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Psychiatric Medications and Suicide Risk

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Foreword by David Healy

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To my wife and daughters, who stand watch

Foreword

The question of whether antidepressants or other psychotropic drugs can cause suicide or homicide or other serious adverse effects in those who take them in the hope of preventing suicide or homicide is more than just a story of adverse events. It is one of the central issues of modern medicine and modern healthcare.

This is a story that pits clinical evidence in the form of what a patient experiences or a doctor witnesses in front of their own eyes against clinical trial evidence put forward by drug companies. This clinical trial evidence, however, is not independent evidence but is company sponsored, and only the evidence that suits company marketing purposes appears in the academic literature, which is almost completely ghostwritten.

When faced with a patient in difficulty, doctors and other healthcare providers are placed under enormous pressures to go by the "evidence," and as a result patients increasingly have their experiences invalidated. Doctors or other providers who take the patient's side when it comes to adverse events find themselves marginalized. Because the treatments do not produce the benefits that are claimed for them but are prescribed on a scale that supposes they do, our healthcare systems are becoming ever more inefficient and are leading us to the brink of national bankruptcy.

Ron Maris's book is not just about psychotropic drugs and suicide. The same forces that obscure the fact that antidepressants can produce exactly the wrong outcomes in some cases also obscure the fact that drugs prescribed for asthma, diabetes, or osteoporosis—or other drugs—regularly produce the wrong outcomes.

The bigger problem is that clinical trials, even if they are independent, are not a reliable safeguard. They are ineffective when both the treatment and the disease produce the same outcome. In all cases, they obscure safety issues because they require a focus on one primary outcome when drugs often have a hundred outcomes, ninety-nine of which are more important to the patient than the one outcome which makes money for a drug company.

But it is now close to impossible for many doctors to recognize this. The power of company marketing explains why, even though the antidepressants come with black-box warnings and have come with these warnings for close to ten years, quite extraordinarily the majority of clinicians still deny that these drugs can cause problems.

David Healy

Preface

In cases involving suicidal patients, one of most common types of problems is various psychiatric (especially depressive and mood) disorders, and the prevalent treatment for them is psychiatric medication. These powerful psychotropic (affecting the mind) drugs—antidepressants, anxiolytics, antipsychotics, and antiepileptics—can cause harm to a vulnerable minority of the consumers, even if these medications provide benefits to a majority of patients. This risk is often minimized, hidden, and even buried by the companies that manufacture the drugs; for example, by not publishing negative clinical trials in which their drugs do not work or even cause harm.

Columbia University and the FDA evaluated nine common antidepressant medications. It turns out that, if you are under age twenty-four, then taking an antidepressant doubles your suicidality risk. This is paradoxical and disturbing. After this meta-analysis, the FDA required that a black-box warning (the strongest available) be added to the nine antidepressant product descriptions (for example, in their package inserts and in the *Physicians Desk Reference*).

Patients deserve to know the true risks of their treatment. Similar sagas can be described for antianxiety medications (which can cause paradoxical rage and aggression), mood-stabilizing medications (which the FDA found also doubles the patient's suicide risk), and many other psychiatric medications (including antipsychotics). Science and clinical trial data (what is now called "evidence-based" psychiatry) can shed light on major types of psychiatric medications and their alleged associated suicide risks and adverse effects. Obviously, as a Ph.D., and not an M.D., the author is not licensed to prescribe medications. Any decision to start or discontinue psychiatric medications ought to involve a serious discussion between patients and their physicians.

Although medicine can loot, steal, or compromise one's life quality through unintended adverse effects, it also should be noted that untreated psychiatric disorders pose a serious suicide risk, too. Patients should never cavalierly discontinue possibly life-saving or life-improving medication treatments.

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