

Emotional side-effects of selective serotonin reuptake inhibitors: qualitative study

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Background

Some people who take selective serotonin reuptake inhibitor (SSRI) antidepressants report that their experience of emotions is 'blunted'. This phenomenon is poorly understood.

Aims

To understand patients' experiences of this phenomenon.

Method

Qualitative study, gathering data through individual interviews, a group interview and validation interviews; and searching patient websites for relevant posts.

Results

There was strong evidence that some people taking SSRIs experience significant emotional symptoms that they strongly attribute to their antidepressant. These emotional symptoms can be described within six key themes. A seventh theme represents the impact of these side-effects on everyday life, and an eighth represents participants' reasons for attributing these symptoms to their antidepressant. Most participants

felt able to distinguish between emotional side-effects of antidepressants and emotional symptoms of their depression or other illness.

Conclusions

Emotional side-effects of SSRIs are a robust phenomenon, prominent in some people's thoughts about their medication, having a demonstrable impact on their functioning and playing a role in their decision-making about antidepressant adherence.

Declaration of interest

J.P. has received grants and honoraria from Servier and is a former shareholder in a UK company marketing a computerised CBT package for depression. G.G. has received grants from Sanofi-Aventis and Servier in the past and recent honoraria from AstraZeneca, BMS, Eisai, Lundbeck and Servier. He is a current advisor for AstraZeneca, BMS, Lilly, Lundbeck, P1Vital and Sanofi-Aventis, and a past advisor for Servier and Wyeth.

Antidepressants such as the selective serotonin reuptake inhibitors (SSRIs) are widely used to treat major depression. Although they have reasonable efficacy they also produce adverse effects, of which the best known include headache, changes in sleep pattern, changes in gastrointestinal function, and changes in sexual functioning.¹ Worsened anxiety and agitation may be seen in the first few days of treatment. Other subjective side-effects are not usually considered by healthcare professionals, yet 'blunting of emotions' is mentioned by some people who take SSRIs, in clinic and on web forums. They report that, although they feel less emotional pain than before, they also experience a restricted range of other emotions that are a normal part of everyday life. It is unclear whether these experiences relate to the mode of action of the antidepressants. Although some research reports have emerged that may be relevant to such complaints,^{2–4} there has been no systematic investigation of people's experiences of this phenomenon.

We aimed to understand, from the patient's perspective, the phenomenon of SSRI-associated emotional blunting. Furthermore, we aimed to use this understanding to develop an item bank that would inform the development of a reliable and valid questionnaire measure of this phenomenon.

Method

Study design

This qualitative study used two different data sources (interview participants from local recruitment in Oxfordshire and anonymous data sources posting on web forums) and two different data-gathering methods (individual interviews and group interview) to understand the phenomenon. Ethical approval for the interview study was obtained from Oxfordshire REC A (06/Q1604/184).

Data sources

Interviews

Participants were recruited in three ways: introduction by general practitioners (GPs) (three Oxfordshire general practices searched their database for people with recent SSRI prescriptions and mailed study details to 220 individuals); introduction by Oxfordshire psychiatrists; and a recruitment poster. Inclusion criteria were: aged 18 years or over; fluent in spoken and written English; had taken an SSRI regularly for any reason; and attributed undesirable emotional symptoms to the SSRI. The sample therefore included some participants no longer taking an SSRI, in order to include people who were non-adherent because of emotional side-effects. Purposive sampling was used, to ensure that sufficient variation was present in the sample, i.e. different genders, age groups, diagnoses (currently depressed *v.* non-depressed) and SSRI adherence.

Web forums

Four openly accessible public web forums were systematically searched for evidence (Appendix 1).

Data gathering

Interviews

Participant data were gathered, including date of birth; gender; ethnic group; employment status; marital status; indication(s) for SSRI prescription; duration of indication(s); details of SSRI – name, dose, duration, time since stopping (if any); details of any other psychotropic medication taken; medical comorbidity; and psychoactive substance misuse (alcohol and illicit drugs) in the last week. All participants completed the Beck Depression Inventory–II (BDI–II)⁵ before interview.

Thirty-eight semi-structured individual interviews were conducted, as part of a continuous process of data gathering, data analysis and ongoing refinement of our understanding of emotional side-effects. Interviews were conducted by V.C., who introduced herself as a researcher from a team interested in depression, its treatments and their side-effects. Interviews were audio-recorded. Participants were asked to comment on their experiences, good and bad, of SSRIs; to comment specifically on adverse experiences; and finally to expand on emotional effects of SSRIs, including ‘emotional blunting’. As understanding increased, more specific questions were added.

A single group interview was then conducted with a subsample of eight currently depressed participants, in order to refine our understanding of emotional blunting in that group. The focus group was facilitated by J.P. and V.C. This interview was both audio- and video-recorded.

Finally, once the main framework from qualitative analysis was formulated, the main themes and subthemes from the framework were formed into items for a draft questionnaire of emotional side-effects of antidepressants. A further series of 11 individual interviews were conducted with a subsample of participants, in order to validate the findings (‘respondent validation’) and field test the draft questionnaire.

Web forums

The forums were searched systematically for relevant posts. All posts of possible relevance were retrieved, along with any descriptive characteristics, such as age and gender, of the posters. Posts relating to any antidepressant were included.

Data analysis

Quantitative data relating to interview participants were summarised using simple approaches. Raw BDI–II scores were categorised into minimal (0–13), mild (14–19), moderate (20–28), and severe (29–63) depression.⁵ A proprietary computer program XSight version 2 running on Windows XP was used for qualitative data management (www.qsrinternational.com). Data gathered on audiotape were transcribed verbatim by an experienced transcriber, reviewed by V.C., and uploaded to XSight. Statements and linked descriptive data retrieved from web forums were also uploaded to XSight. Qualitative analysis used a simple method, the ‘framework technique’.⁶ Participant data were interpreted and summarised, leading to a framework of specific phenomena that appeared increasingly likely to describe the range of emotional side-effects of SSRIs. Most of the analysis was conducted by V.C., but J.P. co-analysed some data and met regularly with V.C. to discuss emerging findings and refine the emerging framework. Several methods were used to reduce the impact of researcher bias, including awareness of preconceptions; sharing preconceptions between researchers; ensuring that all interpretations were supported by participant-derived data; and respondent validation.

Results

Interview participants

Ninety-two individuals contacted the research team with a view to participating in this study. Of these, 24 did not fulfil inclusion criteria, usually as a result of their lack of emotional side-effects of antidepressants; 17 received study information but did not pursue their interest; 8 contacted the team towards the end of the study and did not fulfil sampling requirements; and 2 actively declined to participate. Of the 41 individuals who agreed to

participate, 3 subsequently withdrew from the study prior to interview. The final sample therefore consisted of 38 participants, 19 of whom were recruited via poster, 18 via GP mailing, and 1 via psychiatrists.

Demographics of the sample are summarised in Table 1. Diagnoses of participants, derived from self-report and BDI–II scores are summarised in Table 2. Just over half of participants had BDI–II scores within the range for ‘minimal’ depression, and over one-quarter had scores of five or less. Current or most recent antidepressant medication taken by participants is summarised in Table 3. Eight of the sample were not taking an SSRI currently, but participated in the study because they reported emotional side-effects of SSRIs and had coherent descriptions of

Table 1 Demographic characteristics of interview participants

| Characteristic | |
|-----------------------------|------|
| Gender, <i>n</i> | |
| Male | 10 |
| Female | 28 |
| Age, years | |
| Minimum | 19 |
| 25% quartile | 28.8 |
| Median | 41.5 |
| 75% quartile | 57.3 |
| Maximum | 84 |
| Ethnic group, <i>n</i> | |
| White British | 32 |
| White other | 3 |
| White Irish | 1 |
| Mixed other | 1 |
| African | 1 |
| Employment status, <i>n</i> | |
| Employed full time | 14 |
| Full time student | 6 |
| Retired because of age | 5 |
| Unable to work | 5 |
| Employed part time | 4 |
| Homemaker | 2 |
| Unable to work | 2 |
| Marital status, <i>n</i> | |
| Married | 16 |
| Single | 13 |
| Cohabiting | 7 |
| Divorced | 1 |
| Widow | 1 |

Table 2 Diagnosis and current depression score of interview participants

| | <i>n</i> |
|--|----------|
| Diagnosis from participant report | |
| Depressive disorder only, total <i>n</i> | 23 |
| Single depressive episode | 4 |
| Recurrent depressive episode | 8 |
| Prevention of recurrent depressive episode | 11 |
| Anxiety disorder and depressive disorder | 8 |
| Anxiety disorder only | 2 |
| Obsessive–compulsive disorder only | 2 |
| Chronic pain and depressive disorder | 2 |
| Anxiety disorder and eating disorder | 1 |
| Beck Depression Inventory–II scores ^a | |
| Minimal (0–13) | 21 |
| Mild (14–19) | 4 |
| Moderate (20–28) | 6 |
| Severe (29–63) | 7 |

a. Categorised into severity of depression.

Table 3 Current or most recent antidepressant medication taken by interview participants

| Medication | n (%) |
|---|---------|
| Currently taking SSRI, n (%) | 30 (79) |
| SSRI taken (current or most recent), n (%) | |
| Fluoxetine | 15 (39) |
| Citalopram | 13 (34) |
| Sertraline | 7 (18) |
| Paroxetine | 3 (8) |
| Escitalopram | 0 |
| Fluvoxamine | 0 |
| Duration of prescription, months | |
| 0–3 | 4 |
| 4–6 | 4 |
| 7–12 | 6 |
| 13–24 | 7 |
| 25–48 | 6 |
| >48 | 11 |
| Time elapsed since currently non-medicated participants took SSRI, months | |
| 0–3 | 4 |
| 4–12 | 1 |
| 13–24 | 2 |
| >24 | 1 |
| SSRI, selective serotonin reuptake inhibitors. | |

those side-effects. Participants had taken the SSRI for a median duration of 23 months.

Framework themes

Eight key framework themes were identified, each of which contained multiple subthematic categories. These key themes are summarised in Appendix 2, and described below. The description of each theme is supported by quotations from participant interviews, either embedded within the text descriptions of each theme and denoted by italics (e.g. participants reported that their emotions were *'more thoughts than feelings'*) or as standalone quotations in the online supplement.

General effects on all emotions

Most participants described a general reduction in the intensity of all the emotions that they experienced, so that all their emotions felt flattened or evened out, and their emotional responses to all events were toned down in some way. Very common descriptions of this phenomenon included feelings of emotions being *'dulled'*, *'numbed'*, *'flattened'* or completely *'blocked'*, as well as descriptions of feeling *'blank'* and *'flat'*. A few participants described a more extreme phenomenon, in which they did not experience any emotions at all. Others felt that they often experienced their emotions as thoughts rather than as feelings, as if their emotional experience had become more *'cognitive'* or *'intellectual'*. Some participants were able rationally to recognise situations in which they should feel a certain way, and yet the actual emotional response was not there or was altered in some way. Alternatively, some participants could still respond to emotional situations in an appropriate way, but without what they felt was real feeling.

Many participants described improved control over their emotions, so that what they considered to be excessive emotional reactions were reduced and more appropriate. This meant that they could more readily deal with or let go of certain emotions, and some participants described improved control over fear. Some participants described a difficulty in understanding or being in tune with what they were feeling, as if their own emotions were

less clear to them. A few participants described that at times those emotions that were present seemed *'unreal'*, *'fake'* or *'artificial'*.

Reduction of positive emotions

Almost all participants described a reduction in their positive emotions, which they attributed to their SSRI antidepressant. This reduction was manifest as both reduced intensity and reduced frequency of these emotions. Participants reported reduction in a wide range of positive emotions, including happiness, enjoyment, excitement, anticipation, passion, love, affection and enthusiasm.

Most participants reported that the intensity of positive emotions was *'dampened down'* or *'toned down'*, such that participants did not experience the same emotional *'lift'* or *'high'*. Many participants reported that they experienced positive emotions less often, and a few participants described that they were almost absent. Many participants described reduced enjoyment of, for example, social situations, hobbies or interests, beauty and nature, and music and other emotional media. Some participants reported that excitement and anticipation were reduced. They had, for example, lost the rush of excitement as an event approached, or no longer looked forward to things in the same way. Some participants felt reduced love or affection towards others and, in particular, reduced attraction towards their partner or reduced feelings of love or pride towards their family. Some participants described reduced passion, zest and enthusiasm for life and its components.

Reduction of negative emotions

All participants experienced a reduction of intensity or frequency of negative emotions, which they attributed to their SSRI antidepressant. Most participants considered that at some stage the reduction in negative emotions was beneficial to them, bringing relief from distressing negative emotions, and allowing normal daily life to resume. Some participants reported that negative emotions had been removed almost entirely. The negative emotions commonly described as reduced included sadness; emotional pain or distress; anger, irritability or aggression; and anxiety, worry or fear. Other negative emotions such as fear and surprise, embarrassment, guilt and shame, and disappointment were also mentioned to a degree. Although a reduction in these negative emotions was usually at some stage a benefit or relief, for many participants it had become an unwanted side-effect, impairing their quality of life. Participants described the need to be able to feel negative emotions when appropriate, such as grief or concern. Some were unable to respond with negative emotions, such as being unable to cry when this would have been appropriate or respond appropriately to bad news.

Emotional detachment

Most participants described feeling emotionally detached or disconnected, and attributed this to their SSRI antidepressant. Some participants described being detached from their surroundings, and described feelings of being *'in limbo'*, of *'unreality'* or *'disconnection'* and of feeling as though they were a *'spectator'* rather than a participant. Some participants described functioning like a *'zombie'* or *'robot'*, with reduced or absent emotional responses. Some participants described feeling detached from their own emotions and instincts. Most participants described that this emotional detachment extended to a detachment from other people. Specifically, they felt reduced sympathy and empathy, and felt detached during social interactions. In particular, many participants described an emotional detachment from their

friends and family, including their partner or children. Participants' attitudes towards emotional detachment from other people were mixed. Although this was often seen as an undesirable side-effect of antidepressants, it was also sometimes seen as beneficial, by allowing disengagement from others' problems, others' negative emotions and highly charged situations that would otherwise be upsetting.

Just not caring

Almost all participants described not caring about things that used to matter to them and attributed this change to their SSRI antidepressant. They cared less about themselves, about other people and about the consequences of their actions. Not caring could have both helpful and unhelpful consequences, reducing the sense of pressure and stress that some participants felt in their daily lives, yet increasing the likelihood that important tasks were neglected.

Many participants described a general feeling of indifference to things in life that used to matter to them. Many participants described feeling apathetic and unmotivated, despite their illness having improved and attributed this apathy to their antidepressant. Some participants felt that their sensible, safety-conscious, side had diminished and they just did not care as much about the consequences of their behaviour. As a result, they might behave in a less careful, considered way. A few participants went further, mentioning thoughts of self-harm or suicide that they related, at least in part, to feelings of emotional detachment and emotional numbness. One participant had started to self-harm in an effort to feel emotion. Many participants reported not caring as much about others, such as during social interaction, by being less sensitive or courteous towards other people. In addition, many described reduced concern for others' feelings, and reduced concern about other people's opinions of them. Some participants described being less concerned or even unable to care about responsibilities in their everyday lives, such as at home, in their finances or at work, and might include, for example, a lack of urgency or need to complete tasks.

Changed personality

Some participants felt their personality had changed in some way, or been lost, leaving them *'like a shell'*. In some ways, they were not the person that they used to be. Participants reported that specific aspects of their personality, and, in particular, emotional aspects, had been changed or lost, such that they were a different person. These changes were attributed by participants to their SSRI antidepressant. Some participants believed that at times their antidepressant had made them behave quite out of character. One participant believed that the medication had changed their personality permanently, having a lasting effect beyond finishing their medication.

Effects on everyday life (helpful and unhelpful)

The impact of the above phenomena on participants' daily lives varied widely, both in extent and in perceived helpfulness.

(a) Unhelpful effects. Some participants were concerned that blunting of their emotions and, thereby, of their day-to-day concerns, might mask or hide problems. Concerns were expressed that this might prevent them resolving their own emotional issues, prevent them engaging with other problems or issues requiring their attention, and *'cover up'* who they really were. *'Just not caring'* had an unhelpful effect on everyday responsibilities, resulting in financial problems, and problems at work or college. Emotional detachment from

family and reduced emotional responsiveness had an unhelpful impact on family life, and on perceived quality of parenting. Reduced inspiration, imagination, motivation and passion for and enjoyment of creative activities had adversely affected some participants' creativity. In some participants, emotional side-effects had led to reduced sociability. Emotional flattening, emotional detachment from other people, and reduced concern for other people's needs and feelings had unhelpful effects on relationships within families, with a significant other and at work. A few participants suggested that the emotional detachment and reduced anxiety arising from taking antidepressants was of concern when trying to make important life decisions, especially those with an emotional component.

(b) Helpful effects. However, some participants described helpful effects on their everyday lives that they attributed to emotional side-effects. For example, the reduction of certain emotional responses, such as anger, aggression or worry, could have a beneficial effect on personal relationships. Many participants believed that the emotional detachment and reduced anxiety arising from taking antidepressants had improved their ability to take a step back from their situation, and thereby to think more clearly and objectively. This helped them in making good decisions day to day, helped them to deal more successfully with other people, and improved their self-confidence.

It's because of my pills!

The emotional effects summarised in the above key themes were attributed by participants to their SSRI antidepressant, either in total or in part. Of note, some of the emotional effects are similar to symptoms of depression – for example, reduced positive emotions, reduced interest and reduced motivation. Some participants remarked on this difficulty. Indeed, some participants described similarities between the SSRI-induced state and depression itself, and suggested that the medication might increase or induce a kind of depression. Other participants were uncertain whether taking an antidepressant or a change in their life circumstances was the cause of changes in their emotional experiences. However, most participants felt able to distinguish emotional side-effects from their depression or other illness, for several reasons, including the following.

- (a) Presence or persistence of an emotional syndrome when the participant perceives their illness to have improved or resolved. Some participants described the presence or persistence of an emotional syndrome although they perceived their illness to have improved or resolved completely. These participants stated that their lack of interest and lack of caring, combined with reduced positive emotions, were present despite the absence of any feelings of emotional pain or depression. Rather, all feelings and emotions were reduced.
- (b) SSRI antidepressants making emotions feel *'chemical'*. A few participants felt able to distinguish emotional side-effects from their depression or other indication because of what they described as *'a chemical feeling'*, in which their emotions were experienced as *'chemical'* or *'artificial'*.
- (c) Effects of changes in dose or changes in SSRI antidepressant on the emotional syndrome. Some participants made specific reference to changes in their emotional experiences in relation to changes in medication type or dose. It was not possible to identify from the data whether specific SSRIs were more likely to have an emotional syndrome attributed to them, but some

participants reported more emotional side-effects on specific SSRIs.

- (d) Effects of discontinuation of SSRI antidepressant on the emotional syndrome. Some participants who had experienced periods of being on and off medication had noticed reduced emotional experience while on their SSRI, and a return of their emotional experiences upon discontinuation.
- (e) The time course of the emotional syndrome. Many participants reported two distinct time courses of the emotional syndrome. A few participants described that they experienced these effects briefly during the early stages of taking their medication, and that subsequently it diminished. However, many participants noticed these emotional side-effects later on, often as they started to recover from their illness. Some participants considered that the ‘flattening’ was helpful, providing relief from their emotional distress early on. However, it became an unwanted side-effect as their emotional state improved, and they were left being more able to cope but with persistent flattening.

As they attributed their emotional syndrome to their SSRI antidepressant, many participants had considered whether they should stop taking the medicine. Some reported weighing up pros (treatment benefits) and cons (emotional side-effects and others, if they existed). Participant attitudes to continuing treatment at a time when they considered themselves to be suffering emotional side-effects from an antidepressant were mixed. Many participants viewed their emotional side-effects as undesirable, but were still willing to continue taking their SSRI, because of the perceived reduction in risk of relapse. They therefore viewed the side-effects as preferable to the illness for which they were being treated. However, some participants did express a strong preference to be able to feel the full range of emotions. Consequently, some participants reported that the emotional syndrome was one reason for them considering stopping or actually stopping their SSRI.

Respondent validation

The eleven participants who attended validation interviews expressed strong support for the overall study findings, and for the statements used in a draft questionnaire. A few participants felt that their responses would differ according to their emotional experiences at different time points and with different antidepressants, suggesting that the draft questionnaire was sensitive to change in the phenomenon under study. Supporting quotations are provided in the online supplement.

Data from web forums

Two hundred and seventy-two relevant posts were included, of which 32% were from www.depressionforums.org, 27% from www.about.com, 22% from www.google.groups.co.uk and 18% from www.socialaudit.org.uk. Data relating to individual posters, including gender, antidepressant indication, antidepressant type and current medication use, are summarised in the online data supplement Table DS1.

This evidence provided additional support for the eight key themes, although some differences were noted from the interview-derived data. These included:

- (a) descriptions on web forums of longstanding adverse effects, months or years after the antidepressant was stopped;
- (b) descriptions on web forums of complaints of doctors ‘misunderstanding’ the patient’s emotional side-effects, and attributing them to depressive relapse;
- (c) more florid descriptions on web forums of emotional side-effects; and

- (d) less prominence on the web forums of reports of reduced positive emotions.

Finally, it was notable that descriptions of emotional side-effects were not limited to SSRIs, and were often associated with other commonly prescribed medications, including serotonin–noradrenaline reuptake inhibitors (such as venlafaxine) and mood stabilisers (such as lithium salts).

Discussion

This study provides robust evidence that some individuals taking SSRI antidepressants experience significant emotional symptoms that they strongly attribute to their antidepressant. It also helps us to characterise and understand these emotional symptoms, by providing detailed insights into patient experiences. Participants reported emotional symptoms that clustered into six key themes, and described the associated impact on their daily functioning (seventh theme). Participants’ robust attribution of these emotional symptoms to their SSRI, and their presentation of a range of evidence to support this belief (eighth theme), indicates that these phenomena may well be emotional side-effects of SSRIs.

Participant attitudes towards these side-effects were not simply negative, suggesting that they could be evaluated as part of the cost–benefit associated with taking the medicine. Some participants felt that, although unhelpful, the side-effects were better than the possibility of relapse of their illness. Others reported that these side-effects were, in part, a reason for wanting to stop taking their antidepressant, or for having already stopped taking it. Notably, emotional side-effects had an impact on perceived quality of parenting and were occasionally linked to thoughts of self-harm or suicide.

The study has three key strengths. First, its qualitative methods allowed an understanding of the phenomenon of emotional side-effects from the patients’ perspective, rather than from that of research or clinical ‘experts’. Second, the patient-derived data provide a guide to the actual language used by patients, so that the questionnaire derived from the data can contain appropriately worded items. Finally, the independent confirmation of the main themes by participants interviewed independently supports the content validity of our themes.

The main limitation of the study is the self-selecting nature of the sample: most interview participants responded to a poster or invitation letter indicating the nature of the research, and the content will have influenced perceptions of relevance. Hence, we currently have no way of knowing how common or uncommon are emotional side-effects and how far the experiences of this sample are representative or unrepresentative of the experiences of all people prescribed SSRIs. Equally, contributors to web forums may well be unrepresentative of the more general population of antidepressant users. Furthermore, our interview sample was skewed towards long-term consumers of SSRIs, and we therefore know little about similar experiences in the much larger population of short-term users. Finally, it is impossible to draw robust conclusions regarding causality from an observational, cross-sectional study such as this, where recall bias, for example, may have an effect. There is a clear need for further research, of a quantitative nature, to confirm and expand upon these early findings.

This is the first qualitative study of patient experiences of emotional side-effects of SSRIs. The relevant non-qualitative literature is limited, but our results fit well with that limited body of research. One observational study of SSRI-related emotional side-effects has been conducted,⁴ in which 18 aspects of

'emotional intensity' were compared in people with major depression reporting SSRI-induced sexual dysfunction and in controls. The SSRI group reported significant reductions in 12 of the 18 aspects, including ability to cry, irritation, care about others' feelings, sadness, creativity, surprise, anger, expression of their feelings and worry, which fits well with our results. Our finding that the intensity of emotions, including negative emotions, is reduced, and that emotional responses are accordingly more easily controlled, fits with reports of SSRI-induced inability to cry,³ reduction in irritability, aggression and negative affect⁷ and reduced emotional lability resulting from cerebrovascular accident⁸ or other brain injury.⁹ In addition, our key theme of 'no longer caring' fits with several case reports and one case-control study of SSRI-induced changes, including apathy, indifference, and reduced motivation, in children, adolescents, adults and older adults.^{2,10-14}

Clinicians should consider adding emotional side-effects to those common antidepressant side-effects that they routinely mention to people starting treatment, such as headache, anxiety and gastrointestinal disturbance. Of note, although in some individuals these emotional side-effects are early, in many they appear to be a late phenomenon, emerging following partial or full recovery from the index illness. Clinicians should, therefore, also ask routinely about emotional side-effects when they are assessing progress on antidepressants. This might comprise asking a broad screening question, and then, if necessary, more specific questions to characterise the nature and extent of the problem, the extent to which the individual attributes the problems to their antidepressant and its contribution to their decision-making regarding ongoing adherence.

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Servier, the funders, were able to comment on initial study design, but had no role in the collection, analysis and interpretation of data, and no role in the writing of the manuscript. Servier have a research programme for the development of psychotropic compounds, including antidepressants. Although they were able to comment on the final manuscript, no changes were introduced as a result of their comments, and they had no influence on the decision to submit the paper for publication. The researchers were, therefore, independent of the funders.

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Appendix 1

Web forums

about.com/health

Hosted in the USA. Run by New York Times Co. Advertisement supported. Aims to provide information to the public from 'experts' in variety of fields. Contains a wide range of health-related forums.

depressionforums.org

Hosted in the USA. Independent volunteer-run bulletin board/support site. Aims to provide peer support for individuals suffering from mental illness.

groups.google.co.uk

Hosted in the UK. Advertisement supported. Contains many discussion board topics, including a Depression and Mood Disorders board.

socialaudit.org.uk

Hosted in the UK. Run by a charity, the Public Interest Research Centre Ltd. Contains public information and discussion boards relating to pharmaceutical medicine, including 'The Antidepressant Web' discussion board.

Appendix 2

Emotional side-effects of SSRIs: key themes

General effects on all emotions

Reduced intensity, or even absence of emotions, which are flattened, numbed, dulled or blanked; thoughts rather than feelings; difficulty understanding emotions; emotions feel fake or artificial; improved emotional control

Reduction of positive emotions

Reduced intensity and frequency of e.g. excitement, enjoyment, happiness, love, affection, passion, enthusiasm

Reduction of negative emotions

Reduced intensity and frequency of e.g. sadness, anger, aggression, anxiety and worry. Reduced ability to cry

Emotional detachment

Detachment or disconnection from the environment; from the self; and from other people, including children, partner and friends

Just not caring

Not caring about self, about others, about responsibilities; apathy; reduced interest and motivation; disinhibition; thoughts of self-harm

Changed personality

Aspects of personality are altered or removed; behaviour is out of character

Effects on everyday life

Helpful and/or unhelpful; often helpful initially, but becoming unhelpful as recovery occurs; masking or hiding problems; impact on responsibilities, on own behaviour, on relationships with others, on creativity, on judgement and decision-making

It's because of my pills!

Emotional side-effects are distinct from emotional illness; vary with dose, with specific medicine, and with adherence; vary with time; and may have an impact on treatment adherence

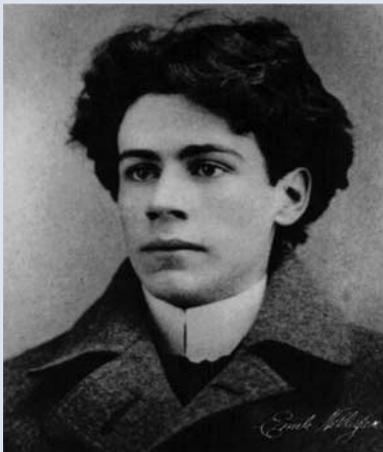
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fallen stars



Emile Nelligan

Raymond Cavanaugh Jr.

Emile Nelligan was born in Montreal on Christmas Eve 1879, entering a family with a French-Canadian mother and Dublin-native father, who emphatically prohibited the use of French inside his home.

As an adolescent, Nelligan found himself gravitating towards his mother, a passionate, open-minded woman, who encouraged her son's interest in French verse and poetic composition. Nelligan senior was a stern and diligent individual, who fancied his son a triumphant businessman. He was to be resoundingly disappointed, as commerce proved far too practical a vocation for one of young Nelligan's bohemian ilk.

By the age of 15, Nelligan was devoting himself exclusively to the study and writing of verse. More of a creator than a scholar, he led a lacklustre academic career at the College Sainte-Marie, where he was fortunate enough to encounter an erudite and discerning priest, who saw in Nelligan a talent he encouraged the young man to pursue.

The mediocre student's first published works offered a bewitching musicality with striking images. After landing poems in several local newspapers, Nelligan made the usually injudicious decision to leave school. This gutsy act eventually paid off, however, as several poetic gems came to fruition from his ardent and single-minded literary quest.

The blossoming drop-out's best-known piece was *The Romance of Wine*, intended as a celebration of the creative temperament, though many incorrectly construed the poem as an ode to alcoholic consumption.

Nelligan's auspicious full-length debut catapulted him into status as one of Quebec's foremost literary figures. With dramatic good looks and an enigmatic gaze, he certainly appeared the part of a young romantic genius. He was a spellbinding performer, who was even carried away by a rapturous crowd following an especially engaging poetry recital.

Soon following this jovial triumph, the eminently promising 19-year-old was stricken by an abrupt psychotic breakdown. There would be no return, and the in-patient eked out a ghostly life sentence at two Montreal asylums.

During the incipient stage of hospitalisation, Nelligan penned a few couplets, though he endeavoured in vain to produce work of merit. With the poet having been dragged past the turbid gates of madness, his muse had stayed behind. So the patient's condition gradually deteriorated for several decades until his death at the age of 61.

Fine poetic composition is an especially formidable talent, and in the literary tradition Nelligan is one of a miraculous few who, as a juvenile, managed to produce verse of canonical calibre.

Among the poets who are known for being a tragic lot, Nelligan carries the grim distinction of being one of the cursed species' most extreme cases. His hauntingly brief and youthful corpus of verse bears testament to a genius in whom madness claimed the upper hand.

Online supplement

Quotations to support and illustrate the key themes

N.B. Words added by the authors to a quotation to improve readers' understanding are indicated in square brackets []. Each quotation is followed by a summary of the characteristics of the specific participant, including participant number (e.g. P1); gender; age group; name of selective serotonin reuptake inhibitor (SSRI), indication(s) and duration of prescription; Beck Depression Inventory (BDI) score; and data source (individual interview, group interview, validation interview, or email correspondence). In each case, alcohol consumption is nil or within recommended limits unless specified in the participant summary, and use of psychoactive substances is nil unless specified in the summary. Where quotations consist of dialogue, P indicates participant and I indicates interviewer.

1. General effects on all emotions

'All of them, they're all, I mean anger, sadness, happy, I don't, it's like everything's . . . sort of level . . . there's no up, there's no down, it's sort of yeah flat, it's straight, that's it.' . . . just this overall effect of just everything is like flatlined.'
[P27; female; 46–55 years; taking sertraline for 25–48 months, for chronic pain/depressive episode; BDI 34; individual interview]

'Life was just trudged through in a slightly numb way in that feelings didn't seem to touch you.'
[P12; female; 56–65 years; taking citalopram, for prevention of recurrent depressive episode, for 25–48 months; BDI 19; individual interview]

'I think that's because my brain isn't in a place where it can feel stuff. I'm on this constant emotional plain of kind of blank, blank – not happiness but ok-ness'
[P15; female; 26–35 years; taking fluoxetine, for treatment of recurrent depressive episode, for 13–24 months; BDI 36; individual interview]

'I was just completely blank . . . it blocked . . . I knew the feeling was almost there but it was like I couldn't quite get to it'
[P32; female; 36–45 years; taking fluoxetine, for postnatal depression, for 7–12 months; BDI 13; individual interview]

'But this flatness was very different it was just a sort of, as though, it was like a blank slate, I just didn't feel anything, I didn't feel anything at all and I wasn't worried about anything or wasn't feeling a failure or guilty about anything . . . just weird.'
[P30; female; 56–65 years; taking fluoxetine, for treatment of recurrent depressive episode, for more than 48 months; BDI 2; individual interview]

'All the activities of your life which used to have a certain emotional tone or content or component to them, have that component reduced – so that everything that you do, the experience, is distorted away from the emotional end of the spectrum and towards the non-emotional or what I call the cognitive end.'
[P1; male; 56–65 years; taking paroxetine, for prevention of recurrent depressive episode, for more than 48 months; also taking mirtazapine; potentially harmful alcohol consumption; BDI 7; individual interview]

'I have great difficulty in understanding what emotions I actually feel. I think I neglect to notice them to a great extent if I actually do have them.'
[P39; male; >65 years; taking sertraline, for treatment of anxiety disorder, for 0–3 months; BDI 11; individual interview]

'It's important to be a good friend and you need to be careful of what you say, sometimes I might not do that 'cause I might have a confusion about how I'm feeling. Yeah I think that's probably a new thing with the Prozac.'
[P15; female; 26–35 years; taking fluoxetine, for treatment of recurrent depressive episode, for 13–24 months; BDI 36; individual interview]

2. Reduction of positive emotions

'I mean I feel instinctively that there is an aspect of it in the tablets because I'm aware of this dampening down and I'm aware that it's also dampening down positive things too . . .'
[P22; female; 46–55 years; taking sertraline, for prevention of recurrent depressive episode, for 13–24 months; using cannabis on 2 nights a week; BDI 12; individual interview]

'I'd be perfectly aware that I was in a situation or doing something that you know should make me happy but it would just have no real effect.'
[P34; male; 18–25 years; taking citalopram, for treatment of anxiety disorder and prevention of recurrent depressive episode, for more than 48 months; hazardous drinking; BDI 47; individual interview]

'Definitely the highs are, you don't feel the highs so much, looking forward to things and excitement. . . . I think I started to miss it when I was making the decision to come off them, I was thinking I need to feel like that again. I do miss that feeling'

[P25; female; 36–45 years; was taking fluoxetine, for treatment of recurrent depressive episode, until 1 month ago; BDI 20; individual interview]

'Equally, if you are out in the fresh air and you see a particularly amazing scenery or whatever, that too can move you very deeply. Now I can remember that those experiences were part of my repertoire before being medicated, but they aren't now. So one misses that.'
[P1; male; 56–65 years; taking paroxetine, for prevention of recurrent depressive episode, for more than 48 months; also taking mirtazapine; potentially harmful alcohol consumption; BDI 7; individual interview]

'It's not feelings I used to have you know feeling pretty, the best way of describing it is pre-holiday excitement, I don't feel that, it's just something that's not there'
[P19; male; 46–55 years; taking citalopram, for treatment of anxiety disorder, for 13–24 months; BDI 5; individual interview]

'I think I have always had a bit of an attachment thing towards kids and everything else that comes into my life and I feel now that now that I am not I am more aware that I don't have an instant love for the kids . . . that I have to make an effort with them with being on the tablets.'
[P40; female; 26–35 years; taking fluoxetine, for treatment of postnatal depression, for 4–6 months; BDI 31; individual interview]

'According to my husband, you know [he] says oh you know it's nice, because you do get really enthusiastic about things [off medication] and he said for a long time you didn't, you did them and you looked forward to them and you say oh I'm really looking forward to doing that but there was no excitement in your voice.'
[P12; female; 56–65 years; taking citalopram, for prevention of recurrent depressive episode, for 25–48 months; BDI 19; individual interview]

3. Reduction of negative emotions

'I mean a feeling of being depressed was like cycling over cobble stones and you're feeling things a bit too intensely and too sharply and disproportionately sharply and the sort of flattening out effect is something which is cushioning that . . .'
[P9; male; 56–65 years; taking citalopram, for treatment of recurrent depressive episode, for 25–48 months; BDI nil; individual interview]

P: 'Because those feelings were so so horrible, I was just so full of guilt and shame, I hated myself I couldn't think of a single positive thought, it was all negative stuff going through my mind . . .'
I: 'So do you feel that there's a way of it working, to flatten those really strong negatives of guilt?'

P: 'Definitely definitely, not even to flatten them out, I wouldn't even put flatten them out, I would say wipe them out.'

[P22; female; 46–55 years; taking sertraline, for prevention of recurrent depressive episode, for 13–24 months; using cannabis on 2 nights a week; BDI 12; individual interview]

'Getting angry or getting upset or bursting into tears about something in a sense is a high response it's a concentrated response to something and I think it's part of that dulling down, . . . we were talking about the choppy sea, it kind of knocks the froth off the waves a bit, you don't kind of do that spurt of annoyance or the spurt of emotional response.'
[P21; female; 46–55 years; taking sertraline, for prevention of recurrent depressive episode, for 25–48 months; BDI 17; individual interview]

'It's not easy to come to tears and I am more or less willing myself to cry because I will feel better afterwards because I used to be someone who could cry and get it out and I can't do that now . . . I cried when my father died, when my brother was on the phone and said he's gone . . . I have sobbed myself to sleep before and it wasn't like that at all, and I still feel – have I – wonder if I have grieved enough because of it [the antidepressant].'
[P37; female; 46–55 years; taking sertraline, for treatment of chronic pain and treatment of depressive episode, for more than 48 months; BDI 18; individual interview]

'So I do lose out when I'm on my tablets I don't get the natural lows so things don't make me as sad as they sometimes do otherwise or sometimes I'm less able to feel sadness or empathise.'
[P36; male; 26–35 years; taking paroxetine, for treatment of obsessive-compulsive disorder (OCD), for more than 48 months; BDI 3; individual interview]

4. Emotional detachment

'A word that comes to my head is that it's like being in limbo, you feel that you're going through your life and doing things, that you're doing actions and they're having you know some effect on the outside world, but almost the things happening in the world aren't having an effect on you.'
[P4; female; 18–25 years; taking citalopram, for treatment of anxiety disorder and prevention of recurrent depressive episode, for 25–48 months; potentially harmful alcohol consumption; BDI 12; individual interview]

'Almost as though I was watching life happening rather than being a part of it. I didn't feel connected, I felt like I was an observer of what was going on around me and not being a part of it and it seemed unreal.'
[P22; female; 46–55 years; taking sertraline, for prevention of recurrent depressive

episode, for 13–24 months; using cannabis on 2 nights a week; BDI 12; individual interview]

'[I am] sort of empty inside, I just function . . . I'm just doing things robotically. People say "oh you're doing so well considering you're managing to do housework and things like that" but I just feel like I am a robot sweeping the floor.'

[P35; female; 26–35 years; taking citalopram, for treatment of postnatal depression, for 0–3 months; BDI 37; individual interview]

'Well if everything's washing over me I'm kind of missing stuff, I'm kind of missing good reactions'

[P5; female; 26–35 years; taking citalopram, for treatment of recurrent depressive episode, until 18 months ago; BDI nil; individual interview]

'Now it's like I can see the emotion there like almost separate from me.'

[P3; female; 18–25 years; taking citalopram, for treatment of single depressive episode, for 0–3 months; potentially harmful alcohol consumption; BDI 6; individual interview]

'And I'd feel unreal, like I was looking at the world through a sheet of glass or something, and I just didn't feel like I could communicate with people very well and I didn't want to.'

[P22; female; 46–55 years; taking sertraline, for prevention of recurrent depressive episode, for 13– months; using cannabis on 2 nights a week; BDI 12; group interview]

'Even though I can say the right things to [my children] and I knew what I had to say to them, inside it just didn't feel like I was actually really meaning it.'

[P28; female; 36–45 years; taking fluoxetine, for treatment of postnatal depression, for 7–12 months; BDI 12; individual interview]

'I knew the logical pattern of what to say to [my friend who'd had a stroke] but I just didn't feel as emotionally attached as I should have felt, with the fact that she had gone through something so horrific whereas normally I'd be sitting there and I'd be trying not to cry whenever I'd have to speak to her about it but I just wasn't, I was just being logical about it I was just there rather than actually getting in with it.'

[P28; female; 36–45 years; taking fluoxetine, for treatment of postnatal depression, for 7–12 months; BDI 12; individual interview]

'Yeah I think it's affected my marriage um and I think the relationship with my son yeah, I think it has, we're not as close as we used to be, we don't talk as much as we used to.'

[P27; female; 46–55 years; taking sertraline for 25–48 months, for chronic pain/depressive episode; BDI 34; individual interview]

'It feels like my parenting is purely functional, you know I can do nappy changing and hair washes and cook supper a simple supper put it on the table and make sure they have clean clothes, but even reading them a story, [daughter's name], my little middle one is difficult because its quite an intimate moment and I just don't feel that sort of intimacy.'

[P35; female; 26–35 years; taking citalopram, for treatment of postnatal depression, for 0–3 months; BDI 37; individual interview]

'I am able to comfort and cuddle [my children] but I feel that like there is no emotion behind it.'

[P40; female; 26–35 years; taking fluoxetine, for treatment of postnatal depression, for 4–6 months; BDI 31; individual interview]

'My eldest daughter has been going through a really rough time for quite a while and, if I really, . . . if I had cared as much as I used to care then I don't think I could have coped. I had to cut myself off for my own sanity, I never used to cut myself off but I have to in order to carry on really and I am certain that the sertraline helps with this, it keeps me on a more even keel.'

[P31; female; > 65 years; taking sertraline, for prevention of recurrent depressive episode, for > 48 months; BDI 23; individual interview]

'I used to get emotionally involved with everything and now I just suddenly wasn't and it sort of struck me that no I do feel like this sort of deadening, I can't connect as much as I used to but then that might just be the safety mechanism with the drug.'

[P28; female; 36–45yrs; taking fluoxetine, for treatment of postnatal depression, for 7–12 months; BDI 12; individual interview]

5. Just not caring

'I always felt slightly removed from everything, which in some ways was good because I wasn't having the lows, but by the same token I just left things, you know, I just . . . things didn't really matter somehow. And it was only really when I came off them I realised I'd sort of skated over so much in life, because I just felt slightly removed from everything. So important issues weren't so important.'

[P12; female; 56–65 years; taking citalopram, for prevention of recurrent depressive episode, for 25–48 months; BDI 19; group interview]

'When I was on the fluoxetine you know I just wouldn't turn up for classes . . . I had no kind of, I don't know I just didn't think through the consequences or even if I did oh people will be worried but I don't care.'

[P2; female; 26–35 years; taking citalopram, for prevention of recurrent depressive episode, for 13–24 months; potentially harmful alcohol consumption; BDI 13; individual interview]

'When I'm depressed I feel it's almost like a barrier preventing me from going to a concert or something, whereas, with apathy [from fluoxetine], I just can't be bothered, I could do but I can't be bothered.'

[P23; male; >65 years; taking fluoxetine, for prevention of recurrent depressive episode, for more than 48 months; BDI 3; individual interview]

'I felt I didn't have a clear connection with my boundaries such as in drinking for instance you know I would know that 2 or 3 glasses is not good, however, that kind of sense of boundary, thinking well you know you shouldn't be doing this.'

[P20; female; 46–55 years; taking fluoxetine, for treatment of recurrent depressive episode, until 1 month ago; potentially harmful alcohol consumption; uses cannabis 'very occasionally'; BDI 11; individual interview]

'I'm just slightly wary that I may be a bit sort of gung ho you know, be making perhaps slightly careless or irresponsible decisions, where the worry factor perhaps comes in again.'

[P1; male; 56–65 years; taking paroxetine, for prevention of recurrent depressive episode, for more than 48 months; also taking mirtazapine; potentially harmful alcohol consumption; BDI 7; group interview].

'It's that fundamental part of you that you know is you, the you that takes care of yourself, you lose touch with that, I'm certain, I'm certain of it.'

[P22; female; 46–55 years; taking sertraline, for prevention of recurrent depressive episode, for 13–24 months; using cannabis on 2 nights a week; BDI 12; individual interview]

'I think it was almost emotion free [when I thought about suicide on this occasion], I knew what I had to do where as, as I said before, when I'm depressed and I've thought of suicide I'm just, my mind is in such a whirl and I don't know what I'm doing and I'm all panicky and everything and that's when I want to end it but this is very very different, it was very calm.'

[P30; female; 56–65 years; taking fluoxetine, for treatment of recurrent depressive episode, for more than 48 months; BDI 2; individual interview]

'It's lack of any emotion to a point where I fairly recently I'll start deliberately hurting myself just to feel something.'

[P34; male; 18–25yrs; taking citalopram, for treatment of anxiety disorder and prevention of recurrent depressive episode, for more than 48 months; hazardous drinking; BDI 47; individual interview]

'It's the fact that I was doing it deliberately [being confrontational or rude towards work colleagues] and it wasn't really a useful way in which to behave but if anything niggled me I just didn't care in a sense, maybe afterwards I would care but whilst I was saying it, I didn't give a damn.'

[P22; female; 46–55 years; taking sertraline, for prevention of recurrent depressive episode, for 13–24 months; using cannabis on 20 nights a week; BDI 12; individual interview]

'It doesn't bother me you know if you don't like the way I look don't look at me, if you don't like the way I talk don't talk to me, you know if you don't, just don't because it don't bother me one little bit whereas before it would, I would be really really bothered and I would think well I've upset someone and what have I done, I'd be worried . . .'

[P27; female; 46–55 years; taking sertraline for 25–48 months, for chronic pain/depressive episode; BDI 34; individual interview]

'It's the one thing I wish I could change, that I didn't put off things you know that I could probably do straight away or the same day and that is the worse thing, if I could pick out one effect of the medication on my condition is I don't like that, that's it.'

[P19; male; 46–55 years; taking citalopram, for treatment of anxiety disorder, for 13–24 months; BDI 5; individual interview]

'Even the fact that you know I was getting more and more into debt didn't even really bother me and I couldn't really get worried about it.'

[P25; female; 36–45 years; was taking fluoxetine, for treatment of recurrent depressive episode, until 1 month ago; BDI 20; individual interview]

6. Changed personality

'It does dull the edge of your responsiveness. So you end up wondering whether, and since your personality is made up of emotions, you feel that your personality has been shifted sideways or been unbalanced somehow.'

[P1; male; 56–65 years; taking paroxetine, for prevention of recurrent depressive episode, for more than 48 months; also taking mirtazapine; potentially harmful alcohol consumption; BDI 7; individual interview]

'Part of me has always felt that since I stopped taking the Prozac when I was around 22 that its never really gone, the feeling that I don't really care about anything. I don't know if it's a long-term effect but I have always thought that ever since the Prozac it's never been the same. . . . Yeah. And that's 10 years between taking it and not taking it.'

[P15; female; 26–35 years; taking fluoxetine, for treatment of recurrent depressive episode, for 13–24 months; BDI 36; individual interview]

7. Effects on everyday life

'[antidepressants] paper over the cracks, they make you have no emotions and no feelings – but then that's not the answer to life is it, that's not the way to be able to solve things . . .'

[P38; female; 36–45 years; took fluoxetine for 2 weeks for treatment of anxiety disorder and single depressive episode, and discontinued 1 month ago, due to side-effects; BDI 54; individual interview]

'It worries me how I would feel if I wasn't on it, because . . . it's kind of like well are you just jamming the problem, so you're getting through the day rather than actually saying right this is what I need to do to make things better for myself, so I'm not sort of coming round again and saying right that's it, that emotional feeling's sorted.'

[P28; female; 36–45 years; taking fluoxetine, for treatment of postnatal depression, for 7–12 months; BDI 12; individual interview]

'On the Seroxat I thought I was coping in this sort of numb . . . you know I wasn't getting all depressed about things but I realise that then suddenly I'd see a great pile in my must do tray thinking oh I haven't done those yet and I wouldn't get phased about it but I also wouldn't clear it.'

[P12; female; 56–65 years; taking citalopram, for prevention of recurrent depressive episode, for 25–48 months; BDI 19; individual interview]

'I just sort of didn't react as quickly as I would normally have done or as concerned as I would normally have done [to daughter injuring herself].'

[P28; female; 36–45 years; taking fluoxetine, for treatment of postnatal depression, for 7–12 months; BDI 12; individual interview]

'Before I started the medication the words were there and I used to have this really strong and vivid images and pictures that I painted, but the medication killed the whole lot, and that's why I decided to come off it now.'

[P18; female; 26–35 years; taking sertraline, for treatment of anxiety disorder and recurrent depressive episode, for >48 months; BDI 26; group interview]

'And that's probably actually got worse with the Prozac interestingly because I don't care enough about people and what have you, . . . I'm less people orientated.'

[P11; male; 36–45 years; taking fluoxetine, for OCD, until 1 month ago; BDI 9; individual interview]

'Part of that emotional flattening across the board is that it affects the way you relate to people closest to you. It affects your marriage, if you're married or your partnership or whatever it is. It makes you perceive your most important relationships differently, because it's an important part of such relationships, that they have a certain emotional tone, and you respond strongly in a certain emotional way to the people that matter to you or whatever, and all of that has slightly shifted. You feel you have become a slightly different personality, and that makes it sometimes difficult to manage the relationship or to know what you feel about it.'

[P1; male; 56–65 years; taking paroxetine, for prevention of recurrent depressive episode, for more than 48 months; also taking mirtazapine; potentially harmful alcohol consumption; BDI 7; group interview]

' . . . the cutting off from the family and friends and not really caring about the consequences of that, but I mean that's the biggest thing when I look back on it. You know because I care desperately about my family and you know I can't believe I was like that.'

[P16; female; 56–65 years; taking paroxetine, for prevention of recurrent depressive episode, until 9 years ago; BDI 7; individual interview]

'I mean my relationship with my son was just fantastic, the time that I was on them [the antidepressant] we just had such a wonderful relationship with each other, and you know I just strived to keep that going and he thrived [because of reduced irritability/aggressive emotional responses].'

[P25; female; 36–45 years; was taking fluoxetine, for treatment of recurrent depressive episode, until 1 month ago; BDI 20; group interview]

'I think on the antidepressants feeling OK as I do now, sort of 90% of the time I think I worry less about lots of different kinds of things, sort of what people think of me . . . sort of how to deal with the situation, sort of making decisions, I feel there's just much more clarity about that than even when I'm feeling not depressed but not on antidepressants.'

[P29; female; 36–45 years; taking citalopram, for treatment of anxiety disorder, for 4–6 months; BDI 4; individual interview]

'I find it easier, it helps me, I think it helps me to feel in control of my own emotional reactions so that I can stop being affected too much by externals.'

[P21; female; 46–55 years; taking sertraline, for prevention of recurrent depressive episode, for 25–48 months; BDI 17; individual interview]

8. It's because of my pills!

'Yeah um a lot of the things that I think are side-effects from the SSRIs, it's hard to judge because they're quite symptomatic of depression anyway, in their effect of flattening.'

[P34; male; 18–25 years; taking citalopram, for treatment of anxiety disorder and prevention of recurrent depressive episode, for more than 48 months; hazardous drinking; BDI 47; individual interview]

I: 'Oh ok so you felt that [numbing, distant from everything] was enhanced with the high dose?'

P: 'Yes I did actually and I really wasn't functioning properly on it either. In fact I would almost say I was going for a, toward a different sort of depression'

[P12; female; 56–65 years; taking citalopram, for prevention of recurrent depressive episode, for 25–48 months; BDI 19; individual interview]

'There are so many changes that I'm going through at the moment . . . I don't know whether the fluoxetine has had any effect on my love, but my love has changed while I've been on the fluoxetine.'

[P13; female; 18–25 years; taking fluoxetine, for treatment of single depressive episode, for 0–3 months; potentially harmful alcohol consumption; used cannabis 'twice in last month'; BDI 19; individual interview]

'It did feel different yeah. . . . when you're depressed and feeling low and flat you've nevertheless got emotions going through your mind all the time, feeling guilty about this that or the other, da da da da, but this flatness was very different it was just a sort of, as though, it was like a blank slate, I just didn't feel anything, I didn't feel anything at all and I wasn't worried about anything or wasn't feeling a failure or guilty about anything, just weird.'

[P30; female; 56–65 years; taking fluoxetine, for treatment of recurrent depressive episode, for more than 48 months; BDI 2; individual interview]

'It just feels like it's not real, what's being shown on the outside is not real, it's not the real me, it's just the chemical me, it's very odd . . . I would say it was a chemical constant feeling of false happiness.'

[P15; female; 26–35 years; taking fluoxetine, for treatment of recurrent depressive episode, for 13–24 months; BDI 36; individual interview]

'So if I'm on the fuller dose, I think that's one of the reasons I go down to the half dose [from 50 mg to 25 mg] because I don't like being taken right down so that I don't respond emotionally at all, and I think that's probably what people don't like if they're taking a larger dose – you do end up feeling that you don't quite respond to anything.'

[P21; female; 46–55 years; taking sertraline, for prevention of recurrent depressive episode, for 25–48 months; BDI 17; individual interview]

'On the Seroxat . . . I just felt this urgh, life was just trudged through in a slightly numb way in that feelings didn't seem to touch you but no great enthusiasm but also I wasn't bursting into tears so that was a good side but no, no great enthusiasm for anything just feeling oh I'll do that later. Yeah, the citalopram didn't make me feel quite the same as that, there was a little element of oh I must get this organised, oh I'll do that later, but not the . . . the Seroxat was worse I felt.'

[P12; female; 56–65 years; taking citalopram, for prevention of recurrent depressive episode, for 25–48 months; BDI 19; individual interview]

'When I am off my tablets I can get a lot higher and so the same person situation whatever would have more of an effect on me when I am off my tablets.'

[P36; male; 26–35 years; taking paroxetine, for treatment of OCD, for more than 48 months; BDI 3; individual interview]

'This blocking, I call it this blocking of feelings and it only happened for a couple of weeks [after starting the antidepressant].'

[P32; female; 36–45 years; taking fluoxetine, for postnatal depression, for 7–12 months; BDI 13; individual interview]

'There comes a point where that is almost like you know it's done its job, you know the antidepressants have done their job and there comes a point where you know that this numbness or dullness, you become more aware of this numbness or dullness and inability to, communication with the sensible bits of your brain or whatever and I think you know I think that's when it starts to become, not dangerous, but bad.'

[P20; female; 46–55 years; taking fluoxetine, for treatment of recurrent depressive episode, until 1 month ago; potentially harmful alcohol consumption; uses cannabis 'very occasionally'; BDI 11; individual interview]

'If it was just the depression getting better I think it would be more of a very slow movement along a continuum from very intense feelings to not so intense to maybe normal feelings and then slightly down, or maybe even stay at normal feelings whereas it seems like it's gone from intense to just off the scale, I'm not even on the continuum anymore, not so past normal down into not even caring so much and it's gone faster than I feel it should, like I feel it should have gone more slowly and went to normal you know from less intense to normal but it hasn't really done that it's just gone away like you know. So that's what makes me think it's the SSRI and not just the depression.'

[P3; female; 18–25 years; taking citalopram, for treatment of single depressive episode, for 0–3 months; potentially harmful alcohol consumption; BDI 6; individual interview]

'I do think that in general like if someone were to say like do you think your SSRIs emotionally blunt you I would say yes I think they do, but it's not enough of an extreme for me to swap it for the alternative [depression].'

[P4; female; 18–25 years; taking citalopram, for treatment of anxiety disorder and prevention of recurrent depressive episode, for 25–48 months; potentially harmful alcohol consumption; BDI 12; individual interview]

'It got worse once I got to the second dose, the double dose, and then I felt really detached, it felt like I was sitting behind myself all the time so it wasn't actually me talking, I was watching me talk to somebody else . . . I just didn't like that at all.'

[P28; female; 36–45 years; taking fluoxetine, for treatment of postnatal depression, for 7–12 months; BDI 12; individual interview]

'It's like if someone says to you if you could have a switch that turns off all the lows that you feel, but the price is that you don't have excitement or euphoria or . . . hilarity or whatever then would you press the button, you'd say no, and so because in the past it was almost like however bad things got I at least felt like I was experiencing them [positive emotions] intensely.'

[P14; female; 36–45 years; taking fluoxetine, for treatment of anxiety disorder and prevention of recurrent depressive episode, for 4–6 months; BDI 21; individual interview]

'One of the reasons I came off of it was because I felt dullness and the numbness that was setting in, because that's how it felt, you know, it's kind of a setting in over the time was damaging.'
 [P20; female; 46–55 years; taking fluoxetine, for treatment of recurrent depressive episode, until 1 month ago; potentially harmful alcohol consumption; uses cannabis 'very occasionally'; BDI 11; individual interview]

'Well yeah, lots of it is very relevant. I mean it does cover, and it does clarify as well. I mean, one can have all of these feelings and that being on the antidepressants, but you know, it's a little bit difficult to pin point and pin down, and try and explain why you're not feeling, why things are different, and the world appears different and your relationships feel different. So these questions help to kind of hone in and understand why you have these different feelings.'
 [P25; female; 36–45 years; was taking fluoxetine, for treatment of recurrent depressive episode, until 1 month ago; BDI 20; validation interview]

Quotations to support and illustrate the respondent validation

'It [the questionnaire] seems to me to cover most of the specific worries and thoughts that occur to one as a result of emotional blunting. So I think you've got the territory covered, that's good. I would pick on particular questions as resonating particularly with me'
 [P1; male; 56–65 years; taking paroxetine, for prevention of recurrent depressive episode, for more than 48 months; also taking mirtazapine; potentially harmful alcohol consumption; BDI 7; validation interview]

I: 'So do you think there is anything we have missed out here? Or do you think its tapping into some of the things you have experienced?'

P: 'Yeah, yes I would say that that's picking up the kind of phenomenon that I'm trying to home in on, yeah'

[P6; male; 18–25 years; taking sertraline, for treatment of anxiety disorder and recurrent depressive episode, until 20 months ago; BDI 1; validation interview]

'One other thing perhaps is where, in the cycle of treatment, I felt some [questions] may be more pertinent for times when I'd started treatment, or when the dosage changed, the extent of the feeling of detachment seemed to coincide with that.'
 [P6; male; 18–25 years; taking sertraline, for treatment of anxiety disorder and recurrent depressive episode, until 20 months ago; BDI 1; validation interview]

'I had fluoxetine about 9 years ago, and I didn't experience any, my emotions became completely blunt, completely lacking in affect. And I've had a lot more of those experiences of feeling robotic, not feeling in touch with other people, a lot more experiences of that thing we talked about, about being sensible, not being able to make good decisions, whereas I found being on citalopram at the moment, and that has helped me reduce my negative emotions, and has been generally helpful . . . Yeah when I was on fluoxetine I would have answered this very differently.'
 [P2; female; 26–35 years; taking citalopram, for prevention of recurrent depressive episode, for 13–24 months; potentially harmful alcohol consumption; BDI 13; validation interview]

| Table DS1 Web forums: characteristics of participants | | |
|---|----------|----|
| | <i>n</i> | % |
| Website | | |
| Depressionforums.org | 87 | 32 |
| About.com/health | 74 | 27 |
| groups/google.co.uk | 61 | 22 |
| Socialaudit.org.uk | 50 | 18 |
| Gender | | |
| Female | 98 | 36 |
| Male | 47 | 17 |
| Unclear/not stated | 127 | 47 |
| Indication(s) for prescription | | |
| Depression | 64 | 24 |
| Anxiety | 29 | 11 |
| Anxiety and depression | 16 | 6 |
| Other | 5 | 2 |
| Unclear/not stated | 158 | 58 |
| Antidepressant class | | |
| Selective serotonin reuptake inhibitor | 143 | 53 |
| Serotonin–noradrenaline reuptake inhibitors | 69 | 25 |
| Noradrenaline and specific serotonin antagonist (mirtazapine) | 13 | 5 |
| Bupropion | 12 | 4 |
| Combination/other | 13 | 5 |
| Unclear/not stated | 22 | 8 |
| Current antidepressant use | | |
| Currently taking antidepressant | 145 | 53 |
| Switched antidepressant | 34 | 13 |
| Discontinued antidepressant | 50 | 18 |
| Unclear/not stated | 43 | 16 |
| Duration of prescription, months | | |
| 0–3 | 46 | 17 |
| 4–6 | 8 | 3 |
| 7–12 | 7 | 3 |
| 13–24 | 14 | 5 |
| 25–48 | 9 | 3 |
| >48 | 7 | 3 |
| Unclear/not stated | 181 | 67 |
| Reason for switching/stopping medication | | |
| Emotional side-effects | 47 | 17 |
| Other reason | 7 | 3 |
| Unclear/not specified | 30 | 11 |
| Not applicable | 188 | 69 |

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**Supplementary
Material**

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