

Nutritional & Supplemental Support for Use & Tapering of SSRIs, SNRIs & Benzodiazepines, Plus Some Gut Love

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Welcome! This PDF was created with the intention to be an easily referenced source of information for ways you can best support your health during the use of three different classes of antidepressant or anti-anxiety drugs.

THIS IS NOT A SUBSTITUTION FOR MEDICAL ADVICE.

Mechanisms of Action/Biochemistry of SSRIs (selective serotonin reuptake inhibitors), SNRIs (serotonin norepinephrine reuptake inhibitors) & Benzodiazepines

These three classes of drugs have similar mechanisms of action.

When you take these medications, they stimulate the nerve cells responsible for making serotonin to dump their serotonin into the **synapse**. The synapse is a space between nerve cells where signals are passed and communication between nerve cells occurs. It is where the action is.

The message is heard by the nerve cells through the use of **receptors**. Receptors and the compounds (like serotonin in the case of SSRIs, like serotonin & norepinephrine in the case of SNRIs and like GABA in the case of benzodiazepines) that bind them are like a lock and key. The key fits into the lock, and a cascade of reactions happens.

When a bunch of serotonin (or other compounds) is dumped into the synapse, several things happen.

One, the body is “tricked” into thinking it has plenty of serotonin, so it makes less of its own, naturally. After all, we are based off of feedback loops.

Over time, as the nerve cells and their receptors are bathed in all of this serotonin, the body begins to “pull in” or deactivate serotonin receptors. Lowered receptor density means we have less ability to “hear” serotonin’s message.

Thus, we have “modified” their reuptake, leaving more in the synapse.

But, we have also left our body with a reduced capacity to make these compounds naturally and a reduced capacity for our body to hear their messages.

This is why doses for these medications have to be increased over time, or medications have to be juggled. The body acclimates and produces less and less, and pulls more and more of their receptors in.

This is why it is difficult to come off of these drugs, particularly “cold-turkey” style, because when you remove the drug you are left with a lowered ability to make serotonin/GABA/etc and a decreased ability to hear it - leading to mega rebound anxiety, panic, depression (in fact, this is often sadly the time when many are diagnosed as being bipolar).

This is also why if you give any person (even a non-depressed, non-anxious one) a high enough dose of any of these medications for long enough, they will also have a very difficult time coming off, because their biochemical systems have been overridden.

Basic Nutritional & Lifestyle Support

These tidbits apply to those taking all three classes of medications

Blood Sugar Balance:

This is a key, non-negotiable strategy in managing depression and anxiety, although it can be inherently difficult because those that struggle with depression can lack motivation and drive with their nutrition.

Layered in to this fact is the possibility that many who are depressed crave simple carbohydrates and fats. This of course can worsen blood sugar, but also alters the microbiome (the colony of beneficial bacteria residing in the large intestine key for health, digestion and even mood) to prefer carbs and fats as well, so it is a feed-forward cycle.

I'm not going to tell you to avoid simple carbs at all costs, one because likely if you are reading this, you already know what simple carbs do to blood sugar, but also because it doesn't serve you for me to tell you something you already know but may have had limited success with executing. Instead, I offer these tips. They are intended to be a framework and loose, soothing for you to experiment with in your own life. There are no absolutes or blanket statements i could convey in a simple PDF, so do your best to simply meet these criteria to balance blood sugar:

- 1. Eat protein with every meal**
- 2. Have one large salad and/or at least 2-3 servings of vegetables daily**
- 3. Choose fats over starch whenever possible**

When blood sugar dips too low, stress hormones are released, which easily tip brain chemistry towards anxiety or plummet it into a dark place.

Sleep

Those with depression and anxiety often struggle with insomnia - an inability to sleep or very poor sleep, OR, they struggle with too much sleep. Sleep is the major reset button for your body, when it recycles and removes hormones, when it repairs itself, when it restores. Long-term mental and emotional well being is difficult to attain in the chronically under-slept. Consider these strategies:

- 1. Go to bed and get up at the same time - within 60 minutes of your bed and wake time, each day**
- 2. Your bedroom should be cool and dark and quiet**
- 3. Consider light-blocking shades**
- 4. Consider a white noise machine/app or air filter if you are a light sleeper & disturbed by noises**
- 5. Remove TV from your bedroom**
- 6. No electronics 30 minutes before bed at least**
- 7. Don't have things in your room that stress you out, like tracks of bills, unfinished projects, etc**
- 8. If you have trouble falling asleep, consider a Sleepytime tea or formula before bed**
- 9. 15-20g whey protein, 2TB walnuts and 1/4-1/2 tsp cinnamon, blended with ice/water before bed helps ease sleep & balance neurotransmitters**

Supplemental Support

All of these drugs deplete a variety of nutrients and de-sensitive receptors. Due to the depletion of certain nutrients and the biochemical individuality between individuals, I recommend a high-quality, food based multivitamin/multimineral as a base, bare-bone approach.

The doses of the following nutrients are approximations and can be tailored. Consider the following:

For SSRI Support

Folate (NOT folic acid) 200mcg (micrograms)

Vitamin B6 (as P-5-P) 10-20mg daily

Vitamin B12 (as methylcobalmin, NOT cyanocobalamin) 25mcg daily

SAMe: 50-100mg daily

Fish Oil: 2,500-4,000 mg combined EPA/DHA

St. John's Wort: 200mg-600mg daily (decent data on SJW helping with mild to moderate depression, not for major depression)

For SNRI Support

As above, with the addition of:

Tyrosine: 500-1,000mg

Taurine: 50mg

Rhodiola: 100-300mg

Vitamin C: 100-500mg

For Benzodiazepine Support

Magnesium glycinate 400mg daily

Zinc (glycinate or carnosine form) 5mg

Taurine: 100-150mg

L-Theanine: 150mg

Vitamin B6 (as P-5-P): 5-10 mg

Gut Love

We know now that the microbiome plays a role in our mental/emotional state. Keeping the microbiome healthy and diverse is key to managing this aspect of depression.

Those with depression are more likely to experience GI symptoms and disruption and functional digestive disorders like IBS (irritable bowel syndrome).

Here are some tips to keep the microbiome robust and diverse:

- 1. Your bacteria literally eat what you eat, so you are eating for 100 trillion organisms, in addition to yourself. Their preferred fuel? Fiber. Eating vegetables and fruits and plants is key for bacterial diversity.**
- 2. Eat fermented foods - kombucha, keffir, yogurt, water kefir, sauerkraut, apple cider vinegar, pickles, etc daily or several times weekly**
- 3. Consider taking a probiotic. Look for one that has 20+ billion CFUs per serving and is rich in Lactobacillus & Bifidobacter strains**
- 4. Use antibiotics judiciously. Take only when needed and the correct antibiotic confirmed.**
- 5. Avoid the use of antibacterial soaps and hand sanitizers at home**

A Word on Tapering

If you desire to come off of any of these classes of drugs, I recommend that you have a conversation about it with your doctor. Next, I recommend that you suggest a very slow taper. Trying to get off of these drugs too quickly can cause rebound symptoms and a lot of undue duress, which is not the point in coming off of them at all.

I recommend giving yourself 4-6 months to come off. Here is the general approach to think about:

Take your current dose. Reduce that by one quarter. For example, if you are taking 100mg of drug X, your first tapered dose will be 75mg.

Absolutely take the supplemental support for whatever class of drug.

At the end of thirty to forty five days, if there are no rebound symptoms, reduce the dose by another quarter (of the original dose). So, with our current example, your next tapered dose - after 4 to 6 weeks of feeling good - would be 50mg.

Increase your supplemental support by a quarter, as well. This helps supply your body with natural building blocks for these compounds and keeps receptors sensitive.

At the end of another 4-6 weeks of feeling good and no rebound, reduce by another quarter. Following our current example, this next tapered dose would be 25mg.

Increase supplements by a quarter as well.

If you are still feeling good with no rebound after the next 4-6 weeks, you are ready to try 0mg. Increase your supplementation accordingly.

If you are still feeling good after 4 weeks or so, you can begin to taper the supplements in the same fashion.

If you do have rebound symptoms, stay on your lowest dose you can, along with supplements, and discuss with your doctor an appropriate time to begin tapering again.

Give yourself the time, space, patience and compassion to do this slowly. Some people take more than this general framework, and some less, and some opt to not come off their medications at all. You have to do what is right for you, your body, your lifestyle and your preferences. There is no wrong way.