

antidepressants and, on occasion, the older ones. Sometimes these withdrawal symptoms persist for months, or even years, after stopping the drug.

Furthermore, even the FDA has admitted that these drugs are ineffective in children, and meta-analyses have shown that they are ineffective in adults as well. They are no better than placebo, they cause severe adverse reactions, and they cannot bring about the positive benefits associated with psychotherapy and other life experiences that can truly improve the individual's quality of living.

It bears repeating that antidepressants are dangerous to start taking and dangerous to stop taking as well as ineffective. The best advice is to stay away from them. In 40 years of psychiatric practice, I have never started a patient on an antidepressant, although I do prescribe them during the withdrawal process or if the patient is unable to go through withdrawal. Although good fortune undoubtedly plays a role as well, I believe that my refusal to start patients on these drugs has contributed to my success in never having a suicide in my practice. In addition to preventing antidepressant-induced suicidality, by not giving the medications I encourage myself and my patients to work together to find more effective and hope-inspiring ways of living.

NOTES

1. According to the Food and Drug Administration, an adverse drug reaction rate of 1% is frequent or common.
2. A footnote explains that the "drug surveillance programme" is supported in part by 10 different drug companies, at least one of which makes an SSRI. However, Eli Lilly was not among them.
3. The title of this article does not correspond with its findings: "Manic behaviors associated with fluoxetine in *three* 12-18-year-olds with obsessive-compulsive disorder." The article did present detailed information on only 3 cases but described the occurrence of mania in 6 of 20.