ask Or Roshan Jain

Your mental and emotional health questions answered

Upon a psychiatric consultation, I have been diagnosed as suffering from Generalised Anxiety Disorder and prescribed an antidepressant course – namely Citalopram. I have not started on it though. A friend cautions me that it is addictive. Please advise.

Unlike tranquillizers (such as diazepam, alprazolam, lorazepam), alcohol and nicotine (cigarette and chewing tobacco), antidepressants are NOT addictive. This means that when you take them, you will not develop tolerance. (Meaning, you will not find yourself in a situation where you need to keep increasing your dose of the drug to get the same or the desired effect.) There will also be no craving when you stop taking it.

When people who have been taking an antidepressant regularly discontinue it abruptly, some of them are likely to suffer what is called the "withdrawal effect." (The rate is 1/3rd of people who discontinue abruptly.) It manifests with flu-like symptoms - aches and pain, stomach upset, anxiety, dizziness, insomnia and vivid dreams. Withdrawal effects of antidepressants should not be confused with the withdrawal symptoms of addictive medication. For a small number of people, withdrawal effects can be quite severe. These effects can be avoided if the antidepressant is slowly tapered off rather than discontinuing abruptly. Ideally, this should be done under professional supervision.

I suggest you start the medication as advised by your psychiatrist and consider non-medicinal methods like psychotherapy (talking therapy), regular exercise and relaxation techniques to effect an improvement in your condition. Your condition is common and easily treatable.

My husband aged 45 years has been drinking for the last 15 years and he is very proud of the fact that he can drink about half a bottle of whiskey but not get tipsy. He is secretive about his drinking and hates it when I comment on it. His breath always smells of alcohol. Is he an alcoholic? Does my hubby need help?

Alcoholism is the commonly used term to describe the problem or addiction linked to excessive drinking at the expense of the individual's own health and functioning. And the drinker is unhelpfully called an alcoholic. In attending to such a case, clinicians seek to assess features of addiction or dependency which are typically characterised by:

- Drinking a lot without becoming drunk and the need to drink more and more (increasing tolerance).
- Feeling unwell without a drink and needs it to start the day (dependence).
- Shakes, sweats and anxiety a few hours after the last drink (withdrawal effect).
- Unable to contain the amount of intake (loss of control).
- Continuing to drink even when it is already affecting one's health and interfering with work, family and relationships.
- "Memory blanks" the person can't remember what happened for a period of hours or days.

Many of them suffer a sense of shame and guilt associated with their habit and it accounts for their secretive behaviour as you mention in the case of your husband. Bravado with drinking is common, but it is dangerous for health and safety.

In your husband's case, alcohol on his breath could be from drinking throughout the day (to avoid withdrawal effect), or residual excessive alcohol (in his blood and breath from previous drinking bouts). He is indeed tolerant to alcohol. I would recommend that you encourage him to see a psychiatrist for further evaluation of his health and drinking pattern. He needs advise on WHO recommended weekly intake of alcohol (21 units for men and 14 units for women; 1 unit = to a glass of wine, small pint of beer or 25 ml whiskey), and ways to either cut down the intake or stop drinking. Even simple awareness on healthy drinking limits can help to wean away heavy drinkers and reduce their levels of consumption. Your husband too can be motivated to bring about a change in his habit and lifestyle through formal motivational therapy.

Our doctors will answer all queries on emotional and mental health. Got mind trouble of your own? Drop us a mail at bpositiveQA@apollolife.com Or write to

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