'Stop Almost All Psychiatric Meds to Prevent Harm,' -Expert Says

Liam Davenport June 01, 2015



Reporting Bias Rife in Antidepressant Studies for Anxiety



GAO Report Cites Antipsychotic Overuse in Dementia Patients



Patient Expectations Largely Dictate Antidepressant Response

Almost all psychotropic drugs could be stopped without causing any harm and with little loss of benefits, saving hundreds of thousands of lives and leading to happier and longer-lived populations, says a Danish expert in a head-to-head editorial debate.

Writing ahead of a debate in London over the use of psychiatric drugs, Peter C. Gøtzsche, MD, Nordic Cochrane Centre, Rigshospitalet, Copenhagen, Denmark, believes these medications offer few benefits compared with placebo and may cause more than half a million deaths per year in the United States and Europe. Consequently, 98% of psychotropic drugs should be dropped. These include all antidepressant, attention-deficit/hyperactivity disorder, and dementia drugs and all but 6% of the antipsychotics and benzodiazepines currently in use.

"Because psychotropic drugs are immensely harmful when used long term, they should almost exclusively be used in acute situations and always with a firm plan for tapering off, which can be difficult for many patients," Dr Gøtzsche argues.

Concerns ''Overinflated''

In response, Allan H Young, MD, PhD, professor of mood disorders at the Institute of Psychiatry, Psychology and Neuroscience at King's College London, believes that many of the concerns over psychiatric drugs are "overinflated."

Writing with John Crace, a psychiatric patient and parliamentary sketch writer for *The Guardian* newspaper, in London, Dr Young says that "psychiatric drugs are rigorously examined for efficacy and safety, before and after regulatory approval."

The editorialists add: "[They] are as beneficial as other treatments used for common, complex medical conditions."

The editorial was **published online** May 20 in the *BMJ* as part of the 52nd Annual Maudsley Debate.

In setting out his case against the current use of psychiatric drugs, Dr Gøtzsche says that randomized trials have overstated the benefits of the drugs, because "almost all" are biased.

This is because the patients are already taking another psychiatric drug. When they are then randomly assigned to receive placebo after a short washout period, they go "cold turkey" and experience withdrawal, thus exaggerating the benefits of the study drug.

In addition, many studies are inadequately blinded, and meta-analyses have indicated that the benefits of psychiatric drugs are minimal and often occur only a few days before similar effects are seen with placebo. **Deaths Underreported**

More worrying, however, is the widespread underreporting of deaths associated with psychiatric drugs. Dr Gøtzsche estimates that there have been 15 times more suicides among people taking antidepressants than reported by the US Food and Drug Administration.

Using conservative excess death rates among people aged at least 65 years of 1% for antipsychotics, 1% for benzodiazepines and similar drugs, and 2% for antidepressants, he calculates that the drugs are together responsible for 3693 deaths per year in Denmark.

This translates to a staggering 539,000 deaths per year in the United States and European Union combined.

In conclusion, Dr Gøtzsche argues that, given the above, psychotropic drugs should be reserved almost exclusively for acute patients.

"We need new guidelines to reflect this. We also need widespread withdrawal clinics because many patients have become dependent on psychiatric drugs, including antidepressants, and need help so that they can stop taking them slowly and safely," he adds.

Long-term Harms "Minimal"

In contrast, Dr Young and Crace observe that "people with poor mental health often have poor physical health and poorer (long term) outcomes in both aspects of health."

The increased death rates seen in psychiatric patients are consequently only partly due to suicide and, in fact, are largely attributable to coexisting physical health disorders.

The authors add that an analysis of meta-analyses by Leucht et al revealed that psychiatric drugs are generally as efficacious as drugs used for other complex medical conditions.

Moreover, the long-term harms associated with psychiatric drugs are minimal if guidelines are followed, and several studies have indicated that there is an inverse correlation between mortality and cumulative use.

There are also several safeguards for the monitoring of drugs, including spontaneous reporting databases, prescription event monitoring, electronic health records, and patient registries. "Taking all this into account, we contend that the motion that the long term use of psychiatric drugs is causing more meaningful harm than good is not correct and the evidence, such as it is, suggests the contrary," they conclude.

The editorialists have disclosed no relevant financial relationships.

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