

## 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