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Prozac:

What's in it for you?

Before joining the millions of young women who take this get-and-stay-happy drug, listen closely to what some people have to say! *By Kathleen McAuliffe*

In the mideighties, I became a guinea pig in a trial of a new treatment for facial pain. To my surprise, the drug, although considered experimental for my condition, was in fact an antidepressant. "But I'm suffering from *physical* pain," I protested. "How can it do any good if I'm not depressed?" My neurologist assured me that the drug had helped many people just like me in preliminary tests.

When I completed the treatment eight months later, a curious thing happened. I did experience relief from my pain, but I was also plagued by a sense of loss that at first seemed so subtle it was impossible to describe. Finally, it dawned on me what was wrong. Free of the drug, I was aware of the ordinary stresses of life intruding once again. I realized that during the trial my life had never been smoother. I had advanced rapidly at a challenging new job, made numerous friends in a town in which I had just recently arrived, and at the ripe old age of thirty-two, had finally learned to drive—all with remarkably little doubt, fear, or anxiety. I, who had protested that I was not depressed, had clearly benefited from the mood-brightening properties of the medication.

At the risk of being labeled weak-willed or a hedonist, I'll admit it: Better living through chemistry is an appealing concept. Even though the medication had the unfortunate drawback of making my mouth as arid as a desert, I still look back wistfully on those rosy drug-enhanced days. Especially during emotionally turbulent times, I yearn for those pale blue capsules that brought me peace and solace.

So it was with deep fascination that I read about a young woman, not unlike me, who faced a similar temptation with one notable difference. Her drug of choice—Prozac—was a member of a new generation of antidepressants that have far fewer side effects. I will call her the Prozac Princess, because much to my dismay (read: indignation mixed with envy) the tale ends with her gaining something for nothing and living happily ever after.

The Prozac Princess had gone on the drug not to alleviate the blues but to lose weight. Indeed, neither she nor anyone else in her family had any history of depression or mood disorders. But after shedding the pounds, she sought out Randolph Nesse, M.D., an associate professor of psychiatry at the University of Michigan in Ann Arbor, requesting a refill. Prozac simply made her feel better, she explained. She had more energy and was more at ease around strangers. "Also," she added, "I'm more decisive, and people say I am more attractive." After much soul searching, Dr. Nesse recommended that she return to explore her life in more detail and reluctantly renewed her prescription.

HEIDI YOUNGER

Just how many Prozac princesses are there out there? No one knows for sure. Over six million Americans are now taking the drug, mostly women between the ages of twenty and fifty. According to leading psychiatrists, the vast majority are severely depressed. For these women, treatment is not a luxury but a necessity. Without medication, they would be barely able to cope, perhaps even suicidal. "Still," acknowledges Dr. Nesse, "people like my patient are not rare."

Whatever the true numbers in this group, "cosmetic psychopharmacology," as Brown University psychiatrist Peter Kramer has dubbed this usage, is apparently on the rise. In his provocative best-seller, *Listening to Prozac*, Dr. Kramer describes numerous cases in which the drug appears to have brought about positive personality transformations in high-functioning individuals suffering from only mild to moderate mood disorders.

Drug for All Reasons

Every day, it seems, there's a new use for Prozac and its derivatives (brand names: Paxil, Zoloft, and Luvox). Currently, they're recommended for treating eating disorders, anxiety, panic attacks, hypochondria, PMS, and obsessive-compulsive behaviors that run the gamut from pathological gambling and sexual addictions to rigid perfectionism.

"Prozac's helped me calm down romantically," reports a Hollywood agent in her early thirties. "I used to be totally obsessed with whomever I was dating—even guys I barely knew. Now I'm no longer so desperate to find Mr. Right. I'm willing to bide my time and be more selective."

Another woman, who describes herself as a full-time mother in her twenties, recounts how the drug helped her modify her nest-building madness. "We moved into this lovely house, but until I got treatment, I would literally go insane over a crack in the wall or a chip in the molding."

Such anecdotes raise important questions: As milder and milder mental disorders yield to chemical cures, where do we draw the line between a debilitating condition and everyday hassles? Are potent—and potentially dangerous—psychoactive drugs being promiscuously prescribed? Is this quick-fix approach to solving our troubles necessarily the most effective or enduring way to achieve personal growth? And if a pill can change our personality or lift our spirits, what does that say about us? Because my mood improved after taking an antidepressant, for example, does that imply that I suffered from a low-grade depression that had simply gone undiagnosed?

Proza

Even more troublesome, the unresolved issues surrounding Prozac may merely be a harbinger of the dilemmas we will face in the future as more revolutionary mood-altering drugs enter mainstream clinical practice. According to Washington, D.C.–based neuropsychiatrist Richard Restak, we stand at the threshold of a new era in psychopharmacology that will enable people to "design their own brains." As he writes in his most recent book, *Receptors*, "Drugs are now in development that will help stimulate motivation, increase energy level, repair feelings of chronic low self-esteem—and in short, make many people not suffering from a definable emotional illness feel better about themselves and the quality of their lives."

This new "legal drug culture" may sound enticing, but there are several reasons to proceed with caution. A big one: Almost all mind medications have side effects. For all their virtues, these drugs scarcely represent a risk-free shot at bliss. Prozac has recently been shown to dampen libido in men and women far more commonly than previously recognized. "My girlfriend liked [its effects on our sex life], but I didn't," complains a disgruntled former Prozac user. "Put it this way: It took me forever to reach orgasm." (See box on next page.)

There is, too, the danger that unforeseen debilities associated with use of the drugs may emerge years or decades from now. Indeed, this century's cocaine and Valium fads are sobering reminders that drugs initially embraced by the medical establishment as safe and nonaddictive do not always turn out to be so.

Prozac princesses, in particular, may want to reconsider using the drug. As a treatment for garden-variety woes, the drug's risk-versus-benefit ratio is not so favorable. Even Prozac's manufacturer, Eli Lilly, is less than sanguine about the prospect of people using the drug for essentially cosmetic purposes. In full-page ads that ran in several medical journals, the company recently decried "trivializing" the seriousness of depression and reaffirmed that the drug is intended for use "only where a clear medical need exists."

Need or Want?

Just what constitutes need is anything but . . . well, clear. Most psychiatrists are still reluctant to prescribe drugs with potential side effects unless a patient's symptoms meet strict diagnostic criteria for mental illness. But because the latest crop of designer drugs are widely perceived as safer and better tolerated than their predecessors, more and more psychiatrists are deviating from these prescription guidelines.

"Do I care whether a person meets some arbitrary diagnostic label? No," says Barry Fogel, M.D., a professor of psychiatry and human behavior at Brown University. In his opinion, even a fear of public speaking, the most common phobia, should be treated with drugs if it blocks a patient from doing what most excites and fulfills her—say, pursuing a political career. "What needs to be treated depends on what patients want to do with their lives," argues Dr. Fogel. "The magic is not about Prozac. The magic is in orienting psychiatry to the values of our patients."

While it may be troubling that experts in psychopharmacology can't always agree on when drug treatment is appropriate, it's even more disconcerting to learn that the largest prescribers of antidepressants—63 percent, according to one study—are not mental-health specialists. According to a study published in the *Archives of General Psychiatry*, more than half of all antidepressant prescriptions are written by primary-care physicians after discussing the patient's complaints for less than three minutes. Nor are such physicians alone in their eagerness to recommend drugs like Prozac. In Wenatchee, Washington, psychologist James Goodwin has recommended the drug to more than six hundred of the town's twenty-one thousand inhabitants, earning him the nickname the Pied Piper of Prozac—and the condemnation of his peers.

A New Name for Ennui

The potential for misuse of mood drugs is further compounded by another troubling trend. Increasingly, psychiatric categories are being stretched and redefined to accommodate advances in psychopharmacology. A prominent example of this phenomenon is the sudden trendiness of the diagnostic label *dysthymia*—a condition almost unheard of in the annals of psychiatry until Prozac arrived to treat it effectively. In popular vernacular, dysthymia might be called ennui or perhaps even lonely-singles syndrome: In a study of the condition published last year in the *American Journal of Psychiatry*, the researchers were startled to discover that nearly 90 percent of the subjects who qualified for the trial either had never married or were divorced.

A fuzzy diagnosis, dysthymia is a form of depression that is not quite depression. Unlike classic depressives, dysthymics generally sleep and eat more. And instead of being uniformly gloomy, they tend to be moodier and more sensitive to rejection. A recent survey showed that about 6 percent of all Americans have a dysthymic disorder.

"Before taking Prozac," recalls a middle-aged woman with dysthymic symptoms, "my first thought on waking up would be, 'Oh God, when can I go back to bed?' I felt ugly and stupid. I'd change my clothes fifty times before a party and then decide not to go because nobody would notice or care whether I was there."

Crooked Molecules

"A pill makes me better, therefore I must be sick." That rationale, expressed one way or another, has supported the fashionable pastime of blaming one's woes on faulty neurochemistry. And faulty neurochemistry has in turn become the justification for taking still more pills. But "just because a problem may involve a chemical imbalance does not necessarily mean that it requires a chemical treatment," stresses Eric Hollander, director of clinical psychopharmacology at Mount Sinai School of Medicine in New York City.

To illustrate his point, Hollander cites findings from a clinical trial led by UCLA's Lewis Baxter, M.D., and reported last year in the *Archives of General Psychiatry*. Dr. Baxter's team compared two different treatments for people suffering from obsessive-compulsive disorder (OCD), a condition characterized by recurrent troubling thoughts (fear of germs, for instance) and uncontrollable urges (like hand washing). One group of subjects received Prozac, while the other group learned behavior-therapy techniques that helped them modulate their impulses.

The results: Two-thirds of the patients in both groups improved. But more importantly, those who got better showed identical physiological changes in one particular region of their brain stem—*regardless of the method of treatment*. The findings suggest that modifying attitudes, thoughts, and perceptions—the traditional work of talk therapy—can be as potent an agent for change as fancy chemicals, at least when treating OCD.

Drugs v. the Couch

A big drawback of psychopharmaceuticals is that their wonderful effects usually disappear very soon after you stop taking them. When antidepressants are withdrawn, the risk of relapse is very high. This means that people prone to anxiety and depression must continue taking drugs—maybe for the rest of their lives. But might there be longer-lasting, nonchemical solutions?

Talk therapies, like their chemical counterparts, have

evolved tremendously in recent years. Cognitive therapy and interpersonal therapy—the most intensely studied talk remedies for depression—usually require only three to twenty sessions with a psychologist or social worker. (If you go the chemical route, you have to pay not only for the drug but for the high-priced supervision of a doctor, ideally a psychiatrist adept at spotting adverse drug reactions.)

How do the couch and psychomedication compare with each other? At least a half-dozen trials indicate they yield roughly equivalent success rates, with a majority of subjects reporting relief from symptoms within a few weeks of starting treatment. When relapse rates are taken into account, however, talk therapy would appear to have a small to substantial edge over drugs. In a two-year study of 107 depressed patients conducted at the University of Minnesota, those who received three months of cognitive therapy relapsed less than half as often as subjects who received antidepressants for the same length of time. The take-home: People who receive therapy for depression are less likely to become depressed again.

What Good Is Feeling Bad?

Over its long evolution, the human brain developed the capacity for roughly twice as many negative emotions—like sadness, grief, and angst—as positive ones. Does that mean there's an evolutionary benefit of mental pain?

Swedish psychotherapist Emmy Gut thinks so. Sadness and despair, she says, are common responses to being thwarted in our pursuit of our life goals and part of a vital adaptive mechanism. "The withdrawal and disappearance into our thoughts," she says, "helps us disregard our usual distractions and concentrate on what needs to change so that we can once again thrive." She worries that drugs like Prozac may be suppressing "a necessary and healthful adaptation."

Gut's theory reminds me of a former neighbor, whose marriage has been rocky for years. Recently, about to get a divorce, she fell into a funk for which her doctor prescribed Prozac. She's now abandoned her plans for divorce because she feels better able to tolerate a marriage she still describes as emotionally bankrupt. The medication provided her short-term relief from pain. But was it at the expense of long-term growth?

"Sometimes medicine does relieve anxiety so that people will stay in the same bad situation," acknowledges University of Michigan's Dr. Nesse. "But many times we see just the opposite—the drug motivates them to leave a bad relationship, get a better job, make new friends."

Plague of Despair

Prozac's proponents argue that the drug has arrived at a propitious moment: Since the turn of the century, the incidence of depression has increased tenfold, and today almost a quarter of all Americans suffer from the disease or from anxiety, which often precedes a depressive episode. In such times, most of us are eager to receive all the mental help we can get. Talk therapy and relaxation techniques, such as exercise and meditation, are certainly a good beginning. But as Jesse S. Rosenthal, M.D., a psychopharmacologist at New York City's Beth Israel Medical Center, points out, these approaches simply don't work for everybody. Now that drugs are more "user-friendly," he argues, why shouldn't the swelling ranks of the malcontented take advantage of this attractive treatment option?

Prozac's many happy advocates would agree. "This little pill did more for me than two years of psychotherapy," enthuses one young woman with a history a mild depression and anxiety attacks. Another convert to chemical cures likens her years on the couch to "slogging through wet sand and going nowhere. Then I got this prescription, and I was pinching myself. It felt odd to feel so good. It was like being in the Twilight Zone."

Of course, such fabulous personality transformations are rare and can happen in response to other, nondrug interventions as well. But who among us—other than the heartiest psychological specimens—can resist the fantasy that happiness may reside in a pill?

So here I am again vacillating, rethinking my own reluctance to reach for those little blue capsules that promise to make me feel better than well. Perhaps the new mind drugs will indeed turn out to be a great boon for millions of so-called "sub-syndromal" people like me. Only time will tell. Until then, I'll let Prozac princesses be the guinea pigs.

THE PROZAC BLUES

The much-publicized claim that Prozac kindles suicidal or homicidal impulses has long been discredited by reputable psychiatrists and other health-care professionals. Nonetheless, the drug's latest health report is hardly glowing.

According to a study published in the *Journal of Clinical Psychiatry*, 34 percent of Prozac patients experience delayed or suppressed orgasm and a decline in sexual desire—not the 2 percent reported in the drug literature. The reason for the discrepancy: Subjects in early clinical trials didn't necessarily know the symptoms, and the experimenters didn't ask directly. When they did, the true numbers soared. So, paradoxically, while many patients credit the treatment for enhancing intimacy with others, their actual interest in sex may plummet—"and the decreased libido can cause relationship problems," says Jerrold Rosenbaum, M.D., director of the outpatient psychiatry division at Boston's Massachusetts General Hospital.

Another underemphasized side effect of the treatment is sleep disturbance. About one-third of patients suffer from insomnia or excessively lucid, frenetic dreams that border on nightmares. Less common but just as bothersome are gastrointestinal problems, headaches, and jitteriness.

The use of Prozac by pregnant women raises special concerns. To date, there is no evidence of a higher incidence of birth defects in the offspring of women who took the drug during pregnancy. But there is always the chance that damage may show up later—as a learning deficit, perhaps, or mood disorder. Moreover, Prozac shares in common with other antidepressant medications the drawback of doubling a woman's chances of miscarrying during the first trimester.

Beyond immediate risks, a gigantic question mark looms over the issue of the drug's long-term safety. Very simply, few people have taken Prozac for more than six years, so there is little history of the drug's safety. Although doctors are encouraged by the excellent health record of an earlier generation of antidepressants in use since the fifties, Prozac affects different neurochemical pathways. Cautions psychologist Steven Hollon of Nashville's Vanderbilt University, "A lot of people are participating in an experiment of nature."