

Use of Antidepressants Continues to Rise

Analysis by [Dr. Joseph Mercola](#)

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STORY AT-A-GLANCE

- › Between 1999 and 2014, use of antidepressants in the U.S. rose by 65%. As of 2014, 1 in 6 women and 1 in 11 men over the age of 12 reported taking antidepressant medication
- › One-quarter of those who had taken an antidepressant in the past month reported being on them for 10 years or more
- › In Scotland, antidepressant use among children under the age of 12 quadrupled between 2009 and 2016; use among children under 18 doubled in the same time frame
- › In 2023, 21 million adults reported having had at least one major depressive episode

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Major depression is one of the most common disorders in the U.S.,¹ with 21 million adults reporting having had at least one major depressive episode.^{2,3} When you look at all forms of depression, that number goes even higher. According to Gallup News, 17.8% of Americans were being treated for depression in 2023 with 29% having been treated for it at some point in their life.⁴

Depression reduces your ability to care for yourself properly and make adequate decisions about your health, including nutrition and sleep. It can interfere with personal and work relationships, reduce work or academic performance and affect physical health to the point that imbalances in nutrition, weight fluctuations and poor sleep habits may lead to compromised immune function.⁵

If ignored, depression can become chronic and can lead to self-harming behaviors such as drug or alcohol abuse⁶ and even be terminal if the person commits suicide. Up to 70% of people who commit suicide are clinically depressed,⁷ and 90% of people who struggle with suicidal thoughts experience a combination of depression and substance abuse.⁸

Antidepressant Use Continues to Rise

According to the latest statistics,^{9,10,11} use of antidepressants in the U.S. rose by 65% between 1999 and 2014. As of 2014:

- Nearly 1 in 8 Americans (13%) over the age of 12 reported being on antidepressant medication
- 1 in 6 women (16.5%) reported antidepressant use compared to 1 in 11 men (9%)
- About one-quarter of those who had taken an antidepressant in the past month reported being on them for 10 years or more
- Caucasians were more than three times more likely to use antidepressants than Blacks, Hispanics or Asians (16.5% compared to 5.6%, 5% and 3.3% respectively)

In Scotland, researchers also warn that antidepressant use among children under the age of 12 has risen dramatically.¹² Between 2009 and 2016, use in this age group quadrupled. Use among children under 18 doubled in the same time frame.

Research Reveals Antidepressants Are Rarely the Right Answer

Unfortunately, the most widely used remedy for depression is also among the least effective. In addition to a long list of potential side effects^{13,14} (which include worsening depression and suicide), an estimated 43.5% of people with major depressive disorder treated with antidepressants do not achieve full remission.¹⁵

Perhaps more importantly, studies^{16,17,18} have repeatedly shown antidepressants work no better than placebo for mild to moderate depression, so you're taking grave risks for a

very small chance of benefit. As noted in a 2014 paper on antidepressants and the placebo effect:¹⁹

"Antidepressants are supposed to work by fixing a chemical imbalance, specifically, a lack of serotonin in the brain ... But analyses of the published data and the unpublished data that were hidden by drug companies reveals that most (if not all) of the benefits are due to the placebo effect ...

Analyzing the data we had found, we were not surprised to find a substantial placebo effect on depression. What surprised us was how small the drug effect was. Seventy-five percent of the improvement in the drug group also occurred when people were given dummy pills with no active ingredient in them.

The serotonin theory is as close as any theory in the history of science to having been proved wrong. Instead of curing depression, popular antidepressants may induce a biological vulnerability making people more likely to become depressed in the future."

Placebo Effect Accounts for 82% of Drug Response

The author of that 2014 study, Irving Kirsch, is a psychotherapist who has performed a number of analyses on antidepressants. In 2002, his team filed a Freedom of Information Act request to the U.S. Food and Drug Administration (FDA), asking for the trial data provided by drug companies as part of the drug approval process.

The FDA requires drug companies to provide data on all clinical trials they've sponsored, including unpublished trials. As it turned out, nearly half of all clinical trials on antidepressants remained unpublished. When both published and unpublished trials were included, 57% showed the drug had no clinical benefit over placebo. What's more, the placebo response actually accounted for 82% of the beneficial response to antidepressants!

These results were reproduced in a 2008 study²⁰ using another, even larger set of FDA trial data. According to Kirsch, "Once again, 82% of the drug response was duplicated by

placebo." A major benefit of evaluating FDA trial data was that all of the trials used the same primary measure of depression, which made the drug-to-placebo effects very easy to identify and compare.

The primary measure of depression used in these studies was the Hamilton depression scale, a 17-item scale with a possible score of 0 to 53 points. The higher your score, the more severe your depression. Importantly, the mean difference between antidepressants and placebo was less than two points (1.8) on this scale, which is considered clinically insignificant.

To illustrate just how insignificant of a difference this is, you can score a 6-point difference simply by changing sleep patterns without any reported change in other depressive symptoms.

EMFs – A Not Well-Known Cause of Anxiety and Depression

A few years ago Martin Pall, Ph.D., published a review²¹ in the Journal of Neuroanatomy showing how microwave radiation from cell phones, Wi-Fi routers and computers and tablets not in airplane mode is clearly associated with many neuropsychiatric disorders. I also did an interview with Dave Asprey, founder and CEO of Bulletproof, on EMFs that I discussed with Dave Asprey, founder and CEO of Bulletproof.²²

These microwave EMFs increase intracellular calcium through voltage gated calcium channels (VGCCs) and the tissue with the highest density of VGCCs is the brain. Once these VGCCs are stimulated they also cause the release of neurotransmitters and neuroendocrine hormones leading to not only anxiety and depression, but neurodegenerative diseases like Alzheimer's and brain cancer.

So, if you struggle with anxiety or depression, be sure to limit your exposure to wireless technology. Simple measures include turning your Wi-Fi off at night, not carrying your cellphone on your body and not keeping portable phones, cellphones and other electric devices in your bedroom.

Studies have also confirmed the therapeutic effects of spending time in nature. Ecotherapy has been shown to lower stress, improve mood and significantly reduce symptoms of depression.²³ Outdoor activities could be just about anything, from walking a nature trail to gardening, or simply taking your exercise outdoors.

Breath work such as the Buteyko breathing technique also has enormous psychological benefits and can quickly reduce anxiety by increasing the partial pressure of carbon dioxide in your body. These three techniques are a perfect complement to each other, and cost nothing. Simply turn off your electronics, head outside and practice proper breathing.

America Struggles With Notable Decline in Mental Health

While prescriptions for psychiatric drugs keep increasing (when you include other drugs beside antidepressants, such as anti-anxiety drugs, nearly 17% of American adults are medicated^{24,25}), several parameters show mental health in the U.S. is declining.

Suicide rates are at a 30-year high, mental disorders are now the second most common cause of disability, having risen sharply since 1980,²⁶ and prescription drug abuse and overdose deaths have become a public health emergency. While opioid pain killers are among the most lethal, psychiatric drugs also take their toll. In 2013, anti-anxiety benzodiazepine drugs accounted for nearly one-third of prescription overdose deaths.²⁷

All of these statistics suggest that far from being helpful, antidepressants and other psychiatric drugs are making the situation worse. Sure, these drugs may be helpful for a small minority of people with very severe mental health problems, such as schizophrenia, but clearly, the vast majority of people using these drugs do not suffer from severe psychiatric illness.

Most are struggling with sadness, grief, anxiety, "the blues" and depression, which are in many ways part of your body's communication system, revealing nutritional or sunlight deficiencies and/or spiritual disconnect, for example. The underlying reasons for these

kinds of troubles are manifold, but you can be sure that, whatever the cause, an antidepressant will not correct it.

Women also need to be mindful of the fact that use of antidepressants during pregnancy can significantly increase your chances of having a child with autism. One study found antidepressant use during the second or third trimester was associated with an 87% increased risk of autism.²⁸ The use of selective serotonin reuptake inhibitors was associated with double the risk of autism in the child, while the use of two or more antidepressants increased the risk more than fourfold.

Which Treatments Actually Work?

If you're at all interested in following science-based recommendations, you'd place antidepressants at the very bottom of your list of treatment candidates. Far more effective treatments for depression include:

Exercise – A number of studies have shown exercise outperforms drug treatment. Exercise helps create new GABA-producing neurons that help induce a natural state of calm, and boosts serotonin, dopamine and norepinephrine, which helps buffer the effects of stress.

Studies have shown there is a strong correlation between improved mood and aerobic capacity, but even gentle forms of exercise can be effective. Yoga, for example, has received particular attention in a number of studies. A study published this spring found 90-minute yoga sessions three times a week reduced symptoms of major depression by at least 50%.²⁹

Nutritional intervention – Keeping inflammation in check is an important part of any effective treatment plan. If you're gluten sensitive, you will need to remove all gluten from your diet.

A food sensitivity test can help ascertain this. Reducing [lectins](#) may also be a good idea. As a general guideline, eating a whole food diet as described in my [optimal](#)

nutrition plan can go a long way toward lowering your inflammation level. Certain nutritional deficiencies are also notorious contributors to depression, especially:

- **Omega-3 fats** — I recommend getting an omega-3 index test to make sure you're getting enough. Ideally, you want your omega-3 index to be 8% or higher.
- **B vitamins (including B1, B2, B3, B6, B8 and B12)** — Low dietary folate can raise your risk by as much as 300%.^{30,31} One of the most recent studies^{32,33} showing the importance of vitamin deficiencies in depression involved suicidal teens. Most turned out to be deficient in cerebral folate and all of them showed improvement after treatment with folic acid.

Vitamin D — Studies have shown vitamin D deficiency can predispose you to depression and that depression can respond favorably to optimizing your vitamin D stores, ideally by getting sensible sun exposure.^{34,35} In one such study,³⁶ people with a vitamin D level below 20 nanograms per milliliter (ng/mL) had an 85% increased risk of depression compared to those with a level greater than 30 ng/mL.

A double-blind randomized trial³⁷ published in 2008 concluded that supplementing with high doses of vitamin D "seems to ameliorate [depression] symptoms indicating a possible causal relationship." Research³⁸ also claims that low vitamin D levels appear to be associated with suicide attempts. For optimal health, make sure your vitamin D level is between 40 and 60 ng/mL year-round. Ideally, get a vitamin D test at least twice a year to monitor your level.

Probiotics — Keeping your gut microbiome healthy also has a significant effect on your moods, emotions and brain.

Emotional Freedom Techniques (EFT) — EFT is a form of psychological acupressure that has been shown to be quite effective for depression and anxiety.^{39,40,41,42} For serious or complex issues, seek out a qualified health care professional that is trained in EFT⁴³ to guide you through the process.

That said, for most of you with depression symptoms, this is a technique you can learn to do effectively on your own. In the video below, EFT practitioner Julie Schiffman shows you how.

One of my new favorites – When my mom passed away unexpectedly, I was very grateful she did not have cancer or struggle with any abuses from the conventional health system that many of our readers do. However, losing my mother was a major challenge in grief management for me.

I realize grief is not depression, but the book "Letting Go: The Pathway of Surrender"⁴⁴ by Dr. David Hawkins, was one of the best books I have read, and it helped teach me the useful tool of how to free yourself of painful emotions. I have read many of Hawkins' previous books, but this was his last one as he also has since passed.

Other Helpful Treatment Strategies

Here are several other strategies that can help improve your mental health:⁴⁵

Clean up your sleep hygiene – Make sure you're getting enough high-quality sleep, as sleep is essential for optimal mood and mental health. A fitness tracker that tracks your sleep can be a useful tool. The inability to fall asleep and stay asleep can be due to elevated cortisol levels, so if you have trouble sleeping, you may want to get your saliva cortisol level tested with an Adrenal Stress Index test.

If you're already taking hormones, you can try applying a small dab of progesterone cream on your neck or face when you awaken during the night and can't call back to sleep. Another alternative is to take adaptogens, herbal products that help lower cortisol and adjust your body to stress. There are also other excellent herbs and amino acids that help you to fall asleep and stay asleep. Meditation can also help.

Optimize your gut health – A number of studies have confirmed gastrointestinal inflammation can play a critical role in the development of depression.⁴⁶ Optimizing

your gut microbiome will also help regulate a number of neurotransmitters and mood-related hormones, including GABA and corticosterone, resulting in reduced anxiety and depression-related behavior.⁴⁷

To nourish your gut microbiome, be sure to eat plenty of fresh vegetables and traditionally fermented foods. Healthy choices include fermented vegetables, lassi, kefir and natto. If you do not eat fermented foods on a regular basis, taking a high-quality probiotic supplement is recommended.

Also remember to severely limit sugars, especially fructose, as well as grains, to rebalance your gut flora. As a standard recommendation, I suggest limiting your daily fructose consumption from all sources to 25 grams per day or less.

Visualization — Visualization and guided imagery have been used for decades by elite athletes prior to an event, successful business people and cancer patients — all to achieve better results through convincing your mind you have already achieved successful results.^{48,49} Similar success has been found in people with depression.⁵⁰

Cognitive Behavioral Therapy (CBT) — CBT has been used successfully to treat depression.^{51,52} This therapy assumes mood is related to the pattern of thought. CBT attempts to change mood and reverse depression by directing your thought patterns.

Make sure your cholesterol levels aren't too low for optimal mental health — You may also want to check your cholesterol to make sure it's not too low. Low cholesterol is linked to dramatically increased rates of suicide, as well as aggression toward others.⁵³

This increased expression of violence toward self and others may be due to the fact that low membrane cholesterol decreases the number of serotonin receptors in the brain, which are approximately 30% cholesterol by weight.

Lower serum cholesterol concentrations therefore may contribute to decreasing brain serotonin, which not only contributes to suicidal-associated depression, but prevents the suppression of aggressive behavior and violence toward self and others.

Helpful supplements – A number of herbs and supplements can be used in lieu of drugs to reduce symptoms of anxiety and depression. These include:

- **St. John's Wort (*Hypericum perforatum*)** – This medicinal plant has a long historical use for depression, and is thought to work similarly to antidepressants, raising brain chemicals associated with mood such as serotonin, dopamine and noradrenaline.⁵⁴
- **S-Adenosylmethionine (SAME)** – SAME is an amino acid derivative that occurs naturally in all cells. It plays a role in many biological reactions by transferring its methyl group to DNA, proteins, phospholipids and biogenic amines. Several scientific studies indicate that SAME may be useful in the treatment of depression.
- **5-Hydroxytryptophan (5-HTP)** – 5-HTP is another natural alternative to traditional antidepressants. When your body sets about manufacturing serotonin, it first makes 5-HTP. Taking 5-HTP as a supplement may raise serotonin levels. Evidence suggests 5-HTP outperforms a placebo when it comes to alleviating depression,⁵⁵ which is more than can be said about antidepressants.
- **XingPiJieYu** – This Chinese herb, available from doctors of traditional Chinese medicine (TCM), has been found to reduce the effects of "chronic and unpredictable stress," thereby lowering your risk of depression.⁵⁶

Guidelines for Safe Drug Withdrawal

If you're currently on an antidepressant and want to get off it, ideally, you'll want to have the cooperation of your prescribing physician. It would also be wise to do some homework on how to best proceed. Dr. Joseph Glenmullen from Harvard has written a helpful book on how to withdraw called "The Antidepressant Solution: A Step-by-Step Guide to Overcoming Antidepressant Withdrawal, Dependence, and Addiction."

You can also turn to an organization with a referral list of doctors who practice more biologically or naturally, such as the American College for Advancement in Medicine at www.ACAM.org. A holistic psychiatrist will have a number of treatment options in their tool box that conventional doctors do not, and will typically be familiar with nutritional supplementation.

Once you have the cooperation of your prescribing physician, start lowering the dosage of the medication you're taking. There are protocols for gradually reducing the dose that your doctor should be well aware of. At the same time, it may be wise to add in a multivitamin and/or other nutritional supplements or herbs. Again, your best bet would be to work with a holistic psychiatrist who is well-versed in the use of nutritional support.

If you have a friend or family member who struggles with depression, perhaps one of the most helpful things you can do is to help guide them toward healthier eating and lifestyle habits, as making changes can be particularly difficult when you're feeling blue – or worse, suicidal.

Encourage them to unplug and meet you outside for walks. We should not underestimate the power of human connection, and the power of connection with nature. Both, I believe, are essential for mental health and emotional stability.

If you are feeling desperate or have any thoughts of suicide, please call the National Suicide Prevention Lifeline, a toll-free number: 1-800-273-TALK (8255), or call 911, or simply go to your nearest hospital emergency department. You cannot make long-term plans for lifestyle changes when you are in the middle of a crisis.

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