In Debate

Perplexity Is Our Product

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We live in a world where if treatments work and are relatively risk-free, health care providers, rather than use doctors, are increasingly using nurses and others, who in addition to being less costly to employ are more likely to adhere to guidelines. Against this background, when black box warnings were first put on antidepressants, the American Psychiatric Association (APA) issued a press release that was little short of a suicide note stating: the APA believes antidepressants save lives.[1]

Dr Brent's article concedes that antidepressants can cause a problem. What appears at issue is the scale of the problem. On the one hand, he gives us number-needed-to-treat figures of 3 for the benefit from treatment and 121 for the harm. However, numerous people receiving a benefit will in fact be harmed in the longer run by, among other things, physical dependence on treatment or sexual dysfunction that in some cases will persist for years after treatment stops. On the other hand, about 1 in 4 patients in trials show some initial increase in anxiety on treatment; while 1 in 20 drop out of trials owing to agitation or related problems, up to 1 in 4 children may show growth failure and 1 in 2 sexual dysfunction. Given figures like this, it is not clear that balancing a rating scale benefit against only one of many harms antidepressants can trigger offers guidance on when to treat.

Two hundred years ago, Philippe Pinel framed the reason for having professionals involved in delivering medical care as follows: "It is an art of no little importance to administer medicines properly, but it is an art of much greater and more difficult acquisition to know when to suspend or altogether to omit them."[2, p 10] No dataset better supports such a philosophy than the data on antidepressants, which indicate that most recoveries on antidepressants would have happened whether or not the person was put on treatment.

A further reason why treatments such as antidepressants are available from medical professionals only has been because politicians once thought that doctors would be able to quarry data out of companies in a way that patients would not. However, in the case of the antidepressants, it has been nonmedical people who have unearthed the data on hazards. Nonmedical people have revealed that the data in the infamous study 329 shows a much higher risk of suicidality than has found its way into the datasets Dr Brent depends on.[3] This is likely to be true of other studies also.

And there are still placebo-controlled trials of antidepressants that companies have not shown to the regulators or academics. While it may take considerable clinical skill to know when to take a risk on harming someone, faced with a situation where key data on hazards are still being withheld, professionals should not find it too perplexing to work out what needs to be done. It is in our interests to demonstrate that psychiatrists rather than antidepressants save lives.

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Dr Healy has received compensation as an expert witness for the plaintiff in 15 legal actions involving SSRIs and has been consulted on numerous attempted suicide, suicide, and suicide-homicide cases following antidepressant medication, in most of which he has offered the view that the treatment was not involved. He has also been an expert witness in one patent and one securities case.

References

1. American Psychiatric Association. APA responds to FDA's new warning on antidepressants [news release]. Arlington (VA): APA; 2004 Oct 15 [cited 2006 May 15]. Available from: www.psych.org/news_room/press_releases/04–55apaonfdablackboxwarning.pdf.
2. Pinel P. Traité médico-philosophique sur l'aliénation mentale ou la manie. Davis D, translator. London (GB): Cadell and Davies; 1806. p 10.
3. Bass A. Side effects. Chapel Hill (NC): Algonquin Books; 2008.

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