

Here is a version of the article warning about neuroleptic psychiatric drugs (also known as antipsychotics) by long-term mental health Chuck Areford, with footnotes. The guest commentary was published by the daily newspaper of Eugene, Oregon, kicking off an ongoing debate. A psychiatrist wrote a reply challenging the research and citations behind Chuck's piece. Here are those references.

Footnoted version of "Antipsychotic drugs are doing harm"

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[It is essential to note at the outset that suddenly stopping or reducing psychiatric medications can be hazardous. Adjustments in medication are best done under the supervision of a medical professional.]

In the early 1990s, a new class of drugs promised to revolutionize the treatment of schizophrenia and other mental disorders. Known as atypical antipsychotics, drugs such as Clozaril, Zyprexa and Risperdal largely replaced older medications such as Thorazine, Haldol and Prolixin. Research and advertising sponsored by the pharmaceutical industry led to the widespread belief that the newer medications were indisputably safer, more effective and well worth additional billions of dollars in taxpayer money. Pharmaceutical profits soared.

Since the n, the life expectancy of those treated in community mental health centers has plunged to an appalling 25 years less than average. ⁽¹⁾ Life expectancy may have fallen by as much as 15 years since 1986. ⁽²⁾ Indications are that the death rate continues to accelerate ⁽³⁾ in what must be ranked as one of the worst public health disasters in U.S. history.

The toxicity of antipsychotic medications, also known as neuroleptics, is thoroughly documented. ⁽⁴⁾ Atypical antipsychotics initially seemed less hazardous because they produce fewer movement disorders. We now know that the newer drugs lead to more cardiovascular disease, which is by far the leading killer of those in the public mental health system. ⁽⁵⁾

People who need mental health services already suffer from high rates of cigarette smoking, lack of exercise, substance abuse, poor nutrition, homelessness and poor access to health care. Adding medications pours gasoline on a fire. This lethal combination is almost certainly driving the spiraling death rate. ^(5A)

Advances in brain imaging techniques show that antipsychotic medications cause brain damage. Animal and human studies link the drugs to shrinkage of the cerebral cortex, home to the higher functions. ⁽⁶⁾ One study of monkeys given either older or newer neuroleptic medication in doses equivalent to those given humans showed an 11 percent to 15 percent shrinkage of the left parietal lobe.

(7) Drugs that cause brain damage almost invariably reduce life expectancy.

Marketing campaigns for atypical antipsychotic drugs target new groups of patients, including the elderly and children. Public television recently reported that as many as 1 million children have been newly diagnosed with bipolar disorder, and thus may receive neuroleptic medication. This does not include children treated with antipsychotics for other disorders.

The damage to developing brains cannot be overemphasized. Years ago, the Soviet Union was condemned for giving neuroleptic medication to political dissidents. We now are giving a more lethal form of this medication to our children. Where is the outcry?

Recent studies published in the New England Journal of Medicine and elsewhere demonstrate that the newer drugs are no more effective than the older ones in reducing psychotic symptoms. (8) Patients stop taking the new drugs at the same high rate as the old ones because they do not like the way the drugs affect their lives.

While medications are effective in relieving symptoms in the short run, research indicates that people suffering from psychosis recover more quickly and completely without medication. (9) Incredibly, one study showed that those not taking medications had eight times the recovery rate of those who remained medicated. Research in Finland shows that immediate psychosocial interventions achieve far better results than those in this country. (10) It simply makes sense that people recover better when not treated with medication that causes brain damage and shortens their lives.

Yet professionals and the public widely believe that it is unethical to treat serious mental disorders without antipsychotic medication. The reasons for this are complex, but foremost is the enormous profitability of the pharmaceutical industry. In the early 1990s, the top 10 drug companies earned more profit than all the other Fortune 500 companies combined. (11) The sheer volume of money corrupts medical research, and misinformation is fed to professionals, clients and the public.

The deplorable conditions at the Oregon State Hospital are, unfortunately, just one more indication of the failure of psychiatry as a whole. I know many of the psychiatric professionals in Lane County, and they are intelligent and compassionate people who want the best for their clients. There will always be a place for medication in the treatment of emotional disorders, yet there must be public acknowledgement that the long-term use of antipsychotic medication, particularly the atypicals, is a costly mistake. Silence truly equals death.

The Oregon Department of Addictions and Mental Health has the responsibility to confront the terrible inadequacies of the current system and to fund the development of alternatives. We owe this to the taxpayers, to society and especially to those who suffer from mental illness.

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Chuck Areford of Eugene has worked in the public mental health system for the past 25 years.

- end -

Footnotes

1

A fairly well established figure. From multi-state survey from 1997-2000. Gap has probably increased since that time.

-See Mid-Valley Behavioral Care Network presentation to Planning and Management Advisory Council, April 5, 2007

-National Council for Community Behavioral Health Care- National Council Fact Sheet- June 2007

-Memo from Michael N. Morris-Oregon Dept. of Mental Health and Addictions-12/11/2007

-National Association of State Mental Health Program Directors, The Thirteen in a Series of Technical Reports; October 2006: Morbidity and Mortality in People with Serious Mental Illness, by Joe Parks MD, Dale Svendsen MD. Patricia Singer and Mary Ellen Foti, MD

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Mid-Valley Behavioral Care Network Presentation to Planning and Management Advisory Council, April 5 2007

-Manderscheid, Ronald: The Quiet Tragedy of Premature Death Among Mental Health Consumers. National Council for Community Behavioral Health Sciences; National Council News; Sept. 2006.

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Parks et al, Morbidity and Mortality in People with Serious Mental Illness- the mortality rate is accelerating.

-Sukanta Saha, David Chant and John McGrath: A Systematic Review of Mortality in Schizophrenia, Is the Differential Mortality Gap Worsening Over Time? ; Archives of General Psychiatry Vol 64, (#10) Oct. 2007 -Authors speculate that we are seeing the tip of the iceberg.

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Grace Jackson: Rethinking Psychiatric Drugs, 2005

-Peter Breggin: Toxic Psychiatry, 1991

-Robert Whitaker: Mad in America, 2002

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Shelley Wood: Cardiovascular Disease Drives 25-Year Loss in Life Expectancy Among the Mentally Ill. Heartwire, 2007

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Jeffery Lieberman et. al. Effectiveness of Antipsychotic Drugs in Patients with Chronic Schizophrenia. *The New England Journal of Medicine*., Sept. 2005.

-Peter Jones et. al, Randomized Controlled Trial of the Effect on Quality of Life of Second vs. First Generation Antipsychotic Drugs in Schizophrenia. *Archives of General Psychiatry*, 2006; 63: 1079-1087.

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Marcia Angell (former editor of the *New England Journal of Medicine*) *The Truth About Drug Companies: How They Deceive Us and What to Do About it*.

-Public Citizen's Congress Watch: 2002 Drug Industry Profits Hefty Pharmaceutical Company Margins Dwarf Other Industries.

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- Debate begun by Chuck Areford about antipsychotic psychiatric drugs