

The Dark Side of Antidepressants

Analysis by [A Midwestern Doctor](#)

January 24, 2025

STORY AT-A-GLANCE

- › SSRI antidepressants are among the most harmful medications on the market, impacting society due to their widespread (and frequently unjustifiable) use
- › Common side effects of SSRIs (and SNRIs) include sexual dysfunction (which is often permanent), emotional numbness, severe agitation, violent psychosis, cognitive decline, and birth defects
- › The most concerning SSRI side effect is their tendency to cause grisly suicides and homicidal violence which includes mass shootings
- › Psychiatry's denial of SSRI-related issues often leads to misinterpretation of side effects as signs of pre-existing mental illness, resulting in more medication and catastrophic consequences
- › SSRIs, like other stimulant drugs (e.g., cocaine), can create aggressive behaviors and are highly addictive so many SSRI enter severe withdrawals once they stop them. Unfortunately, few resources exist for patients struggling to quit SSRIs

Selective serotonin reuptake inhibitors (SSRIs and SNRIs) have long been marketed as the magical solution to depression and anxiety, promising relief in a convenient little pill. But behind the glossy pharmaceutical ads and doctor endorsements lies a far more troubling reality. These drugs don't just alter your brain chemistry – they can hijack your emotions, disrupt your life, and lead to consequences far worse than the conditions they claim to treat.

In fact, there's a dirty secret of the SSRI antidepressants — **they cause psychotic violence** which typically results in suicide and sometimes in horrific homicide (e.g., mass shootings). Remarkably, this side effect was discovered throughout their clinical trials, covered up by the drug companies, and then covered up by the FDA after the agency received a deluge of complaints¹ (39,000 in the first nine years²) once the first SSRI, Prozac, hit the market.

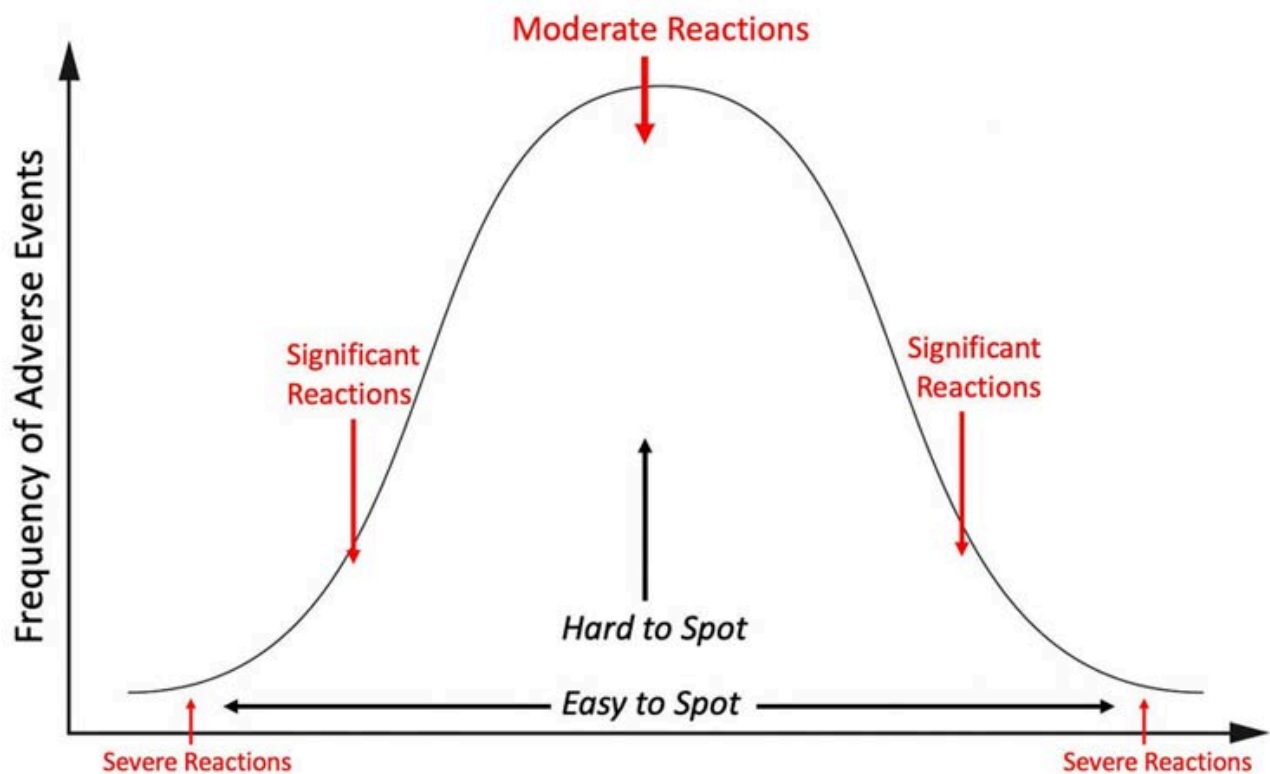
Initially, the media would report on the prescriptions (SSRIs) mass shooters took. However, a gag order went out, it became impossible to know what medications shooters were on, and the topic became taboo to discuss. Fortunately, that recently changed (e.g., after **an article I wrote compiling the evidence they cause mass shootings** went viral, Tucker Carlson did a 2022 segment on it and prominent conservatives gradually began speaking openly about SSRI mass shootings³).

[Video Link](#)

Note: *I recently learned through a CDC official that the CDC has been silently tracking what mass shooters are on and found the SSRI link continues but has not disclosed it due to political earthquakes this admission would cause.*

The Toxicology Bell Curve

In toxicology, you will typically see severe and extreme reactions occur much less frequently than moderate reactions:



Because of this, when a very concerning and unmistakable adverse reaction occurs (e.g., the COVID-19 vaccines causing sudden deaths in young healthy athletes), that suggests you're only seeing the tip of the iceberg and far less severe injuries are also occurring much more frequently.

For example, one estimate⁴ found that of those vaccinated for COVID, 18% were injured, 0.93% were disabled, and 0.05% to 0.1% died, while another survey⁵ found 41% of those vaccinated were injured, with 7% being severely injured.

In the case of the SSRIs, the psychotic violence they can create, sadly, is also just the tip of a very large iceberg, and there are many less severe ways they warp your mind, body, and emotions.

The Hidden Side Effects of SSRIs

Many datasets show the harm SSRIs cause greatly outweighs any benefits. For example, in a survey of 1,829 patients⁶ on antidepressants in New Zealand:

62% reported sexual difficulties

60% felt emotionally numb

52% felt not like themselves

39% cared less about others

47% had experienced agitation

39% had experienced suicidal ideation

In that survey, other less common reported side effects (in order of decreasing frequency) included: insomnia, nightmares, "fuzzy"/"zombie," jaw grinding, sweating, blurred vision, constipation, disturbed/restless sleep, anxiety, heart palpitations, difficulty thinking, fatigue/exhaustion, strange/vivid dreams, stiff muscles/joints, "brain zaps," mania, excessive yawning, panic attacks, memory loss, decreased motivation, night sweats, and decreased appetite.

This list matches what I've seen in many other datasets⁷ (although others like feeling agitated, shaky, or anxious, indigestion, stomach aches, and diarrhea are also commonly reported).

Note: Another major issue with SSRIs (which is unlikely to be detected on a symptom-based survey) is that **SSRIs frequently cause bipolar disorder**.

Psychotic Violence – A Suppressed Truth

When Prozac was first brought to market in the mid-1980s, the pharmaceutical industry had not yet convinced the world that everyone was depressed and needed an antidepressant. So, instead (given that SSRIs work in a similar manner to a stimulant like Cocaine⁸) Prozac was initially marketed as a "mood-lifter."

Likewise, in 1985 when the FDA's safety reviewer scrutinized Eli Lilly's Prozac application, they realized Lilly had "failed" to report psychotic episodes of people on the drug and that Prozac's adverse effects resembled that of a stimulant drug.

In turn, the warnings on the labels for SSRIs,⁹ such as anxiety, agitation, panic attacks, insomnia, irritability, hostility, aggressiveness, impulsivity, akathisia, hypomania, and

mania, match the effects commonly observed with stimulant street drugs such as cocaine and methamphetamine.

Note: A large survey of found 44% stopped a psych med because of side effects, a quarter of which were due to SSRI agitation.¹⁰

In light of this, and SSRI violence commonly being blamed on a "pre-existing mental illness" I thus compiled numerous studies (including ones industry tried to bury) showing the drugs themselves cause violence. For example:

- A Cochrane review¹¹ assessed 150 studies where healthy volunteers were given SSRIs and found approximately one-third of them deliberately omitted discussing SSRI side effects, and about half of the studies were never made publicly available (presumably to hide their concerning data).

Ultimately, 14 of the 150 studies were eligible for meta-analysis (since enough information existed in them for the researchers to know what actually happened), and in these 14 studies, SSRIs were found to double the risk of suicide.

- In 2000, David Healy published a study¹² he had carried out with 20 healthy volunteers – all with no history of depression or other mental illness – and to his big surprise two (10%) of them became suicidal when they received Zoloft. One of them was on her way out the door to kill herself in front of a train or a car when a phone call saved her.

Both volunteers remained disturbed several months later and seriously questioned the stability of their personalities.

- Eli Lilly showed in 1978¹³ that cats who had been friendly for years began to growl and hiss on Prozac and became distinctly unfriendly. Once Prozac was stopped, the cats returned to their usual friendly behavior in a week or two.

Note: The FDA hypothesized that SSRIs could reduce violence in some but cause an increase in violence in others.¹⁴ Likewise a review of 84 animal studies showed that

*reduced aggression upon treatment with SSRI was most commonly observed, but sometimes the animals instead became more aggressive.*¹⁵

Sexual Dysfunction

One of the side effects that I feel best illustrates the poor risk-reward ratio of SSRIs is sexual dysfunction – as not being able to have sex is quite likely to make someone depressed (and in some cases suicidal¹⁶) – hence often completely invalidating the justification for taking an SSRI to "feel happy again."

For example, a Spanish study^{17,18} of five of 1,022 patients on the most commonly prescribed SSRIs found:

- The drugs caused sexual disturbances in 59% of them and 40% considered that dysfunction unacceptable
- 57% experienced decreased libido
- 57% experienced delayed orgasm or ejaculation
- 46% experienced no orgasm or ejaculation
- 31% experienced erectile dysfunction or decreased vaginal lubrication

Note: *Similar results have been obtained in other studies,¹⁹ and I've met many men and women who continued to experience sexual dysfunction long after they stopped the SSRI (as this dysfunction is often permanent).*

What I find the most amazing about SSRI sexual dysfunction is that while psychiatrists tend to downplay or ignore it, they simultaneously market SSRIs to treat premature ejaculation – which is yet another example of the drug industry trying to have its cake and eat it (especially given that many of the SSRI manufacturers also sell drugs for erectile dysfunction).

Note: *One reason this side effect is under recognized is that embarrassed patients often won't report it unless they are specifically asked about it (e.g., in the Spanish study, while*



59% of SSRI users reported sexual dysfunction, only 20% did so without prompting²⁰ – something unlikely to be done in a drug trial aimed at getting a medication to market).

Emotional Blunting – Losing the Essence of Life

Once the SSRIs hit the market, I immediately noticed that SSRIs sometimes dramatically altered the personality of those who took them. For example, they often destroyed the drive people had to make something of their life – and in some cases, I sadly watched that derailment continue for decades.

Likewise, I began to hear stories of people describing how their experience of life was deadened, often in a manner not too different from how the drugs "numb" your sexuality. Some of the common stories included:




- **Not having emotional responses to things you should have responses to** – For example, I saw numerous cases of people being in unhealthy jobs or relationships, seeing a doctor for help with their depression, quickly being put on Prozac, and then wasting a decade of their life because Prozac (or another SSRI) removed their drive to leave that toxic situation. Likewise, I heard many people state that Prozac took away the joy they felt in life.
- **Losing the depth and richness of life** – This comment for instance, does an excellent job of illustrating that:




 **DWB** Nov 3  **Pinned**

Feeling depressed, naturally, is painful and needs to be addressed, but even worse is "anti-depressant depression". It's like your thoughts become oily, and slither around in strange ways.

As far as the disconnection, it can be experienced in a couple of ways in addition to what others have mentioned:

- a) the colors in the world are less vivid, less saturated. It's similar to seeing a digital image that has been slightly made blander, but at the same time the edges become sharper.
- b) the world becomes drier. It's like there used to be a moisture between you and everyone else - a warm, joyous liquid, but on the drugs it becomes diluted, and no longer nourishes.

 LIKE (40)  REPLY (3)  SHARE ...

 **A Midwestern Doctor**  Nov 3  **Author**

So oddly enough, frequently when I do something that is profoundly healing for someone (or a patient gets that result with someone else) they will share that everything looks more vivid and they see more colors..

Note: *In psychiatry, this emotional anesthesia (not finding things as enjoyable as one used to) is known as "emotional blunting." Depending on the study (e.g., those mentioned above) between 40% to 60% of those who take SSRIs experience this side effect, and it's sometimes rationalized as a necessary trade-off for removing the emotional pain associated with depression.*

One of the greatest problems with our society is the belief that the media has marketed to us that we should never have to feel negative emotions. In reality, they are a critical component of the human experience and are frequently necessary for our growth and identifying the correct direction for our lives. Unfortunately, to market depression (and SSRIs) **it was necessary to pathologize normal facets of life** and turn them into permanent illnesses requiring indefinite treatment.

Birth Defects – A Hidden Consequence

Once a drug gets approved, pharmaceutical companies will always try to expand their market for it (e.g., this is why after adults stopped wanting the initial COVID-19 vaccine, they pivoted to pushing it on children – even though children have an almost 0% chance of dying from COVID-19).

With SSRIs, the industry has likewise worked to push them on vulnerable groups (e.g., foster children, "struggling" students, prisoners or parolees, pregnant mothers, and the elderly), and each group has suffered significant consequences from these practices – particularly since many are not allowed to decline the drugs. This excellent skit by Peter Gøtzsche illustrates the absurdity of pushing them on pregnant women:

Video Link

Pushing SSRIs on pregnant women is rationalized by the fact women frequently get depressed during or after their pregnancies (**which is often due to excessive copper levels – something quite easy to treat naturally**). Unfortunately, there are a variety of reasons why SSRIs are not safe during pregnancy. These include:

- SSRIs increase the risk of premature births,²¹ with the greatest risk (a doubling) occurring if an SSRI is taken during the third trimester.
- SSRIs significantly increase the risk of septal defects²² (which often require heart surgery to repair). One study of 500,000 infants in Denmark found mothers taking a single SSRI while pregnant caused the likelihood of a septal defect in their child to go from 0.5% to 0.9% and taking two or more increased it to 2.1%. Additionally, while on average taking an SSRI doubled the risk of a birth defect, the increased risk ranged from 34% to 225%, depending on the SSRI.
- SSRIs significantly increase the risk of persistent pulmonary hypertension in a newborn baby. One study of 1,173 babies found SSRIs increased the risk of it by 6.1 times,²³ while another found the risk increased by 4.29 times,²⁴ while another found it increased by 2.5 times.²⁵

Given that this condition affects 1 to 2 out of 1,000 births and is often fatal, this "small" risk adds up quite quickly (but nonetheless this was not enough for the FDA to reconsider its advocacy of these drugs for pregnant women²⁶).

Note: Other newborn complications linked to SSRIs include irritability, tremor, hypertonia, and difficulty sleeping or breastfeeding.

Sadly, after birth SSRIs continue to affect the development of a child. For example, the package insert for Prozac states that after only 19 weeks of treatment, children lost 1.1 cm (0.43 inches) and 1.1 kg in weight (2.43 lbs.) compared to children treated with placebo.²⁷

The Role of Marketing in SSRI Popularity

Much in the same way, the pharmaceutical industry spends exorbitant amounts of money dishonestly marketing drugs, it will frequently concoct elaborate ways to make a useless (or worse) drug appear to be worth selling to all of America (in my opinion best encapsulated by the idiom "Putting Lipstick on a Pig"²⁸).

Since "depression" is so subjective, it is even easier to game this research. As a result, when the "successful" studies of antidepressants are carefully examined, like many other pharmaceuticals (e.g., [the COVID and HPV vaccines](#)), the benefits are relatively inconsequential while the far greater risks are concealed with elaborate reclassifications.

Note: *Antidepressants do work for a metabolic subset of patients ([whose metabolic dysfunction can also be treated naturally](#)). Unfortunately, physicians are never trained to screen for those patients, as that screening would eliminate the majority of potential SSRI customers.*

Fortunately, there are a few metrics you cannot cover up. One of the most well-known ones is overall mortality (how many people in total on vs. off the drug died) since you can't reclassify death. Another is how many patients voluntarily chose to stop taking a medication:

- A review of 29 published and 11 unpublished clinical trials containing 3,704 patients who received Paxil and 2,687 who received a placebo, found an equal proportion of patients in both groups left their study early (suggesting Paxil's benefits did not outweigh its side effect), and that compared to placebo, 77% more

stopped the drug because of side effects and 155% more stopped because they experienced suicidal tendencies.²⁹

- A study of 7,525 patients, found that 56% of them chose to stop taking an SSRI within 4 months of being prescribed it.³⁰
- An international survey of 3,516 people from 14 patient advocacy groups found that 44% had permanently stopped taking a psychiatric drug due to its side effects.³¹
- A survey of 500 patients found 81.5% were unsure if their antidepressants were necessary.³²

Put differently, if most patients feel worse on a medication they are taking to "feel good" than they do without it, that means the trials proclaiming the medications made patients feel better were fraudulent.

In turn, thousands of remarkably similar stories can be found online.³³ Patients experience a range of previously unimaginable side effects that shake the very foundation of their world, assume something must be wrong with them (hence going through a period of disbelief), find no support or understanding within the medical field – and then eventually realize they'd been trusting their doctors to have a certain amount of knowledge they don't actually have.

"And you know, this is heartbreaking. I went through this, and I felt that the world had fallen out from underneath me. There wasn't any medical safety net. So the sociological phenomenon exists, and has not yet filtered into medicine. Medicine has its own ways of gathering information, and in psychiatry, for some reason, they keep asking each other what the truth is instead of asking their patients. The patient voice is not very well recognized in psychiatry at all."³⁴

Note: *This SSRI experience mirrors many other pharmaceutical injuries (e.g., I've heard almost identical stories from countless individuals injured by the COVID-19 vaccines).*

Most importantly, many patients report that their prescribers do not warn them about many of the SSRI side effects. In short, many people I know have not only needlessly

been severely impacted by these drugs but also gaslighted³⁵ by the doctors they sought care from.

Conclusion

Over the years, I have asked countless holistic doctors what they consider to be the five most dangerous, widely prescribed drugs in the marketplace, and without exception, SSRIs always make that list. In this article, I have attempted to illustrate some of the most frequent harms of these drugs, but sadly it only touches on the surface.

For example, because of how they are dosed, SSRIs are incredibly addictive, and once they're partially decreased, a variety of severe symptoms can onset (e.g., dose changes commonly proceeds SSRI suicides and homicides,³⁶ which is why you should never abruptly stop taking them).

Tragically, doctors are not trained to recognize these withdrawals (doctors typically instead interpret them as a pre-existing illness no longer being counteracted by the SSRI and continue to push the drugs), and very few know [how to safely taper patients off SSRIs](#).

Fortunately, with the MAHA movement, this is beginning to change. For example, consider what RFK Jr. stated³⁷ when he shared [this article](#):



Robert F. Kennedy Jr

@RobertKennedyJr



Any conversation about gun violence is incomplete if it doesn't touch on mental health and the suppressed evidence implicating SSRIs in suicide and homicide.

Mass Shootings and Psychiatric Medications
 † designates they also committed suicide. www.midwesterndoctor.com

1989 Prozac Killed 8, wounded 12	† 1998 Prozac Killed 4, wounded 25	1999 Zoloft Luvax Co-Killed 4, wounded 25	† 2001 Paxil Effexor Took 24 hostage; no memory of it.	2005 Prozac Killed 9, wounded 5	† 2007 Unk. SSRI Killed 9, wounded 1
2007 Unk. Psyche Meds Killed 32, wounded 17	† 2007 Trazodone Wounded 4	† 2008 Prozac Killed 5, wounded 21	† 2006 Fanapt Killed 26	† 2012 Zoloft Killed 12, wounded 70	2013 Trazodone Killed 12, wounded 3

Since Prozac entered the market, there have been many horrific suicides, murders, and massacres. Many have reported sudden homicidal thoughts and hallucinations or out-of-body events that detach them from reality. Lawsuits showed the manufacturers knew all of this from their trials. The media used to report on a shooter's medication usage. Now it doesn't, and there are likely many more of these shootings.

12:37 PM · Jan 3, 2024 · 1M Views

As such, for the first time in my life, I am sincerely hopeful this nearly 40 year tragedy at last will end.³⁸ As such, it is now imperative each of us do all we can to expose the Forgotten Sides of Medicine so we can create public pressure to end these pharmaceutical atrocities and bring back the incredible natural therapies that were removed from the market to protect these grotesque pharmaceutical monopolies.

Author's note: This is an abridged version of [a longer article](#) which discusses the above points in much more detail and discusses how to safely withdraw from SSRIs. That article and its additional references can be read [here](#). Additionally, a companion article about the depression industry and effective natural therapies for depression can be read [here](#).

A Note from Dr. Mercola About the Author

A Midwestern Doctor (AMD) is a board-certified physician from the Midwest and a longtime reader of Mercola.com. I appreciate AMD's exceptional insight on a wide range of topics and am grateful to share it. I also respect AMD's desire to remain anonymous since AMD is still on the front lines treating patients. To find more of AMD's work, be sure to check out [The Forgotten Side of Medicine](#) on Substack.

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