



Antidepressant Coalition for Education
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Dear Michail Kalfas, co-authors, Imperial College London, King's College London, and the Science Media Centre,

Our community is made up of hundreds of thousands of individuals across various online platforms, including more than 150,000 members on Facebook alone. This does not include the many others who have sought our guidance on reducing their medication or navigating withdrawal without ever creating accounts or officially joining our membership count. Though we come from diverse political, religious, social, and educational backgrounds, we are united by a common thread: lived experience with antidepressant withdrawal.

We believe there are countless more—possibly millions—who never found these online spaces. Many had medication withdrawal misdiagnosed as a relapse of their original condition or as an entirely new illness. Others took their lives under the weight of the unimaginable suffering that withdrawal can inflict, unaware that the sudden onset of their symptoms was caused by stopping their medications too quickly. For those of us who found one another, this community became a lifeline in the face of abandonment by a medical establishment that remains largely uneducated about the severity and often protracted nature of antidepressant withdrawal.

Clinicians rely on research to inform their practice, but for too long, they have lacked access to accurate, high-quality information about the incidence and severity of antidepressant dependence and withdrawal. They were never taught how to recognize it, let alone how to safely taper long-term users off their medications.

We recognize that most of us—clinicians, researchers and patient advocates—share a common goal: to help people live better, healthier lives. The concerns we raise should not be seen as a challenge to that mission, but as an opportunity to strengthen it. We extend an invitation to work together to ensure that clinical guidance reflects the full range of patient experience. We want to help you help your patients, by ensuring that withdrawal risks are accurately and transparently communicated.

Despite our needless suffering, we continue to believe in the good of people because we've seen immense compassion and solidarity in one another and in the few sympathetic researchers, clinicians, and journalists who have listened to and supported us. However, we are deeply disillusioned by academics who have repeatedly treated us as pawns in their career endeavors. We are not graphs,

figures, or numbers on paper. We are real people and our lives have been upended by antidepressant withdrawal.

Our symptoms are often so harrowing, and so unnatural to the human experience, that they defy language. Withdrawal-induced suicide is alarmingly common. Many of our closest friends in this community have become casualties of a broken system, ill-equipped to safely discontinue these medications. We write on their behalf, too.

We all deserved better. Not only those who have suffered, but the children, spouses, parents, friends, and others who have endured this trauma alongside us. The purpose of this letter is to convey the human cost of antidepressant withdrawal and the real-world consequences your review will have in the hope that you will do the right thing.

These are the voices of people living through antidepressant withdrawal:

“Withdrawal has been a living nightmare for the last eighteen months. I have struggled with my faith, lost my job, lost friends, and lost so much time and so many precious memories with my family and kids. The symptoms have been severe and debilitating.”

—Shane O., Minnesota

“After long-term use, I tapered per my doctor’s instructions and this set me off into a hellish nightmare that no human should endure. I had flu-like symptoms, headaches everyday, diarrhea, vomiting, chills, sweats, rash, neuropathy with numbness all through my face and neck, ringing in my ear, brain zaps and akathisia which is hell on earth. My doctor told me it wasn’t possible. I lost my job, my marriage fell apart and I was completely bedridden for two years.”

—Kate L., New York

“I am a wife, mother, grandmother and medical professional who could no longer function. I had to literally stop my life as I knew it. Unless you experience withdrawal yourself—and I pray you never have to—you can never understand the horror.”

—Becky B, South Carolina

“I was first prescribed an antidepressant for perimenopause, not mental illness, and nobody warned me about withdrawal. Since being in withdrawal and for the first time in my life, I’ve experienced mental health symptoms like extreme anxiety, depression and suicidal thoughts. Withdrawal has turned my life upside down, and taken years of my life and memories with my children from me.”

— Kelly S., Minnesota

“A friend committed suicide 10 months into withdrawal because he couldn't deal with the daily pain. I was also 10 months into withdrawal at that time and it made life hell. I went to his funeral and saw so many that had no idea what he was going through and why he did it. No one sees our pain. Many end their lives because of it. You feel insane especially when doctors keep saying it's not withdrawal.

—K.C.

“Protracted antidepressant withdrawal stole my health, career, broke my family, and has been the most traumatizing fate I can imagine. My withdrawal was continually misdiagnosed as relapse for 15 years and led to several improper tapers and reinstatements, which eventually resulted in chronic and disabling neurological, cognitive,

physical, and emotional dysfunction that has continued for years.”

— *Mandy M., Fairhaven, Massachusetts*

“I am a 68-year-old woman who was on an antidepressant for decades. After a 6-week taper, I was thrown into the depths of hell that I had no idea existed. Excessive sweating, insomnia, rage, anger, morning cortisol spikes, extreme anxiety, fear of leaving my house, horrible nightmares, light and sound sensitivity are what easily come to mind. There were many others. These lasted a good two years. I am so traumatized by the experience that I am now afraid to take even a Tylenol. Also traumatizing is that doctors I have told look at me like I'm nuts.”

—*Diane S., San Diego California*

“Antidepressant withdrawal has resulted in severe, life-altering impairments that did not exist prior to my treatment. These injuries have significantly diminished my ability to function in daily life. What was meant to help has instead left me disabled in ways I never could have imagined.”

— *Christina Y., Texas*

“I was medicated at 8 and I'm now 43. Antidepressant withdrawal left me in a fog, extremely anxious, over-heating off and on, brain zaps, suicidal thoughts and depression.”

—*James B., Canada*

“In order to not experience life-altering symptoms from antidepressant withdrawal, I'm forced to taper at a small percentage per month which doctors aren't taught how to do. When I tried to taper at the rate my original doctor advised, I was left with a slew of symptoms I'd never experienced in my life. Akathisia, insomnia... withdrawal symptoms are tortuous.”

— *Mairin R., Florida*

“The most awful parts of antidepressant withdrawal were the fear and terror and intrusive thoughts. I never had these before withdrawal. I didn't recognize myself or the emotions I experienced. I became a shell of a person.”

—*Antoinette G., Ohio*

“I was healthy, mind, body and soul until withdrawal. Now my brain is so damaged. I've lost my career, my motherhood, my family, my future, all skills and ability. I'm totally disabled, mentally and cognitively, and there is no hope in healing from this catastrophic level of harm and trauma. I wasn't sick until I went to the doctor.”

—*Sara F. Oklahoma*

“Antidepressant withdrawal is real, and it is devastating. I've been—and still am—a mess. These medications have severely impacted my life. I don't like talking about it, but the truth is I can no longer walk properly because my balance has been so damaged. This is not rare. This is not okay. We need urgent recognition, better tapering protocols, and real accountability. Too many lives are being altered or destroyed in silence.”

—*Cathy R., Liverpool*

“Antidepressant withdrawal has sent me to the brink of madness. I've suffered more than a dozen serious symptoms over the past 3 years including heart palpitations, severe muscle pain, head and eye pressure and pain, visual disturbances, ongoing insomnia and bouts of deep depression with intrusive thoughts that I never experienced before withdrawal. Withdrawal has

robbed me of relationships with friends, put pressure on my marriage and cost precious time with my granddaughter. The uncertainty of what each day might bring is frightening.”

—*Jenny B., Queensland, Australia*

“I tapered off antidepressants in a matter of weeks because I simply didn’t know better then wondered why I was suddenly sick for a year. Nausea, vomiting, brain zaps, petit mal seizures, dizziness, fainting and exhaustion. I made two trips to the ER for IV fluids because I couldn’t stay hydrated. I lost 40 pounds. This was the sickest I had ever been in my life.”

—*Shiloh B., Maine*

“Post acute withdrawal has been the worst 3 years of my life and is still ongoing. I’m in constant pain and my nervous system has become so hypersensitive that I struggle with many foods and nearly all supplements. I’ve developed a chronic autoimmune illness, ulcerative colitis, 2 months into withdrawal and will likely live with it for the rest of my life.”

—*Taylor F., Minnesota*

“Withdrawal has destroyed my life. I used to work out, was outgoing, family oriented, a “softball mom”, the go-to at work, and then withdrawal happened. I’ve never experienced these symptoms prior to withdrawal. It has caused me issues in my marriage, my relationship with my children, my friendships, my job and who I am as a person. I have suffered so much.”

—*Britney Y., Arizona*

“I was prescribed antidepressants as a young teenager. My parents and I were told by a child psychiatrist that they were safe and I could stop them at any time. What followed were 19 years trapped on them with many failed tapering attempts due to dangerous rapid tapering advice from my GP. My final tapering attempt I had to figure out myself and I made many mistakes but tapered over 2.5 years. I was determined to get off them due to health and personal reasons. What followed was 5 years of protracted withdrawal with the first 2 being the most difficult. I was bedridden, unable to walk unaided and disabled by agonizing mental, physical and emotional symptoms. My family literally had to keep me safe from myself as I fought the darkness of terrifying suicide ideation. I lost the job I loved, friends I loved and the life I once knew. Antidepressant withdrawal derailed my life and I’m still healing from the trauma and grief this harm caused me. I’ll never get back what was taken from me as I fought to survive.

—*Claire A.J, UK*

“After 25 years of antidepressant use, withdrawal has been debilitating in every way. It’s caused so many health issues, I’ve been unable to go back to work. I lost my career as a social worker and all of my relationships. My whole life has crumbled from withdrawal.”

—*Rebecca R., Long Island, New York*

“I was medicated as a teen then told by my doctor to come off in 6 weeks in my thirties. I experienced over 40 severe and debilitating physical and mental symptoms. Withdrawal from antidepressants has caused me to be unable to work and has affected my life drastically for almost two years.”

—*Brittany J. Ontario, Canada*

“After more than 20 years on antidepressants, I began a slow taper. I was doing okay until I got into the lower doses when suddenly, overnight, I began having seizures and akathisia. I lost 40 pounds and could no longer work or function. I’ve had protracted withdrawal symptoms for 4 years now. I don’t know if I will survive this. Everyday, I am hanging on by a thread.”

—*Heather B., California*

“Withdrawal has ruined my life in so many ways. After 25 years, I tapered over 3 months. In a state of terror, I was in and out of hospitals. I’m now bedridden with chronic pain, fatigue, and 30+ symptoms. I have been in withdrawal for 6 months so far. I can barely move, can’t drive, can’t see my child, can’t function.”

—Danielle D., Venice, Florida

This small sample reflects a much larger community of real people experiencing antidepressant withdrawal after long-term use. Our symptoms are far from “mild” or “transient”.

In your review and in the carefully coordinated press releases that followed, your message was clear: our experiences are invalid. Please understand that your attempt to perpetuate a false narrative under the guise of combating “polarization”, “alarmists” or “outliers” will result in real harm. Clinicians will remain uninformed, patients will continue to suffer, and lives will be lost.

This review was published at a time when our voices are finally being heard and we suspect that is no coincidence. Antidepressant withdrawal is receiving the media coverage and public attention it has long deserved. Rather than contributing to a deeper understanding of what is now a looming public health crisis, you have used this moment as an opportunity for professional gain.

The press releases issued by Imperial College London, King’s College London, and the Science Media Centre are just as problematic. They presented the findings as settled fact while ignoring glaring flaws in the review, overwhelming evidence to the contrary, and the lived experiences of countless individuals.

To be clear: the central analysis in your review draws from 11 short-term studies, 10 of which were conducted on individuals who had been on antidepressants for only 8 to 12 weeks, and one for 26 weeks. These brief time frames do not reflect real-world use and there is overwhelming evidence that the longer someone uses antidepressants, the more likely they are to experience severe, protracted withdrawal.

Today, most antidepressant users are long-term users and are the population most vulnerable to severe, protracted withdrawal. This population was entirely filtered out of your review, which aims to inform clinical guidance on.

This omission lacks scientific integrity and will contribute to preventable harm and, ultimately, loss of life.

Therefore, we are calling on:

1. Michail Kalfas and his co-authors to immediately correct the *JAMA Psychiatry* review by:
 - a. Clearly stating that the findings apply only to short-term users (primarily 8–12 weeks);
 - b. Acknowledging that long-term use is associated with more frequent, severe, and enduring withdrawal;
 - c. Adding these clarifications to the title, abstract, results, and discussion sections.

2. Imperial College London, King's College London, and the Science Media Centre to revise all associated promotional content—including press releases and social media posts—which minimize the severity of antidepressant withdrawal.

We are not calling for this correction simply because we disagree with your conclusions. We are calling for it because the review is scientifically dishonest and poses an imminent threat to public health. These changes are essential to avoid misleading clinicians, policymakers, and the public, especially as long-term antidepressant use continues to rise and accurate information about withdrawal becomes ever more urgent.

We will not be silent while misleading research is published that erases our experiences and endangers millions of lives. We will continue to raise our voices. Not just for ourselves, but for those we've lost, and for every person harmed by antidepressant withdrawal, now and in the future.

Sincerely,

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