

Review of papers provided by [REDACTED]

1. **Robert Whitaker "Anatomy of an Epidemic: Psychiatric Drugs and the Astonishing Rise of Mental Illness in America" Ethical Human Psychology and Psychiatry, Vol 7, No. 1, 2005**

This paper seeks to establish that use of any medicine to treat any psychiatric illness results in an increased incidence and severity of psychiatric illness. Studies and reviews are cited but as the references are in most cases very old it will be difficult to obtain records of the cited texts.

Increased incidence of psychiatric illness over the last century accelerating in the last 50 years

To support this claim the author compares statistical information on the proportion of the population institutionalised in mental hospitals in 1955 with the number of people in receipt of disability payments because they were either disabled by mental illness or had been diagnosed as mentally ill. A comparison is also made with the number of patient care episodes for mental illness per 100,000 people treated in 2000 and noted this was a 4 fold increase on the number of care episodes provided in 1955.

[REDACTED]

Biological cause for the epidemic

In this section the author comments on the contention that psychiatric drugs work by altering brain chemistry.

[REDACTED]

Turning patients chronically ill

In this section chronicity of illness is attributed to treatment with psychotropic medication. Neuroleptics, antidepressants, and benzodiazepines are discussed. With regard to neuroleptic medications, studies from the 1960s and 1970s are cited in which patients given "drugs" fared worse than those given placebo. The specific medications used in these studies are not stated. Nor is it stated whether these were randomised, controlled, double-blind studies. Given the era in which they were conducted this is unlikely.

The author notes the differing presentations of schizophrenia in developed and undeveloped countries and uses this to support the contention that patients with schizophrenia have better outcomes if they are not given medication.

[REDACTED]

The author then discusses MRI studies showing structural changes in the brain in patients with schizophrenia. The author has attributed structural changes in the brains of people with schizophrenia to use of medication.

[REDACTED]

With regard to use of antidepressants the author claims use leads to chronic illness and that short-term efficacy is questionable. A NIMH study conducted in the early 1980s in which 239 patients were randomised to receive the tricyclic antidepressant, imipramine, cognitive

behaviour therapy, interpersonal therapy or placebo. It was stated that at 16 weeks there were no significant differences among treatments for the less severely depressed and functionally impaired patients. "Only severely depressed patients fared better on a tricyclic than on placebo". [REDACTED]

The above study description is followed by a mention of a UK study which was conducted in 1985 in which the relapse rate was higher in the pharmacotherapy group than in the cognitive therapy group. No details of this study were provided. Literature reviews conducted in 1994 and 2003 are then cited as supporting the contention that antidepressants worsen the outcome for patients with depression. The last of these reviews was located. [REDACTED]

[REDACTED]. The abstract for this review (by Giovanni Fava) states:

"In recent years, several controlled trials have suggested that sequential use of pharmacotherapy in the **treatment** of the acute depressive episode and psychotherapy in its residual phase may improve long-term outcome. Patients, however, need to be motivated for psychotherapy, and skilled therapists have to be available. Despite an impressive amount of research into the **treatment of depression**, there is still a paucity of studies addressing the specific problems that prevention of recurrent **depression** entails. It is important to discuss with the patient the various therapeutic options and to adapt strategies to the specific needs of patients."

Rather than attributing worse outcomes to use of medication, the author was proposing a combination of medication and other therapeutic options. [REDACTED]

[REDACTED] 6.

Benzodiazepines are then discussed in the content of their use for the treatment of panic attacks. Studies concluding that patients treated medium to long term with Xanax for panic attacks had worse outcomes than those given other therapy are cited. [REDACTED]

Manufacturing mental illness

This section discusses the side effects of psychotropic medications including antipsychotics, antidepressants, benzodiazepines and stimulants for ADHD. It is stated these medications can trigger new and more severe psychiatric symptoms in a significant percentage of patients. There is no dispute with this statement.

Serotonin syndrome and mania as side effects of SSRIs are then discussed.

2. An Analysis of the Olanzapine Clinical Trials – Dangerous Drug, Dubious Efficacy. Grace E. Jackson, MD. Paper presented in the Superior Court for the State of Alaska (undated)

This report appears to have been written by an expert witness for a trial in Alaska.

[REDACTED] has noted that the author is a statistician and a psychiatrist. No context for the document was provided. The author reviews information concerning two trials used by the FDA to corroborate efficacy and safety of olanzapine. As Olanzapine is stated to be an experimental drug this report is likely to have been produced at or around the time olanzepine was first registered in the USA. [REDACTED]

The information sources were FDA evaluation reports of studies HGAP and HGAD. The author did not refer to the study reports [REDACTED]

[REDACTED]