

PSYCHOTROPIC DRUGS AND BIBLICAL COUNSELING

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What Medicines Are Given for Emotional Pain?

A. Drugs That Improve Feelings

1. All the medicines that we will discuss in this group improve feelings without changing the counselee's basic response to his/her circumstances.
2. Therefore, these medicines produce a mood that doesn't match the counselee's real-life situation.
3. This group includes drugs that induce relaxation and antidepressants.
4. Drugs that induce relaxation.
 - Medicine for serious pain.
 - o Oxycontin, Percocet, Vicodin.
 - o Often given to those who have emotional pain.
 - Because pain and depression co-occur.
 - Because pain feels worse when depressed.
 - o Pain medicines work by decreasing awareness of pain in the brain.
 - o This produces relaxation as a side effect.
 - o It can also produce confusion, which can trigger or worsen depression and anxiety.
 - o The relaxing effect of pain medicine is very pleasant and some find it very difficult to resist.
 - o So addiction can result.
 - o The heart is deceitful (Jeremiah 17:9).
 - o Help your counselees take pain medicines for the shortest possible time.
 - Alcohol and street drugs.
 - o Act in similar manner to pain meds.
 - o Produce less pain relief and more relaxation.
 - o Even more addiction danger.
 - o Can produce confusion, anxiety, depression.

“Painful feelings are meant to motivate us to change. When medicine masks painful feelings, there is no motivation to learn to deal with them in a more godly way. And when the medicine is discontinued, the painful feelings will return.”

- Tranquilizers.

- o They were developed by drug companies to produce relaxation without the “high” feeling that pain meds, alcohol, and street drugs produce.

- o Were first believed not to be addictive, but in time it was found that they are very habit-forming.

- These include Valium, Xanax, Ativan.

- o There are new sleeping pills that are supposed to not be habit-forming. But be suspicious until time proves this claim.

- These include Lunesta, Ambien, and Sonata.

5. Antidepressants.

- Selective Serotonin Reuptake Inhibitors (SSRIs) and Norepinephrine-Serotonin Reuptake Inhibitors (NSRIs).

- o These medicines are prescribed to counselees with anxiety and/or depression.

- o Also were believed not to be habit forming at first, but we now know that they are.

- o These include Zoloft, Paxil, Prozac, Celexa, Cymbalta and a host of others.

- Alter chemicals in the brain to relieve the feeling of depression or anxiety.

- They change feelings, but do not change the circumstances that provoked the feelings, or the counselee’s responses to life stresses that may predispose to depression.

- This allows a counselee to ignore circumstances or responses that may need to change.

- Deadening the pain without changing the situation and responses does not solve the counselee’s problem.

B. Drugs That Clear Confused Thinking

1. Antipsychotic medicines.

- Risperdal, Zyprexa, Abilify.

2. What is Psychosis?

- Psychosis is diagnosed when a person sees or hears things that aren’t real, and believes “crazy” things.

- Psychotic symptoms can be faked.

- But psychotic symptoms are generally symptoms of a real disease of the brain (NOT a “chemical imbalance”).

- This means that there is something physically wrong with the psychotic person’s brain.

3. Diseases that may present with psychotic symptoms.

- Schizophrenia and true bipolar disorder.

o True bipolar disorder is an excited psychotic state. A person with mood swings without psychosis does NOT have true bipolar disorder.

- Alzheimer's disease and other dementias.
- Traumatic Brain Injury.
- And a host of medical conditions and medicines that change the brain's health temporarily so that hallucinations occur. Doctors call this delirium.
 - o For example, high fever.

4. Effects of antipsychotic drugs.

- These medicines are given to people with psychosis, and also to those with uncontrolled behavior, to restrain them.
 - o Because antipsychotics restrain behavior and emotions, they have been nicknamed "chemical straitjackets."
- Interestingly, although these drugs clear the thinking of people with psychosis, they can cloud the thinking of those who are not psychotic.
 - o This may relax a nonpsychotic person, making him feel better, but at the cost of blunting emotions.

5. Mood stabilizing medicines.

- Lithium, anti-epilepsy drugs.
- For psychosis with unstable emotions.
- Often used today for those with mood swings.
- These drugs calm those who have psychosis with unstable emotions, restoring normal eating and sleeping pattern, and decreasing excitation.
- This can be literally lifesaving in a true manic psychosis.
- Mood stabilizing drugs can have serious negative effects upon those who do not have a true manic psychosis.

“Antipsychotic medicines can be literally lifesaving in cases of true psychosis, but they can have serious negative effects in those who are not psychotic.”

Understanding Drug Dependence and Withdrawal

A. Dependence -(aka “addiction”) a physical state which occurs when a person’s body has become accustomed to receiving a medicine that has habit-forming potential.

1. One who is dependent upon a medicine will require increasing doses of the medicine to produce the same effect.

B. Withdrawal- the unpleasant physical reaction that occurs when a person abruptly stops taking a medicine after their body has become accustomed to receiving it.

C. How Dependence Develops

1. When the environment around any body cells changes, the body will attempt to compensate for the change.
2. Medicine that slows the heart beat will cause the heart to compensate by pumping more blood with each beat.
3. Medicine that changes the chemical environment of the brain will cause the brain to decrease production of its own chemicals, grow new connections between brain cells, or even cause other connections to die back.
4. Over time, the changed environment becomes the “new norm” for the body.

D. Helping a Counselee Stop Taking Meds

1. It is essential to understand that your counselee very likely will develop withdrawal symptoms if he stops medicines abruptly.
2. Medicines often need to be withdrawn very slowly, especially for counselees who are anxious.
3. Recommend The Antidepressant Solution by Joseph Glenmullen, MD.
4. Advise your counselees to withdraw from their meds under a doctor’s supervision

“Drug companies like to refer to withdrawal as “discontinuation syndrome” when it occurs on a psychiatric medicine. They prefer the term “habituation” to dependence. But physiologically, this is the same process whether it occurs on heroin or an antidepressant. Generally speaking, the symptoms that occur in withdrawal will be the same symptoms that prompted taking the drug in the first place. This is why many of your counselees may believe that their depression is a disease - because their symptoms recur when they stop their meds.”

Understanding “Poop-Out” and “Therapeutic Tail Chasing”

A. Poop-Out

1. Refers to the loss of effectiveness that occurs over time for most who take antidepressants.
2. This phenomenon occurs because they have become dependent upon their medicine.
3. Results in needing more medicine to produce the same effect.
4. Also results in second (and third) antidepressants being added over time.
5. Side effects increase as dosage and number of medicines increase because of poop-out.

B. Tail Chasing

1. Occurs when side effects from medicine, or poop-out, produce new symptoms.
2. A second diagnosis may be given to explain the apparent setback.
3. Typically, new medicines (with their own side effects!) are added.
4. It is not unusual for those who have been under psychiatric treatment for several years to have several diagnoses and to be taking a number of medicines for what might have started as a simple problem.

C. Unmasking “Underlying Bipolar Disorder”

1. Manic-like reactions are common side effects of antidepressant treatment.
2. Those who develop mood swings on antidepressants are commonly diagnosed with bipolar disorder, type II (mood swings without psychosis) and placed on mood stabilizing agents.
3. When this occurs, the patient is told that the antidepressant “unmasked” their “underlying disease” of bipolar disorder.

“When people take so much cocaine that they have manic-like reactions and end up in an emergency room, they are diagnosed with cocaine toxicity. When people have manic-like reactions to steroids, they are diagnosed with steroid toxicity. Yet when people have the same types of reactions to antidepressants, they are diagnosed with so-called ‘underlying bipolar disorder’.”
-Joseph Glenmullen, MD

D. Which Psychotropic Drugs Can Produce Dependence?

1. Stimulants (like Ritalin, cocaine, and methamphetamine).

2. Antidepressants (which are chemically related to stimulants).
3. Tranquilizers and sleeping pills. (Remember not to assume that the drug companies are correct about the new type of sleeping pill not causing dependence. Only time will tell.)

Understanding Antidepressant-Related Violence and Suicide

A. Serious Danger - FDA Black Box Warning

1. The FDA added warnings to antidepressant labeling regarding children in 2004.
2. An FDA advisory panel recommended that the same warnings be added for adults under age 30 in December, 2006.
3. There have been numerous clinical reports of increased aggression and suicide in adults as well as children on antidepressants over the years.

B. Probably Linked to Side-Effects of:

1. Insomnia.
2. Anxiety and panic attacks.
3. Akathisia.
4. Mania.
5. Irritability.
6. Paranoia and psychosis.

“Those experiencing these highly unpleasant symptoms, if they don't know they are caused by their medicines, often conclude that they are going insane. The accompanying impulsivity greatly increases the risk that the sufferer will take action on the feeling by becoming violent to themselves or others.”

-Anthony Healy MD

Side Effects of Psychotropic Drugs

A. Tranquilizers and Sleeping Pills

1. High addictive potential.
2. Can cause the same kind of liver disease that heavy drinking produces at high enough doses.
3. Commonly produce mental confusion and drowsiness.
4. Paradoxically, the mental confusion can result in increased ANXIETY.
5. Memory problems, slow reaction time like alcohol produces, DEPRESSION.
6. Weakness, dizziness, problems with coordination, unsteadiness with increased likelihood of falls and injuries.

B. Stimulants and Antidepressants

1. Dependence and withdrawal.
2. ANXIETY and panic attacks.
3. Seizures.
4. MANIA.
5. PSYCHOSIS.
6. Tics (including Tourette Syndrome).
7. Nervousness, insomnia, irritability, aggression.

C. Stimulants

1. Stunt growth of children.
2. Increased heart rate.
3. Increased blood pressure.
4. Heart and liver failure.
5. Sudden death from heart arrhythmia or stroke.

D. Antidepressants

1. Extrapyramidal symptoms.
2. Akathisia (agonizing inner restlessness).
3. Dyskinesia (involuntary body movements).
4. Dystonia (involuntary muscle spasms).
5. Drug-induced Parkinson's disease.
6. Tardive Dyskinesia (potentially permanent abnormal body movements).
7. Poor appetite at beginning of treatment, followed by weight gain of 20 pounds or more.
8. Loss of sexual drive is very common.
9. BIRTH DEFECTS in children born to mothers on antidepressants.
10. WITHDRAWAL in newborns of mothers on antidepressants (this means that they are born dependent upon the medicine).

E. Antipsychotics

1. There are two groups of antipsychotic drugs, the older ones (like Haldol) which are rarely used anymore, and the new ones (like Zyprexa).
2. The older medicines had a very high rate of EPS and Tardive Dyskinesia (the movement disorders just described).

3. The newer medicines are much less likely to cause these side effects.
4. Uncontrolled and potentially massive weight gain over time.
5. Increased risk of diabetes and heart disease.
6. Neuroleptic Malignant Syndrome (a potentially life-threatening complication).
7. Seizures.
8. Low blood pressure, fainting, sleepiness.
9. Liver damage.
10. Changes to the menstrual cycle.
11. Potentially dangerous inability to tolerate hot weather.

F. Mood-Stabilizers

1. Two types: Lithium and Anticonvulsants.
2. Lithium side effects.
 - EPS.
 - Shaking, confusion, mental slowing, memory problems.
 - Kidney failure.
 - Heart trouble.
 - Liver disease.
 - Hair loss, weight gain, acne.
 - Life-threatening lithium toxicity.
3. Anticonvulsants are medicines used to treat epilepsy.
 - Life threatening liver disease and pancreatitis.
 - Low blood platelet levels.
 - Tegretol can cause bone marrow depression.
 - Lamictal is linked to 2 potentially fatal diseases.
 - Depakote can produce birth defects.
 - Nausea, sleepiness, dizziness, weakness.



Books

Fitzpatrick, E., Newheiser, J., Hendrickson, L., *When Good Kids Make Bad Choices*.
Glenmullen, Joseph, MD., *The Antidepressant Solution*.
Glenmullen, Joseph, MD., *Prozac Backlash*.
Healy, Anthony, MD., *Let Them Eat Prozac*.