

Antidepressant Use Associated with Higher Risk of Sudden Cardiac Death

Analysis by [Dr. Joseph Mercola](#)

August 16, 2026

STORY AT-A-GLANCE

- › Long-term antidepressant use significantly increases the risk of sudden cardiac death, with risk doubling after six or more years of use according to Danish research
- › Younger adults face an even higher risk, with those aged 30 to 39 showing five times greater likelihood of sudden cardiac death after six years on antidepressants
- › Antidepressants disrupt heart rhythm by affecting ion channels, triggering fatal irregular heartbeat
- › Research shows antidepressants only benefit about 15% of patients beyond placebo effect, primarily those with severe depression rather than general low mood
- › Effective alternatives for managing depression include exercise, sunlight exposure, gut health optimization, and techniques for nervous system regulation

Editor's Note: This article is a reprint. It was originally published May 31, 2025.

More people are taking antidepressants than ever before — often for years, sometimes for life. If you're one of them, you've likely been told they're safe, effective, and essential for your mental health. But there's a growing body of evidence suggesting long-term use increases your risk of something far more dangerous than the symptoms you're trying to manage — sudden cardiac death.

Sudden cardiac death is a fast and fatal collapse that often happens with no warning signs. While it's more common in older adults, it's not limited to them. In younger adults, sudden cardiac death is usually tied to electrical malfunctions or a thickened heart muscle. In older adults, it's most often the result of narrowed arteries. Either way, the outcome is the same: a person collapses and dies within minutes, often with no time for intervention.

However, the risk profile is shifting, and some of that shift appears to be tied to medications millions rely on every day. If you're taking antidepressants, this information could save your life. Because once you understand the risks that come with long-term antidepressant use, you can start taking steps to protect your heart and improve your mental health at the same time.

Longer Antidepressant Use Sharply Increases Your Risk of Dying from a Heart Event

Research presented at the 2025 European Heart Rhythm Association annual meeting examined how antidepressant medications are linked to fatal heart events.¹ For the study, researchers reviewed the death records of every adult aged 18 to 90 living in Denmark in 2010.

Out of 45,701 total deaths recorded, 6,002 were confirmed as sudden cardiac deaths. The researchers wanted to know: were people taking antidepressants more likely to die this way? The short answer is yes — and the longer they took the drugs, the higher their risk climbed.

- **Researchers specifically looked at antidepressant exposure over time** — People were considered "exposed" to antidepressants if they had filled at least two prescriptions within one year, at any point during the 12 years leading up to the study. That exposure was then divided into two categories: short-term (one to five years) and long-term (six or more years).

- **Risk increased the longer people stayed on antidepressants** — Compared to people who had never used these drugs, those on antidepressants for one to five years had a 56% higher risk of sudden cardiac death.

But the danger didn't plateau. It escalated. Individuals who had been on antidepressants for six or more years had more than double the risk of sudden cardiac death — specifically, a 2.2 times greater likelihood of dying suddenly from heart-related causes.

Younger Adults Face Even Steeper Risk Than Older Users

This wasn't just a problem for older adults. Among those aged 30 to 39, people who used antidepressants for one to five years were three times more likely to die from sudden cardiac death. If they had been using [antidepressants](#) for six or more years, their risk jumped to five times higher than unexposed peers. In people aged 50 to 59, the risk doubled after one to five years of use, and quadrupled after six or more years.

- **Risk levels were lower but still elevated in people over 70** — In those aged 70 to 79, taking antidepressants for one to five years was associated with an 83% increase in sudden cardiac death risk. With six or more years of use, the risk rose to 2.2 times higher than in people not using antidepressants.

Interestingly, for the youngest group (18 to 29) and the oldest group (80 and up), the data didn't show a statistically significant increase, though the sample size may have been too small to detect it.

- **The study showed a clear dose-response relationship with time** — The longer you stay on antidepressants, the more likely you are to die suddenly from a heart-related cause. For instance, in people aged 40 to 49, those with six or more years of use had a 70% higher risk compared to those with one to five years. The pattern continued:
 - **50 to 59 years old** — 100% increased risk

- **60 to 69 years old** — 40% higher risk
- **70 to 79 years old** — 20% higher risk
- **Biological and behavioral factors are driving this connection** — Study co-author Dr. Jasmin Mujkanovic from Copenhagen University Hospital explained that there are multiple possible reasons for the higher risk. One factor is direct drug effects. Some antidepressants alter how electrical signals travel through your heart, which could trigger fatal rhythm disturbances.

Another possibility is that antidepressant use is a marker of more severe psychiatric illness, which itself is known to increase cardiovascular risks. **Depression** is also linked to delayed medical care, unhealthy behaviors, and poor heart health.

- **Heart rhythm disruption is a likely mechanism of action** — Many antidepressants, especially selective serotonin reuptake inhibitors (**SSRIs**) and tricyclic antidepressants (TCAs), affect ion channels in the heart.

These ion channels control how electrical impulses flow, which tells your heart when to beat. When these signals are disturbed, your heart slips into an abnormal rhythm known as arrhythmia. Some arrhythmias lead to sudden death if not corrected within minutes.

Antidepressants Don't Work for Most People

Antidepressants are still handed out as a first-line treatment for everything from sadness to burnout, despite growing evidence that they rarely address the actual cause of these problems.

If you're someone who's been prescribed one, odds are you weren't diagnosed with a severe mental illness like schizophrenia or psychosis. Instead, you're likely dealing with grief, anxiety or general low mood — common human experiences that often signal deeper physical or emotional imbalances.

- **Symptoms like sadness or anxiety are your body's way of signaling that something needs attention** — Feeling emotionally low isn't always a disorder. It's often a sign your system is under stress. You could be low in important nutrients or getting too little [sunlight](#) or too much blue light.

You could also be disconnected from your purpose, your relationships, or your body. In any of these cases, masking the symptoms with medication ignores the deeper message — and leaves the root problem untouched.

- **Two-thirds of people taking antidepressants don't get any real benefit** — Even though antidepressants are routinely offered as the go-to solution for depression, the success rate is low. About 66% of people prescribed these medications do not experience meaningful symptom relief.² And for many, the side effects — like increased risk of Type 2 diabetes,³ dementia,⁴ and even suicide — are worse than the symptoms they started with.
- **A 2022 review showed antidepressants only work for a tiny group of people** — Researchers from the U.S. Food and Drug Administration (FDA) conducted the largest-ever review of antidepressant studies.⁵

They analyzed data from 232 randomized, double-blind, placebo-controlled trials submitted to the FDA between 1979 and 2016, including unpublished trials that drug companies never released. In total, the data covered 73,388 patients with diagnosed depression.

- **Only 15% of patients benefited beyond the placebo effect** — The analysis found that antidepressants outperformed placebo in just 15% of patients. That benefit was almost entirely limited to people with the most severe forms of depression. For everyone else, the improvement they felt was likely due to belief and expectation, not the drug itself.

How to Begin Tapering Off Antidepressants Safely

If you're on an antidepressant and you're ready to stop, don't do it alone. Your first step is to get your prescribing doctor on board. But if they're dismissive or untrained in tapering protocols, look for someone who takes a more biologically informed approach.

The American College for Advancement in Medicine (www.acam.org) has a referral list of physicians who combine conventional training with nutritional and metabolic insight. A holistic psychiatrist can guide you through the process and offer alternatives that support your brain, not just medicate it.

- **Use trusted resources to educate yourself and plan a slow taper** — You need a clear strategy. That's where books like "Psychiatric Drug Withdrawal: A Guide for Prescribers, Therapists, Patients and Their Families" by Dr. Peter Breggin and "The Antidepressant Solution: A Step-by-Step Guide to Overcoming Antidepressant Withdrawal, Dependence, and Addiction" by Dr. Joseph Glenmullen come in.

These guides walk you through the process, explain what to expect, and offer real-life strategies to manage symptoms. The goal is to support your nervous system during the transition so you don't rebound or crash. Once you've got the right support in place, taper gradually. Your doctor should know the safest dosing schedule based on your medication.

- **Help loved ones build momentum when they can't do it alone** — If you have a friend or family member struggling with depression, the best thing you can do is show up — literally. Invite them outside. Offer to cook. Take a walk together. Depression makes basic decisions feel overwhelming. But the presence of another person, especially someone gently nudging them toward light, movement, and connection, is often enough to change the trajectory of their day.
- **In a true crisis, act fast and get help immediately** — If you're in a place where you're not just sad but desperate — or thinking about ending your life — this isn't the moment to map out a supplement plan or search for a new doctor. You need to get

to safety first. Call the 988 Suicide & Crisis Lifeline or 1-800-273-TALK (8255), or head straight to your nearest emergency room. Stabilize now. The healing comes after.

Strategies for Depression That Actually Work

If you're on antidepressants now, you don't have to stay there forever. If you're looking for safe, effective ways to support your mental health, without adding to your heart risk, there are many science-backed strategies worth trying. These methods support your mood at the root level by stabilizing nervous system function, reducing inflammation, nourishing your brain, and restoring biological balance. Here's how to take action:

1. Move your body in ways that support your brain:

- **Exercise does more than burn calories; it builds mental resilience** — Aerobic movement, even at moderate levels like walking, helps your brain produce calming neurotransmitters like **GABA** while also increasing dopamine, and norepinephrine, all of which are linked to improved mood and emotional stability.
- **You don't need to go hard to see results** — Research has shown that even gentle practices like yoga are effective. One study found that 90-minute yoga sessions three times a week cut major depression symptoms in half.⁶

2. Adjust your diet to reduce inflammation and stabilize mood:

- **Inflammation makes everything worse, including your mental health** — Begin by identifying and removing personal food triggers. If you're sensitive to gluten or lectins, removing them from your diet may make a significant difference. A whole food diet that limits linoleic acid (LA) in vegetable oils to 5 grams a day or less also supports your mitochondria for long-term energy and resilience.

- **Refined sugar directly impacts your mood** — In one study, men consuming over 67 grams of sugar per day were 23% more likely to develop anxiety or depression than those consuming under 40 grams.⁷ While natural fructose in whole fruit is not a problem, processed fructose, like high-fructose corn syrup, should be avoided.

Nutrients to prioritize:

- **B vitamins**, especially folate (B9) and B12, which play a direct role in brain chemistry.
- **Magnesium**, which has been found to improve symptoms in people with depression.⁸ I favor magnesium glycinate and magnesium malate, as they're well-absorbed and easy on the digestive system.

3. Get real sunlight, not just vitamin D pills:

- **Low vitamin D levels are strongly tied to depression**⁹ — Sensible sun exposure is your best source of vitamin D and also boosts melatonin production in your mitochondria and enhances circadian rhythms.

Be aware that if you've been eating vegetable oils, your skin is full of fragile fats that oxidize in the sun, raising your sunburn risk. So, it's best to avoid direct sunlight during peak hours (10 a.m. to 4 p.m.) until you've cut back on LA for at least six months.

- **Supplement only if needed** — Use a vitamin D blood test to confirm your levels are in the optimal range of 60 to 80 ng/mL. If you can't get enough vitamin D from sun exposure alone, then consider a vitamin D3 supplement.

4. Use tools that regulate your nervous system without side effects:

- **Light therapy** has been shown to be more effective than Prozac in treating moderate to severe depression.¹⁰ Spending time in natural daylight is free and often more powerful than artificial lightboxes.

- **Gut health** is directly tied to mood. Optimizing your gut microbiome supports the production of calming brain chemicals like GABA. Simple dietary changes support [gut health](#), including proper carbohydrate intake (250 grams daily), increasing fiber gradually if your gut is healthy, and avoiding processed foods and vegetable oils.
- **EFT (Emotional Freedom Techniques)** is a practical self-help tool. It combines tapping on acupressure points with verbal affirmations and has been shown to reduce anxiety and depression symptoms. You can learn this at home without needing a specialist.

5. Clean up your environment and reset your nervous system:

- **Minimize EMF exposure** — Wireless devices like phones, tablets, and Wi-Fi routers increase free radical production and neurotransmitter imbalances by overstimulating calcium channels in your brain. Simple fixes like turning off Wi-Fi at night, using airplane mode on your phone, and keeping devices out of your bedroom go a long way.
- **Improve sleep quality** — Poor sleep raises cortisol and damages mental health. If you're struggling to fall asleep or stay asleep, use these [50 tips for a better night's rest](#).
- **Train your mind with visualization and cognitive behavioral tools** — Guided imagery and cognitive behavioral therapy have all shown benefits in shifting thought patterns that contribute to low mood.
- **Don't ignore low cholesterol** — Brain serotonin receptors are made of cholesterol. If your levels are too low, it could be impairing your ability to regulate mood and suppress aggression. [Low cholesterol](#) is linked to increased suicide risk for this reason.

These strategies are not add-ons — they're replacements. Every one of these tools moves your body toward better function and away from the kind of imbalance that puts stress on your heart and brain. If antidepressants have failed you, or you're ready to build a healthier life from the ground up, this is where you start.

FAQs About Antidepressants and Sudden Cardiac Death

Q: Does taking antidepressants really increase the risk of sudden cardiac death?

A: Yes. A large study presented at the 2025 European Heart Rhythm Association meeting found that long-term antidepressant use is strongly associated with a higher risk of sudden cardiac death. The risk increased by 56% for those who had taken antidepressants for one to five years, and more than doubled for those with six or more years of use. The longer the use, the greater the risk — especially in adults under 60.

Q: Who is most at risk for heart complications from antidepressants?

A: Adults between the ages of 30 and 59 face the greatest increase in risk. For example, people aged 30 to 39 who used antidepressants for six or more years had a fivefold increase in sudden cardiac death risk compared to those who never used them. While risk is elevated across most age groups, it's especially high in midlife.

Q: Do antidepressants actually work for depression?

A: In most cases, no. According to the largest-ever review of antidepressant clinical trials — covering 232 studies and over 73,000 patients — only 15% of users experienced a benefit beyond placebo. The drugs showed noticeable effects almost exclusively in people with the most severe depression. For the majority, the

perceived improvement comes from the placebo effect, not the drug itself.

Q: How can I safely taper off antidepressants if I've been on them for a long time?

A: Start by working with a prescriber trained in tapering protocols, ideally a holistic or integrative practitioner. Lower your dose gradually to reduce withdrawal symptoms. Nutritional support, such as B vitamins and magnesium, helps stabilize your nervous system during this process.

Q: What are safer, natural alternatives for managing depression?

A: Effective strategies include daily movement, circadian rhythm alignment through morning sunlight, dietary changes to reduce inflammation, and tools like light therapy, EFT (tapping), and guided visualization. Supporting gut health, reducing EMF exposure, improving sleep quality, and checking for low cholesterol or nutrient deficiencies are also key steps in addressing depression without adding cardiovascular risk.

Sources and References

- ¹ [European Society of Cardiology March 30, 2025](#)
- ² [Translational Psychiatry June 3, 2022, Introduction](#)
- ³ [Diabetol Metab Syndr. 2023 Aug 31;15:179](#)
- ⁴ [BMC Medicine February 25, 2025](#)
- ⁵ [BMJ 2022; 378: e067606](#)
- ⁶ [Journal of Alternative and Complementary Medicine March 1, 2017; 23\(3\)](#)
- ⁷ [Scientific Reports July 27, 2017; 7, Article Number: 6287](#)
- ⁸ [Frontiers in Psychiatry December 21, 2023](#)
- ⁹ [Pharmacol Res. 2023 Jan;187:106605. doi: 10.1016/j.phrs.2022.106605. Epub 2022 Dec 9](#)
- ¹⁰ [JAMA Psychiatry November 18, 2015. doi: 10.1001/jamapsychiatry.2015.2235](#)