

**correspondence with the Adverse Drug Reactions Unit concerning psychotropic medicines**

is a psychiatrist with an interest in forensic and medico-legal psychiatry. She has corresponded with the TGA about the adverse effects of psychotropic medicines since 2004. She has also written to the Prime Minister and the Health Minister on these issues.

has been concerned that psychotropic medications can cause suicidality and violence, and since February 2004 has submitted a large amount of information to the Adverse Drug Reactions Unit of the Therapeutic Goods Administration. Most of this information has been emails and letters, website downloads and media reports. Duplicates of these documents were also submitted and some were incomplete, apparently extracted pages downloaded or photocopied with, in some cases, missing the citations quoted. has also submitted some patient reports as line listings of patients she considers to have experienced adverse drug reactions.

initial concerns were that Selective Serotonin Reuptake Inhibitors (SSRIs) cause suicidality and deaths from suicide. She was particularly concerned that the adverse effect of akathisia, a condition of motor restlessness in which there is a feeling of muscular quivering, an urge to move about constantly and an inability to sit still. This is a common extrapyramidal side effect of neuroleptic drugs but has also been reported in people taking SSRIs. Her concern was that akathisia led to the suicidal behaviours and violence.

**Aug 2005.**

7.2.2 SSRIs

7.2.2.1 Trends in suicidality and uptake of treatment

- Kessler RC et al. Trends in suicidal ideation, plans, gestures, and attempts in the United States, 1990-1992 to 2001-2003. *J Amer Med Assoc* 2005;293:2487-95
- Spurgeon D. Suicidal behaviour is not lessened by higher treatment rate, study shows. *BMJ* 2005;330:1288 )
- Alliance for Human Research Protection, commentary on the Kessler study, provided by .

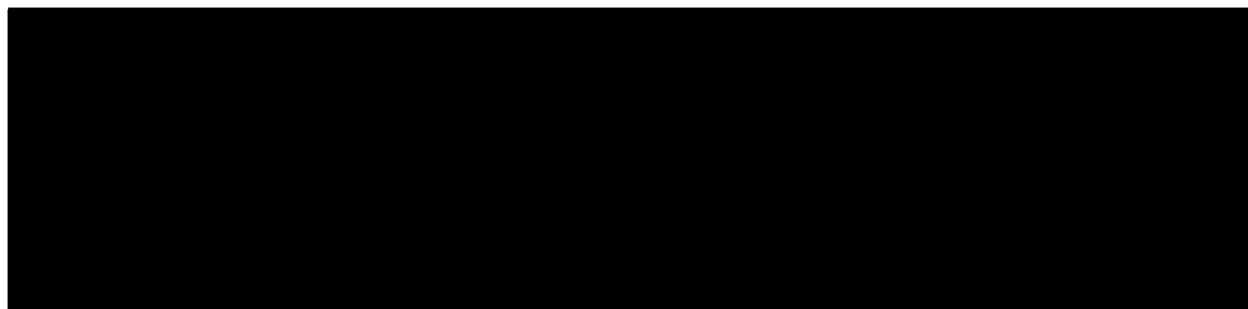


Figure 1 displays a 3x3 grid of scatter plots illustrating the relationship between the number of children and the number of children in the household. The rows represent different levels of the 'Number of children' variable (1, 2, 3) and the columns represent different levels of the 'Number of children in the household' variable (1, 2, 3). Each plot shows a positive correlation between the two variables.

The plots are arranged as follows:

- Row 1: Number of children = 1
- Row 2: Number of children = 2
- Row 3: Number of children = 3
- Column 1: Number of children in the household = 1
- Column 2: Number of children in the household = 2
- Column 3: Number of children in the household = 3

Each plot shows a positive correlation between the number of children and the number of children in the household. The plots are arranged in a 3x3 grid, with the rows representing the number of children and the columns representing the number of children in the household.

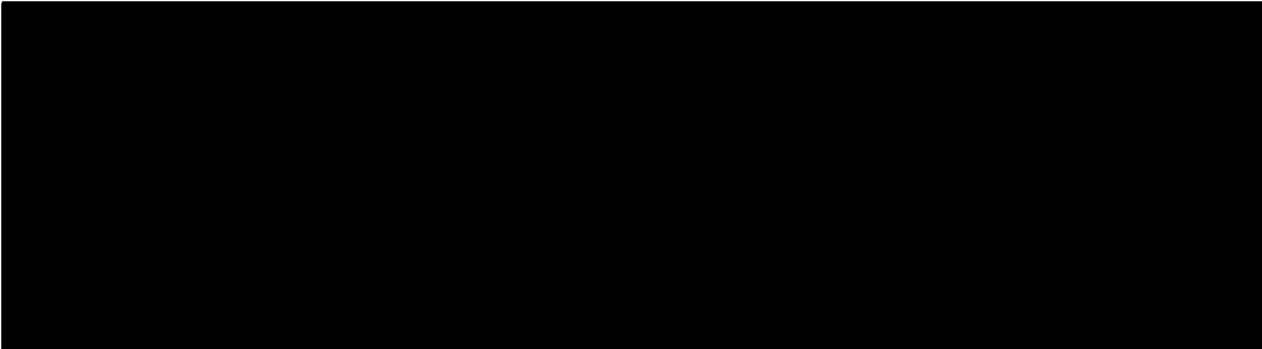
### 7.2.1.3 Critique of antidepressants

██████████ provided the Committee with an article published in the *Australian Journal of Forensic Sciences*:

- [REDACTED] New drugs, new problems. *Aust J Forensic Sciences* 2005;37:9-25

**Sept 2004**

#### 7.4.3 *SSRIs and suicidality*

- D Topliss. Letter to [REDACTED] SSRIs and suicidality. 16 Jul 2004
  - P Baume. Letter to D Topliss. SSRIs and suicidality, 3 Sep 2004
- 

**June 2004**

#### 7.5.1 *SSRIs and suicidality*

ADRAC had been contacted, via the email address, by a forensic psychiatrist, [REDACTED], who had a concern that SSRIs are causing suicidality and deaths from suicide. She sent ADRAC a powerpoint presentation and also an unpublished paper by a Professor RWM Maris, Professor Emeritus, University of South Carolina (“Suicide and neuropsychiatric adverse effects of SSRI medications: methodological issues”).

##### 7.5.1.1 Review of literature

[REDACTED] presentation included citations of published articles, all of which have been obtained, and were reviewed here in date order.

##### 7.5.1.2 Conclusions and recommendation



