

Withdrawal Without Pharmacogenic Problems

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How to Deny a Psychiatric Family History

Antidepressants: Amitriptyline, Maprotiline, Trimipramine / Mood stabilizers: Carbamazepine / Benzodiazepine-tranquilizers: Chlordiazepoxide, Clonazepam, Diazepam, Nitrazepam

First I was treated with tricyclic antidepressant when I was 16. I had to spend my entire school holidays in hospital because of suspected encephalitis, and my mood was rather down. Since my mother was a “well-known manic depression patient” in psychiatric wards, my doctors were afraid that my bad mood was the onset of a severe depression and they put me on trimipramine (100 mg daily). I took it for two months, without any improvement in my mood, so I stopped taking it (I was still in hospital), and I recovered only after I was discharged.

Next time I was in hospital, now in a psychiatric ward, in 1980, after a family and emotional crisis. My stepfather had a stroke, but his brain was damaged. He was paralytic, couldn’t speak properly and was aggressive with my mother who was supposed to be his only carer. (I had just begun my university studies 200 km away.) She could not get on with this task alone, broke down and made suicidal attempts. I left the university for home and tried to help my mother, without success.

At the same time I learned about the severe side-effects of the antidepressant I took against the supposed encephalitis. I was told to prepare for hormonal disfunctioning affecting even my sexuality. This

was too much to cope with, I also broke down. Three of us from the family were in three hospitals, all in psychiatry. My doctors treated me with amitriptyline (150 mg daily). Although the professor of the ward told me that I had real problems to be solved and drugs do not solve them, my doctor gave me the diagnosis of manic depression. After three months I was discharged but still permanently took amitriptyline in a lower dose (100 mg daily).

This continued until 1984 when I began to complain about my sleepless nights. They provided me with a sleep inducing drug, nitrazepam (25 mg). Then I could sleep at night, but was very tired next day and failed in my exams. This breakdown led me again to psychiatry. They changed my antidepressant to maprotiline¹ (100 mg daily) and increased my benzodiazepine dose. Beside nitrazepam they ordered diazepam (20 mg daily) and chlordiazepoxide (*benzodiazepine-tranquilizer*). After being discharged, the long term treatment consisted of 45 mg maprotiline, 25 mg nitrazepam and carbamazepine. My last hospitalisation took place in 1990. After a long and unsuccessful battle with the local authorities. (With my mother I lived in an apartment in a very bad state of repair but had no money to do the renovation.) I was exhausted in despair with suicidal thoughts. As a scientific researcher – meanwhile I had passed my exams – I could not afford a proper living, even to heat up our apartment in winter was an unsolvable problem. In the hospital I took maprotiline in injection for two months (the top dose was 250 mg daily). Then as a maintenance I took 45 mg maprotiline, 5 mg clonazepam² and 25 mg nitrazepam daily.

In the spring of 1993 my mother died. I was so down that had no energy to go either to hospital or even to my GP. I was totally mad, could not sleep, work, leave my home. After a week of starving a friend visited me by chance. He was familiar with my emotional breakdowns. At the time he studied theology and did not believe that my poor condition had anything to do with some disease. He began to feed me, cleaned my home, spent long hours with me every day.

After three weeks I realized that I was without psychiatric drugs and still survived. In a month I became better, could communicate with my friend and others in my neighbourhood and spent several hours in my office. This was the time when I decided not to take

psychiatric drugs any more. A doctor (who treated my mother for a short time) also supported me in that decision. Instead of drugs I spent much time with friends. I understood that love was missing in my life and began to look for it. A few months later I found it in its perfect form of love and conversation.

After stopping psychiatric drugs I went through several disturbing symptoms. For almost a year I could not sleep properly. In the first two months I did not sleep more than two hours a night. Then gradually this amount increased and now I have no difficulties with sleeping at all. For about two months I had severe symptoms of cold or flu with some fever. Sometimes I had strong vertigo, I could not even sit in a chair. I had to walk around or to sit on the ground. Up to now rarely I have an overwhelming feeling of intensive fear (“panic”) but I have learnt to control it. My friends, later my wife and above all prayer has helped a lot to survive these periods without drugs.

In spite of all the inconvenient side-effects I felt much better. My life had a totally new perspective. The very first time I had a perspective. I understood that my mood is a sensitive thermometer that I can learn to use. With the aid of love I was not a servant of my emotions any more. They are helpful tools to show me if there are severe unsolved problems in my life.

Footnotes

- 1 Antidepressant; marketed as Epalon, Ludiomil, Maprotiline.
- 2 Benzodiazepine-tranquilizer; marketed as Aklonil, Clonam, Clonax, Clonazepam, Clonotril, Easyfeel, Klonopin, Lonazep, Naza, Paxam, Rivotril, ZEE.

Maths Jespersen

Between Lobotomy and Antidepressants

Neuroleptics

Peter Lehmann (Ed.)

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