually less depressed.

So if you take Prozac, Paxil, Zoloft, Elavil, Pamelor, Effexor, Klonopin, Ativan, Valium, Xanax, Ambien, Desyrel, Wellbutrin, and on and on, and you feel better, I say be grateful because I am.

I have said enough.

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