

ANNEXE PSYCHOTROPES

[*Psychotropics Annex*]

Annexe anglais-français de l'*Alter dictionnaire médico-pharmaceutique bilingue, un abécédaire de pharmacologie sociale*
[French-English Supplement to the *Alternative Bilingual Medico-Pharmaceutical Dictionary, a Primer on Social Pharmacology*]

Mise à jour récente

31.12.2019

(303 entrées)

Téléchargeable en libre accès sur / Free download on

http://alterdictionnaire.homovivens.org/fr/nouveaux_documents

On trouvera les occurrences d'un terme/locution/titre anglais/français par le raccourci Recherche (Ctl-F/Cmd-F)

[Click on the Research shortcut Ctl-F or Cmd-F to find all occurrences of a term, expression or title in either language]

AVIS DE NON-RESPONSABILITÉ - Cet ouvrage ne doit en aucun cas être assimilé à un conseil médical personnalisé, ni servir de guide de pratique clinique pour traiter un patient, mais être considéré comme source de connaissances générales en pharmacologie sociale

[**Disclaimer** : This work should in no circumstances be construed as a source of personalised medical advice or serve as clinical practice guideline to treat a patient, but be construed as a source of background information on social pharmacology issues]

A PRESCRIPTION FOR PSYCHIATRY : Why We Need a Whole New Approach to Mental Health and Wellbeing – (Livre)

Peter KINDERMAN. UK : Palgrave Macmillan ; 2014 – ISBN 9781137408709

« This is a manifesto for an entirely new approach to psychiatric care; one that truly offers *care* rather than *coercion, therapy rather than medication*, and a return to the common sense appreciation that distress is usually an understandable reaction to life's challenges¹ »

ADDICTION ; ABUSE *Trouble de comportement*

substance abuse

* of street / illegal drugs or prescription drugs

accoutumance / addiction *emprunt / assuétude / dépendance / abus de substance calque ;*

NDT : pharmacodépendance, pharmacomanie et toxicomanie : *réservés aux produits ordonnancés*

= utilisation excessive et volontaire, permanente ou intermittente, d'une ou plusieurs substances psychoactives ou ayant des conséquences préjudiciables pour la santé physique ou psychique²

= ensemble des phénomènes comportementaux, cognitifs et physiologiques d'intensité variable, dans lesquels l'utilisation d'une ou plusieurs substances psychoactives devient hautement prioritaire et dont les caractéristiques essentielles sont le désir obsessionnel de se procurer et de prendre la ou les substances en cause et leur recherche permanente³

= ensemble des phénomènes comportementaux, cognitifs et physiologiques survenant à la suite d'une consommation répétée d'une substance psychoactive, avec désir puissant de consommer le produit, une difficulté à contrôler la consommation, une poursuite de la consommation malgré les conséquences nocives, un désinvestissement des autres activités et obligations au profit de la consommation de la substance, une tolérance accrue au produit et un syndrome de sevrage physique

* Peut s'appliquer aux drogues illicites, aux produits d'ordonnance, à l'alcool, aux produits tabagiques et aux autres produits psychoactifs ou addictifs. Peut être à prédominance physique ou psychologique. On a vu des abus de la réglisse mener à l'hypertension : la glycérrhizine agit comme l'aldostérone

¹ <http://www.palgrave.com/page/detail/a-prescription-for-psychiatry-peter-kinderman/?K=9781137408709>

² Ansm (FR)

³ Afssaps (FR)

ADDICTIVE Pharmacodépendance
toxicomanogène

ADDICTOLOGY Pharmacodépendance
addictologie

= science médicale appliquée aux dépendances aux médicaments et aux drogues illicites. Comprend épidémiologie, pharmacologie, toxicologie, prévention et traitement. Aux É-U on pourrait ajouter le tabagisme car on a confié la surveillance de la nicotine à la FDA, bien que ce ne soit pas la seule composante de la fumée qui explique la dépendance au tabagisme

« La création de l'addiction est une méthode utilisée depuis longtemps dans le commerce de l'alcool et du tabac, d'abord chez l'adulte, puis chez l'adolescent pour mieux en garantir le résultat. Méthode que le monde pharmaceutique a poussé au paroxysme de l'ignominie avec deux classes de médicaments : les *benzodiazépines* (somnifères et tranquillisants) et les ISRS (*antidépresseurs* de type Prozac). Ces psychotropes ont trois particularités :

- a) Ils modifient l'humeur à court-terme, parfois dans le bon sens
- b) Ils entraînent à moyen terme, une dépendance difficilement réversible. Enfin,
- c) leur bénéfice est quasi nul à long terme.

Cette absence de bienfait sur les maladies visées incite de plus en plus médecins et patients à interrompre ces traitements. Hélas, cette interruption modifie l'humeur, souvent dans le mauvais sens. Les symptômes provoqués par le *sevrage* sont généralement plus graves et plus durables que ceux qui étaient visés par le traitement. Ceci devient alors un argumentaire prouvant l'utilité du traitement pour la santé mentale : voyez dans quel état vous met l'arrêt de ce médicament. Preuve dont l'absurde n'est pas décelable par ceux qui souffrent.⁴ »

ADHD : ADVERSE EFFECTS OF PSYCHOSTIMULANTS IN QUEBEC CHILDREN (QC)

Pédopsychiatrie – Surtraitement - Surdiagnostic

« Ritalin may be sabotaging your kids »⁵

effets indésirables des psychostimulants chez l'enfant québécois

* En 1997 l'accès aux psychostimulants pour le TDA/H fut facilité par l'assurance médicament provinciale et en une décennie c'est 9% des enfants qui y étaient exposés, contre 5% dans le reste du Canada. En 2007, 44% des ordonnances canadiennes provenaient du Québec. Après 1997 la dépression et l'**anxiété** augmenta chez les enfants québécois et la **performance** scolaire diminua : plus de **redoublements**, moins de **passages** au post-secondaire

ADHD : ATTENTION DEFICIT AND HYPERACTIVITY DISORDER

Médicalisation de la turbulence – DSM – Construction sociale

« There is no scientific evidence that ADHD is a real biological disorder. Medical scientists have not isolated a biological cause for ADHD, nor is there a laboratory test for it. ADHD is a social construction by a committee of psychiatrists who author the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. Many of the authors of the *DSM-4* (56% to be exact) have financial ties to pharmaceutical companies who stand to profit greatly from medicating children...

In a previous construction of the *DSM*, the *DSM-3*, the authors constructed ADD as a disorder but in the *DSM-4*, ADD no longer exists. It is certainly possible that ADHD will similarly disappear from future editions of the manual. I think it is important to realize that the *DSM* is an artifact of culture, and that not all cultures construct human problems and suffering in the same way »⁶

trouble de l'attention avec hyperactivité ; TAD/H; hyperactivité avec trouble de l'attention

* les fréquences rapportées chez les enfants sont gonflées par des critères diagnostiques laxistes et l'éventuelle utilisation de psychostimulants, laquelle fait bien l'affaire des fabricants, des parents et des professeurs...

ADHD : ATTENTION DEFICIT AND HYPERACTIVITY DISORDER DIAGNOSTIC THRESHOLD

Pédopsychiatrie - Surdiagnostic

« Reducing the threshold for diagnosing ADHD devalues the diagnosis in those with serious problems. A conservative stepped diagnostic approach could reduce the risk of *overdiagnosis* »⁷

seuil de diagnostic du TDA/H

⁴ <https://lucperino.com/667/diversite-des-marches-de-l-addiction.html>

⁵ <http://www.bloombergvew.com/articles/2014-07-03/ritalin-may-be-sabotaging-your-kids>

⁶ Marylin Wedge. <http://www.d'gytoday.com/blog/suffer-the-children/201209/why-french-kids-don-t-have-adhd-part-2>

⁷ Thomas et al. *BMJ* 2013; 347: f6172 at <http://www.bmj.com/content/347/bmj.f6172>

ADHD : ATTENTION DEFICIT AND HYPERACTIVITY DISORDER PROMOTION *Extension de surdiagnostic*

« The rise of A.D.H.D. diagnoses and prescriptions for stimulants over the years coincided with a remarkably successful two-decade campaign by pharmaceutical companies to publicize the syndrome and promote the pills to doctors, educators and parents. With the children's market booming, the industry is now employing similar marketing techniques as it focuses on adult A.D.H.D., which could become even more profitable »⁸

promotion du diagnostic de TDA/H

ADHD : DIAGNOSTIC THRESHOLD

Pédopsychiatrie

« Reducing the threshold for diagnosing ADHD devalues the diagnosis in those with serious problems. A conservative stepped diagnostic approach could reduce the risk of overdiagnosis »⁹

seuil de diagnostic du TDA/H

ADHD : GUIDELINE COMMITTEE EXPERTS AND INDUSTRY LINKS (CA) *Alliances stratégiques*

* The *Canadian Attention Deficit and Hyperactivity Disorder (ADHD) Resource Association (CADDRA)* publishes clinical practice guidelines¹⁰ to diagnose and treat children who supposedly have ADHD. Here is the disclosure information of the expert committee who developed the Canadian ADHD Practice Guidelines :

Dr. Geraldine Farrelly: Eli Lilly Canada Inc. (Speaker, Advisory Board, Research Grants); Janssen-Ortho Inc (Speaker, Advisory Board); Purdue Pharma (Advisory Board); Shire BioChem Inc. (Speaker, Advisory Board) -

Dr Martin Gignac: Eli Lilly Canada Inc. (Speaker, Advisory Board); Janssen-Ortho Inc (Speaker, Advisory Board); Purdue Pharma (Advisory Board); Shire BioChem Inc. (Speaker, Advisory Board) -

Dr Lily Hechtman: Eli Lilly Canada Inc. (Speaker, Advisory Board, Research Grants); GlaxoSmithKlein (Speaker, Advisory Board, Research Grants); Janssen-Ortho Inc (Speaker, Advisory Board, Research Grants); Purdue Pharma (Speaker, Advisory Board, Research Grants); Shire BioChem Inc. (Speaker, Advisory Board, Research Grants)

Dr. Umesh Jain: Eli Lilly Canada Inc. (Speaker, Advisory Board); Janssen-Ortho Inc (Speaker, Advisory Board); Purdue Pharma (Speaker, Advisory Board, Research Grants); Shire BioChem Inc. (Speaker, Advisory Board); President, TotallyADD.com and Mental Central Inc. -

Dr. Laurence Jerome: Janssen-Ortho Inc (Speaker, Advisory Board); Shire BioChem Inc. (Speaker, Advisory Board) -

Dr. Diane McIntosh: Eli Lilly Canada Inc. (Speaker, Advisory Board, Research Grants); Janssen-Ortho Inc (Speaker, Advisory Board, Research Grants); Shire BioChem Inc. (Speaker, Advisory Board, Research Grants); Lundbeck, Astra Zeneca, Servier, Sanofi Aventis, Bristol Myers Squibb, Pfizer (Speaker, Advisory Board or Research Grants) -

Dr. Simon-Pierre Proulx: Eli Lilly Canada Inc. (Speaker); Janssen-Ortho Inc (Speaker, Advisory Board); Purdue Pharma (Speaker); Shire BioChem Inc. (Speaker) -

Dr. Declan Quinn: Eli Lilly Canada Inc. (Speaker, Advisory Board, Research Grants); Janssen-Ortho Inc (Speaker, Advisory Board); Purdue Pharma (Advisory Board); Shire BioChem Inc. (Speaker, Advisory Board) -

Dr. Joseph Sadek: Eli Lilly Canada Inc. (Speaker, Research Grants); Janssen-Ortho Inc (Speaker, Research Grants); Purdue Pharma (Speaker, Research Grants); Shire BioChem Inc. (Speaker, Research Grants) -

Dr. Derryck Smith: Eli Lilly Canada Inc. (Speaker, Advisory Board); Janssen-Ortho Inc (Speaker, Advisory Board); Purdue Pharma (Speaker, Advisory Board); Shire BioChem Inc. (Speaker, Advisory Board) -

Dr. Annick Vincent: Eli Lilly Canada Inc. (Speaker, Advisory Board); Janssen-Ortho Inc (Speaker, Advisory Board); Purdue Pharma (Speaker, Advisory Board); Shire BioChem Inc. (Speaker, Advisory Board, Research Grants); Biovail (Speaker)

Dr. Margaret Weiss: Eli Lilly Canada Inc. (Speaker, Advisory Board, Research Grants); Janssen-Ortho Inc (Speaker, Advisory Board, Research Grants); Purdue Pharma (Speaker, Advisory Board, Research Grants); Shire BioChem Inc. (Speaker, Advisory Board, Research Grants)

panel émetteur de consignes cliniques lié à l'industrie (CA)

* ... parmi tant d'autres. La divulgation – volontaire ou non – ne légitime pas le potentiel de conflits d'intérêts. Comme par

⁸ Alan Schwarz. http://www.nytimes.com/2013/12/15/health/the-selling-of-attention-deficit-disorder.html?hp&_r=1&

⁹ Thomas et al. *BMJ* 2013; 347: f6172 at <http://www.bmj.com/content/347/bmj.f6172>

¹⁰ <http://www.caddra.ca/cms4/pdfs/caddraGuidelines2011.pdf>

hasard, les firmes mentionnées ont des intérêts particuliers dans la psychopharmacologie notamment celle du TDA/H¹¹

ADHD : SPOTTING BY CLASSROOM TEACHERS

« The majority of referrals for ADHD comes from *classroom teachers* who have all been trained to be *disease spotters*. Young children who are considered immature, inattentive or given to wandering (normal behaviours in many countries) in the classroom are referred to family physicians or often paediatricians who specialize in ADHD diagnosis...

A common side effect from ADHD drugs (aka *kiddie coke*) is agitation or anxiety yet these drugs are given to many children who are already anxious, which often causes a higher level of nervous behaviours...

The drug label states the drug is contraindicated for children who are anxious (such as a child new to the country, from a poverty stricken home, different cultural expectations, or tense as a result of marital discord or an illness such as a parent dying of cancer)...

If the child who is medicated with ADHD drugs does not settle down and pay attention in class, teachers routinely suggest a visit to the doctor again who is pressured to up the ADHD dose or adds a second drug, an antidepressant or antipsychotic. The most frustrating part of this process for me was that social factors became totally irrelevant. Media reports based on misleading studies in psychiatry journals are hurting children...

There is no academic or social benefit to putting a child on psychiatric drugs. Their problems get worse not better¹² »
repérage par les enseignants en classe

ADHD AND STIMULANTS ACCORDING TO PETER BREGGIN

"Within an hour after taking a single dose of a stimulant drug, any child tends to become more obedient, more narrow in focus, more willing to concentrate on humdrum tasks and instructions. Parents in conflict with a little boy can hand him a pill, knowing he'll soon be more docile..."

It is commonly held that stimulants have a paradoxical effect on children compared to adults, but these drugs probably affect children and adults in the same way. At the doses usually prescribed by physicians, children and adults alike are 'spaced out,' rendered less in touch with their real feelings, and hence more willing to concentrate on boring, repetitive schoolroom tasks...

At higher doses, both children and adults become more obviously stimulated into excitability or hyperactivity. There is, however, great variability among individuals and a number of children and adults will become more hyperactive and inattentive at the lower doses as well. The British are much more cautious about using stimulants for children...

Grahame-Smith and Aronson (1992), authors of the Oxford Textbook of Clinical Psychopharmacology and Drug Therapy, suggest p. 141 that stimulants may work in children the same way they impact on rats, by 'inducing stereotyped behavior in animals, i.e., in reducing the number of behavioural responses'...

Stereotyped behavior is simple, repetitive, seemingly meaningless activity, often seen in brain damaged individuals. The textbook states somewhat suggestively, 'It is beyond our scope to discuss whether or not such behavioural control is desirable'. Toxic Psychiatry : One way to understand the routine effect of any psychiatric drug is to look at its more extreme or toxic effects (Breggin, 1991)...

TAD/H et stimulants selon Peter Breggin

ADVERSE REACTIONS WITH SSRIS *Facteurs favorisants*

« Adverse reactions are most likely to occur when *starting* or *discontinuing* the drug, *increasing* or *lowering* the dose or when *switching* from one SSRI to another. Adverse reactions are often diagnosed as bipolar disorder when the symptoms may be entirely iatrogenic (treatment induced)...

Withdrawal, especially abrupt withdrawal, from any of these medications can cause severe neuropsychiatric and physical symptoms. It is important to withdraw extremely slowly from these drugs, often over a period of a year or more, under the supervision of a qualified and experienced specialist. Withdrawal is sometimes more severe than the original symptoms or problems »^{13,14}

¹¹ http://www.caddra.ca/cms4/pdfs/fr_caddraGuidelines2011_introduction.pdf

¹² Jo Ann Cook, communication, 28.1.2017

¹³ <http://ssristories.org/>

¹⁴ http://ssristories.org/?utm_source=January+2014+News&utm_campaign=January+News&utm_medium=email

effets indésirables avec les inhibiteurs dits sélectifs de la sérotonine

* parmi les facteurs prédisposants liés au produit, le début ou l'arrêt du traitement, les changements de posologie

AKATHISIA EIM

« It is established that genetic polymorphisms in the CYP450 and serotonergic metabolising system cause higher drug blood levels which are associated with neuropsychiatric adverse drug reactions (ADRs), such as akathisia. If not recognised, *akathisia*, which often precedes *violence, suicidality, homicide, mania and psychosis*, may be mistaken for new or emergent mental illness and treated with further ineffective, counter-productive psychiatric drugs.¹⁵ »

« Akathisia is a complex side effect of various psychotropic drugs including *antidepressants* and *antipsychotics*. It is often described as a sense of inner restlessness. It can manifest as a physical discomfort or inability to remain still, but it can also be less obvious, presenting as anything from a constant and disturbing unease in the mind, through to an intense emotional turmoil.

It may occur within hours of starting treatment or it may take weeks or months to appear. It can also happen when changing the dose and when stopping the drug. Akathisia is often misleadingly described as a movement disorder, but there are no involuntary movements such as in tardive dyskinesia or Parkinsonism. It is an emotional state rather than a motor disorder, and it is this emotional state that can make you feel the need to keep moving to alleviate the tension¹⁶ »

« The condition by which an antidepressant can cause someone to become suicidal is known as *akathisia*, and it is well-recognized in the pharmacology literature, and it dates back, as David Healy has so very well written, to the first antidepressant — a sedative for high blood pressure called reserpine...

The fact that a pill could do this was not considered controversial then as it is today — truly we have lost ground in the area of information acceptance — and reserpine was discontinued due to its recognized danger of causing suicides...

These patients could not be called depressed, moreover — they were merely being treated for high blood pressure. For what it's worth, it was given to Hemingway in the years preceding his suicide, and his Mayo psychiatrist blamed his deteriorating condition on the drug paped with a stimulant commonly used to treat ADHD today »¹⁷

« Deteriorating outcomes in mental illness, deaths, violence, and suicide rates have been documented by epidemiologists and have increased up to 20-fold since 1924. Some people taking psychiatric drugs develop akathisia and some people who develop akathisia kill themselves or others. Yet the drugs can be effective in persons suffering serious depression, provided their doses are adjusted according to their ability to metabolize them normally and there is informed monitoring »¹⁸

akathisie

« L'akathisie ou syndrome hypercinétique, pouvant mener à la violence, peut être médicamenteuse. C'est un *toxidrome*, une atteinte neurotoxique, parfois liée aux niveaux toxiques d'un psychotrope ou à son retrait brutal, chez des patients porteurs d'anomalies génétiques du métabolisme médicamenteux dues à des variantes dans les gènes de la famille enzymatique dénommée CYP450...

Le lien entre l'akathisie et la suicidabilité est connu depuis les années 1950 et avec l'homicidalité depuis 1985. Healy et coll. ont décrit 9 cas de meurtre, suicide ou violence extrême chez des patients pourtant sans antécédents psychiatriques avant d'être médicamenteux¹⁹. Les *homicides par akathisie* médicamenteuse surviennent parfois même sans anomalie génétique^{20...} »

« Les médecins légistes qui n'envisagent pas la possibilité qu'un antidépresseur puisse contribuer à un comportement violent ou suicidaire sont mal avisés²¹ » - La référence phare en cinétique psychopharmacologique est la suivante : Yolande Lucire & Christopher Crotty : Antidepressant-induced akathisia-related homicides associated with diminishing mutations in metabolizing genes of the CYP450 family. *Pharmacogenics and Personalized Medicine* 2011; 4: 65-81

AKATHISIA HOMICIDES

Pharmacovigilance

¹⁵ Clarke et al. *Adv Mind Body Med*. 2019 Winter;33(1):4-21. - <https://www.ncbi.nlm.nih.gov/pubmed/31370036>

¹⁶ https://rxisk.org/akathisia/?utm_source=November+2016+News&utm_campaign=November+News&utm_medium=email

¹⁷ Paul John Scott. 21.3.2013 at <http://www.pauljohnscott.com/blog/nprs-akathisia-blind-spot/>

¹⁸ Yolande Lucire, forensic psychiatrist

¹⁹ Healy D, Herxheimer A, Menkes DB. Antidepressants and Violence: Problems at the Interface of Medicine and Law. *PLoS Med* 2006 ; 3(9): e372

²⁰ Lucire & Crotty, 2011

²¹ Lucire & Crotty, 2011

« Akathisia, a *toxidrome*, is a neurotoxic side effect... sometimes related to toxic levels of psychotropic or other drugs or to their too prompt withdrawals, in patients with unrecognized drug metabolism problems (variant alleles in the metabolizing genes of liver CYP450 family) and mismanagement of their pharmacotherapy...

Some people taking psychiatric drugs develop akathisia ... and some people who develop akathisia **kill themselves or others ... Akathisia** has been known to be associated **with suicide since the 1950s and with homicide since 1985...**

Healy et al. described 9 cases of murder, suicide and severe violence in patients who had not been mentally ill before being medicated... *Akathisia homicides* have been defended as instances of involuntary intoxication both with and without genetic evidence »²² can we read in an outstanding article : only 3.5 months after publishing, it became the **fifth most popular paper** that the *Pharmacogenetics and Personalized Medicine* has ever published

homicides par akathisie / par syndrome hypercinétique

N.d.T. : l'étymologie de *akathisie* est un *a* privatif et l'ancien grec *cathisein*, action de s'asseoir; les akathisiques ne peuvent pas demeurer assis longtemps

* l'akathisie peut être naturelle ou médicamenteuse (psychotropes)

ALZHEIMER : FOUR USELESS, DANGEROUS AND COSTLY DRUGS

Pharmacoéconomie

Alzheimer : quatre médicaments inutiles, dangereux et couteux

« Deux syndicats de médecins généralistes, *MG France* et *Union généraliste*, dénoncent le remboursement par la Sécurité sociale de médicaments inefficaces, voire dangereux, contre la maladie d'Alzheimer. Le remboursement de ces médicaments a coûté plus de 262 M€, selon l'assurance maladie, rapporte France-Soir en 2011 ...

Cet argent devrait être utilisé ailleurs. Nous avons par exemple beaucoup de progrès à faire sur la prise en charge et l'accompagnement des malades et des familles, dit Claude Leicher, président de *Médecins Généralistes France* »²³

* Dans une étude *indépendante* comparative contre placebo, l'essai conduit par le *AD 2000 Collaborative Group* en Angleterre a évalué sur 3 ans un total de 565 patients atteints d'une forme légère à modérée. A l'issue de l'étude, il n'y pas eu de différence significative pour l'entrée en institution (42 % dans le groupe donezepil et 44 % dans le groupe placebo). De même la perte d'autonomie n'a pas été significativement différente (55% contre 53% à 3 ans)...

Par contre les effets indésirables graves (29 contre 23 : +6) et les décès (63 et 50 : +13) ont paru plus fréquents sous traitement. La prise en charge explique un effet placebo...²⁴

* Une synthèse publiée en 2005²⁵ démontre que dans les 22 essais publiés contre placebo, l'amélioration moyenne est plus que modeste, variant de **1,5 à 3,9 points sur une échelle qui en comprend 70**, en deçà du chiffre de 4 points (sic) exigé par la FDA.²⁶ Il est déjà **scandaleux qu'une si faible amélioration absolue d'un critère intermédiaire** pas nécessairement pertinent soit suffisante pour obtenir l'AMM aux EU...

Une exigence limitée à une amélioration de 5.7% (4 points sur 70) en situation expérimentale, sur un critère de substitution de validité modeste, dans les seuls essais que veut bien soumettre un demandeur d'AMM, est une véritable *passoire*

Si on prend en compte la *biais de publication* et les défauts méthodologiques (EIM latéraux atropiniques menant aux sorties d'essai, etc.), on peut raisonnablement conclure que ces produits ne présentent pas un rapport bénéfices : risques justifiant leur utilisation dans l'Alzheimer. Sans compter les coûts, qui réduisent les argents disponibles pour payer la prise en charge en institution, laquelle fait trop souvent cruellement défaut, et pour soutenir les aidants naturels

* *Prescrire* conclut que 'En pratique, le donezepil au long cours n'a pas d'intérêt chez les patients atteints d'une forme légère à modérée de la maladie d'Alzheimer. On ne peut espérer rien de mieux avec les autres anticholinestérasiques'. Et pourtant nos assureurs publics comme privés continuent à rembourser. Les médicaments actuellement promus ne sont pas basés sur un mécanisme d'action rationnel car on ignore toujours la physiopathologie fondamentale de cette maladie...

²² Yolande Lucire & Christopher Crotty. *Pharmacogenetics and Personalized Medicine* 2011;4:65-81 Site <http://www.ssrstories.com/show.php?item=5064>, accessed 8.8.2011

²³ <http://www.psychomedia.qc.ca/maladie-d-alzheimer/2011-02-07/medicaments-inefficacite-effets-secondaires-indesirables>

²⁴ Courtney. *Lancet* 2004; 363 : 2105

²⁵ *BMJ* 2005;331 :321

²⁶ Montastruc. *BIP* octobre 2005, CRVP de Toulouse

Doit-on continuer de produire des me-too de l'Aricept® (donezépil) pour inhiber l'acétylcholinestérase, enzyme qui inactive l'acétylcholine, un neurotransmetteur dont le 'déséquilibre' n'est pas la cause de l'Alzheimer... Aucun ne remplace les neurones cholinergiques perdus et aucun n'empêche la progression de la maladie²⁷

ALZHEIMER : INDUSTRY SUES REGULATOR

Harcèlement d'agence

« The National Institute for Clinical Excellence (NICE, UK) was set up in part to contain industry and has the distinction of having been sued by companies for advising against current drug treatments for Alzheimer's disease »²⁸

l'industrie poursuit une autorité de réglementation au sujet des anti-Alzheimer

ALZHEIMER AND ITS SO-CALLED PATIENT ASSOCIATIONS

Associations de patients sponsorisées – Promotion indirecte

l'Alzheimer et ses soi-disant associations de patients

« Un article de Médiapart (21.10.2011) chiffre à 250 M d'euros par an en France le coût des anti-Alzheimer à l'utilité desquels personne ne croit, hormis les *associations de patients* manipulées par les fabricants »²⁹

* Depuis quand peut-on d'une part souffrir véritablement de cette maladie, mais d'autre part s'organiser en association, préparer des réunions, élire des directeurs, administrer un budget, piloter des pétitions, utiliser les médias, demander des subventions, lancer des campagnes de souscription, recruter de nouveaux membres ?...

Même des gens en parfaite maîtrise de leurs moyens ont des difficultés à accomplir ces tâches, et dans cette maladie il y a perturbation des fonctions exécutives comme faire des projets, organiser, ordonner dans le temps, avoir une pensée abstraite, etc. Ce sont donc des aides naturels désespérés qui forment le noyau de ces groupes habituellement sans les ressources nécessaires pour se faire entendre, des soignants, mais aussi des proches de l'industrie...

ALZHEIMER AND ITS SO-CALLED PREVENTIVE DRUGS

"Firm conclusions cannot be drawn about the association of modifiable risk factors with cognitive decline or Alzheimer's disease. There is an absence of highly reliable consensus-based diagnostic criteria for cognitive decline, mild cognitive impairment, and Alzheimer's disease, and the available criteria have not been uniformly applied..."

There is insufficient evidence to support the use of pharmaceutical agents or dietary supplements to prevent cognitive decline or Alzheimer's disease ... Cholinesterase inhibitors are the most common treatment for mild to moderate Alzheimer's disease and have been the focus of several RCTs evaluating prevention of Alzheimer's disease. Although there is some disagreement in the literature, the entire body of evidence led us to conclude that this class of drugs is **not effective in preventing Alzheimer's disease**³⁰

"Examine the documents supporting the Food and Drug Administration's approval of Aricept®, and you will see upon what a slim reed this drug's empire was built on. Those taking the drug scored, on average, 3 points better on a 70-item cognitive assessment scale. That's about a 4% difference..."

And the differences disappear when the drug is discontinued - indicating that the drugs 'do not represent a change in the underlying disease'. At best, these effects may be only marginally more effective against dementia than garlic was against the Black Death in the 14th century"³¹

l'Alzheimer et ses soi-disant médicaments préventifs

« Les anticholinestérasiques ne retardent pas l'entrée en institution et augmentent la mortalité »³²

ALZHEIMER AND RIVASTIGMINE

Gérontovigilance

Alzheimer et rivastigmine

« Chez les patients atteints de *démence* liée à la maladie de Parkinson, la balance bénéfices-risques de la rivastigmine (Exelon) est défavorable. Chez les patients atteints de la maladie d'*Alzheimer*, il n'y a pas grand-chose à attendre à long terme de la

²⁷ *Rev Prescrire* 2006; 16(278 Suppl.) : 122

²⁸ *Pharmageddon*, page 140

²⁹ Marc Girard, communication

³⁰ National Institutes of Health, 2010 - http://consensus.nih.gov/2010/docs/alz/alz_stmt.pdf, accessed 29.4.2010, NIH State-of-the-Science Conference: Preventing Alzheimer's Disease and Cognitive Decline 28.4.2010

³¹ Ira Rosofsky - <http://articles.latimes.com/2009/mar/19/opinion/oe-rososky19>

³² JL Goriaux. *Rev Prescrire* 2006 ; 26(270) : 230

rivastigmine, qui ne freine pas la maladie »³³

ALZHEIMER AND THE AMYLOID HYPOTHESIS

Cul de sac intellectuel

* Active and passive immunization trials against amyloid plaques turned out negative. The Alzheimer (AD) amyloid hypothesis is stuck in an intellectual *cul-de-sac* :³⁴ that those plaques made of a natural physiological protein in the brain, vital to synaptic function, are causally related to AD. So called 'senile plaques' are made of fibrillar amyloid, long, twisted and insoluble proteins. But **the hypothesis has not been validated** :

a) about 30% of individuals with moderate to severe senile plaques at death were never demented in life. So the plaques of fibrillar amyloid don't necessarily lead to dementia

b) the majority of people diagnosed with dementia have a mix of two pathologies in their brain – fibrillar amyloid plaques and vascular disease

d) The first incarnation of a vaccine was based on active immunisation, relying on the body to raise antibodies to a foreign amyloid challenge. After 6% of participants developed severe brain inflammation, the trial was called off. In those patients who mounted a strong immune response upon vaccination, autopsy showed there was indeed evidence of removal of senile plaques from their brain but their dementia progressed unabated

e) Then a form of a passive vaccination was attempted.³⁵ In August 2012 results of Phase III trials - a series of clinical trials of bapineuzumab involving 2400 patients – showed no evidence of clinical efficacy on any cognitive or functional outcome, putting an end to future trials

f) In conclusion, the clinical disorder of dementia decouples from the disease state of fibrillar amyloid plaques. There are now serious questions about whether fibrillar amyloid has a causal relationship with neuronal loss and related mental dysfunction. So **any drug attempting to rid the brain of it is suspect**³⁶

« The biased interpretation of the work of Alzheimer and Kraepelin has justified a *reductive* approach to Alzheimer's disease that focuses narrowly on pathological changes in the brain, especially with regard to *amyloid*. In the past decade alone, substantial resources have been invested in the amyloid cascade hypothesis—the notion that amyloid-related proteins in the plaques famously associated with AD are responsible for a cascade of molecular events leading to neuronal death...

However, anti-amyloid compounds have largely failed, casting doubt on whether drugs that target amyloid are a viable therapeutic strategy »³⁷

« **The amyloid hypothesis is unproven**. Twenty years of research using this hypothesis has led nowhere. Many people that have these *amyloid* plaques do not develop Alzheimer's or other dementias. It is also unclear whether *amyloid* plaque is a precursor or a by product of the disease. Pharma continue to beat a dead horse by consistently testing this hypothesis in the quest for a speedy profit...

How do they do this? The recipe is simple. Create some 'evidence' with some drug concoction that demonstrates 'significance' in a reduction of *amyloid* plaque. Next, use the *spin doctors* to state that the drug is effective in preventing Alzheimer's, regardless of clinical benefit »³⁸

Alzheimer et l'hypothèse amyloïde

ALZHEIMER BY PRESCRIPTION

Gérontovigilance – Faux diagnostics

* Polypharmacy in the aged can mimick some of the presenting symptoms of Alzheimer disease

* Statins can produce cognitive impairments passing for dementia; see the STATINIZATION Annex

Alzheimer sur ordonnance

³³ *Rev Prescrire* 2011 ;31(337) :825

³⁴ Michael Venenzuela. <http://theconversation.edu.au/alzheimer-hypothesis-stuck-in-intellectual-cul-de-sac-8809>

³⁵ <http://www.forbes.com/sites/matthewherper/2012/08/08/how-a-failed-alzheimers-drug-illustrates-the-drug-industrys-gambling-problem/>

³⁶ Michael Venenzuela, op. cit.

³⁷ George et al. *Lancet* 2012; 380(9858) : 1986 at <http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2812%2962145-X/fulltext?elsca1=ETOC-LANCET&elsca2=email&elsca3=E24A35F>

³⁸ Linda Furlini, 2013

« On se rend compte que la *surmédication des sujets âgés* peut en imposer pour des Alzheimer - qui 'guérissent' spectaculairement si quelqu'un a la géniale idée de stopper les médicaments administrés - La surmédicalisation des sujets âgés rend compte d'un apparent accroissement du nombre des Alzheimer, de plus en plus de sujets étant rendus déments par le nombre incroyable de médicaments qu'ils reçoivent ... [Seraient-ce des] *Alzheimer sur ordonnance?* »³⁹

ALZHEIMER CLINICAL TRIALS AND SO-CALLED INFORMED CONSENTS

Éthique de la recherche

essais cliniques dans l'Alzheimer et consentements soi-disant éclairés

* sans commentaire

ALZHEIMER DIAGNOSIS MISCONCEPTIONS IN CURRENT CLINICAL RESEARCH

Biomarqueurs non validés – Éthique de la recherche ignorée – Critères diagnostiques de sélection non pertinents – Validité externe viciée

* Misconceived Alzheimer prevention carries the risks of ill advised trials and misleading promotion afterwards

« The current focus on early intervention trials in Alzheimer's disease (AD) research raises particular *ethical issues*. These arise out of problems of validating study results and translating them into general practice for one thing and out of unwanted effects of an *uncertain diagnosis* for diagnosed people for another.

The first addresses the demands of scientific research compared to those of medical practice, questioning how the medical value of clinical trials is evaluated. The second relates the scientific and medical value of early intervention trials to the normative value of an *uncertain diagnosis*. Are people who are diagnosed with a potential early form of AD in clinical studies patients proper — although they would not have been diagnosed with the given 'disease' in non-research-oriented medical settings?

The very problem of framing this question in terms of diagnostic misconceptions connects conceptual with ethical issues of research into preclinical stages of neurodegenerative diseases »⁴⁰, writes German ethicist Kutschenko in 2011

« *Unproven biomarkers* for AD are used for determining eligibility for clinical trials rather than a clinical diagnosis (a strategy that is pharma's best friend). Kutschenko raises the some of the frightening ethical implications of an *uncertain diagnosis*...

In this age of unreliable biomarkers, genetic testing with vague results (disease predisposition), unproven diagnostic tools (brain scans, etc), the risks of recruiting people to take part in drug trials for AD based solely on the positive results of any one or all of these diagnostic criteria are much too high»⁴¹

idées fausses sur le diagnostic de la maladie d'Alzheimer pour fins de recherche clinique

* La prévention mal conçue de l'Alzheimer entraîne les risques liés à une **expérimentation déraisonnable** et une **promotion trompeuse** par la suite

ALZHEIMER DRUGS IN LONG TERM CARE UNITS

Alzheimer - Gérontovigilance

produits dits anti-Alzheimer en unités de soins longue durée / en USLD

* Nommés à *tort* anti-Alzheimer, ces produits n'en ciblent pas le mécanisme cérébral perturbé, lequel est encore à découvrir, et ne peuvent ni retarder, ni guérir. Il n'y a guère de place en USLD pour ces produits, donépézil (Aricept®), rivastigmine (Exelon®) et galantamine (Galantyl®, Reminyl®).

Ils ne devraient à la limite être remboursés que dans des cas rares, pour une période de temps limitée, dans certaines formes ou stades, évalués périodiquement par un clinicien compétent en *psycho-gériatrie* - c'est stipulé dans la monographie canadienne⁴² - et imperméable à la promotion véhiculée par les fabricants et les collègues leaders d'opinion qui s'en font les complices efficaces.

Ces produits ne visent que certains symptômes ou l'amélioration des réponses à des questionnaires qui ont peu à voir avec la physiopathologie fondamentale de l'Alzheimer, qui nous échappe encore, et encore moins avec l'autonomie, mais qui produisent eux-mêmes d'autres symptômes nuisant à la qualité de vie [et causant parfois la mort]...

³⁹ Marc Girard, 2011. <http://www.rolandsimion.org/spip.php?article227>

⁴⁰ Lara K Kutschenko. *J Med Ethics* 2012;38:57e59, en ligne 25.8.2011

⁴¹ Linda Furlini, communication

⁴² CPS 2010, équivalent du *Vidal* en France, du PDR aux ÉU

À titre d'exemple, cette observation clinique d'un ralentissement du pouls avec syncope déclenchant une hospitalisation : lorsqu'on reprend la médication fautive au retour en ULSD, aucun médecin, en amont comme en aval, ne soupçonne l'étiologie médicamenteuse⁴³.

Il y a plus de syncopes par bradycardies, plus de poses de stimulateurs cardiaques et de fractures de la hanche chez les sujets exposés à ces produits, ceux-ci étant abusivement promus pour retarder la perte d'autonomie, alors que cette indication n'est plus pertinente, puisqu'il s'agit de sujets déjà non autonomes et que de toute façon...

« Les médicaments de la maladie d'Alzheimer sont inefficaces sur les comportements perturbateurs de la maladie »⁴⁴

ALZHEIMER EVANGELICAL FRAUDSTER

Médicalisation – Dépistages intempestifs

« Describes a physician who promotes currently approved and useless Alzheimer drugs and is particularly too quick to diagnose the disease. His proclaimed generalizations and assumptions are cause for great worry. He tells seniors about a test they can take after his talk, right there, in private. If anyone answers 'yes' to at least 6 of the 18 questions, then they may have mild cognitive impairment and are at risk of developing Alzheimer's... »

By going directly to the elderly instead of waiting for them to come to him, he targets the undiagnosed, those whose memories have barely begun to slip. By signing them up for clinical trials, he gets them cutting-edge treatment right away (sic). These trials, he says, are their only hope, because only a medication not yet on the market has even a snowball's chance of arresting or abating a disease that will otherwise kill them⁴⁵

fraudeur évangélique (médicamenteur) de l'Alzheimer

* ce genre de 'porteur de la bonne nouvelle' est généralement subventionné - au su ou en secret – par une industrie

ALZHEIMER IN 1906

« In the autumn of 1906, Alois Alzheimer presented his now-famous lecture 'On a Peculiar, Severe Disease Process of the Cerebral Cortex' to the 37th Assembly of Southwest German Alienists in Tübingen (DE). He detailed the case of Auguste D, a woman beset by dementia in her early 50s, and interspersed his lecture with slides of the *amyloid* plaques and *neurofibrillary* tangles he had found in his patient's brain in post-mortem investigation »⁴⁶

L'Alzheimer en 1906

ALZHEIMER IN 1910

« Emil Kraepelin, a leading clinical psychiatrist, proposed 'Alzheimer's disease' as a presenile dementia—separate from senile dementia—in the 8th edition of his authoritative *Psychiatrie* textbook in 1910, despite the nosological uncertainty »

L'Alzheimer en 1910

ALZHEIMER IN 1970+

« Since the 1970s, however, some psychiatrists and researchers have misconstrued Kraepelin, ignoring the value he placed on clinical observation and psychosocial factors in mental illness while celebrating his emphasis on brain pathology. This biased interpretation of the work of Alzheimer and Kraepelin has justified a **reductive approach** to Alzheimer's disease that focuses narrowly on pathological changes in the brain, especially with regard to *amyloid* »⁴⁷

L'Alzheimer dans les années 1970

AZHEIMER IN 2000s

« In the past decade alone (2002-2012), substantial resources have been invested in the *amyloid* cascade hypothesis—the notion that amyloid-related proteins in the plaques famously associated with Alzheimer are responsible for a cascade of molecular events leading to neuronal death. However, **anti-amyloid compounds have largely failed**, casting doubt on whether drugs that target amyloid are a viable therapeutic strategy »⁴⁸

L'Alzheimer dans les années 2000

« Donezepil (Aricept) au long cours : pas d'intérêt dans la maladie d'Alzheimer »⁴⁹

⁴³ Gill SS et al. *Arch Intern Med* 2009;169:867-73

⁴⁴ *Revue Prescrire* 2010; 30(320): 470

⁴⁵ Linda Furlini, 2012

⁴⁶ George et al. 2012 at <http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2812%2962145-X/fulltext?elsca1=ETOC-LANCET&elsca2=email&elsca3=E24A35F>

⁴⁷ George et al. at <http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2812%2962145-X/fulltext?elsca1=ETOC-LANCET&elsca2=email&elsca3=E24A35F>

⁴⁸ George et al. at <http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2812%2962145-X/fulltext?elsca1=ETOC-LANCET&elsca2=email&elsca3=E24A35F>

⁴⁹ *Rev Prescrire* 2004 ; 24(256) : 856

ALZHEIMER IN 2005

« The scientific basis for recommendations of cholinesterase inhibitors for the treatment of AD is questionable »⁵⁰
« Donepezil has *not* been demonstrated to improve outcomes of importance to patients and caregivers (e.g. institutionalization or disability). Rivastigmine and galantamine have *not* been studied for these outcomes...

AChE-I cause gastrointestinal, muscular, and other adverse effects and likely increase serious adverse events. There is no evidence that stopping AChE-I treatment is harmful. In advanced AD, memantine has *not* been demonstrated to improve outcomes of importance to patients and caregivers »⁵¹, can we read in #56 of *Therapeutics Initiative* (member of ISDB)

L'Alzheimer en 2005

ALZHEIMER IN 2007

« No significant difference between the effects of donepezil and those of placebo... donepezil was not more effective than placebo... our trial suggest that the cholinesterase inhibitors do not represent an effective alternative treatment for clinically significant agitation », conclude the authors of a non vendor-sponsored trial⁵²

L'Alzheimer en 2007

ALZHEIMER IN 2008

« Rhetoric in all 13 vendor-supported trials of donepezil (Aricept®) was strongly positive... Vendor influence on the rhetoric of vendor-supported RCTs is a valid concern. Rhetorical enthusiasm about donepezil is present if and only if there is vendor support. Employees of the vendors of donepezil are authors of all but one of the vendor-sponsored RCTs »⁵³ according to a review of the rhetorical techniques used in presenting trial outcomes

* Causes remain unknown; screening is manipulated with suggestions that drugs may prevent development or delay progression of the disease; so-called biomarkers are not validated as surrogate criteria; most RCT mental tests are not validated for AD and are not used in daily practice; drugs prescribed under promotional influence cause more harm than good; vendor-supported trials are ghostwritten; human, psychological and social support remain the key to patient management...

And insider trading is another way to make money even with a presently unproven amyloid hypothesis : « *Bapineuzumab* is the first humanized monoclonal antibody in late-stage investigation as a potential treatment for Alzheimer's disease. *Bapineuzumab* is designed to clear toxic beta amyloid from the brain. The beta amyloid protein is a key component of the neuritic plaques that are implicated in the pathology of AD (sic) »⁵⁴...

« After *safety committee meetings* regarding clinical trials of an **experimental Alzheimer's drug**, neurologist and committee-chairman Sidney Gilman would ring Mathew Martoma, a hedge-fund manager for CR Intrinsic Investors, based in Stamford, Connecticut, to fill him in on the latest data. According to a complaint filed by the US Securities and Exchange Commission (SEC) on 20 November, when the drug *bapineuzumab* failed a pivotal clinical trial in July 2008, Martoma got the jump on the rest of the public...

He sold off shares of Wyeth and Elan, the two pharmaceutical companies developing bapineuzumab, well before the data were announced. The early tip earned hedge funds at his company and another, unnamed company a staggering \$276 million. Gilman, a professor at the University of Michigan who told the SEC he regarded Martoma as 'a friend and a pupil', charged around \$1,000 an hour in consulting fees for a total of about \$100,000 »⁵⁵

« About 23 different scales were used [in Alzheimer trials of ChEIs]... Most of them were **not validated** for the disease for which the drugs were tested »⁵⁶

L'Alzheimer en 2008

« La cause de la maladie n'est pas connue... de nombreux médicaments psychotropes ou atropiniques sont susceptibles d'aggraver les troubles cognitifs... le diagnostic est difficile... des affections autres que la maladie s'expriment par une démence... diverses pathologies réversibles sont parfois confondues avec une démence... on ne dispose d'aucun traitement empêchant la progression...

⁵⁰ Kadoszkiewicz et al. 2005 quoted by Gilstad & Finucane

⁵¹ <http://www.ti.ubc.ca/newsletter/drugs-alzheimers-disease>

⁵² Howard et al. *NEJM* 2007 ; 357 : 1382

⁵³ Gilstad JR & Finucane TE. *J Am Geriatr Soc* 2008; 56 :1556-62

⁵⁴ http://www.eurekalert.org/pub_releases/2008-07/b2-ewp072908.php

⁵⁵ Heidi Ledford. <http://blogs.nature.com/news/2012/11/neurologist-charged-with-insider-trading.html?>

⁵⁶ Gilstad JR & Finucane TE. *J Am Geriatr Soc* 2008;56 :1556-62

l'intérêt des médicaments [dits anti-Alzheimer] est marginal... la prise en charge humaine, psychologique et sociale est capitale... les anticholinestérasés ne semblent retarder ni l'entrée en institution ni la perte d'autonomie et ont des EIM parfois graves... »⁵⁷

ALZHEIMER IN 2009

* same as last year

L'Alzheimer en 2009

* La cause est inconnue, aucune médication ne freine sa progression, le dépistage est dévoyé; les soi-disant biomarqueurs ne sont pas validés comme critères de substitution, pas plus que la plupart des instruments de mesure; les médicaments utilisés sous l'effet de la promotion causent plus de tort que de bien; seule la prise en charge humaine, psychologique et sociale demeure fondamentale. Le dépistage est inutile, angoissant et médicalisant

ALZHEIMER IN 2010

* same situation as in 2009

* FDA approves 23 mg dosage per unit, even if it has more adverse events such as protracted vomiting and the risk of pneumonia and esophageal rupture and GI bleeding

L'Alzheimer en 2010

* La cause est inconnue, aucune médication ne freine sa progression, les soi-disant biomarqueurs ne sont pas validés, le dépistage par questionnaire ou soi-disant biomarqueur non validé est fautif, les médicaments utilisés sous l'effet de la promotion causent plus de tort que de bien; la prise en charge humaine, psychologique et sociale est la clé...

Les promoteurs sont à la recherche de marqueurs pronostiques qui – sans nécessairement être en cause – apparaissent de nombreuses années avant les manifestations cliniques, et de médicaments expérimentaux capables d'agir sur ces marqueurs pendant de nombreuses années...

S'ils réussissent à en trouver, les agences les approuveront 'au cas où', ces produits se vendront durant de nombreuses années jusqu'au jour où l'on constatera qu'ils ne freinent pas l'apparition ou l'évolution de la maladie dont l'étiopathogénie nous échappera encore

ALZHEIMER IN 2011

Psychogériatrie

* same old story - « Firm conclusions cannot be drawn about the association of any modifiable risk factor with cognitive decline or Alzheimer's disease »⁵⁸

« Narrowly described, *cognitive enhancement* refers to the use by healthy individuals of medical technologies to augment cognitive abilities. A more widely encompassing description of cognitive enhancement would include any form of non-medical activity that could augment cognitive abilities such as improving diet, attending school or using a computer to process and retain information »⁵⁹ but no such technique has ever been shown to slow progression of AD or cognitive decline, nor delay their development.

L'Alzheimer en 2011

* La cause demeure inconnue, aucune médication ne freine sa progression, le dépistage par questionnaire ou soi-disant biomarqueur non validé est trompeur, les médicaments (utilisés sous l'effet de la promotion) causent plus de tort que de bien; la prise en charge humaine, psychologique et sociale est capitale⁶⁰. Le dépistage est inutile, angoissant et médicalisant

* En fin d'année, la *Haute Autorité de Santé* (FR) **ne recommande plus le dépistage** dans l'article 2.1 de ses nouvelles recommandations : « Dans l'état actuel des connaissances et avec les moyens actuels du système de santé, le dépistage de la maladie d'Alzheimer ou apparentée **n'est pas recommandé** en population générale »⁶¹

« En 2011, la *Commission de la transparence* (FR) a abaissé la cotation du service médical rendu des 4 médicaments (donépézil, galantamine, rivastigmine, mémantine), *d'important à faible*, du fait que l'intérêt de santé publique rendu par les traitements

⁵⁷ *Rev Prescrire* 2008 ;28(302) :929

⁵⁸ Ray Moynihan. <http://www.bmj.com/content/343/bmj.d5160>

⁵⁹ Outram & Racine. *Public Health Ethics* 2011 ; 4(1) : 93 - doi:10.1093/phe/phr006

⁶⁰ Linda Furlini et tous ceux qui, comme elle, connaissent bien cette maladie

⁶¹ [http://www.has-sante.fr/portail/upload/docs/application/pdf/2011-](http://www.has-sante.fr/portail/upload/docs/application/pdf/2011-12/recommandation_maladie_d_alzheimer_et_maladies_apparentees_diagnostic_et_prsie_en_charge.pdf)

[12/recommandation_maladie_d_alzheimer_et_maladies_apparentees_diagnostic_et_prsie_en_charge.pdf](http://www.has-sante.fr/portail/upload/docs/application/pdf/2011-12/recommandation_maladie_d_alzheimer_et_maladies_apparentees_diagnostic_et_prsie_en_charge.pdf) - Article 2.1 des recommandations mises à jour en décembre 2011

spécifiques de la maladie d'Alzheimer **n'est toujours pas démontré**⁶² ... il n'y a pas d'amélioration du service médical rendu⁶³ »

ALZHEIMER IN 2012

« There is no evidence base for proposed dementia screening »⁶⁴ - « Despite decades of research on treatments for Alzheimer disease (AD), no therapies have been found to prevent, halt, or reverse this neurodegenerative disorder »⁶⁵

« The report 'Alzheimer's Research: Setbacks and Stepping Stones' by the Pharmaceutical Research and Manufacturers of America (PhRMA) indicates that only 3 drugs for use in treating the symptoms of AD were approved between 1998-2011, while the development of 101 AD drugs was halted or abandoned during the same period of time – a staggering 34:1 ratio of failures vs. Successes »,⁶⁶ showing what happens when developing those 101 drugs represent fishing expeditions without knowledge of where the fish is

« The research enterprise is focused on several favorite hypotheses, and they see a drug industry that has profited handsomely from expensive, marginally effective treatments sought by desperate families ... The scientific literature now describes amyloid as necessary but not sufficient to explain AD's symptoms ... Even after decades of discussion about the role of amyloid in AD, researchers concede, the hypothesis that these plaques are key to the illness has not been properly tested. »⁶⁷

« Unreliable and unproven tests to diagnose the 'preclinical AD will be used to recruit people into trials. An important question that begs to be asked: how can we trust the drugs that will be developed as a result? What are the ethical implications for those that are determined to have 'Preclinical Alzheimer's' and never develop the disease and, conversely, those whose tests show no evidence, but do have symptoms ? »⁶⁸

* *Public Citizen's Health Research Group*, a consumer advocacy group (USA), petitioned the agency in May 2011 to remove from the market the highest dose of 23 mg of donepezil for AD, then filed a lawsuit against the FDA in federal court to compel the agency to respond. Because the high dose has more dangerous, potentially deadly side effects including vomiting, which in Alzheimer's patients 'can lead to pneumonia, massive gastrointestinal bleeding, esophageal rupture or death' ...

The agency denied the request in a letter sent to the group in November 2012. Director Sidney Wolfe commented that allowing drug manufacturer Eisai to exploit and harm vulnerable patients with Alzheimer's disease is unconscionable⁶⁹...

« The agency turned down a petition to remove Aricept 23, a higher-dose (23-mg) version of donepezil, which recently became available as a generic in 5-mg and 10-mg doses. The petition, submitted by Public Citizen in May 2011, argued that the drug does not provide enough benefits to patients to outweigh the increased adverse events associated with it. Of particular concern was an increase in vomiting, which can lead to serious complications in this patient group...

Public Citizen filed a lawsuit against the FDA in September after not getting a response from the agency; in November, the agency rejected the petition »⁷⁰

« The FDA is known as a regulator of the pharmaceutical industry, working to protect the public by ensuring the safety and effectiveness of prescription and over-the-counter drugs and medical devices, among other products. But who has the task of regulating the FDA? Who steps in if the FDA is suspected of not doing their job? Public Citizen, a consumer advocacy organization, has filed a lawsuit against the FDA for the agency's failure to ban the high dose form of Aricept...

The case, filed in federal court in Washington, alleges that the FDA violated its obligation to protect American consumers by failing to act when presented with a May 2011 petition from Public Citizen to remove the 23 milligram (mg) dose of Aricept from the market. The petition also called for the FDA to require warnings on lower doses of Aricept and its generic equivalent, donepezil, regarding the risks associated with higher dosage amounts »⁷¹

⁶² *Rev Prescrire*. 2012 ; 32(340) : 105

⁶³ *Prescrire* 2013 ; 33(353) : 233

⁶⁴ Brunet et al. *BMJ* 2012; 345: e8588

⁶⁵ Friedrich MJ. *JAMA* 2012; 308(24): 2553

⁶⁶ <http://www.2mbiotech.com/news/2012/9/20/phrma-releases-reports-regarding-alzheimers-drug-development.html>

⁶⁷ Stephen Hall, 2012, at <http://www.technologyreview.com/featured-story/429494/the-dementia-plague/>

⁶⁸ Linda Furlini. Available at <http://www.healthnewsreview.org/2012/06/guest-post-unfounded-claim-about-alzheimers-scan-touted-as-medical-certainty/>

⁶⁹ http://www.cbsnews.com/8301-505245_162-57546040/fda-rejects-petition-to-remove-high-aricept-dose/

⁷⁰ Kuehn BM. *JAMA* 2012; 308(24): 2557

⁷¹ <http://www.napolibern.com/Injury-News-Blog/2012/September/FDA-faces-lawsuit-regarding-Alzheimers-drug.aspx>

« About half of the patients who are prescribed *cholinesterase inhibitors*, however, discontinue them within a year, apparently because of a perceived lack of efficacy and adverse effects such as anorexia, weight loss, agitation, bradycardia, and syncope »⁷²
« Some consider current therapies ineffective to the point of *uselessness*... most of the currently available drugs are *ineffective* », ⁷³ writes a stock investment site in 2012

l'Alzheimer en 2012

« Début 2012, on ne connaît pas de traitement qui freine l'évolution de la maladie d'Alzheimer »⁷⁴ et on ne connaît pas d'intervention de quelque nature qui retarde l'apparition de la maladie. L'immunisation active ou passive contre les dépôts amyloïdes s'est avéré inefficace lors d'essais cliniques...

Mais on finance, parfois en PPP, des recherches cliniques sur des critères intermédiaires non validés, avec des molécules qui seront abandonnées les unes après les autres, au détriment des patients participants à ces essais mal orientés et pourtant autorisés par les agences du médicament...

Et on finance, parfois en PPP, le dépistage précoce et les essais de molécules à visée préventive alors qu'on n'en a même pas à visée curative ou symptomatique, et que l'on n'a pas encore éclairci le mystère de la physiopathologie de cette maladie

ALZHEIMER IN 2013

« Another blurry undefinable term that works in pharma's favor as part of their new strategy for effective and misleading dementia drug promotion. It includes making the definition of the condition as murky as possible and creating baselines that are moving targets. Thus, studies lead to meaningless results that can be easily manipulated. In the end, new drugs appear as though they work regardless of the science supporting their use...

The *Alzheimer Association* with its big Pharma sponsors are only too happy to promote this strategy including the term *subjective study decline* and the relentless pursuit of the amyloid hypothesis...

It is unfathomable that dementia and Alzheimer's are often viewed solely in terms of one symptom *cognitive decline*. This view is promoted in the media and by many scientists because cognitive decline can be tested and measured. Many of these cognitive tests, like the MMSE, are questionable at best...

The way they are administered also leaves all to be desired. Psychiatric symptoms or changes in personality can often be the first visible symptoms of dementia and Alzheimer's, but are hard to assess and measure...

Poor public awareness and scientific research about these symptoms allow them to slip under the radar. The overemphasis and ridiculous assumptions about cognition and cognitive decline and linking them to the excessively tested *amyloid hypothesis* has gone on too long. We are past the point of reason on this issue, but few are listening »⁷⁵

« The pathologic indices of Alzheimer disease, cerebrovascular disease, and Lewy body disease accumulate in the brains of older persons with and without dementia, but the extent to which they account for *late life cognitive decline* remains unknown. A total of 856 deceased participants from 2 longitudinal clinical–pathologic studies completed a mean of 7.5 annual evaluations, including 17 cognitive tests...

Neuropathologic examinations of global **Alzheimer** pathology, amyloid load, tangle density, macroscopic infarcts, and neocortical Lewy bodies explained **22%**, 6%, 34%, 2%, and 8% of the variation in decline, respectively. The pathologic indices accounted for a total of 41% of the variation in decline, and the majority remained unexplained, suggesting that other important determinants of cognitive decline remain to be identified »⁷⁶

« The FDA has proposed lowering the bar for approving drugs to treat people at the earliest stages of Alzheimer's disease, before they have developed any serious impairment or overt dementia. The goal is commendable — to find ways to prevent or slow the progression of this terrible disease before it can rob people of their mental capacities...

But the proposal raises **troubling questions** as to whether the agency would end up approving drugs that provide *little or no* clinical benefit yet cause harmful side effects in people who take the medications for extended periods...

⁷² LS Schneider. *N Engl J Med* 2012; 366: 957 site <http://www.nejm.org/doi/full/10.1056/NEJMe1200429?query=TOC>

⁷³ <http://stocks.investopedia.com/stock-analysis/2012/The-War-Against-Alzheimers-Requires-Thinking-Small-ASTX-AZN-PFE-ELN-ILNS.PK0102.aspx?partner=YahooSA#axzz1iLaiflJE>

⁷⁴ Prescrire. 2012 ; 32(340) : 105

⁷⁵ Linda Furlini, communication, 2013

⁷⁶ Boyle et al. *Annals of Neurology* 2013 ; 74(3) : 478 - DOI: 10.1002/ana.23964

A small decline in scores on cognitive tests may have no bearing on whether patients will progress to serious disease. The test scores might also **mistakenly** identify people who are not in the early stages of Alzheimer's and who, if treated, would suffer adverse side effects without receiving any clinical benefit »⁷⁷

« Despite our growing understanding of the relationship between various disease-based biomarkers and the clinical course of Alzheimer's disease, it remains *unclear* whether the effect of a drug on one or more such biomarkers can actually predict a meaningful clinical benefit. This concern was reinforced by the recent phase 3 trials of amyloid-lowering agents that **failed** to improve cognition despite appearing to interact with putative targets in the brain »⁷⁸

« The FDA is playing fast and loose with drug development guidance for Alzheimer's disease. We already know that many people with amyloid plaques *never* develop this disease and are *unclear* as to whether these plaques are a precursor, or a by-product of the disease.⁷⁹ Cognitive and functional assessments have clear diagnostic limitations...

By the very nature of Alzheimer's disease, its early symptoms are often nuanced, variable and unpredictable, masking its detection. Using unproven biomarkers and unreliable assessment tools will foster over-diagnosis begetting ethical morass...

Not only will healthy people be subject to physical health risks but to psychological ones and possible social and economic repercussions. Has the FDA considered how a person lives with a label of Alzheimer's until years later it is found to be bogus? Rather than encouraging pseudoscience, the **FDA should insist on more basic science** on which to base clinical trials...

We already have enough drugs of questionable worth to treat Alzheimer's and have no use for current drug development that will create **great harm and false hope** »⁸⁰

* Custodial care remains the greatest source of expenditures for society – whether care is given by volunteer caregivers (most often the daughter of the patient) or by paid staff in specialised nursing homes – when patients lose the rest of their autonomy. Assisted living facilities cost for a parent are beyond the means of several families

« Through all the twists and turns of Alzheimer's theorizing over the past three decades, one stark fact has remained constant: Drugs that aim to stop the disease process have **always failed** in large-scale clinical trials »⁸¹

« Dementia is age related and with an ageing global population is predicted to become an overwhelming and costly problem. Introduction of broader diagnostic criteria for *mild cognitive impairment* and *pre-dementia* are based on new cognitive screening tests coupled with cerebrospinal fluid biomarkers and neuroimaging...

Past neglect of services and research in dementia has fuelled international calls for action and earlier treatment, and led to the **leap of faith** that people with mild symptoms will eventually develop dementia and interventions are more likely to be effective at an early stage...

The current prevalence of dementia is thought to be 10-30% in people over the age of 80, but the adoption of new diagnostic criteria will result in **overdiagnosis**: up to 65% of this age group having AD diagnosed, and up to 23% of non-demented older people being diagnosed with dementia...

Screening for cognitive impairment and measurement of biomarkers and neuroimaging are *increasing the diagnosis* of mild cognitive impairment, which in many people will improve spontaneously, leading to *unnecessary investigation and treatments* with side effects, *adverse psychological and social outcomes* and distraction of resources and support from those with manifest dementia in whom need is greatest...

Current case identification and screening policy relies mostly on anecdotal and observational data from *potentially biased sources*, including those with *vested commercial interests*, rather than evidence from clinical trials. There is a lack of research focused on older people, in whom dementia is most prevalent...

⁷⁷ <http://www.nytimes.com/2013/03/18/opinion/drugs-for-early-stage-alzheimers.html>

⁷⁸ Kozauer & Katz. *NEJM* on line March 13, 2013 - DOI: 10.1056/NEJMp1302513 at <http://www.nejm.org/doi/full/10.1056/NEJMp1302513>

⁷⁹ Venezuela, M. Alzheimer hypothesis stuck in intellectual cul-de-sac. *The Conversation* 2012, August at <http://theconversation.com/alzheimer-hypothesis-stuck-in-intellectual-cul-de-sac-8809>

⁸⁰ Linda Furlini's response to article by Kozauer & Katz, *NEJM* on line March 13, 2013 - DOI: 10.1056/NEJMp1302513

⁸¹ <http://www.dana.org/news/features/detail.aspx?id=44202>

Current policy is rolling out untested and uncontrolled experiments in the frailest people in society without a rigorous evaluation of its benefits and harms to individuals, families, service settings, and professionals »⁸²

l'Alzheimer en 2013

* Les soins de gardiennage, de surveillance demeurent la plus grande source de dépenses – que ces soins soient assurés par des aidants bénévoles (le plus souvent la fille du malade) ou par le personnel rémunéré d'une résidence spécialisée. Le cout des centres de vie avec services de soutien pour un parent sont au dessus des moyens de plusieurs familles

« Les opposants au *DSM V* craignent aussi qu'au nom de la prévention de la maladie d'Alzheimer la perte de mémoire physiologique liée à l'âge ne devienne une pathologie. Avec pour conséquence la prescription de tests inutiles et coûteux ainsi que de médicaments dont l'efficacité n'est pas validée »⁸³

* Le dépistage est *inutile, angoissant et médicalisant* - Et on finance, parfois en PPP, le dépistage précoce et les essais de molécules à visée préventive, alors qu'on n'en possède même pas qui soient à visée curative ou symptomatique, et que l'on n'a pas encore éclairci le mystère de la physiopathologie de cette maladie

ALZHEIMER IN 2014

« Needed is rigorous and effective research for interventions aimed at creating a meaningful personal experience for the participant rather than measurable change »⁸⁴

« *Systematic screening* is part a concerted effort to prepare the terrain for testing upcoming dementia drugs and encourage the use of existing ones. Large "Consortiums" are being set up in various countries, including Canada, with the main purpose of recruiting research participants in primary care through primary care physicians. A desperate need for timely diagnosis has been turned into an unethically tenable cash grab, as a *BMJ* article and others highlight...

Instead, this specious push for "early" diagnosis is nothing more than a long term strategy to facilitate drug use and increase profits using people who may never develop dementia. Government agencies are insistent on evidence of "partnerships" (as in industry partnerships) as basic criteria to obtain funding. The crappy science will produce crappy results that will produce crappy drugs and people with dementia will be no further advanced »⁸⁵

« The European HTA network (EUNeHTA) is at present doing an assessment of Anti-Alzheimer gammaglobulins. The dementias are a very rich picking field for pharma and quack remedies, because no one knows what the cause is (and theories are presented as facts, e.g. amyloid) and there is loads of scope for enlarging the market with mild cognitive dysfunction/impairment and other very unclear pre-pre-pre cursors of the dementias...

There are 6 registered trials of gammaglobulins (as yet unlicensed), 4 are finished and industry sponsored. The plethora of different cognitive scores used as outcome measures makes cheating as easy as drinking a cup of tea »⁸⁶ - « The experimental compound TC-2153 reversed cognitive deficits in a mouse model of Alzheimer's disease in a way that did not involve changes in the usual pathological signs (p-tau and beta-amyloid) »⁸⁷, perhaps the amyloid-tide is turning...

* PACTt-MD stands for Preventing Alzheimer's dementia with Cognitive remediation plus tDCS in Mild Cognitive Impairment and Depression. The Canadian trial, announced in May 2014, will be led from Toronto by Dr Benoit Mulsant of the *Centre for Addiction and Mental Health*...

The approach will stimulate neurons in the brain and strengthen cognitive skills, which we hope will prevent the brain damage associated with Alzheimer's, and prevent or delay the diagnosis. The research team will be studying a combination of a painless brain stimulation treatment, called transcranial *Direct Current Stimulation* (tDCS), with memory and problem solving exercises, known as cognitive remediation...

« Here you have it. The perfect marriage: uniting two so called disease groups in one study. People labelled 'clinically depressed' who have been 'successfully' treated and people with 'Mild Cognitive Impairment' will be recruited to undergo deep brain stimulation and memory problem exercises. Using these exercises to prevent brain cell deterioration by Alzheimer's, sells well,

⁸² David G Le Couteur et al. *BMJ* 2013; 347: f5125 - <http://www.bmj.com/content/347/bmj.f5125>

⁸³ http://www.lepoint.fr/editos-du-point/anne-jeanblanc/la-psychiatrie-francaise-s-eleve-contre-les-derivees-a-l-americaaine-22-04-2013-1657910_57.php

⁸⁴ <http://gerontologist.oxfordjournals.org/content/54/3/344.abstract>

⁸⁵ Linda Furlini, 2014

⁸⁶ Tom Jefferson, 2014

⁸⁷ <http://www.plosbiology.org/article/info:doi/10.1371/journal.pbio.1001923>

but is **preposterous**...

Both groups then will be genetically tested and have their brain scanned. In other words, people with *unclear* diagnoses will receive *inconclusive/unproven* testing and given a *controversial* treatment for a disease they may *never* develop. The inclusion/exclusion criteria, the study design, the consent process and the data analysis are all easily manipulated. So much for data integrity »⁸⁸

« For the last 20 years, the ‘amyloid cascade hypothesis’ has dominated research aimed at understanding, preventing, and curing Alzheimer’s disease (AD). During that time researchers have acquired an enormous amount of data and have been successful, more than 300 times, in curing the disease in animal model systems by treatments aimed at clearing amyloid deposits. However, to date similar strategies **have not been successful** in human AD patients...

Hence, before rushing into further clinical trials with compounds that aim at lowering amyloid-beta (A β) levels in increasingly younger people, it would be of highest priority to re-assess the initial assumption that accumulation of A β in the brain is the primary pathological event driving AD...

Here we question this assumption by highlighting experimental evidence in support of the alternative hypothesis suggesting that APP and A β are part of a neuronal stress/injury system, which is up-regulated to counteract inflammation/oxidative stress-associated neurodegeneration that could be triggered by a brain injury, chronic infections, or a systemic disease...

In AD, this protective program may be overridden by genetic and other risk factors, or its maintenance may become dysregulated during aging. Here, we provide a hypothetical example of a hypothesis-driven correlation between car accidents and airbag release in analogy to the evolution of the amyloid focus and as a way to offer a potential explanation for the failure of the AD field to translate the success of amyloid-related therapeutic strategies in experimental models to the clinic »⁸⁹

« A decade of disappointing clinical trial results for *Alzheimer disease (AD)-modifying therapies* in people »⁹⁰ ...
The problem is that there is **no such pharmacological class !** because scientists do not yet know enough about the pathophysiology of AD and there are no valid targets for potential drugs

« An NIH funded study led by a neurologist, Dr Claudia Kawass, University of California at Irvine, who analysed over 30 years of data (1981) collected on older persons and matched them with *longevity indicators*. One of the most important findings of the study reported was the lack of clarity about the relationship between amyloid plaques and Alzheimer's disease pathology. The brains scan of two 90 year olds were scanned...

One of the biggest surprises so far in the study is that 40 % of the time, what seemed to be Alzheimer's disease in people over 90 actually wasn't. The researchers learned this by studying the brains of the subjects after death; many showed evidence of microscopic strokes...

One brain showed evidence of plaques and the other not. Yet, both people were exceptionally alert and living a full life. In another case, the brain scans of a 90 year old showed no evidence of plaques, yet this person demonstrated full fledged symptoms of Alzheimer type symptoms »⁹¹

l'Alzheimer en 2014

« L'idée d'une intervention qui serait d'autant plus efficace qu'elle serait précoce n'a jamais été démontrée mais continue d'être propagée par les relationnistes et les meneurs d'opinion »

Et on finance, parfois en PPP, le dépistage précoce et les essais de molécules à visée préventive alors qu'on n'en a même pas à visée curative ou symptomatique, et que l'on n'a pas encore éclairci le mystère de la pathophysiology de cette maladie

ALZHEIMER IN 2015

« The ‘breakthrough’ drug that’s not been shown to help in AD :⁹² I searched the internet; there was a conference in the United States. I searched the website and found a press release: it seems that Lilly has funded research. EXPEDITION and EXPEDITION2 are published placebo controlled trials of solanezumab, which did not reach statistical significance on their primary endpoints. However, cognitive scores in a subgroup analysis of people with milder symptoms were purported to show benefit...

⁸⁸ Linda Furlini, 2014

⁸⁹ Dimitrije Krstic and Irene Knuesel. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3893418/>

⁹⁰ Friedrich MJ. *JAMA* 2014 - doi:10.1001/jama.2014.3891

⁹¹ <http://www.10tv.com/content/stories/2014/05/02/cbs-living-past-90-new-study.html> --- Linda Furlini, 2014

⁹² Margaret McCartney. *BMJ* 2015;351:h4064 - doi: <http://dx.doi.org/10.1136/bmj.h4064>

So, in an extension study EXPEDITION-EXT, which has given rise to all of this fuss, patients in this subgroup were offered a further trial. Those previously taking placebo crossed over to the active drug, and the groups were compared. The researchers comparing cognitive function noted, "Treatment differences between the early start and delayed start groups . . . remained significant through 52 weeks."

I asked Lilly what the differences were. The company sent me an interim analysis—"in press" as of 15 July—which seems to have got no attention. It contains graphs that allow comparison of various cognitive instruments over time between the two groups of the extension trial. There's one that I know: the MMSE, which is scored out of 30. The graph's axis runs from 0 to -8, and the difference between the two groups never exceeds 1 point (sic)...

Two other cognitive scores are ADAS-Cog14 and ADCS-iADL. Never is there a difference of more than 2 between the groups, and they are scored out of 90 and 56. These are tiny differences: they may mean nothing at all for quality of life, and they may have occurred by chance. This is no breakthrough. How did this paper score such extraordinary publicity? »

« Current therapies for Alzheimer's disease do not modify the course of disease and are not universally beneficial. Clinical trials of drugs targeting amyloid and tau in established Alzheimer's disease have been unsuccessful as it is thought that treating established disease may be too late...

Research has moved to the prodromal and pre-symptomatic phases of Alzheimer's disease, with a greater emphasis on the role of biomarkers in defining cases and monitoring response to therapy. Mixed pathologies predominate in the older population. The associations between biomarkers, neuropathology and clinical syndromes are weaker in older people and this is likely to pose a greater challenge in identifying effective therapies »⁹³

l'Alzheimer en 2015

ALZHEIMER IN 2016

« Since the late 1980s I have followed developments in the field and the results are not pretty. Researchers have focused on drug development without enough understanding about the disease. The end result is that pharmaceutical companies have been able to make extravagant profits from drugs of questionable worth, while misleading desperately sick people and their caregivers...

Unfortunately, current directions in drug development are following the same path as those of the past. For over 25 years, the amyloid hypothesis that led to the development of these *ineffective* drugs has remained the hypothesis of choice. Yet, after all this time, no evidence exists that confirms whether amyloid plaques are a precursor or a result of the disease...

In fact, many people who show evidence of amyloid plaques under brain imaging show no evidence of symptoms and conversely, some with symptoms show no evidence of amyloid plaques »⁹⁴

l'Alzheimer en 2016

* Et on continue de financer, parfois en PPP, le dépistage précoce et les essais de molécules à visée préventive alors qu'on n'en a même pas à visée curative ou symptomatique, et que l'on n'a pas encore éclairci le mystère de la physiopathologie de cette maladie

ALZHEIMER IN 2016 (CA)

Orientation marchande de la recherche

« Pharma funded Alzheimer Society is doing the work of Public Health in Canada⁹⁵. The report "Alzheimer Society of Canada. Rising Tide: The Impact of Dementia on Canadian Society, 2010"⁹⁶ is terrible, full of errors, misleading, warped priorities and pro pharma. Truly depressing. It seems that we are to rely on pharma funded patient groups for our information and to direct Federal government policy »

l'Alzheimer en 2016 (CA)

* La Santé publique du Canada⁹⁷ semble s'inspirer d'un rapport⁹⁸ qui véhicule erronément et trompeusement des priorités

⁹³ <http://www.australianprescriber.com/magazine/38/2/60/3>

⁹⁴ Linda Furlini 2016 - <http://www.healthnewsreview.org/2016/01/can-2-billion-a-year-cure-alzheimers/>

⁹⁵ <http://www.phac-aspc.gc.ca/publicat/hpcdp-pspmc/36-10/ar-04-eng.php>

⁹⁶ Toronto (ON): Alzheimer Society of Canada; 2010.

⁹⁷ <http://www.phac-aspc.gc.ca/publicat/hpcdp-pspmc/36-10/ar-04-fra.php>

⁹⁸ Société Alzheimer du Canada. Raz-de-marée : impact de la maladie d'Alzheimer et des affections connexes au Canada. Toronto (Ont.) : Société Alzheimer du Canada; 2010

publiques biaisées par les objectifs mercantiles de l'industrie

ALZHEIMER IN 2017 (CA)

* From Linda Furlini, former head of Federation of Alzheimer Societies in Quebec.

A group of Canadian scientists (350+) and other partners (big Pharma, of course—See: <http://ccna-ccnv.ca/en/partner-organizations/>) have recently (2016) formed a major consortium, CCNA (Canadian Consortium on Neurodegeneration and Aging)

“The CCNA is supported by CIHR and [many partners](#) and is the Canadian component of the [CIHR Dementia Research Strategy](#).”
<http://www.cihr-irsc.gc.ca/46475.html>

For researchers and Scientists of the CCNA see: http://ccna-ccnv.ca/wp-content/uploads/2015/06/CCNA-CCNV_Members_MASTER_20151201.pdf (infamous ghostwriter Barbara Sherwin at McGill University is one of the researchers listed). The executive is made of scientists with very tight ties to Pharma: <http://ccna-ccnv.ca/en/partner-organizations/>

The Alzheimer Society is funding a project to set dementia research priorities: <http://ccna-ccnv.ca/en/2016/05/16/need-priority-setting-dementia-research/> - The James Lind Alliance will be used as a model to promote patient voices in determining research priorities. I sincerely question how this model will be used as the pharma funded Alzheimer Society patient group is leading the charge (It is also set to be the agency for patient recruitment of studies)

I am not quite clear on the differences between CCNA and the CIHR dementia research strategy in terms of who is proposing doing what type of research, but CCNA is supposed to provide infrastructure and support to scientists. What appears to be very clear is that neither CCNA nor the strategy makes mention of environmental exposure to toxins on the brain as an area of research to pursue. This is a very serious concern. See <http://ccna-ccnv.ca/en/about-us/>, click on “Research” icon at the top.

Recently, several studies have been published highlighting the impact of air pollution on the brain. This is an area that desperately requires research. [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)32399-6/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32399-6/fulltext)

CIHR and the Alzheimer Society have long adopted the “pharmaceutical hammer”. By limiting neurodegeneration to aging, they can focus on typical research areas, such as imaging, genomics/genetics, that promote drug development. But traditional lines of inquiry, such as aging research, shortchanges other areas of research. We need to challenge these titans of CIHR that exclude environmental impacts on brain neurodegeneration

l'Alzheimer en 2017

ALZHEIMER IN 2018

« Those hoping for new treatments for Alzheimer disease (AD) are unfortunately used to receiving disappointing news, but this year began on a particularly sobering note when Pfizer announced that it was *shutting down* its drug-discovery efforts for the disease.

A pharma giant giving up on such a huge potential market—globally, 47 million people are affected by AD and related dementias, and the number is predicted to double every 20 years—is a telling acknowledgment of how barren the AD drug-discovery landscape is.

The path to a drug that can halt AD is beset by difficulties, as several pharmaceutical companies have experienced. Trials for such drugs have, in most instances, failed—many at later stages of clinical evaluation, after considerable financial investment.

For instance, Eli Lilly *abandoned* development of the injectable drug solanezumab, which targets β -amyloid protein but in clinical trials failed to improve cognition or function in patients with mild-to-moderate AD, for those receiving the drug compared to those on placebo [3,4]. Similarly, TauRX experienced discouraging results with their drug LMTM, which targets tau protein.⁹⁹ »

« Our society has invested decades and untold millions in a “magic bullet” approach to Alzheimer’s, a strategy that’s been nurtured and enabled by industry claims that a cure may be around the corner. Meanwhile, advocates and caregivers in the community are becoming increasingly skeptical of the motives behind these claims and increasingly doubtful of the science that backs them.

They’re calling for less emphasis on finding a cure and more investment in desperately needed support services for patients and caregivers who are suffering now. Those voices don’t have the megaphone that a billion dollar industry can provide — all the

⁹⁹ <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002518>

more reason for journalists to work harder to find and include their perspective.¹⁰⁰»

l'Alzheimer en 2018

* Pfizer annonce en janvier l'arrêt de la mise au point de médicaments contre l'Alzheimer (et le Parkinson) et abolira 300 postes en neuroscience¹⁰¹

ALZHEIMER IN 2019

« To apply the term 'Alzheimer's' to all patients with positive amyloid biomarkers is an open invitation to overdiagnosis. The focus on a single mechanistic process has failed to deliver any beneficial interventions over the last 20 years. Perhaps it is time to embrace the complexity of a disease process where various pathological processes interact¹⁰² »

l'Alzheimer en 2019

ALZHEIMER SCREENING CAMPAIGNS

campagnes de dépistage de l'Alzheimer

N.d.T. L'usage du mot *campagne* vient du vocabulaire militaire où il se réfère à l'ensemble des opérations militaires sur un théâtre d'activité et à une époque déterminée¹⁰³

* C'est le discours des promoteurs de campagnes de dépistage, que la détection précoce améliore l'évolution : on fera des diagnostics précoces (parfois erronés), on fera participer ces gens à des essais de nouveautés visant des critères de substitution non ou mal validés (dépôts amyloïdes et cie.), on continuera en attendant de leur donner des Aricept et cie., ...

au lieu de financer la recherche fondamentale sur la mémoire, sur le cerveau, sur la neurophysiologie, sur l'épidémiologie des facteurs favorisants notamment ceux dûs à l'environnement, et au lieu de soutenir les aidants naturels qui sont trop souvent plus malheureux que les aidés déments

Les véritables besoins sont en recherche fondamentale sur la mémoire par des neurophysiologistes moléculaires et en recherche environnementale par des épidémiologistes. Le dépistage est inutile, angoissant et médicalisant

* En fin d'année 2011, la *Haute Autorité de Santé* (FR) **ne recommande plus le dépistage** dans l'article 2.1 de ses nouvelles recommandations : « Dans l'état actuel des connaissances et avec les moyens actuels du système de santé, **le dépistage de la maladie d'Alzheimer ou apparentée n'est pas recommandé en population générale** »¹⁰⁴

ALZHEIMER SURROGATES

Alzheimer surrogate endpoints / outcome measures

Critères de substitution non fondés

« Firm conclusions cannot be drawn about the association of any modifiable risk factor with cognitive decline or Alzheimer's disease »¹⁰⁵ - « FDA eased guidelines on the Alzheimer's patients who could be recruited for studies of drugs that aim to reduce levels of amyloid in the brains of patients... Investigators are operating on assumptions: In this case that this biomarker (i.e. amyloid) for Alzheimer's is also the best drug target. There's no conclusive proof that's the case »¹⁰⁶

critères de substitution dans l'Alzheimer

* pour l'instant il n'y en a pas de validés pour utilisation en pratique courante

AMERICAN PSYCHOPHARMACOLOGICAL ASSOCIATION

Ironie – Corruption institutionnelle

* Nickname of the *American Psychiatric Association*, given by Loren Mosher, former head of schizophrenia research at the *National Institutes of Health* (USA)

Association américaine de psychopharmacologie

¹⁰⁰ https://www.healthnewsreview.org/2018/08/how-the-optimism-narrative-in-alzheimers-helps-the-drug-industry-and-harms-patients/?utm_source=All+Active+%2ADigest%2A+Contacts+Mailing+List&utm_campaign=cdbc267291-EMAIL_CAMPAIGN_3_5_2018_COPY_01&utm_medium=email

¹⁰¹ <https://www.reuters.com/article/us-pfizer-alzheimers/pfizer-ends-research-for-new-alzheimers-parkinsons-drugs-idUSKBN1EW0TN>

¹⁰² [https://www.alzheimersanddementia.com/article/S1552-5260\(18\)33581-7/fulltext](https://www.alzheimersanddementia.com/article/S1552-5260(18)33581-7/fulltext)

¹⁰³ Oqf (QC)

¹⁰⁴ http://www.has-sante.fr/portail/upload/docs/application/pdf/2011-12/recommandation_maladie_d_alzheimer_et_maladies_apparentees_diagnostic_et_prsie_en_charge.pdf - Article 2.1 des recommandations

mises à jour en décembre 2011

¹⁰⁵ *Preventing Alzheimer's disease and cognitive decline*, 2010, sur <http://consensus.nih.gov/2010/alzstatement.htm>, cité par Ray Moynihan 2011

¹⁰⁶ <http://www.fiercebiotech.com>, 25.10.2011

« Loren Mosher, un homme qui mérite notre profond respect pour ce qu'il a réalisé à la tête de la branche de recherche sur la schizophrénie aux *National Institutes of Health*, a *résigné* son appartenance à l'*American Psychiatric Association*, protestant contre sa **corruption**, l'appelant l'*American Psychopharmacological Association* »

ANATOMY OF AN EPIDEMIC : Magic Bullets, Psychiatric Drugs, and The Astonishing Rise of Mental Illness In America (USA) –
(Livre)

Robert WHITAKER. New-York : Crown / Random House ; 2010 - 404 pages - Reviewed by Marcia Angell¹⁰⁷

Lecture recommandée

* Winner of 2010 *Investigative Reporters and Editors* award - « An enthralling and frighteningly persuasive book . . . one whose astonishing intellectual punch is delivered with the gripping vitality of a novel » writes the *New Scientist*¹⁰⁸ - Since its publication, an increasing number of psychiatric researchers have come to agree with his conclusions

« This eye-opening investigation of the pharmaceutical industry and its relationship with the medical system lays out troubling evidence that the very medications prescribed for mental illness may, in increasing measure, be part of the problem. Whitaker marshals evidence to suggest medications 'increase the risk that a person will become disabled' permanently by disorders such as depression, bipolar illness and schizophrenia...

This book provides an in-depth exploration of medical studies and science and intersperses compelling anecdotal examples. In the end, Whitaker punches holes in the conventional wisdom of treatment of mental illness with drugs »¹⁰⁹

Anatomie d'une épidémie (Traduction libre)

* Cet ouvrage phare d'un journaliste d'enquête traite de la maladie mentale aux États-Unis et de l'idéologie de sa médicalisation et de sa médication à outrance. Très bon livre. Son message rejoint celui de Philippe Pignarre (*Comment la dépression est devenue une épidémie*, 2001) et de David Healy... et de Peter Gotzsche...

ANTI-ALZHEIMER DRUGS : HOW TO DEPRESCRIBE IN ADVANCE

* Here is how a French general practitioner warns specialists who would dare to prescribe one of those products to his patients : « As a rule and according to current validated evidence, I wish that none of the patients of which I am the attending physician be exposed to anti-Alzheimer drugs : donepezil, rivastigmine, galantamine or memantine »

médicaments anti-Alzheimer : comment déprescrire à l'avance

* Voici comment un généraliste français avertit à l'avance les spécialistes qui oseraient prescrire un de ces produits à sa patientèle : « En règle générale et compte tenu des données validées actuelles, je souhaite qu'aucun **des patients dont je suis le médecin traitant ne reçoive de médicaments anti-Alzheimer** : donépézil, rivastigmine, galantamine ou mémantine »¹¹⁰

ANTIDEPRESSANT AND MURDER *Vignette clinique – Médicament meurtrier*

« For the first time in North American criminal history, a *murder* has been attributed to an *anti-depressant* drug. In the finding, handed down on the 16.9.2011, a Canadian Judge said that he was satisfied that a 16 year old boy, who stabbed his brother's friend in the stomach, would not have committed the offence had he not been treated with the drug Prozac (fluoxetine)...

The judge accepted the evidence of psychiatrist Peter Breggin who told the court that the boy's symptoms were consistent with a Prozac Induced Mood Disorder with Manic Features... In delivering his decision the judge stated, 'His basic normalcy now further confirms he no longer poses a risk of violence to anyone and that his mental deterioration and resulting violence would not have taken place **without exposure to Prozac**'...

The boy, who had no history of violence, had been taking fluoxetine for 3 months. Over this period, his parents observed a marked deterioration in his behaviour and mood which included acts of violence and self-harm where previously no such signs existed...

His alarmed parents returned to his doctor for advice. Instead of taking him off Prozac or reducing his dosage, his doctor increased the dose, obviously believing more of what appeared to be causing these dangerous behaviours, would solve the problem »¹¹¹

antidépresseur et meurtre

* Danc cette vignette clinique regrettable, la réaction inadaptée du prescripteur devant l'émergence de la violence sous

¹⁰⁷ <http://www.nybooks.com/articles/2011/06/23/epidemic-mental-illness-why/>

¹⁰⁸ <http://robertwhitaker.org/robertwhitaker.org/Anatomy%20of%20an%20Epidemic.html>

¹⁰⁹ <http://ifyouregoingthroughhellkeepgoing.blogspot.ca/2011/04/ire-award-winner-robert-whittaker.html>

¹¹⁰ Philippe Foucras. *Prescrire* 2013 ; 33(353) : 233

¹¹¹ <http://speedupstill.com/'prozac-it'-murder-defence> - Visited 22.12.2011

fluoxétine, constitue un bon reflet de la faillite de la formation médicale continue impliquant les psychotropes en général et les antidépresseurs en particulier

* Autre vignette : « En Belgique, Marie-Claire van Sichem, 48 ans, en proie à un accès de folie, a tué son mari qu'elle aimait, Joseph Sels, 56 ans, de trois coups de pistolet... elle avalait régulièrement du Prozac¹¹² »

ANTIDEPRESSANT CRITICS

Analyse critique

« Many critics of antidepressants are themselves doctors. Examples include David Healy, Joanna Moncrieff, Jon Jureidini, Peter Mansfield, Peter Breggin, and Joseph Glenmullen. With the exception of Peter Mansfield [family physician, *Healthy Criticism*], all of these are psychiatrists »¹¹³ - « Psychiatrist Peter Breggin calls them *depressants* and the product information warns of worsening depression and suicidality »¹¹⁴

« As a physician who practises psychotherapy, and who for four decades has watched the sometimes incestuous relationship between industry and some of my colleagues, I am embarrassed to see how mindlessly the physicians and other health care practitioners embrace the notion of 'cure' for depression with drugs, along the lines of a 'cure' for strep throat with penicillin. Depression can be resolved, but pharmaceuticals are at best a superficial way to address it...

Depression, in general, is a signal of internal conflict between outward circumstances and a person's inner life, and conflict that needs resolution. It is a state of being, not a simple physical disease, like infectious disease or heart disease. Nor is it a condition caused by an imbalance of chemicals in the brain; any alteration in brain chemistry or function associated with depression is the result of the state of depression, not its cause...

The theory that declares this to be so, the so-called 'serotonin hypothesis', has never been proven, and has become simply a vehicle for advancing sales of anti-depressant medication. I employ antidepressant medication on occasion with my patients, but I never see it as a substitute for a process of exploring the inner world of persons struggling with depression, in which the relationship is the primary therapeutic tool...

Medication is really just a shallow quick fix, and far too often becomes an excuse for swiftly dismissing patients from the office, or limiting contact to perfunctory interactions. Fortunately the advancement of concepts like PTSD and others presents a new conceptual framework for addressing the impact of life events on mental health...

It, and other psychodynamic notions, are offering push-back against the drug industry's onslaught on meaningful therapeutic relationships between health care practitioner and patient. But more is needed, to help us move past this roadblock of pharmaceutical excess »¹¹⁵

critiques des antidépresseurs

ANTIDEPRESSANT OVERUSE

Surmédicamentation

« Between 1996 and 2007, the proportion of visits at which antidepressants were prescribed but no psychiatric diagnoses were noted, increased from 59.5 % to 72.7 % [USA]... Antidepressants are being prescribed for uses not supported by clinical evidence¹¹⁶»

« Census data from 2001 indicated that 4,7% of Australians were on or had recently used antidepressants... Olfson and Marcus reported that in 2005, 1/10 Americans over the age of 6 were on antidepressant medication¹¹⁷»

“Where once farmers knew to keep their cattle **out of fields growing the serotonin reuptake inhibiting weed**, St John's Wort, as it caused miscarriages, under industry influence **women have been herded by doctors in exactly the opposite direction** ¹¹⁸”

surprescription des antidépresseurs

* en première ligne et en psychiatrie

¹¹² Louis de Brouwer, 1999, page 307

¹¹³ Melissa Raven 2012 (AU) at <http://ro.uow.edu.au/cgi/viewcontent.cgi?article=4688&context=theses>

¹¹⁴ Yolande Lucire 2013

¹¹⁵ Warren Bell, family physician (CA), 2014

¹¹⁶ Ramin Mojtabai & Mark Olfson. <http://content.healthaffairs.org/content/30/8/1434.abstract>, lu 8.8.2011

¹¹⁷ Lucire & Crotty, op. cit.

¹¹⁸ David Healy. <http://www.guardian.co.uk/commentisfree/2009/aug/08/seroxat-pharmaceutical-birth-defect>

ANTIDEPRESSANT OVERUSE IN QUEBEC (QC)

Revue d'utilisation

surutilisation des antidépresseurs au Québec

« En 2010 les Québécois consommaient 36% des antidépresseurs au pays, alors qu'ils représentaient 23% de la population. En 2008 la province était celle où l'on prescrit le plus de ces produits aux jeunes. Inquiétant »¹¹⁹

ANTIDEPRESSANT SALES IN DENMARK

Antidépresseurs IRS – Révision d'utilisation de médicaments

ventes d'antidépresseurs au Danemark

« Entre 1992 et 2007, les ventes d'IRS ont augmenté linéairement par un facteur de 18, atteignant 44 DDD (Doses quotidiennes standardisées) par 1 000 habitants, tandis que le nombre de ces produits mis sur le marché avait augmenté de 16 fois, suggérant que les pressions du marketing exercent un rôle important. Le niveau actuel de la consommation de ces produits **ne peut s'expliquer** par une augmentation comparable de la prévalence de la dépression »¹²⁰

ANTIDEPRESSANT SUICIDES DENIAL : VIGNETTES

Prescripticide

« In March 2008, 17-year old Toran Henry who was on Fluoxetine (Prozac) committed suicide, 15 days after starting the drug. Maria Bradshaw, his mother, convinced that the drug had caused the problem refused to have his death attributed to a depression or other disorder he didn't have. Unbeknownst to her, the company that marketed it in New Zealand, Mylan, had **looked internally at the case and decided their drug had caused Toran's death**. Maria had to fight to get this information »

« In 2011 in Denmark, Danilo Terrida, 20, committed suicide 11 days after he was prescribed antidepressants following an 8-minute-long conversation with a doctor. The doctor never followed up on the consultation and was recently found **responsible for the suicide** by the National Agency for Patients' Rights and Complaints »¹²¹

vignettes de déni de la suicidalité par antidépresseur

ANTIDEPRESSANT-INDUCED EXCITATION AND DISCONTINUATION SYNDROMES

Pharmacovigilance

« The propaganda exercised by R_x manufacturers serve to distract attention away from the emerging morbidity and mortality associated with SSRI *excitation syndrome* (akathisia, etc.) and *discontinuation syndrome* (withdrawal manifestations, often at the source of SSRI dependence) »¹²²

Voir aussi AKATHISIA et TOXIDROME

syndromes d'excitation et de sevrage par antidépresseurs

ANTIDEPRESSANT-INDUCED HALLUCINOSIS

Pharmacovigilance

hallucinoïse par antidépresseurs

ANTIDEPRESSANT-INDUCED TARDIVE DYSPHORIA

Pharmacovigilance

= chronic depressive or dysphoric syndrome related to prolonged antidepressant consumption¹²³

dysphorie tardive induite par antidépresseurs

* le traitement est la réduction progressive de l'antidépresseur suspect sous surveillance médicale jusqu'à sa cessation

ANTIDEPRESSANTS : LONG TERM EFFECTS

Pharmacovigilance

effets au long cours des antidépresseurs

« Voilà des médicaments largement prescrits dont on connaît finalement peu les effets à long terme. Une large étude de cohorte britannique a étudié près de 55 000 sujets suivis pendant 1 an. Par rapport à l'ensemble des autres antidépresseurs, les sérotoninergiques (IRS) sont associés à plus de chutes (+66%) et d'hyponatrémiées (+52%)...

Par rapport aux sujets sans antidépresseurs, l'utilisation des autres antidépresseurs (antidépresseurs non imipraminiques, non

¹¹⁹ Martin Moisan, généraliste et auteur

¹²⁰ Nielsen M & PC Gotzsche. *International Journal of Risk and Safety in medicine* 2011 ;23(2) :125

¹²¹ David Healy, 15.1.2014, <http://davidhealy.org/guilty-2/>

¹²² Warren Bell 2011, communication

¹²³ Rif S El-Mallakh et al. *Psychother Psychosom* 2011; 80:57–59.

IMAO et non sérotoninergiques) est associée à plus de mortalité totale (+66%), de risque suicidaire (+ 416%), de fracture (+64%) ou de crise comitiale (+124%). Le risque absolu de décès toute cause à 1 an est 7% sans antidépresseur, 11% avec IRS ou les autres antidépresseurs »¹²⁴

ANTIDEPRESSANTS : WHAT'S IN A NAME?

Nomenclature de classe

« Calling these medications antidepressants is a marketing decision that does not appear to be consistent with the scientific data. A true antidepressant should be clearly superior to placebo, should offer a risk/benefit balance that exceeds that of alternative treatments, should not increase suicidality, should not increase anxiety and agitation, should not interfere with sexual functioning, and should not increase depression chronicity...

Unfortunately, these medications appear to fall short on all of these dimensions... Using labels like (a) antiaphrodisiac, (b) agitation enhancers, (c) insomnia inducers, (d) suicidality inducers, or (e) mania stimulators obviously would not offer the same marketing appeal »¹²⁵

antidépresseurs, ces mal-nommés

ANTIDEPRESSANTS AND CYP450 GENOTYPES

Pharmacogénomique - Pharmacocinétique

“Prescribing antidepressants without knowing about CYP450 *genotypes* is like giving blood transfusions without matching for ABO groups”¹²⁶

antidépresseurs et génotypes CYP450

ANTIDEPRESSANTS AND MASSACRES, HOMICIDES AND SUICIDES MEDIA STORIES

« Pharmacovigilantes Meysenburg and Bostock have collated information from over 5,000 media stories¹²⁷ of *massacres, homicides, suicides* and school and college shootings dating back to 1966 involving *antidepressants* old and new »¹²⁸

Voir aussi ANTIDEPRESSANTS AND MURDER

antidépresseurs : histoires médiatisées de massacres, meurtres et suicides

ANTIDEPRESSANTS AND MORTALITY

a) antidepressants *do not save lives*; there are no randomized trials in any clinical setting proving that to be the case. The statement that ‘antidepressants save lives’ is therefore unfounded and misleading, but widely used to over promote their use

b) but antidepressants *do take lives*, admittedly rarely, through suicidal acts, homicidal acts, or violence leading to accidental death (Jim Wright, 2015, Editor of *Therapeutics Initiative*)

antidépresseurs et mortalité

ANTIDEPRESSANTS AND PRETERM BIRTH : A META-ANALYSIS

« 41 studies met inclusion criteria. Pooled adjusted odds ratios were 1.53 for antidepressant use at any time and 1.96 for 3rd trimester use. Controlling for a diagnosis of depression did not eliminate the effect. There was no increased risk [1.16] in studies that identified patients based on 1st trimester exposure. Sensitivity analyses demonstrated unmeasured confounding would have to be strong to account for the observed association »¹²⁹

antidépresseurs et accouchement prématuré : une méta-analyse

ANTIDEPRESSANTS AND SEXUAL FUNCTION

Pharmacovigilance

« The most obvious thing SSRIs do is change sexual functioning — almost all people on an SSRI will notice some change within hours of having had it. Ian Hindmarch’s women volunteers in Leeds in 1983 almost certainly all had changes in their sexuality or sexual behavior. Delayed orgasm is extraordinarily common to begin with; reduced libido comes later »¹³⁰

antidépresseurs et fonction sexuelle

¹²⁴ Jean-Louis Montastruc, dans BIP31.fr, commentant Carol Coupland, *BMJ* 2011, 343, d4551, site <http://www.bmj.com/content/343/bmj.d4551>

¹²⁵ Antonuccio & Healy. *Scientifica* 2012 - doi: 10.6064/2012/965908 - <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3820604/>

¹²⁶ Lucire & Crotty, op. cit.

¹²⁷ <http://ssristories.com>

¹²⁸ Lucire & Crotty, op. cit.

¹²⁹ Huybrechts et al. *PLoS ONE* 9(3): e92778 - doi:10.1371/journal.pone.0092778

¹³⁰ David Healy 2012, March 9

ANTIDEPRESSANTS IN PEDIATRICS

« It is absolutely sobering to hear about the *Canadian Paediatric Society* endorsing in 2013 the use of SSRI in kids without any critical approach as regard the relevance of the *depression concept* in children and adolescents, of the efficacy of those drugs in this condition for this population, and of the importance of psychosocial approaches for these children and adolescents...

The terrible triumph of the DSM/Pill approach. It should be mandatory in our universities to teach how to approach any knowledge critically...

I am a child psychiatrist still looking for the convincing evidence that the SSRI help the DSM depressive children. I see in my office so many children given so many pills, this creating such problems, that I often played with the idea of making a speciality out of taking the children *off medication*, which is no easy task. The influence of industry in our daily life is a major problem indeed »¹³¹

antidépresseurs en pédiatrie

ANTIDEPRESSANTS IN SEVERE DEPRESSION

Inefficacité

« One of the things that seems wrong is the idea that antidepressants work for *severe depression*. It is widely known that companies did not study their drugs in hospital settings because they knew the drugs did not work in more severe cases »¹³²

les antidépresseurs dans la dépression majeure

* Exemple démonstratif du fait que les conditions expérimentales en pharmacologie clinique sont artificielles, entre autres par la sélection des participants. Un argument appuyant l'hypothèse que l'effectivité (efficacité sur le terrain) est pratiquement toujours moindre que l'efficacité démontrée en essais cliniques

ANTIDEPRESSANTS NOT THE SOLUTION AGAINST SUICIDE

« Comprehensive statewide suicide prevention activities are needed in USA to address the full range of factors contributing to suicide. Prevention strategies include strengthening economic supports (e.g., housing stabilization policies, household financial support); teaching coping and problem-solving skills to manage everyday stressors and prevent future relationship problems, especially early in life; promoting social connectedness to increase a sense of belonging and access to informational, tangible, emotional, and social support; and identifying and better supporting persons at risk (e.g., military veterans, persons with physical/mental health conditions).

Other strategies include creating protective environments (e.g., reducing access to lethal means among persons at risk for suicide, creating organizational and workplace policies to promote help-seeking, easing transitions into and out of work for persons with mental health conditions and other life challenges), strengthening access to and delivery of care, supporting family and friends after a suicide, and encouraging the media to follow safe reporting recommendations. Some states, such as Colorado, are planning to implement such a comprehensive approach to suicide prevention.¹³³ »

« After much discussion, and anguish on her part (she's generally opposed to Big Pharma and yet desperate for a return to normalcy) we agreed on fluoxetine 10 mg as a compromise (my prescription) and she took it for 4 weeks, because she wanted to know for sure if this might help. She's stopped now (thank God!) because she experienced no improvement -- and actually felt worse -- and also developed the most visceral *suicidal ideation*, complete with concrete plans that, at one point, were only interrupted by the unexpected arrival home of her husband. Her plans were unlike any suicidal ruminations she'd shared with me before that -- which had all been generalized and vague.¹³⁴ »

les antidépresseurs ne sont pas la solution contre le suicide

ANTIDEPRESSANTS REVISITED

« According to a meta-analysis by the FDA, antidepressants raise the risk of suicide in users under 25 and lower the risk of suicide in users over 65. That's the promising version. According to the smarter analyses of the clinical trials, they do not lower your risk of suicide, despite everyone assuming they do, and are linked with **more suicides** in people on the pills than on sugar pills...

It once was controversial but now is largely accepted that they do not even perform better than sugar pills except for the very extremely depressed. They do not lift depression by virtue of their chemical mechanism. They do **not reduce suicides**. Yet they

¹³¹ Jacques Thivierge (QC) 2013

¹³² David Healy 2012

¹³³ CDC, USA. <https://www.cdc.gov/mmwr/volumes/67/wr/mm6722a1.htm>

¹³⁴ Anonyme, 2018, CA

are called antidepressants. It's a wild notion that somehow cannot puncture the bubble of our times »¹³⁵

les antidépresseurs revisités

ANTIDEPRESSANTS TRIALS DURING PREGNANCY : NO THANKS !

Tératovigilance

“In recent years, a number of authors have advocated the merits of conducting randomized controlled trials of 11 antidepressants in women with nervous disorders during the prenatal period. However, a critical review of the literature indicates that 12 randomized clinical trials are not justifiable...

At a time when it has become clear that a significant proportion of the existing literature on the use of 13 pharmaceutical agents is ghostwritten, ethicists and others making assertions that RCTs are needed, risk becoming part of an apparatus that plays down the hazards of treatment and promotes the use of treatments that may be harmful¹³⁶”

essais d'antidépresseurs durant la grossesse : non merci !

ANTIDEPRESSANTS, SUICIDALITY AND THE YOUNG : A MANDATORY WARNING (FDA)

EIM paradoxal

« Litigation brought to light 26 or 27 studies finding antidepressants ineffective in the treatment of major depressive disorder in children and adolescents. Only fluoxetine is approved in the US for MDD in this younger age group the other antidepressants are not. It is fair to speculate then that these drugs would not reduce the risk of suicide »¹³⁷

« Suicidality and Antidepressant Drugs. Antidepressants increased the risk compared to placebo of suicidal thinking and behavior (suicidality) in *children, adolescents, and young adults* in short-term studies of major depressive disorder (MDD) and other psychiatric disorders. Anyone considering the xxx or any other antidepressant in a child, adolescent, or young adult must balance this risk with the clinical need...

Short-term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults beyond age 24; there was a reduction in risk with antidepressants compared to placebo in adults aged 65 and older. Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide...

Patients of all ages who are started on antidepressant therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior...

Families and caregivers should be advised of the need for close observation and communication with the prescriber. Xxx not approved for use in pediatric patients. See WARNINGS: Clinical Worsening and Suicide Risk »

antidépresseurs, suicidalité et les jeunes : une mise en garde obligatoire (FDA)

* chez les enfants le risque suicidaire lié aux antidépresseurs IRS est plus marqué que chez les adultes¹³⁸

ANTIDEPRESSANTS' EFFICACY

Balance bénéfiques-risques

« FDA's assessment of the data from all placebo-controlled trials of antidepressants, as of 2006, is that these trials combined show an odds ratio for a benefit of antidepressant over placebo as follows: In 18–25 year olds: 1.54 - In 25–64 year olds: 1.84 - In 65 years and over: 1.39 »...¹³⁹

* Which means that antidepressants are respectively 54%, 84% and 39% more effective than a placebo under experimental conditions that are necessarily artificial and too often skewed towards positive results, results of negative trials too often remaining hidden in company files. Effectiveness (efficacy in usual practice) is predictably lower, and the odds of adverse reactions are numerous and higher

ANTIPSYCHOTIC PRESCRIBING WITHOUT VALID INDICATION IN PRIMARY CARE

Suivi de cohorte – Bases de données secondaires – Prescription hors AMM

« In a cohort study of 47 724 patients in the UK, diagnoses of (a) psychosis and bipolar disorder (severe mental illness),

¹³⁵ Paul John Scott, 21.3.2013 at <http://www.pauljohnscott.com/blog/nprs-akathisia-blind-spot/>

¹³⁶ David Healy. *International Journal of Risk & Safety in Medicine* 2010; 22:1-10

¹³⁷ L.S. 2014

¹³⁸ *Prescrire* 2014, hors série, Pharmacovigilance

¹³⁹ David Healy 2012

- (b) other diagnoses including depression, anxiety and dementia and
- (c) none of these diagnoses, was compared with the prescription of antipsychotics...

Of those exposed to 1st generation antipsychotics, < 50% had a diagnosis of psychosis/bipolar disorder. For the 2nd generation agents, numbers ranged from 36% for quetiapine to 62% for olanzapine. In patients without psychosis or bipolar disorder, common diagnoses included anxiety, depression, dementia, sleep and personality disorders. For example, in risperidone users, 14% had an anxiety code, 22% depression, 12% dementia, 11% sleep disorder and 4% personality disorder...

The median daily doses and duration of treatment were greater in those with schizophrenia (eg, risperidone 4 mg for 1.2 years) than with non-psychotic or bipolar disorders such as depression or anxiety (eg, risperidone 1 mg for 0.6 years). A relatively large proportion (6% to 17%) of people receiving individual antipsychotics had none of the diagnoses stated above...

In UK primary care, a large proportion of people prescribed antipsychotics have no record of severe mental illness and they are often older people with conditions including dementia, non-psychotic depression, anxiety and sleep disorders »¹⁴⁰

prescription d'antipsychotiques sans indication valide en soins de première ligne

ANTIPSYCHOTICS IN DEMENTIA : RARELY BENEFICIAL

Démence - Antipsychotiques

« Don't prescribe antipsychotic medications for behavioral and psychological symptoms of dementia (BPSD) in individuals with dementia without an assessment for an underlying cause of the behavior. Careful differentiation of cause of the symptoms (physical or neurological versus psychiatric, psychological) may help better define appropriate treatment options...

The therapeutic goal of the use of antipsychotic medications is to treat patients who present an imminent threat of harm to self or others, or are in extreme distress—not to treat nonspecific agitation or other forms of lesser distress...

Treatment of BPSD in association with the likelihood of imminent harm to self or others includes assessing for and identifying and treating underlying causes (including pain; constipation; and environmental factors such as noise, being too cold or warm, etc.), ensuring safety, reducing distress and supporting the patient's functioning...

If treatment of other potential causes of the BPSD is unsuccessful, antipsychotic medications can be considered, taking into account their significant risks compared to potential benefits. When an antipsychotic is used for BPSD, it is advisable to obtain informed consent »¹⁴¹

antipsychotiques dans la démence : rarement bénéfiques

ATYPICAL ANTIPSYCHOTIC

second-generation antipsychotic

antipsychotique atypique / de seconde génération

* pas vraiment plus efficaces, mais plus chers

ATYPICAL ANTIPSYCHOTICS ADRs IN CLINICAL PRACTICE *Suivi exhaustif de pharmacovigilance*

« Specific Treatment Emergent Adverse Effects reported by more than half of patients overall (across both patient types, major depression and schizophrenia) included:

- a) weight gain or increased appetite(76%),
- b) cognitive issues including decreased ability to attend, concentrate, remember, or recall (79%),
- c) need to sleep/ excessive sleep/excessive sleepiness (71%),
- d) low energy (67%),
- e) Extrapyramidal symptoms (62%), and
- f) anxiety (55%)

The reporting rates of the TEAEs differed between the two groups of patients. For example, patients with Major Depressive Disorders were most likely to report cognitive issues as a TEAE (92%) while patients with schizophrenia were most likely to report weight gain as a TEAE (94%). Patients with MDD also commonly reported somnolence (76%), weight gain (64%), low energy (56%), and EPS (52%). Along with weight gain, patients with schizophrenia commonly reported low energy (82%), EPS (77%), somnolence/sedation (71%), and anxiety (65%)...

¹⁴⁰ Marston et al. *BMJ Open* 2014; 4: e006135 - doi:10.1136/bmjopen-2014-006135 - <http://bmjopen.bmj.com/content/4/12/e006135.full?cited-by=yes&legid=bmjopen;4/12/e006135>

¹⁴¹ http://www.choosingwisely.org/wp-content/uploads/2013/09/AMDA-5things-List_Final.pdf

TEAEs considered most clinically important by psychiatrists included : metabolic syndrome, weight gain, neutropenia, hyperglycemia, and QT prolongation;
TEAEs considered most bothersome to patients from physicians' perspectives included weight gain, reduced sexual desire or performance, EPS, akathisia, and hormonal issues¹⁴² »

EIM sous antipsychotiques atypiques en pratique clinique

* malgré son financement industriel, c'est un des rares articles qui présentent honnêtement la variété et la fréquence des EIM qui surviennent en pratique usuelle, dont le fardeau réduit assurément la qualité de vie - « Globalement 62% ont développé un syndrome extrapyramidal irréversible, et ce en 10 ans (77% dans le cas de la schizophrénie). Ceux et celles qui ont reçu un diagnostic de schizophrénie disent que leur médication aggrave leurs symptômes positifs¹⁴³. »

ATYPICAL ANTIPSYCHOTICS REVISITED

« In 2003 the **cost of antipsychotics** in the USA equalled the cost of **paying all their psychiatrists**. The story of the atypicals and the second generation antipsychotics is not the story of clinical discovery and progress; it is the story of **fabricated classes, money and marketing...**

With the industry reputation damaged by evidence of selective publishing and its deleterious effects, and the recent claims that trials of at least one of the new atypicals have been knowingly 'buried', it will take a great deal for psychiatrists to be persuaded that the next new discovery of a drug or a class will be anything more than **a cynical tactic to generate profit** »¹⁴⁴

« The antipsychotics brought hope and optimism to people with schizophrenia and to those who care for them. There have been successive classes of antipsychotics used by the pharmaceutical industry to persuade doctors and patients that 'new' is better. Evidence is growing that the primary purpose of these fabricated classes is for marketing. It is time we stopped using these expensive labels – they are all just antipsychotics »¹⁴⁵

les antipsychotiques atypiques revisités

AUSTRALIAN OPINION LEADER IN PSYCHIATRY (AU)

« Professor Ian Hickie – Visionary Mental Health Reformer or Paid Pharmaceutical Industry Opinion Leader? »¹⁴⁶ - « Ian Hickie is Australia's Charles Nemeroff »¹⁴⁷ - "It is this kind of complicity that damages any hopes of a positive partnership between medicine and [the pharmaceutical] industry", writes *Lancet* Editor Richard Horton on recent Hickie research¹⁴⁸

leader d'opinion australien en psychiatrie

AUTOMATIC BEHAVIOR

Pharmacovigilance

= bizarre behavior during sleep-walking accompanied by amnesia

* an ADR of certain benzodiazepine such as triazolam and benzo-like hypnotics like zolpidem

comportement automatique

« Une patiente a grossi de 23 kg en 7 mois pendant qu'elle prenait du zolpidem : elle a été observée en train de manger devant le réfrigérateur ouvert alors qu'elle dormait (i.e. somnambulait)... Un autre patient s'est réveillé avec un pinceau dans la main alors qu'il venait de peindre la porte d'entrée ... D'autres auraient conduit leur véhicule alors qu'ils somnambulaient¹⁴⁹»

* ce comportement somnambulique est accompagné d'amnésie dite antérograde

AUTOMATIC BEHAVIOR

Pharmacovigilance

comportement automatique

* EIM de plusieurs benzodiazépines comme le triazolam, d'un dérivé benzodiazépinique comme le zolpidem

BASIC RESEARCH IN DANGER OF EXTINCTION

recherche fondamentale à risque d'extinction

* Il y a déjà une décennie que l'on déplore que les psychiatres américains¹⁵⁰ font de moins en moins de recherche fondamentale,

¹⁴² Llorca et al. *BMC Psychiatry* (2017) 17:67

¹⁴³ Jean-Claude St-Onge, 20199

¹⁴⁴ Tim Kendall. *Br J Psychiatry* 2011, 199: 266

¹⁴⁵ Tim Kendall. Op. cit.

¹⁴⁶ <http://speedupstill.com/professor-ian-hickie-visionary-mental-health-reformer-paid-pharmaceutical-industry-opinion-leader>

¹⁴⁷ Yolande Lucire 2012, communication

¹⁴⁸ 12.02.2012 - Site <http://speedupstill.com/professor-ian-hickie-visionary-mental-health-reformer-paid-pharmaceutical-industry-opinion-leader>

¹⁴⁹ AADRB 2007;26(1):2-3 – *Rev Prescrire* 2007;27(282) :268

¹⁵⁰ McLellan F. *Lancet* 2003 ; 362(9397): 1732

se contentant d'être les intermédiaires nécessaires et dociles dans l'exécution d'essais multicentriques dessinés par les promoteurs de nouveaux psychotropes et de nouvelles clientèles, relevant de la recherche appliquée...

On expose de moins en moins les résidents à la rigoureuse méthodologie de la recherche et de l'évaluation critique de la documentation, en sorte qu'ils peuvent de moins en moins juger de la validité interne et externe des protocoles auxquels ils participent par idéalisme ou curiosité en début de carrière puis, au fil du temps, pour épaissir leur cv et leur porte-monnaie

ABUSE

EIM comportemental

abus; usage abusif

= utilisation ou consommation excessive et volontaire, permanente ou intermittente, d'une ou plusieurs substances pharmacologiques, souvent psycho-actives, ayant des conséquences préjudiciables pour la santé physique ou psychique

* Parmi les médicaments non psycho-actifs susceptibles d'abus par détournement personnel de leurs objectifs

thérapeutiques et non conforme à la monographie ou à l'utilisation médicale habituelle, mentionnons :

a) les diurétiques, l'hormone thyroïdienne, certains psychotropes, certaines préparations magisrales, l'antiépileptique **topiramate** (Epitomax), consommés pour maigrir; noter que le topiramate fut réhabilité aux EU quand l'association fixe (Qsymia) avec la phentermine fut approuvée le 17.7.2012 par la FDA,¹⁵¹ une **aberration médicale** dans la lutte contre l'obésité¹⁵² car la phentermine est un amphétaminique qui faisait partie du *fen-phen* retiré du marché pour graves EIM neuropsychiques et cardiaques (valvulopathies)

b) les stéroïdes **anabolisants** et l'**époïetine**, chez les athlètes qui visent l'augmentation de la masse musculaire ou de l'endurance respectivement

c) les **amphétaminiques** légaux indiqués dans le TDA/H mais utilisés pour améliorer la performance scolaire et d'autres performances

BEFORE PROZAC : The Troubled History of Mood Disorders in Psychiatry – (Livre)

Edward SHORTER. Oxford : Oxford University Press ; 2009 – 304 pages - ISBN 978-0-19-536874-1

Avant le Prozac : L'histoire trouble des troubles de l'humeur en psychiatrie (Traduction libre)

* Peter Tyrer en a fait une excellent recension dans le Lancet¹⁵³

BENZODIAZEPINE WITHDRAWAL SYNDROME

* time to onset (TTO) is calculated from last dose – the *critical dose* – to first symptoms of withdrawal

« Nobody who hasn't been subject to benzo withdrawal either before or after they know they are addicted can begin to imagine what this drug is like to get off. People are ruined by this drug often because they were prescribed it for the most innocent of reasons. And doctors generally **know and do nothing** about withdrawal....they haven't got a clue »¹⁵⁴

syndrome de sevrage aux benzodiazépines

* les médecins banalisent trop souvent la prescription de benzos (alias tranquillisants) sans informer les patients du risque d'accoutumance et sans savoir en gérer le sevrage

* les facteurs favorisants sont (a) une longueur durée du traitement, (b) une forte dose quotidienne, (c) une courte demi-vie du produit

BENZODIAZEPINES' AND SSRI ANTIDEPRESSANTS' DEPENDENCE : DRUG AGENCIES' FAILURE TO ACKNOWLEDGE

Étude documentaire

« Communications were explored from drug agencies about benzodiazepine dependence and selective serotonin reuptake inhibitors (SSRIs) withdrawal reactions over time. It took many years before the drug regulators acknowledged benzodiazepine dependence and SSRI withdrawal reactions and before the prescribers and the public were informed...

Drug regulators relied mainly on the definitions of dependence and withdrawal reactions from the diagnostic psychiatric manuals, which contributed to the idea that SSRIs do not cause dependence, although it is difficult for many patients to stop treatment...

In the perspective of a precautionary principle, drug agencies have failed to acknowledge that SSRIs can cause dependence and have minimised the problem with regard to its frequency and severity. In the perspective of a risk management principle, the drug agencies have reacted in concordance with the slowly growing knowledge of ADR and have sharpened the information to

¹⁵¹ <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm312468.htm>

¹⁵² Bruno Toussaint. *BMJ* 2013; 346: f3026

¹⁵³ *Lancet* 2009 ; 373(9674) : 1513 sur [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(09\)60841-2.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(09)60841-2.pdf)

¹⁵⁴ Janet Currie, 2013, communication

the prescribers and the public over time...

However, solely relying on spontaneous reporting of adverse effects leads to underestimation and delayed information about the problems. Given the experience with the benzodiazepines, we believe the regulatory bodies should have required studies from the manufacturers that could have elucidated the dependence potential of the SSRIs before marketing authorization was granted »¹⁵⁵

BIOETHICAL JOURNALS AND INDUSTRY FINANCING

Coupure de subvention en représailles

« When the *Hastings Center Report*, a leading bioethical journal, published a special issue on *Prozac, Alienation and the Self*, Lilly, at the time the biggest single outside funder of the *Hastings Center*, withdrew support, charging that the Center had ‘published articles that Lily felt contained information that was biased (sic) and scientifically unfounded (sic) and that may have led to significant misinformation (sic) to readers, patients and the community’ »¹⁵⁶, a form of retaliation against critical analysis **revues de bioéthique et financement par entreprises**

BIOLOGICAL MAINSTREAM OF PSYCHIATRY

biologisme dominant en psychiatrie

BIOLOGICAL PSYCHIATRY

Conception de la maladie

= based on the explanation of mental disorders by brain biological disorders, and the use of psychoactive drugs that interfere with cerebral biology, ‘for better or for worse’, in particular with neurotransmission. The clinical encounter gives way to a standardized drug management session

“The medicalization of psychiatry has been a disaster¹⁵⁷” - “Why did psychiatry and psychopharmacology permit their undoubted science to become debased in the service of commerce?¹⁵⁸”

“The drugs that were designed to make patients more responsive to treatment became the treatment. Staff, patients, families, and communities had to learn the hard way that if the patient’s overall needs were not addressed – as is often the case when medication is the sole treatment – that in the long run, even the best of medication would be useless¹⁵⁹”

« Biologism has two cardinal manifestations. One is the claim that the mind is the brain, or the activity of the brain, so that one of the most powerful ways to advance our understanding of ourselves is to look at our brains in action, using the latest scanning devices. The other is the claim that Darwinism explains not only how the organism *Homo sapiens* came into being (as, of course, it does) but also what motivates people and shapes their day-to-day behavior »¹⁶⁰

la psychiatrie biologique

= dont l’approche diagnostique et thérapeutique (psychopharmacologie) est basée sur l’hypothèse de désordres biologiques du cerveau et l’utilisation de produits psychoactifs qui interfèrent avec la biologie cérébrale, ‘pour le meilleur ou pour le pire’, notamment avec la neurotransmission. La véritable rencontre clinique cède le pas à une séance structurée de gestion de la médication

« Le cerveau n'est pas qu'un organe biologique, mais aussi un organe social: il se forme, se transforme et se reforme en fonction de l'expérience vécue. Quand un roi de Prusse a gardé des enfants hors de toute parole, pour savoir quelle était la langue d'origine, ils n'ont jamais prononcé un mot »¹⁶¹

BIOMEDICAL MENTAL CARE SYSTEM

* Based on the biomedical paradigm of mental disease : the brain is biologically defective and its tissue must be acted upon by medicines, radiations, surgery... The psyche, the soul, the past ... do not matter

« The American mental healthcare system has been almost totally dominated – starting in the 1960s - by the giant drug company’s very profitable, pseudo-scientific approaches, misleading advertising, and cunning 24/7 promotion of their

¹⁵⁵ Nielsen et al. *JRSM* 2013 ; 25(3) : 155 at <http://iospress.metapress.com/content/u45up68r84781961/?id=U45UP68R84781961>

¹⁵⁶ *Pharmageddon*, page 121

¹⁵⁷ Barton Cobert, communication

¹⁵⁸ Edward Shorter. Quoted by Peter Tyler, *Lancet* 2009;373:1513

¹⁵⁹ Ronald Lajeunesse. *Political Asylums*, 2002, available on <http://download.cmha.ab.ca/alberta/politicalasylums.pdf>

¹⁶⁰ Raouf Tallis. <http://online.wsj.com/article/SB10001424052970204618704576642991109496396.html>

¹⁶¹ J-C St-Onge, 2016

unaffordable and often neurotoxic, dementia-inducing drugs »¹⁶²

système biomédical de soins de santé mentale

« On peut y voir "cette tendance mécaniciste en biologie suivant laquelle tous les phénomènes de la vie doivent pouvoir s'expliquer en termes de réactions physico-chimiques. On est conduit à un monisme matérialiste qui ne laisse aucune place pour l'esprit, pour la pensée, la volonté, le désir, l'affectivité. Tout est réduit à des interactions moléculaires dans le cerveau"¹⁶³»

BLACK LISTED ANTIDEPRESSANTS

antidepressants to avoid

= whose marketing, or some indication, seems unjustified (and / or cost-ineffective) or whose prescription should be restricted or even abandoned

antidépresseurs à éviter

* la venlafaxine (Effexor)¹⁶⁴ dans la dépression, à cause des EIM cardiovasculaires et de surdoses mortelles

* le bupropion (Chantix) pour cesser de fumer

* la duloxétine (Cymbalta) dans la dépression et hors AMM

BOOK REVIEWS FINANCED BY INDUSTRY

Dénigrement des critiques de l'industrie

« When Joseph Glenmullen published *Prozac Backlash*, a book that that outlined some of the hazards of treatment with SSRIs, 5 highly critical reviews of the book were written by distinguished American psychiatrists, disseminated by public relations agencies working for Lilly who urged media outlets not to feature the book... My review having initially been accepted by *Contemporary Psychology*, the review failed to appear »¹⁶⁵ laments David Healy

critiques de livres financées par l'industrie

BUPROPION AND SEIZURES EIM

« Little is known about the pharmacology underlying the *epileptogenic* properties of bupropion. We do not know whether the risk is due principally to the parent drug or to one of its three major metabolites or to a combination of more than one of the four. Given this dearth of knowledge, how could this discussion be relevant to the risk of seizures on bupropion?

1.) An axiom of pharmacology is that some mechanism must underlie the epileptogenic effects of bupropion. Blockade of an ion channel is a good possibility as a potential mechanism mediating this effect since such a mechanism is common with other epileptogenic drugs.

2.) Seizure risk with bupropion is clearly concentration dependent given the risk factors summarized :

a) Incidence of seizures is a function of dose, quantitated either^[SEP] as total daily dose or mg/kg/day dose.

b) Most seizures occur within the first several days of a^[SEP] dose increase.

c) Most seizures occur within the first several hours^[SEP] after taking the dose.

d) Patients with anorexia or bulimia nervosa, who have^[SEP] lean body mass and the potential for rapid drug^[SEP] absorption, have an increased risk of seizures... »¹⁶⁶

bupropione et convulsions

* comment se fait-il qu'on permette aux consommateurs de ces produits (Zyban ou Wellbutrin) de continuer à conduire, alors qu'une erreur de prise ou l'ajout d'un autre médicament modificateur du métabolisme peuvent mener à un niveau sanguin épiléptogène ?

BUPROPION : WHAT'S IN A NAME? Nomenclature de dénomination commune

bupropione : l'envers d'un nom

= dénomination commune internationale (DCI) du Zyban proposé comme anti-tabagique, et du Wellbutrin proposé comme antidépresseur; c'est la même molécule

* le promoteur du Zyban® a fait passer la DCI de l'*amfébutamone*, trop près structurellement de *amphétamine*, à *bupropione*, ce que la revue *Prescrire* dénonçait en 2002 dans un article intitulé *Amfébutamone devenue discrètement bupropione*¹⁶⁷.

¹⁶² Gary Kohls. <http://www.scoop.co.nz/stories/HL1406/S00012/cognitive-dissonance-bigpharma-and-the-psychiatric-industry.htm>

¹⁶³ Henri Atlan, *A tort et à raison*, 1986

¹⁶⁴ *Prescrire* 2015 ; 35(386) : 906

¹⁶⁵ *Pharmageddon*, page 121

^{166,166} Sheldon H Preskorn. Site <http://www.preskorn.com/columns/0001.html>

¹⁶⁷ *Rev Prescrire* 2002;22(226):191

L'industrie peut-elle exercer des pressions sur l'OMS pour modifier ses normes de nomenclature? On le croirait, il n'y a pas d'autre explication plausible

BUPROPRION AND SMOKING-CESSATION *Indication discutable*

buproprione et sevrage tabagique

« La buproprione, alias amfébutamone, substance à structure amphétaminique, est un psychotrope qui, en l'état actuel de son évaluation, a une efficacité **incertaine** sur le sevrage tabagique, et ne justifie pas de prendre les risques importants de ses effets indésirables »¹⁶⁸

CHECKLIST DIAGNOSES *Psychiatrie - DSM*

« Checklist diagnoses cost less in time and money but fail woefully to correspond with diagnoses derived from comprehensive assessments. They deprive psychiatrists of the sense that they know their patients thoroughly. Moreover, a diagnostic category based on checklists can be promoted by industries or persons seeking to profit from marketing its recognition; indeed, pharmaceutical companies have notoriously promoted several DSM diagnoses in the categories of anxiety and depression »¹⁶⁹

diagnostics par cases à cocher

« Diagnostic de dépression par cases à cocher »

CHEMICAL IMBALANCE

« The idea that depression results from a *chemical imbalance* in the brain was first proposed in the late 1950s and early 1960s by several different scientists. The focus was initially on the neurotransmitter norepinephrine, but by the mid 1960s the focus had shifted to serotonin »¹⁷⁰

« The phrase originated from the scientific study of brain chemistry. In the 1950s the monoamine oxidase inhibitors (MAOIs) and tricyclic antidepressants were accidentally discovered to be effective in the treatment of clinical depression »

« The theory that declares this to be so, the so-called 'serotonin hypothesis', has never been proven, and has become simply a vehicle for advancing sales of anti-depressant medication »¹⁷¹

déséquilibre chimique

CHEMICAL IMBALANCE HOAX

canular du déséquilibre chimique

CHEMICAL STRAIGHT JACKET

* Thomas Szasz was one of the first to use the term to describe the use of antipsychotics to control troublesome or agitated both inpatients or outpatients. The treatment objective is then repressive.

camisole chimique

CHILDREN ARE TARGETED

Pédopsychiatrie – Collusion institutionnelle – Visée répressive

* with screenings, they are overdiagnosed ; with psychotropic drugs they are overtreated¹⁷²... « The successful introduction of the bipolarity concept in child psychiatry is a shame and has been promoted by people with major conflicts of interest in the industry »¹⁷³

* According to a 19.2.2015 article in *The Wall Street Journal*, a growing number of toddlers are being prescribed psychiatric drugs, particularly those in foster homes : « An analysis of 2013 IMS Data, found that over 274,000 infants (0-1 year olds) and some 370,000 toddlers (1-3 years age) in the U.S. were on antianxiety (e.g. Xanax) and antidepressant (e.g. Prozac) drugs. This report also found over 1,400 infants were on ADHD drugs....

A 2014 Georgia Medicaid analysis led by Susanna Visser at the CDC, when extrapolated by the NYT, found that > 10,000 toddlers were put on ADHD treatments. Prescriptions of powerful antipsychotics such as Risperdal for infants and very young children have also sharply risen. Office visits for childhood bipolar disorder have risen **40-fold** over the past decade in the U.S. Toddlers in

¹⁶⁸ *Rev Prescrire*. 2006; 26(274): 530

¹⁶⁹ Paul R McHugh & Phillip R Slavney. *NEJM* 2012; 366:1853 - <http://www.nejm.org/doi/full/10.1056/NEJMp1202555?query=TOC>

¹⁷⁰ Jonathan Leo & Jeff Lacasse. *Soc* 2008 ; 45: 35 - DOI 10.1007/s12115-007-9047-3

¹⁷¹ Warren Bell, 2014

¹⁷² Evelyn Pringle 2010 - <http://www.counterpunch.org/2010/04/21/inventing-disorders/>

¹⁷³ Jacques Thivierge, 2014

the *welfare* system and those in *foster homes* are particularly vulnerable to receive drugs for behavior control »¹⁷⁴

« The medical examiner's office determined the 4-year old girl Rebecca Riley died from 'intoxication due to the combined effects' of prescription drugs. Police reports state she was taking 750 mg a day of Depakote (divalproate), 200 milligrams a day of Seroquel (quetiapine), and 0.35 mg a day of Clonidine. **Rebecca had been taking the drugs since the age of 2 for bipolar disorder and ADHD**, diagnosed by psychiatrist Kayoko Kifuji of the Tufts-New England Medical Center ...

The mother was found guilty of 2nd degree murder in the death of her daughter and was sentenced to life in prison with the possibility of parole in 15 years. The father was found guilty of 1st degree murder and received the automatic sentence of life in prison without the possibility of parole »¹⁷⁵ - And the lady prescriber ?

- a) she did not lose her university job,
- b) she did not lose her hospital job,
- c) she did not lose her board licence.

Those are typical examples of *institutional collusion*, although her liability insurer settled for 2.5 M to be distributed to the two other children of the sentenced parents, both living on welfare
on s'en prend aux enfants

« En psychopharmacologie, on tente de gagner du marché du côté des enfants et adolescents, comme du côté des enfants d'âge préscolaire, administrant à ces enfants, sous prétexte d'une analogie explicative simpliste de bipolarité, des médicaments qui ont été la cause de la mort d'une enfant de 4 ans, Rebecca Riley »¹⁷⁶

* Si vous ne connaissez pas l'histoire de la petite Rebecca, vous devriez. Intoxiquée jusqu'à la mort avec les ordonnances intempestives de psychotropes d'une psychiatre d'un CHU bostonnais renommé. Laquelle psychiatre n'a été punie ni par l'hôpital, ni par l'université Tuft, ni par les instances juridiques, ni par son ordre professionnel ; ce sont les parents, assistés sociaux, qui prirent le chemin de la prison pour la vie. Bienvenue dans le monde de la pédo-psycho-pharmacologie, et de l'injustice...

CHRONIC BRAIN IMPAIRMENT

Psychotoxicologie - Pharmacovigilance

« Chronic Brain Impairment which can be caused by any trauma to the brain including traumatic brain injury, electroconvulsive therapy and long-term exposure to *psychiatric medications* »¹⁷⁷

détérioration chronique du cerveau; dommages cérébraux permanents

CITATION BIAS

« In the case of Lillys Zyprexa (olanzapine), the four clinical trials that brought this drug on the market gave rise to 234 publications, all advocating the efficacy of the compound with none containing data on the increases in glucose or cholesterol levels or rates of suicide found in these trials that have since become the subject of legal actions »¹⁷⁸

bias de citation

COMMENT LA DÉPRESSION EST DEVENUE UNE ÉPIDÉMIE (FR) – (Livre)

Philippe Pignarre. Paris: La Découverte; 2001 - 153 pages – ISBN 2-7071-3517-8 - 2^e édition 2012 format EPub - 176 pages - ISBN 9-7827-0717-284-6

* L'auteur, qui a travaillé 17 ans dans l'industrie pharmaceutique, cofonda la maison d'édition *Les Empêcheurs de penser en rond* et fut chargé de cours à Paris-VIII. Son message a précédé celui de Robert Whitaker dans *Anatomy of an Epidemic*
« Le nombre de personnes souffrant de dépression en France et dans les pays occidentaux a été multiplié par 7 en 10 ans : c'est comme une épidémie...

Les psychiatres, se détournant de la psychanalyse, ont opté pour la psychiatrie biologique : l'origine de la dépression ne serait pas dans le psychisme du patient, mais dans ses neurones. C'est cette hypothèse fragile, paradoxalement, qui est à l'origine de l'épidémie »

¹⁷⁴ <http://blogs.wsj.com/experts/2015/02/19/why-are-so-many-toddlers-taking-psychiatric-drugs/>

¹⁷⁵ Wiki

¹⁷⁶ Jacques Thivierge 2010

¹⁷⁷ Peter R Breggin. *IJRSM* 2011 ; 4 sur <http://iospress.metapress.com/content/k10q2j47848403q5/?id=K10Q2J47848403Q5>

¹⁷⁸ *Pharmageddon*, page 125

« Depuis les années 1970, le nombre de personnes souffrant de dépression a explosé : une véritable épidémie. Comment expliquer un tel phénomène ? La réponse : l'arrivée sur le marché de nouvelles familles d'antidépresseurs s'accompagne toujours d'une flambée des diagnostics. Les psychiatres, se détournant de la psychanalyse, ont opté pour la *psychiatrie biologique* : l'origine de la dépression serait à chercher dans les neurones.^[179] Cette hypothèse a mobilisé d'énormes moyens financiers, alors qu'aucun test biologique ne permet de diagnostiquer la dépression...

Les industriels testent au hasard les substances et élargissent les définitions des différentes formes de dépression (toujours plus nombreuses) chaque fois qu'ils trouvent un médicament 'efficace'. Chacun se voit offrir la possibilité de traduire son mal-être en termes de 'dépression' : la cause déclenchante - deuil, problèmes familiaux, harcèlement moral...- serait secondaire. Aussi est-il devenu inutile de s'intéresser à l'histoire personnelle du patient...

Les antidépresseurs sont là pour redonner l'énergie qui manque. L'auteur montre qu'il ne faut surtout pas prendre pour argent comptant le discours officiel sur les médicaments.^[179] Ce livre est devenu classique depuis sa parution en 2001 »¹⁷⁹

COMPARATOR CHOICE IN HEAD TO HEAD COMPARISONS

Pertinence du comparateur – Validité externe

« All antipsychotics developed during the 1990s had been tested in premarketing trials against haloperidol. In their trials all of the companies used a higher dose of haloperidol than clinically needed. The unstated rationale was that given the side-effect profile of the new drugs, they stood their best chance of looking good if compared to high-dose haloperidol »¹⁸⁰

choix du comparateur dans les comparaisons face-à-face

* le produit de comparaison, quand il ne s'agit pas d'un placebo, doit être un produit de référence à posologie optimale. Pour bien faire paraître un nouveau produit, les promoteurs vont tantôt utiliser une dose trop faible du comparateur pour en réduire l'efficacité, tantôt une dose trop forte pour en faire ressortir les effets indésirables dose-dépendants. Ces manœuvres malhonnêtes entachent la *validité externe*

COMPULSIVE HOARDING

accumulation compulsive; collectionnisme de déchets

CONCEALMENT OF SUICIDES

camouflage de suicides

CAMOUFLAGE OF HOMICIDES

camouflage d'homicides

CONFLATION OF ANTIDEPRESSANTS

Lecture critique - Promotion

= overestimation of effectiveness, i.e. of efficacy of antidepressants in daily practice. *Efficacy* comes from clinical trials, *effectiveness* from data gathered in actual daily practice. *Conflation* is mainly found in conclusions of articles and in promotional material

"Eighty-five scientific articles on sertraline, the antidepressant Zoloft, were coordinated by the firm's public relations company"¹⁸¹

"Antidepressants may be less effective than their wide marketing suggests. Short-term benefits are small and long-term balance of benefits and harms is understudied..."

The use of many **small randomized trials with clinically non-relevant outcomes, improper interpretation of statistical significance, manipulated study design, biased selection of study populations, short follow-up, and selective and distorted reporting of results**, has built and nourished a seemingly evidence based myth on antidepressant effectiveness"¹⁸²

conflation des antidépresseurs

= exagération de l'effectivité, i.e. de l'efficacité sur le terrain. L'*efficacité* est estimée en situation expérimentale forcément artificielle, l'*effectivité* l'est en situation clinique, 'dans la vraie vie'. La *conflation* se trouve surtout dans les conclusions et les sommaires d'articles, et dans les contenus publicitaires

« Je suis déçu surtout des médecins investigateurs. Ils font la promotion des *antidépresseurs* sans tenir compte de toutes les études négatives. Des études non positives sont présentées comme l'étant. Des effets médicamenteux [semblent] globalement

¹⁷⁹ http://www.editionsladeouverte.fr/catalogue/index-Comment_la_depression_est_devenue_une_epidemie-9782707172846.html

¹⁸⁰ *Pharmageddon*, page 134

¹⁸¹ Sergio Sismondo. Quoted by Marc-André Gagnon in *Genetic Engineering & Biotechnology News*, 2008;Feb 15

¹⁸² JP Ioannidis. *Philos Ethics Humanit Med*. 2008;3:14

plus puissants dans les publications que dans les données de la FDA...

Ainsi l'étude de Turner¹⁸³ montre que sur 74 essais soumis à la FDA sur les antidépresseurs, la moitié sont positifs et presque tous publiés tandis que la moitié négative est majoritairement non publiée ou publiée avec interprétation trompeuse »¹⁸⁴

CONJOINED TWINS : PHARMAS AND PSYCHIATRY

Pharma-co-dépendance

« Pharmaceutical Industry and Psychiatry – *Conjoined Twins* Joined at the Wallet »¹⁸⁵, writes a former pharma rep turned whistleblower

industrie du médicament et psychiatrie, deux sœurs siamoises

« L'*American Psychiatric Association* est l'association médicale la plus largement soutenue financièrement par les corporations pharmaceutiques ; en juillet 2008 le sénateur Charles Grassley a demandé à cette organisation qu'elle fournisse un compte rendu de ses finances, qui a révélé qu'en 2006, le budget de l'organisation provenait à 30 % de l'industrie, pour un montant de 20 M\$...

D'autre part, si on se fie à ce qu'on observe dans le seul État américain, le Minnesota, où il est obligatoire que soient déclarées les relations financières entre l'industrie et les médecins, **les psychiatres** sont les spécialistes qui reçoivent le plus **d'argent de l'industrie** »

CONTEXT IN PSYCHIATRY: A DETERMINANT OF APPROPRIATE PRESCRIBING

Psychopharmacologie

« The problem with *context* in psychiatry is that :

- a) it takes more time to elicit,
- b) it goes against the dominant (and mostly fatuous) 'biochemical model' of mental illness,
- c) it is being resisted by a whole range of vested interests, from professionals to corporate players to regulators,
- d) it requires engagement (transference/counter-transference) between patient and caregiver, and that old-fashioned kind of 'intimacy' is not easily taught, nor is it popular in a consumerist, depersonalized, product-oriented culture »¹⁸⁶

« We have lost the meaning of the term *context* in modern psychiatry and I cannot conceive of any improvement in our nosographic categories without incorporating it in our formulations of the kind of human behavioral problems we are dealing with in psychiatry. This is the one element that helps us **make clinical sense** out of the DSM characteristics for any patient consulting us »¹⁸⁷

le contexte en psychiatrie : un déterminant de l'ordonnance appropriée

CONTROVERSIAL SMOKING CESSATION AGENTS

Tabagisme – Aides antitabagiques

antitabagiques controversés

a) la bupropionne (Zyban) un dérivé amphétaminique proposée comme antitabagique ; la même molécule se vend comme antidépresseur (Wellbutrin) – Qu'attend-on pour retirer l'indication antitabagique ? *Prescrire* recommande d'en retirer l'AMM dans cette indication - « Un amphétaminique, il expose à des troubles neuropsychiques, des malformations cardiaques congénitales, des dépendances »¹⁸⁸, des convulsions

b) la varénicline (Champix), agoniste partiel des récepteurs cholinergiques nicotiques, proposée comme antitabagique - « Exposé à des suicides »¹⁸⁹ - Que fait-il encore sur le marché ? Sur la liste noire de *Prescrire* : 'pas d'accord' avec l'AMM

CORONER

medical examiner

« Too many of them are not open to the idea of testing for *psychotropic drug levels* and considering their potential role in violent behavior », especially after senseless murders, gratuitous killings
« Coroners can keep drug-related deaths under the radar. It's a *conspiracy of silence*. They've been content to cover up medical

¹⁸³ *NEJM* 2008;358 :252

¹⁸⁴ Jacques Lespérance. Interviewé par Emmanuelle Garnier, *Le Médecin du Québec* 2008;43(3) :19

¹⁸⁵ Carlson KL 2010 - <http://www.cchrint.org/tag/conjoined-twins/>

¹⁸⁶ Warren Bell 2012, communication

¹⁸⁷ Jacques Thivierge 2012, communication

¹⁸⁸ *Prescrire* 2013 ; 33(352) : 138

¹⁸⁹ *Prescrire* 2013 ; 33(352) : 138

errors and harmful drugs for years »¹⁹⁰

coroner; médecin légiste

CORPORATE CORRUPTION IN THE PSYCHOPHARMACEUTICAL INDUSTRY (Revised) – (Article)

Barry BLACKWELL, 18.3.2017, *International Network for the History of Neuropsychopharmacology*, at

<http://inhn.org/controversies/barry-blackwell-corporate-corruption-in-the-psychopharmaceutical-industry-revised.html>

la corruption par les entreprises psychopharmaceutiques (Traduction libre)

COUNCIL FOR EVIDENCE-BASED PSYCHIATRY; CEP (UK)

« CEP exists to communicate the evidence of the damaging effects of psychiatric drugs and treatments in the UK to the people and institutions that can make a difference. This evidence shows that psychiatric drugs, portrayed as useful and effective by many areas of the medical profession, can cause considerable harm to many patients, particularly when taken long term...

Our members include psychiatrists, academics, withdrawal support charities and others who are deeply concerned about the prevalence of the 'medical model' and the increasing numbers of potentially damaging prescriptions being given to both adults and children...

We believe that current practices would change if policymakers and medical practitioners became aware of both the latest research and of the extent of this harm. Starting with various *Unrecognised Facts*, we seek to provide 3 layers of evidence: the opinion of doctors, practitioners, and academics; the stories of those who have suffered harm as a consequence of their treatment; and lastly summaries of the latest research, where it exists...

Furthermore CEP intends to identify gaps in existing research, with a view to supporting new research into under-reported areas of psychiatric harm, as well as alternatives to the medical model. The mission of CEP is therefore: *To reduce psychiatric harm by communicating the latest evidence to policymakers and practitioners, by sharing the testimony of those who have been harmed, and by supporting research into areas where evidence is lacking* »¹⁹¹

Commission pour la psychiatrie factuelle (Traduction libre du titre de l'organisation)

CRITICAL TIMES WITH SSRI PRESCRIPTIONS

Ordonnance rationnelle

* There are 6 circumstances where ADRs must be monitored : Starting, discontinuing, increasing, lowering, switching and withdrawing

* The risks are the rebound phenomena, the withdrawal syndrome, akathisia, suicidality, etc.

temps critique de l'ordonnance d'antidépresseurs IRS / d'inhibiteurs dits sélectifs de la recapture neuronale de la sérotonine

* sans suivi, il n'y a aucune garantie d'un service médical rendu, une probabilité d'effets indésirables et une certitude de dépenses inutiles

CUSTODIAL CARE *Alzheimer*

soins de gardiennage / de surveillance

* seule une recherche fondamentale sur la physiopathologie de l'Alzheimer mènera à des traitements efficaces, et pourra un jour réduire le fardeau du gardiennage des patients ayant perdu leur autonomie. Les argents requis pour dépister les troubles cognitifs bénins ou pour entreprendre des recherches fondés sur des hypothèses farfelues seraient mieux dépensés en frais de gardiennage pour soulager les aidants naturels

DEADLY MEDICINES IN DEMENTIA

* long-term and/or high dose antipsychotics, it is a class effect

médicaments mortels dans la démence

DEADLY PSYCHIATRY AND ORGANISED DENIAL – (Livre)

Peter C. GØTZSCHE. Copenhagen DK : *People'sPress* ; 2015¹⁹² – 403 pages - ISBN: 978-87-7159-623-6

« The book explains in evidence-based detail why the way we currently use psychiatric drugs does far more harm than good. Gøtzsche documents that psychiatric drugs kill more than half a million people every year among those aged 65 and above in the United States and Europe...

¹⁹⁰ Terence Young quoted by Anne Kingston, *Maclean's* 20.11.2012 - <http://www.macleans.ca/society/life/a-national-embarrassment-2/>

¹⁹¹ <http://cepuk.org/>

¹⁹² <http://www.deadlymedicines.dk/wp-content/uploads/2014/10/Gøtzsche-Deadly-Psychiatry-chapter-1.pdf>

This makes psychiatric drugs the 3rd leading cause of death, after heart disease and cancer. Gøtzsche explains that we could reduce our current usage of psychotropic drugs by 98% and at the same time improve patients' mental and physical health and survival. It can be difficult, however, to come off the drugs, as many people become dependent on them...

As the withdrawal symptoms can be severe, long-lasting and even dangerous, slow tapering is usually necessary. In his book, Gøtzsche debunks the many myths that leading psychiatrists - very often on drug industry payroll - have created and nurtured over decades in order to conceal the fact that biological psychiatry has generally been a failure...

Biological psychiatry sees drugs as the "solution" for virtually all problems, in marked contrast to the patients' views. Most patients don't respond to the drugs they receive but, unfortunately, the psychiatrists' frustrations over the lack of progress often lead to more diagnoses, more drugs and higher doses, harming the patients further »

PSYCHIATRIE MORTELLE ET DÉNI ORGANISÉ – (Livre traduit par Fernand Turcotte)

Québec : Presses de l'Université Laval ; 2017 – 430 pages - ISBN : 978-2-7637-2844-5

<https://www.pulaval.com/produit/psychiatrie-mortelle-et-deni-organise>

« Dans cet ouvrage, en se basant sur les faits disponibles, l'auteur montre que la manière dont nous utilisons habituellement les médicaments psychiatriques inflige beaucoup plus de tort qu'elle ne fait du bien. Le professeur et médecin Peter C. Gøtzsche établit que les médicaments psychiatriques tuent chaque année plus d'un demi-million de gens de 65 ans et plus aux États-Unis et en Europe...

Ces médicaments sont la 3^e cause de décès après les maladies cardiaques et le cancer. Or, la consommation actuelle de psychotropes pourrait être réduite de 90 %, tout en améliorant la santé mentale et physique ainsi que la survie des patients...

Dans son livre, Gøtzsche soutient aussi que les chefs de la psychiatrie – souvent à la solde de l'industrie pharmaceutique – ont créé et promu de nombreux mythes pendant des décennies pour mieux cacher le fait que la psychiatrie biologique a été généralement un échec...

La psychiatrie biologique croit que les médicaments sont la " solution " à presque tous les problèmes, en contradiction marquée avec les opinions des patients, car plusieurs ne réagissent pas bien aux médicaments qu'ils reçoivent »

DEATH RISK OF ANTIPSYCHOTICS IN DEMENTIA

Pharmacovigilance – Médicaments mortels

* The ARI in risk of death and the annual NNH with these agents was studied by comparing various antipsychotics with no treatment or alternative psychotropics, by a retrospective case-control study involving 46,008 patients with dementia treated with haloperidol, olanzapine, quetiapine or risperidone, and antidepressants, compared with receiving either no treatment or only antidepressants, over 6 months...

The medication and non-medication groups were matched across several risk factors, and followed up over 180 days. Compared with matched non-users :

a) haloperidol had a 3.8% absolute increase in the risk of death over 6 months (NNH of 13 annually)

b) risperidone followed, at 3.7% absolute increase over 6 months (NNH of 14 annually)

c) olanzapine showed a 2.5% absolute increase over 6 months (annual NNH 20)

d) quetiapine, a 2.0% absolute increase over 6 months (annual NNH 25)

e) Compared with antidepressant users, haloperidol was associated with a 12.3% absolute increase in mortality risk over 6 months (annual NNH of 4); and quetiapine with a 3.2% increase over 6 months (annual NNH of 16) »¹⁹³

risque vital des antipsychotiques dans la démence

DEATHS SUICIDE IN PSYCHOTROPIC TRIALS (USA)

« In clinical trials for FDA approval, new antidepressants caused about 1 suicide in 500 users, ranging from 189 to 249/100,000 participants. Also 1 in every 145 clinical trial subjects for atypical antipsychotics died. Most by suicide and a couple on comparator drug. E.g. of 2000 risperidone starters, half dropped out and 24 died of which 9 were suicides. That's FDA data. Allen Jones was the whistleblower »¹⁹⁴

décès par suicide dans les essais de psychotropes (É-U)

¹⁹³ Maust DT et al. *JAMA Psychiatry* 2015 - doi:10.1001/jamapsychiatry.2014.3018.

¹⁹⁴ Yolande Lucire, 2016, psychiatre légiste (AU)

DEMENTIA SCREENING

Alzheimer – Cliniques de mémoire – Pré-démence – Troubles cognitifs légers - Surdiagnostic

« Dementia screening was not recommended by the UK National Screening Committee and carries significant risk of harm through potential false-positive diagnoses of dementia, not to mention the opportunity cost created by inevitable ‘consultation hijacking’. This activity may feel sensible, but lacks evidence and distracts from the need for more challenging solutions such as improving social care for people with dementia »¹⁹⁵

« WHO’s 2012 document *Dementia: A Public Health Priority* states, ‘No treatments are currently available to cure or even alter the progressive course of dementia,’ reflecting the lack of evidence that early drug treatment alters the course of the disease. There is a danger that *screening for dementia* would result in patients simply being treated for longer, at extra cost but with no benefit to the patient »¹⁹⁶

« Dementia is age related and with an ageing global population is predicted to become an overwhelming and costly problem. Introduction of broader diagnostic criteria for *mild cognitive impairment* and *pre-dementia* are based on new cognitive screening tests coupled with cerebrospinal fluid biomarkers and neuroimaging...

Past neglect of services and research in dementia has fuelled international calls for action and earlier treatment, and led to the leap of faith that people with mild symptoms will eventually develop dementia and interventions are more likely to be effective at an early stage...

The current prevalence of dementia is thought to be 10-30% in people over the age of 80, but the adoption of new diagnostic criteria will result in up to 65% of this age group having Alzheimer’s disease diagnosed and up to 23% of non-demented older people being diagnosed with dementia...

Screening for cognitive impairment and measurement of biomarkers and neuroimaging are increasing the diagnosis of mild cognitive impairment, which in many people will improve spontaneously, leading to unnecessary investigation and treatments with side effects, adverse psychological and social outcomes and distraction of resources and support from those with manifest dementia in whom need is greatest...

Current case identification and screening policy relies mostly on anecdotal and observational data from *potentially biased sources*, including those with *vested commercial interests*, rather than evidence from clinical trials. There is a lack of research focused on older people, in whom dementia is most prevalent...

Current policy is rolling out untested and uncontrolled experiments in the frailest people in society without a rigorous evaluation of its benefits and harms to individuals, families, service settings, and professionals »¹⁹⁷

« The *U.S. Preventive Services Task Force* concludes that the **evidence is insufficient** to recommend for or against routine screening for dementia in older adults¹⁹⁸ »

dépistage de la démence

* Les cliniques de la mémoire ... augmentent les coûts et la morbidité sans rendre de service médical

DEPRESSION AND ANTIDEPRESSANTS : THE ORTHODOXY REVISITED

« In most developed countries, depression has vaulted from an obscure affliction to a high-profile modern epidemic, accompanied by a significant escalation in antidepressant prescribing. A strong *orthodoxy* has developed that depression is common, serious, and treatable, and that the appropriate treatment is antidepressants...

However, there are public health and social grounds for questioning this *orthodox* story. Vastly more people are being diagnosed with depression, and treated with antidepressants, now than several decades ago...

Yet diagnosis of depression is subjective, and is based on highly criticised criteria. Furthermore, the evidence that underpins the *orthodoxy* is weak and biased, and this is compounded by biased interpretation and selective reporting, particularly in relation to clinical trials of antidepressants...

¹⁹⁵ Treadwell J & McCartney M. *Br J Gen Pract* 2016; 66(644): 116-7 - doi: 10.3399/bjgp16X683881

¹⁹⁶ Brunet et al. *BMJ* 2012; 345: e8588 - doi: 10.1136/bmj.e8588

¹⁹⁷ David G Le Couteur *BMJ* 2013;347:f5125 - <http://www.bmj.com/content/347/bmj.f5125>

¹⁹⁸ <http://www.uspreventiveservicestaskforce.org/uspstf/uspstf/deme.htm>

Key players have strongly promoted the *orthodox* story, despite contrary evidence, systematically exaggerating the prevalence and severity of depression and the effectiveness and safety of antidepressants for both depression and suicide prevention...

Pharmaceutical companies have played a key role in the establishment and maintenance of the orthodoxy, skilfully recruiting other players to their cause. Depression has been *reified and marketed* as an all-purpose explanation for distress. As well as exposing many thousands of people to adverse effects of antidepressants, this has deflected attention from social determinants of well-being », ¹⁹⁹ argues an Australian psychiatric epidemiologist and policy analyst

dépression et antidépresseurs : l'orthodoxie revisitée

DEPRESSION AND ANTIDEPRESSANTS IN AUSTRALIA AND BEYOND - A Critical Public Health Analysis²⁰⁰ – (Thèse de doctorat) – *Médicalisation – Médicamentation – Campagne de sensibilisation*

Melissa Raven. Doctor of Philosophy thesis, Faculty of Arts, University of Wollongong, 2012 (AU) - <http://ro.uow.edu.au/theses/3686>

« The *Depression Hurts* campaign was started in 1997 by Lilly in the USA »

La dépression et les antidépresseurs en Australie et au delà – Une analyse critique de santé publique (Traduction libre du titre de la thèse)

DEPRESSION IN PEDIATRICS: A STORY OF DECEIPT AND COMMERCIAL SUCCESS

« In 2007, a lawsuit stripped the patent on Lexapro/Cipralext (escitalopram) in the UK because it wasn't actually a new drug. What had happened was, when Forest's Celexa patent expired and Celexa's price had to be dropped to compete with cheaper generics, Celexa was tinkered with, re-patented, and re-marketed as the more expensive 'new, improved' Lexapro/Cipralext...

But the functional identicalness of the old drug and the new drug was so transparent that at least one Celexa study was used to gain US FDA approvals for Lexapro/Cipralext. Nevertheless, thanks to intense marketing to doctors, sales of Lexapro/Cipralext rapidly surpassed those of the similar, cheaper Celexa and generics...

In March of 2009, Lexapro/Cipralext was approved in the US for use in adolescents, ostensibly because it did not increase suicides in youth like other SSRIs do. Huge financial windfalls resulted. But 3 months later it was conclusively revealed in a lawsuit and medical journal statement that the main study upon which that particular approval was based had been *misleadingly and secretly* crafted in part by drug company marketing reps; most people, including doctors, have never heard about that...

In 2010, Forest pled guilty to a US Department of Justice lawsuit and paid a \$313 M fine²⁰¹. The drug company, the official settlement stated in part, 'used illegal kickbacks to induce physicians and others to prescribe Celexa and Lexapro. Kickbacks allegedly included cash payments disguised as grants or consulting fees...' Forest now faces many lawsuits in the US over birth defects caused by Lexapro/Cipralext, knowledge of which it allegedly hid during its marketing efforts...

Today in Canada (2013), Cipralext has become our most popular depression drug, holding 23% of the Canadian market, and is one of our top ten most-prescribed and most-costly drugs ; there have been no such lawsuits here »²⁰²

« The Drug Industry Documents Archive has a new collection (2015): The Celexa and Lexapro Marketing and Sales Litigation collection contains 115 documents from a class action lawsuit alleging that Forest Pharmaceuticals misled consumers and the medical community about Celexa's and Lexapro's efficacy in treating pediatric depression...

A class action lawsuit, brought on behalf of consumers and third-party payers in Illinois, Missouri, and New York, alleged that Forest Pharmaceuticals engaged in a sophisticated program of deceptive conduct, carefully crafted around a nuanced regulatory scheme, concerning Lexapro (escitalopram) and Celexa (citalopram)...

Using a fundamentally *misleading* drug label, the 'endorsements' of paid opinion leaders, *gerrymandered* clinical trials and a large group of specially trained sales personnel, Forest misled consumers and the medical community about Celexa's and Lexapro's efficacy in treating *pediatric depression* »²⁰³

¹⁹⁹ Melissa Raven, at <http://ro.uow.edu.au/theses/3686/>

²⁰⁰ <http://ro.uow.edu.au/cgi/viewcontent.cgi?article=4688&context=theses>

²⁰¹ <http://www.justice.gov/opa/pr/drug-maker-forest-pleads-guilty-pay-more-313-million-resolve-criminal-charges-and-false>

²⁰² Rob Wipond, 2013 at <http://www.focusonline.ca/?q=node/595>

²⁰³ <http://beta.industrydocuments.library.ucsf.edu/drug/collections/celexa-and-lexapro-marketing-sales/>

dépression en pédiatrie: une histoire de tromperie et de succès commercial

* la promotion hors indication fut effectuée illégalement à l'aide d'essais cliniques truqués, de meneurs d'opinion sponsorisés et de visiteurs médicaux bien entraînés pour mousser les ordonnances de cet antidépresseur IRS en pédiatrie

DEPRESSION OVERDIAGNOSIS AND ANTIDEPRESSANT OVERUSE

Médicalisation – Médicamentation - Connivence

« Depression has vaulted from an obscure affliction to a high-profile modern epidemic, accompanied by a significant escalation in antidepressant prescribing. A strong *orthodoxy* has developed that depression is common, serious, and treatable, and that the appropriate treatment is *antidepressants*...

However, there are public health and social grounds for *questioning* this orthodox story. Vastly more people are being diagnosed with depression, and treated with antidepressants, now than several decades ago. Yet diagnosis of depression is *subjective*, and is based on **highly criticised criteria**...

The evidence that underpins the orthodoxy is weak and *biased*, and this is compounded by *biased* interpretation and selective reporting, particularly in relation to clinical trials of antidepressants...

The *orthodox* story has been strongly promoted by many players, including **psychiatrists, pharmaceutical companies, marketing companies, health professional organisations, consumer organisations, governments and government agencies, and the media**, systematically exaggerating the prevalence and severity of depression and the effectiveness and safety of antidepressants for both depression and suicide prevention...

Pharmaceutical companies have played a key role in the establishment and maintenance of the *orthodoxy*, skilfully recruiting other players to their cause, succeeding in making depression a central focus of mental health policy, fuelling the boom in antidepressant prescribing...

Depression has been *reified* and **marketed** as an all-purpose explanation for *distress*. As well as exposing many thousands of people to adverse effects of antidepressants, this has deflected attention from *social determinants* of well-being »²⁰⁴
surdiagnostic de la dépression et surutilisation des antidépresseurs

DEPRESSION REVISITED

Hypothèse biologique - Surdiagnostic

“**Optimism, greed and scientific incompetence** have misled us about the nature of depression and the drugs we throw at it ... [such as] the astonishing lack of evidence for the widely believed but poorly validated theory that depression and anxiety result from a *chemical imbalance* in the brain ... a **grim scandal** of regulatory and clinical failures concerning antidepressants²⁰⁵”

“Depression in the USA in the 1950s and before was considered to be a rare disorder, with a prevalence of 0.005%. This now contrasts with a prevalence of 10% at the end of the 20th century²⁰⁶”, a 2000-fold increase, mostly artificial and semantic
la dépression revisitée

DEPRESSION SCREENING IN ADULTS

Dépistage inutile

« Screening for depression in primary care is recommended in the USA and CA under certain conditions, but not in the UK. No trials have found that patients who undergo screening have better outcomes than patients who do not when the same treatments are available to both groups...

Existing rates of treatment, high rates of false-positive results, small treatment effects and the poor quality of routine care may explain the lack of effect seen with screening. Developers of future guidelines should require evidence of benefit from randomized controlled trials of screening, in excess of harms and costs, before recommending screening »²⁰⁷

« The USPSTF recommends screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.^[11] Grade B recommendation ... It recommends **against** routinely screening adults for depression when staff-assisted depression care supports are not in place. There may be considerations that support

²⁰⁴ Melissa Raven 2012 (AU), at <http://ro.uow.edu.au/theses/3686/>

²⁰⁵ Irving Kirsh. *The Emperor's New Drugs : Exploding the Antidepressant Myth*, Bodley Head ; 2009 / Basic Books 2010 – 226 pages (Review)

²⁰⁶ Allen Shaughnessy. *BMJ* 2007;334:480

²⁰⁷ Thoms et al. *CMAJ* 2012; 184(4) - doi: 10.1503/cmaj.111035

screening for depression in an individual patient. ²⁰⁸ « Grade C recommendation »
dépistage de la dépression chez l'adulte

DEPRESSION SCREENING IN CANCER PATIENTS

Dépistage inutile

« No evidence was found on whether or not depression screening in cancer patients, either alone or in the context of optimal depression care, improves depression outcomes compared to usual care », in a systematic review directed by a McGill University (Montreal) professor, Brett Thombs²⁰⁹

dépistage de la dépression chez les cancéreux

« Il n'y a pas de preuve que cela fonctionne. Le dépistage peut entraîner plusieurs préjudices: l'étiquetage non justifié de patients comme déprimés; l'utilisation inadéquate de médicaments antidépresseurs ou leur prescription sans un suivi continu adéquat », selon une synthèse méthodique exhaustive²¹⁰

DEPRESSION SCREENING IN CARDIOLOGY

Recommandations invalides – Dépistage inutile

« There is still no evidence [in 2013] that routine screening for depression improves depression or cardiac outcomes in patients post-myocardial infarction, stable coronary heart disease or congestive heart failure »²¹¹ in contradiction to a 2008 *American Heart Association Science Advisory* recommending routine depression screening in CHD

dépistage de la dépression en cardiologie

DEPRESSION SCREENING IN PRIMARY CARE

Dépistage inutile

« The systematic review for this guideline did not identify high-quality evidence of the effectiveness of screening for depression. Although the systematic review did not identify direct evidence of the harms of screening, we remain concerned about false-positive diagnoses with unnecessary treatment...

For adults with no apparent symptoms of depression, who are at average risk of depression or who may be at increased risk of depression, we recommend **not routinely screening** for depression in primary care settings »²¹² according to a Canadian task force in 2013

« Before the 1990s most health plans and the US Surgeon General's report **did not recommend screening** for depression during regular checkups »²¹³

« A 2011 *CMAJ* analysis called general screening for depression 'a resource-intensive endeavour which does not yet show evidence of benefit and would have unintended negative effects for some patients »²¹⁴

dépistage de la dépression en soins de premier recours

« Le Groupe d'étude canadien sur les soins de santé préventifs a dévoilé le 13 mai 2013 une mise à jour de son guide sur le dépistage de la dépression en contexte de soins primaires. Comme il n'y a pas de données probantes de qualité supérieure sur les bienfaits et les méfaits du dépistage, le nouveau guide recommande de **ne pas soumettre à un dépistage** de routine les adultes qui ne montrent aucun symptôme apparent de dépression ...

Les nouvelles recommandations diffèrent donc de celles de 2005 qui préconisaient le dépistage chez les adultes de la population générale en contexte de soins primaires, là où des systèmes intégrés bénéficiant de l'appui du personnel étaient disponibles pour gérer le traitement », exemple du fait que la surmédicalisation par dépistages n'est pas inévitable et qu'il y a encore des experts indépendants

déséquilibre chimique

DIAGNOSIS AS A SOURCE OF MONEY; DSM

Taxonomie psychiatrique - Moquerie

²⁰⁸ <http://www.uspreventiveservicestaskforce.org/uspstf/uspSaddepr.htm>

²⁰⁹ Anna Meijer et al. 2011. *PLoS ONE* 6(11): e27181 <http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0027181>

²¹⁰ Denis Méthot citant Brett Thombs. 15.11.2011 *Profession Santé*

²¹¹ Thombs et al. *PLoS ONE* 8(1): e52654 at <http://clinicaltrials.plosone.org/article/info:doi/10.1371/journal.pone.0052654>

²¹² Canadian Task Force on Preventive Health Care. *CMAJ* 2013. DOI:10.1503/cmaj.130403 at <http://www.cmaj.ca/content/early/2013/05/13/cmaj.130403.full.pdf>

²¹³ Joseph Dumit. *Drugs for life*, page 145

²¹⁴ Anne Kingston. *MacLeans* (Toronto), 10.4.2013

TN : mocking redefinition of the psychiatric taxonomy 'Bible', the DSM²¹⁵

diagnostics à saveurs mercantiles; DSM

* redéfinition moqueuse de l'acronyme DSM, manuel de taxonomie psychiatrique qui élargit arbitrairement les définitions des troubles mentaux et qui, implicitement, étend abusivement les indications de psychotropes et s'avère fort rentable pour les fabricants au détriment des patients de tous âges

« Il s'agit là d'un document visant à aider les assureurs à faire leur travail mais qu'on a présenté aux médecins comme signifiant l'arrivée de la science en psychiatrie. Il n'en fallait pas plus pour faire exploser le nombre des malades mentaux en nos sociétés »²¹⁶

DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS-5; DSM-5 – (Livre)

Psychiatrie – Nosologie - Controverse

American Psychiatric Association. New edition of this (controversial) dictionary of psychiatric nosology²¹⁷ is named DSM-5 and published in 2013

« The *DSM* is not a representation of the nature or reality of the varieties of mental illness. I am saying it is founded on a **wrong appreciation of the nature of things**. It remains a very useful book for other purposes. It is essential to have something like this for the bureaucratic needs of paying for treatment and assessing prevalence...

Revision after revision, it perpetuates the long-standing idea that, in our present state of knowledge, the recognised varieties of mental illness should neatly sort themselves into tidy blocks, in the way that plants and animals do »²¹⁸

« DSM 5 Is Guide Not Bible, Ignore Its Ten Worst Changes : *American Psychiatric Association (APA) approval of DSM-5 is a sad day for psychiatry*. This is the saddest moment in my 45 year career of studying, practicing, and teaching psychiatry. The Board of Trustees of the APA has given its final approval to a **deeply flawed DSM-5** containing many changes that seem clearly unsafe and scientifically unsound...

My best advice to clinicians, to the press, and to the general public - be skeptical and don't follow DSM-5 blindly down a road likely to lead to massive over-diagnosis and harmful over-medication. **Just ignore the 10 changes that make no sense** »²¹⁹ warns a former chair of DSM IV Task Force

"The DSM is considered the bible of psychiatry, and if the *American Psychiatric Association* broadens the diagnostic criteria [in proposed *DSM V*] for conditions such as schizophrenia and depression, millions more people could be placed on powerful drugs, some of which have serious side effects. Similarly, newly defined mental illnesses that deem certain individuals a danger to society could be used to justify locking these people up for life"²²⁰

"We require a much deeper understanding of mental disorder than is currently possible and also preventive treatments that are effective and safe. Because the premature new diagnoses introduced by DSM-5 would all cause more harm than good, they should be dropped before the manual becomes official. Preventive psychiatry is the wave of the future, but would be the bane of the present. Preventive psychiatry can be bad for our health"²²¹

"The politics of diagnosis began in 1980 with the introduction of the DSM-III in the USA... the acronym could stand for 'Diagnosis as a Source of Money' instead of *Diagnostic and Statistical Manual*... a phoney classification that suits the FDA, the pharmaceutical industry, and some academic psychiatrists who should know better"²²²

« At a time when scientific research is demonstrating the harm from long-term drug exposure, the proposed new *DSM-5* will be pushing for increasingly widespread drug prescription. The mental health field needs to reverse itself by vastly increasing emphasis on psychiatric drug withdrawal and drug-free recovery »²²³

²¹⁵ Edward Shorter. Quoted by Peter Tyrer, *Lancet* 2009;373 :1513

²¹⁶ Fernand Turcotte, traducteur de *Deadly Psychiatry and Organised Denial*

²¹⁷ Allen J Frances. <http://www.psychologytoday.com/blog/dsm5-in-distress>

²¹⁸ Ian Hacking. <http://www.lrb.co.uk/v35/n15/ian-hacking/lost-in-the-forest>

²¹⁹ Allen Frances. <http://www.psychologytoday.com/blog/dsm5-in-distress/201212/dsm-5-is-guide-not-bible-ignore-its-ten-worst-changes>

²²⁰ *New Scientist* Dec. 18, 2009, <http://www.newscientist.com/article/mg20427382.400-times-up-for-psychiatry>

²²¹ Allen Frances, 19.02.2012 - http://www.huffingtonpost.com/allen-frances/dsm-v_b_1199182.html

²²² Edward Shorter. Quoted by Peter Tyrer, *Lancet* 2009;373 :1513

²²³ http://breggin.com/index.php?option=com_content&task=view&id=296&Itemid=129

« The DSM-5 is a document that has been constructed with total disregard for scientific principles. It is a prototypical social construction, as were the predecessor DSMs. And is a cash cow for the APA »²²⁴

« The DSM is a *consensus document*, which makes it *unscientific* »²²⁵

« DSM is a theoretical descriptive system of nosology. Not diagnosis which implies to see through to causation. Imagine if medical disorders were similarly classified. We would see diabetes mellitus and diabetes insipidus in one group of diseases categorised by too much urine production and the remedy being fluid restriction...

And swelling disorders could accommodate boils and cancers. Foucault scholars will recognise that psychiatry today is 17th century medicine antedating pathology where the symptom is the disease and remedy symptomatic »²²⁶

Manuel diagnostique et statistique des troubles mentaux-5; DSM 5

* ouvrage fort controversé, plus utile aux bureaucrates, assureurs et pharmaceutiques qu'aux psychiatres et à leurs patients; les membres choisis par l'*American Psychiatric Association* pour élaborer cet ouvrage en milieu fermé sont tenus au secret et ne peuvent en critiquer la méthodologie qu'en démissionnant du comité de rédaction

* Le DSM-5 en version 2013 préconise la prescription d'antidépresseurs à des patients qui, deux semaines après le décès d'un être cher, seraient encore ébranlés, alors que le DSM-IV invitait à attendre 6 mois

« Ne disposant d'aucune assise pathophysiologie pour fonder nos diagnostics, nous avons, par comités, donc par vote, inventé des ensembles comportementaux sophistiqués dont la liste s'allonge de version DSM en version DSM »²²⁷

« La fragmentation en symptômes mène à l'oubli de la personne ... La très large complicité de la profession (avec le DSM) s'est ainsi laissé déposséder de son héritage clinique et psychopathologique »²²⁸

« Le DSM I en 1952 répertoriait 95 troubles dans 132 pages et en 1968 c'était 159 troubles sur 203 pages. Mais en abandonnant la notion de causes, les troubles se multiplient : en 1980 le DSM III présente 257 troubles dans 533 pages et en 2013 on atteint 573 troubles décrits dans 1006 pages. ²²⁹» Ce ne sont plus des troubles mentaux mais des symptômes

DONEZEPIL AND VIOLENCE VIGNETTES *Alzheimer*

« A man was prescribed Aricept. Immediately, he had a hallucination that made him so violent that he chased his wife with a knife. She had to call 911...

Another man, when he started taking Aricept tried to break a chair over his wife's head.... Another one, a patient who had never been violent, one day went into another patient's room and beat the patient up in the face... The treating team immediately stopped Aricept and apparently had no more trouble. These incidents remain unreported and therefore are considered anecdotal »²³⁰

donezepil et vignettes de violence

DRUG POISONINGS : TEN MOST DANGEROUS NEUROTOXICS IN AMERICA IN 2009 *Toxicovigilance*

* This list of brand name and generic drugs acting on the brain was compiled from the *Drug Abuse Warning Network's* (DAWN's) database of emergency room visits in 2009, including *drug poisonings* that lead to both deaths and survivals (USA) :²³¹

1. Xanax (alprazolam) 112,552 emergency room visits (benzodiazepine class)
2. OxyContin (and other oxycodone drugs) 105,214 (opiate class)
3. Vicodin (and other hydrocodone drugs) 86,258 (opiate class)
4. Methadone 63,031 (opiate class)
5. Klonopin (clonazepam) 57,633 (benzodiazepine class)
6. Ativan (lorazepam) 36,582 (benzodiazepine class)
7. Morphine drugs 31,731 (opiate class)

²²⁴ Nortin Hadler, communication, 2013

²²⁵ Deadly Medicines... page 192

²²⁶ Yolande Lucire (AU), communication, 2013

²²⁷ Jacques Thivierge. Site http://encyclopedie.homovivens.org/documents/lexact_pris_pour_le_vrai_en_medecine

²²⁸ Jean-Yves Feberey. *Prescrire* 2010 ; 30(317) : 234

²²⁹ *Prescrire* 2018 ; 38(411) : 76

²³⁰ Linda Furlini, Ph.D. thesis, McGill University

²³¹ Site http://www.alternet.org/story/153576/the_10_most_dangerous_meds_driving_america%27s_pill_crisis/?page=3

8. Seroquel (quetiapine) 29,436 (antipsychotic class)
9. Ambien (zolpidem) 29,127 (sedative class)
10. Valium (diazepam) 25,150 (benzodiazepine class)

empoisonnements médicamenteux : les dix plus dangereux neurotropes aux É-U (2009)

DRUG TREATMENT OF SMOKING *Trouble de comportement*

traitement médicamenteux du tabagisme

« Nous ne disposons hélas d'**aucune médication suffisamment efficace** pour faire l'objet d'une recommandation, qu'il s'agisse de la nicotine sous toutes ses formes, du bupropion (Zyban®) ou de la varenicline (Champix®). Le niveau de preuve de leur efficacité est **très faible et critiquable**...

Les médecins sont formatés à la prescription quasi-obligatoire de ces produits par une littérature scientifique biaisée et des leaders d'opinion liés par des conflits d'intérêts, et par la demande d'une population conditionnée par les revues grand public et la publicité...

Le rôle des autorités de santé serait d'apporter une information objective à l'égard de ces produits, dont l'activité n'est guère supérieure à un effet placebo, mais avec des conséquences financières qui grèvent inutilement le budget des familles et de l'Assurance maladie »²³² déclare en 2012 un expert médical en tabacologie

DRUG-INDUCED DEMENTIA: A Perfect Crime (USA) – (Livre numérique)

EIM paradoxaux – Psychotropes – Démence médicamenteuse

Grace E JACKSON. eBook; 2009 – 464 pages

« A timely resource which reveals why and how medical treatments themselves - specifically, psychopharmaceuticals - are a substantial cause of brain degeneration and premature death...

A first-of-its-kind resource for patients and clinicians, the book integrates research findings from epidemiology (observational studies of patients in the 'real world'), basic biology (animal experiments), and clinical science (neuroimaging and autopsy studies) in order to demonstrate the dementing and deadly effects of psychiatric drugs. Highlighted by more than 100 neuro-images, slides of tissue specimens, and illustrations, the book uniquely describes:

- a) the societal roots of the problem (target organ toxicity, regulatory incompetence, and performativity)
- b) the subtypes and essential causes of dementia
- c) the patterns, prevalence, and causes of dementia associated with antidepressants, antipsychotics, anxiolytics, mood stabilizers, and stimulants and
- d) the actions and reforms which patients, providers, and policy »²³³

La démence médicamenteuse : Un crime parfait (Traduction libre du titre du livre)

DSM 5 Psychiatrie – Nosologie – Surmédication – Surmédicalisation – Lobbying – Complicité institutionnelle

« This is the saddest moment (May 2013) in my 45 year career of studying, practicing, and teaching psychiatry. The Board of Trustees of the *American Psychiatric Association* has given its final approval to a deeply flawed DSM 5 containing many changes that seem clearly unsafe and scientifically unsound. It violates the most sacred (and most frequently ignored) tenet in medicine- First Do No Harm! That's why this is such a sad moment...

My best advice to clinicians, to the press, and to the general public - be skeptical and don't follow DSM 5 blindly down a road likely to lead to massive over-diagnosis and harmful over-medication. Just ignore the 10 changes that make no sense :

- a) *Disruptive Mood Dysregulation Disorder* will turn temper tantrums into a mental disorder
- b) Normal grief will become *Major Depressive Disorder*
- c) The everyday forgetting characteristic of old age will now be misdiagnosed as *Minor Neurocognitive Disorder*
- d) It will likely trigger a fad of *Adult Attention Deficit Disorder* leading to widespread misuse of stimulant drugs for performance enhancement
- e) Excessive eating 12 times in 3 months is turned into a psychiatric illness called *Binge Eating Disorder*

²³² Robert Molimard, cité par le *Formindep* sur <http://www.formindep.org/IMG/pdf/RobertMolimardHAS-bis.pdf>

²³³ <http://www.amazon.com/Drug-Induced-Dementia-MD-Grace-Jackson/dp/1438972318>

- f) First time substance abusers will be lumped in definitionally in with hard core addicts
- g) The concept of *Behavioral Addictions* eventually can spread to make a mental disorder of everything we like to do a lot
- h) It obscures the already fuzzy boundary between *Generalized Anxiety Disorder* and the worries of everyday life.

i) It has opened the gate even further to the already existing problem of misdiagnosis of *Post Traumatic Stress Disorder* in forensic settings

j) Changes in the definition of *Autism* »²³⁴

« A psychotherapist contends that the DSM, psychiatry's 'bible' that defines all mental illness, is not scientific but a product of unscrupulous politics and bureaucracy »²³⁵

« The DSM psychiatric classification is in a **paradigmatic crisis** and the DSM-5 will be unable to overcome it. One possible reason is that the DSM is based on a *neopositivist epistemology* which is inadequate for the present-day needs of psychopathology. The DSM has the following neopositivist features:

(a) a sharp distinction between scientific and non-scientific diagnoses;

(b) the exclusion of the latter as nonsensical;

(c) the faith on the existence of a purely observable basis (the description of reliable symptoms);

(d) the introduction of the operative diagnostic criteria as rules of correspondence linking the observational level to the diagnostic concept »²³⁶

Dsm 5

« Ce nouveau manuel de psychiatrie (2013) destiné à s'imposer aux médecins du monde entier, est une *véritable catastrophe* selon un orfèvre en la matière, Allen Frances... La psychiatrie est en *dérapage incontrôlé* »²³⁷

« Dsm 5, le manuel qui rend fou »

« Le nouveau DSM... accroît immodérément la sensibilité diagnostique et, dans la foulée, il peut y avoir surdiagnostic et surtraitement, de même qu'une banalisation du concept même de diagnostic... Il compte - de nouveau - élargir considérablement le spectre de la maladie mentale. Ce qui aura des effets importants tant sur les plans, juridique, social, industriel que sur celui de la santé publique...

Ce qui serait déplorable, comme le soutient Bertrand Kiefer 'ce serait *un monde normalisé par la psychiatrie*, où la moindre impulsion créatrice, la plus petite transgression [...] se trouverait cataloguée comme anormale, nuisible'. Un monde non loin du 'meilleur des mondes' d'Aldous Huxley où tous consomment du 'soma' assurant bonheur, conformité et cohésion sociale »²³⁸

EMOTIONAL

1. Reaction

« Emotional lability under antidepressants »

émotionnel

« Labilité émotionnelle sous antidépresseur »

2. Personal feature

« An *emotional person* »

émotif; sensible

3. Support

²³⁴ Allen Frances. <http://www.psychologytoday.com/blog/dsm5-in-distress/201212/dsm-5-is-guide-not-bible-ignore-its-ten-worst-changes?page=2>

²³⁵ Gary Greenberg interview, May 2013 - <http://www.theatlantic.com/health/archive/2013/05/the-real-problems-with-psychiatry/275371/>

²³⁶ <http://hpy.sagepub.com/content/24/2/166>

²³⁷ Interview dans <http://bibliobs.nouvelobs.com/en-partenariat-avec-books/20130329.OBS6215/allen-frances-la-psychiatrie-est-en-derapage-incontrolle.html>

²³⁸ Étienne Boudou-Laforce. *Le Devoir* 14 mai 2013 sur <http://www.ledevoir.com/societe/sante/378117/le-dsm-5-ou-le-monde-normalise-par-la-psychiatrie>

« He needs *emotional* support »

affectif

« Il a besoin d'un support affectif »

4. Situation

« The funeral ceremony after the suicide was very emotional »

émouvant

EUGENICS AND PSYCHIATRY

Histoire de la psychiatrie

« German psychiatrists proposed the extermination of mental patients before Hitler came to power. Then in Nazi Germany, *organized psychiatry* implemented involuntary eugenical sterilization and euthanasia, ultimately killing up to 100 000 German mental patients. The 6 psychiatric euthanasia centers utilized medical professionals, fake death certificates, gas chambers disguised as showers, and the mass burning of corpses.

Psychiatrists from the euthanasia program also participated in the first formalized murders in the concentration camps. Inmates were “diagnosed” on euthanasia forms and sent to the psychiatric euthanasia centers. These facilities later provided the training, personnel and technology for the larger extermination camps. Medical observers from the USA and Germany at the Nuremberg trials concluded that the holocaust might not have taken place without psychiatry

This paper summarizes psychiatric participation in events leading to the holocaust, and analyzes the underlying psychiatric principles that anticipated, encouraged, and paved the way for the Nazi extermination program²³⁹»

eugénisme et psychiatrie

* Quand Gotzsche intitula un de ses livres *Psychiatrie mortelle*, il pensait aux décès médicamenteux involontairement induits par les ordonnances de ses contemporains. Breggin relate une *Psychiatrie mortelle* tout à fait volontaire, inspirée par un eugénisme euthanasiant qui florissait en psychiatrie allemande juste avant le Hitlérisme et avait des complices aux États-Unis

FAILED CLINICAL TRIALS UNDER THE CARPET

« The FDA officially turns a blind eye toward *failed clinical trials* and sets acceptance based on the production of 2 or 3 positive trials [when its not 1...]. to prove efficacy in major depression, a company would need to pay for around 9 phase III trials. Even 17 years ago, Prozac had 7, and most of the other SSRI-type antidepressants had 9 trials before accumulating 3 positive trials and receiving drug approval »²⁴⁰

essais cliniques négatifs sous le tapis

FOSTER KIDS TARGETED WITH PSYCHOTROPIC DRUGS

« Foster children have been prescribed psychotropic drugs - including antidepressants, antipsychotics and ADHD pills - at rates that were 2.7 times to 4.5 times higher than children not in foster homes but who received *Medicaid* during 2008, according to a new report from the *US Government Accountability Office*, which reviewed data from 5 states »²⁴¹

enfants en familles d'adoption surexposés aux psychotropes

GENERIC ANTIDEPRESSANTS

« Pfizer now owns the rights to sell a majority of the generic antidepressants »²⁴²

antidépresseurs génériques

GESTATIONAL SSRI AND DEPRESSION IN OFFSPRING

« Using national register data from Finland, researchers found that children exposed to SSRIs during gestation had more chance of being diagnosed with depression after age 12, reaching a cumulative incidence of 8.2% by age 15. For children exposed to maternal psychiatric illness but no antidepressants, the incidence was 1.9% »²⁴³, a 4.3 fold difference

ISRS gestationnels et dépression dans la progéniture

* un EIM retardé et de 2^e génération ; le délai d'apparition est de 12 à 15 ans

²³⁹ Peter R Breggin. *Psychiatry's Role in the Holocaust. Int J Risk & Safety in Medicine* 1993;4:133 – abstract at <http://content.iospress.com/articles/international-journal-of-risk-and-safety-in-medicine/jrs4-2-04>

²⁴⁰ Joseph Dumit. *Drugs for life*, page 100

²⁴¹ Site <http://www.pharmalot.com/2011/12/foster-kids-at-risk-for-receiving-psychotropic-drugs/>

²⁴² Kim Witczak, 2014

²⁴³ Heli Malm et al. *Journal of the American Academy of Child and Adolescent Psychiatry* 2016 ; 55(5) : 359

GHOST SUICIDES

vanishing suicides

Antidépresseurs – Fraude – Compte-rendu d’essai

TN : *ghost suicide* was coined by David Healy

suicides disparus

= suicides qu’un promoteur fait disparaître des résultats de ses essais cliniques en attribuant au placebo des suicides survenus après l’arrêt d’un antidépresseur

GHOSTWRITING CAMPAIGNS

Promotion – Rédaction en sous main

« Internal documents from Pfizer, made public in litigation, showed that 85 scientific articles on its antidepressant Zoloft (sertraline) were produced and coordinated by a public relations company. Pfizer itself thus produced a critical mass of the favorable articles placed among the 211 scientific papers on Zoloft in the same period. Internal documents tell similar stories for GlaxoSmithKline’s Paxil (paroxetine), Astra-Zeneca’s Seroquel (quetiapine) ...

In another example, GSK organized a ghostwriting program to promote its antidepressant Paxil (paroxetine). According to internal documents made public in 2009, the program was called “Case Study Publication for Peer-Review,” or CASPPER, a playful reference to the “friendly ghost.” Such strategies are not exception; they are now the norm in the industry »²⁴⁴

campagne de publications téléguidées / orchestrées (en sous main)

GRASSROOT ORGANISATION

Association paravent

organisation / association de terrain

Voir aussi HEALTH ASTRO-TURFING

* en santé, certaines sont de bonne foi; d’autres sont sponsorisées – au départ ou au fil des ans - par des entreprises ayant des intérêts dans les messages et les actions de ces organisations

« NAMI pour *National Alliance for the Mentally Ill*, est une *organisation de terrain* destinée à l’aide aux personnes atteintes de maladie mentale. En 1999 on a pu apprendre que cette organisation, de 1996 à la mi-1999, a reçu de la part de 18 compagnies pharmaceutiques, un total de 11,72 millions de dollars dont Lilly qui durant ces années est la corporation qui affiche la plus grosse contribution financière...

On a également appris qu’un cadre de Lilly, Jerry Radke, avait été ‘prêté’ à la NAMI et travaillait aux quartiers de cette *organisation de terrain* ...

Vers les années 1990, une campagne de l’Église de scientologie fait chuter les ventes de Ritalin de 37 %, ce qui alarme Ciba (devenu Novartis). Cette compagnie injecte alors des centaines de milliers de dollars dans une *association de terrain* pour aider les enfants hyperactifs, le CHADD pour *Children Attention Deficit Disorder*, avec des prêts éducationnels dits sans restriction...

Avec cet argent, cette association a pu faire connaître cette ‘maladie’, la faire classer comme ‘trouble’, ce qui a ouvert la porte aux remboursements pour les traitements »²⁴⁵

HAPPY PILLS

pilules du bonheur

HARASSMENT OF REGULATOR OVER SO-CALLED ANTI-ALZHEIMER DRUGS

« The *National Institute for Clinical Excellence* (NICE, UK) was set up in part to contain industry and has the distinction of having been sued by companies for advising against current drug treatments for Alzheimer’s disease »²⁴⁶

harcèlement d’une autorité de réglementation au sujet des soi-disant anti-Alzheimer

HARMS OF DEPRESSION MEDICATION *Transparence des ECC – Biais des comptes-rendus - Données brutes, données cliniques individuelles et rapports d’études cliniques*

²⁴⁴ evidencenetwork.ca - http://umanitoba.ca/outreach/evidencenetwork/wp-content/uploads/2012/12/Canadian-Health-Policy-in-the-News_DEC-10_12.pdf

²⁴⁵ Jacques Thivierge 2010 - <http://agora-1.org/fichiers/thivierge.pdf>

²⁴⁶ *Pharmageddon*, page 140

« A PhD dissertation in 2018 looked beyond published literature to investigate the harms of depression medication. Tarang Sharma²⁴⁷ studied the effects of SSRIs and SNRIs on suicidality, violence and quality of life based on clinical study reports.

Why study the effects of depression pills in clinical study reports? CSRs are detailed summaries of trial results prepared by the drug industry for submissions to regulatory authorities in order to obtain marketing authorization. Published trial reports of depression pills are notoriously known for gross *dissemination bias* and therefore the true effects of the pills are yet to be determined. Tarang and her co-workers studied almost 70,000 pages of CSRs describing 73 placebo-controlled trials obtained from European drug regulators.

What were the most important results? Suicidality and aggression more than doubled in children and adolescents that were on SSRIs or SNRIs compared to those on placebo. Often, details of serious harms were only available in individual patient listings or *patients' narratives*. We showed for the first time that more patients on SSRIs or SNRIs dropped out from the trials when compared to patients on placebo despite the fact that some patients in the placebo group must have been harmed because of withdrawal symptoms from stopping earlier drugs. Quality of life outcomes were almost never reported on in journal publications and the results were sometimes completely omitted from the CSRs or only very limited, partial information was available.

Conclusions. Due to problems with selective reporting, even within CSRs, raw data from clinical drug trials should be preferred when conducting systematic reviews, with CSRs being the next-best option. As SSRIs and SNRIs can have very serious detrimental effects on children and adolescents, far more than previously noted, their use in young people should be reconsidered. In fact, even when considering all ages, placebo seems to be a better pill than an antidepressant drug because the patients weigh the benefits against the harms when they decide whether to stay in a trial or to drop out²⁴⁸.

nocivité des médicaments antidépresseurs

HEALY ON ANTIDEPRESSANTS

« The trials of Prozac in children were identical to the trials of other SSRIs and other antidepressant drugs in this age group – negative. There are more negative Prozac trials for depression in this age group than for any other antidepressant. Part of our problem is that MHRA and NICE don't want to be seen to go back on judgements they made 14 years ago (2004) when they licensed Prozac. Better children die than regulators lose face. That all of the literature in this area is ghost or company written. That there is no access to data from clinical trials – MHRA don't have access, NICE don't have access – no-one does.²⁴⁹ »

Healy sur les antidépresseurs

I am not critical of the occasional and responsible use of legal recreational drugs like alcohol. But I do not believe that a drug can help people solve their personal problems.

Psychiatric drugs — like all psychoactive substances — work by impairing brain function, and when we're under stress and have problems to solve we need a fully functioning brain and mind. We need to be able to take complete responsibility for ourselves and to think through our problems with rational clarity. All psychiatric drugs impair those higher mental functions.²⁵⁰

les substances psychoactives perturbent le fonctionnement du cerveau

ILL ADVISED MANAGEMENT OF UNIVERSITY STUDENTS' MENTAL HEALTH PROBLEMS

Surdiagnostic – Surmédication – Vraie prévention

« I have worked in the field of student mental health for the last 25 years, and I have also worked in the hospital system during that time. Over the last 20 years we have seen remarkable changes within the student mental health field. The demand for services has risen greatly across North America, and we are juggling to figure out both why the demand has increased so much, and what we can do about it...

The unfortunate aspect is that many services are way behind in being able to provide the kind of care that students need. One thing has been interesting in watching the evolution of psychiatric care over the last number of years. This past year at our service, we treated close to 2,000 students...

That amounts to about 8% of the McGill student body. There has been some suggestion in the literature that the reason why student services have seen an increase in demand is because students are being treated earlier and better, and therefore are

²⁴⁷ <https://www.bmj.com/content/352/bmj.i65>

²⁴⁸ <https://nordic.cochrane.org/news/phd-dissertation-looks-beyond-published-literature-investigate-harms-depression-medication>

²⁴⁹ <https://davidhealy.org/in-the-name-of-the-bbc/>

²⁵⁰ Peter Breggin

getting into universities. From our experience, and from looking at our data, **there is absolutely no truth to that**. We are seeing almost no increase in the incidence of major psychiatric illness...

I talk about schizophrenia, bipolar illness and severe major depression. What we have seen is a drastic increase in people with long-standing psychological problems. Over 50% of the students we see have had a problem lasting at least 2-4 years. We see students who come to university, who have been suffering, often from the time of their early adolescence...

My concern is for what is happening to young people in our community. Why are we seeing so many troubled youth, and what can we do about it? One thing that has been very disturbing, when you look at so many of the students we see, and often talking to educators in elementary schools, high schools and colleges, is that across the board there seems to be an increase in the number of disturbed children within our school systems...

The relationships, from the time people are young, between children and strong mentoring figures is weakening; the relationship with parents and the relationship with extended families. The vast majority of people we see have **weak relationships with grandparents, aunts and uncles**...

A recent study looked at success in high school, and the factor that came out number one that contributes to success in high school is the **number of family dinners any family has**. Teachers in school systems are overwhelmed with behaviour problems: they do not have time to provide one-to-one mentorship to the students they see...

Students are being signed up to all kinds of activities, but they do not develop good relationships. Most of the students they see come from **broken homes**, they have no relationship with their parents and they are struggling on their own. At the same time, the power of peer groups has been increasing. Students come home from school, they go on MSN and they have 50 contacts, most of them superficial...

People are not growing up with consistent strong mentoring relationships. Unless we do something to strengthen families and strengthen the ties with important mentoring figures, we will see a continued rise in psychological disturbances in our young people. Another major concern I have is the way these issues are being addressed...

There has been a strong tendency towards **hasty diagnosis and simplistic symptom-based** treatments over the last 10 years. The DSM is meant to be used as a guide. It says so right in the introduction. It is not meant to be applied in a **cookbook** fashion to individuals. However, that is exactly how it is being applied...

We did a survey last year of McGill students; 15% of 1st year students were on psychiatric medication. In surveys done in the USA, up to 30% of students at some universities are on psychiatric medication. When we assessed these students, **over 90% were inappropriately diagnosed and inappropriately prescribed**. What is happening these days in the high schools?

A kid's family is divorced, a kid breaks up with his girlfriend and he is feeling low. Adolescents tend to be moody. After a couple of weeks of feeling low, and not wanting to do their homework, they are brought to their GP, they are handed a prescription, and they are told they have a biochemical imbalance...

Then, they come to us the minute they have any kind of psychological problem, which they do, because they have not dealt with the original problem. They say, "My medication is not working anymore." Alternatively, the parent calls up and says, "My kid needs his medication increased." We have students who call home, and the first question their parents ask is, "Are you still taking your medication?"

Medication has its use, even though in a young adult and teen population, the studies have shown that medication is not particularly effective. However, this wholesale prescribing of antidepressant medication to youngsters as a solution for their problems is **highly inappropriate**, and it is leading to a major mental health disaster for our young...

When we see them, not only do we have to deal with their problems, we have to convince them that there is not something fundamentally wrong neurologically with them. I have a concern that this trend which started in the States is now moving into Canada, because we see more and more youngsters here who are given medication quickly without proper diagnosis...

Students go into a GP's office and they say, "I feel depressed," and 15 minutes later they are out with a prescription. We see a trend towards wanting to make these fast diagnoses. *Screening programs* such as depression screening may increase awareness of the problem of depression, but often all it does is support the idea that depression is a singular biological entity. This idea is highly promoted by the pharmaceutical industry, but has no support in the literature...

Most practitioners want to give simplistic short-term treatments to take care of the most immediate symptoms. They do not show any concern about the person's life and their long-term issues. We strongly need to resist this kind of orientation. However, this orientation has been creeping more and more into the standard jargon of the way we see psychiatry...

Most medical students these days, most psychiatric residents, come out of their training feeling that the DSM is the Bible, where their only goal is to make an Axis-1 diagnosis. The DSM is not meant to be applied in a textbook fashion to each individual. The impact of marketing by the pharmaceutical industry is also a major concern of mine...

Every week, there are conferences at fancy restaurants put on by the pharmaceutical industry, where doctors go, and where they get the majority of their information these days. I strongly suggest that we consider, in Canada, **a ban on direct pharmaceutical- to-medical-profession marketing...**

Over the last 10 years the two classes of drugs which have been most heavily marketed by the pharmaceutical industry are the Cox-2 inhibitors and the antidepressant medication. Look what is happening now with the Cox-2 inhibitors [Vioxx scandal]. The same thing is true of antidepressant medications. **There is no research that shows that the modern antidepressants are any better than the old ones we used 20 or 30 years ago.** They are no more efficacious...

They may cost about 10 times as much. The medical profession will tend to prescribe new drugs to everybody, regardless of whether an older drug may be just as effective. The older antidepressants are excellent but they are hardly ever prescribed today... My major recommendation is that we provide increased mentorship to young people »²⁵¹

prise en charge mal avisée des troubles mentaux des étudiants universitaires

INDEPENDANT CLINICAL TRIAL

publicly funded trial

essai clinique indépendant

* L'essai dit *Cathie* (Clinical Antipsychotic Trials of Intervention Effectiveness), par les NHI (ÉU), comparant des nouveaux antipsychotiques dits atypiques à un ancien dit traditionnel, conclut que les atypiques ne sont *pas meilleurs* dans la schizophrénie qu'un traditionnel et coutent *plus cher*

INEXPLICABLE HATRED

Pharmacovigilance - Agression

« I have examined 700 persons (AU) doing badly on medicines. In 2003 after a seminar from David Healy I started to understand the accompanying features of suicidality, toxic hallucinosis, best described as transient apparitions, violent unwelcome thoughts, restlessness, insomnia, weird dreams with bizarre violent content, changed personality, agitation, all fluctuating...

I realised what I had to look for namely poor metabolising genes, drugs doses, age, liver function and co-prescribed drugs. I have a few who tell me 'I love my parents / others, and I do not understand why I sometimes experience a surge of hatred towards them'. So in my practice I see not only *aggression*, which is listed in the toxicity profile of so many drugs, but also an unwelcome feeling of *inexplicable hatred* », says a medico-legal psychiatrist²⁵²

haine expliquée

* En 1989, une certaine Ilo Marie Gundberg poursuit Upjohn pour 21 M\$ après que le triazolam l'eusse poussée à tuer sa mère en 1988, et pourtant elle aimait bien sa mère

INNOVATION BREAKDOWN IN DEPRESSION

panne d'innovation dans la dépression

« Aucun médicament nouveau depuis > 40 ans, mais 100 copies de plus en plus chères des cinq molécules mères des psychotropes des années 60. Le chiffre de 30% de résistance aux antidépresseurs ne repose sur rien. Toutes les études comparatives contrôlées montrent au contraire 50% d'échecs et 50% de succès partiels, avec réduction moyenne de 50% des symptômes, à peine supérieurs aux placebos inertes, non-supérieurs aux placebos amers ou salés et inférieurs aux psychothérapies. Glaxo, Lilly et Pfizer ont été condamnés à 1 à 3,5 milliards de dollars aux États-Unis et en Angleterre, pour falsification des études d'antidépresseurs (mais en France, ni plainte, ni condamnation). Les mécanismes des déclenchements, des rémissions et des rechutes des dépressions restent inconnus.²⁵³»

²⁵¹ Norman Hoffman, McGill University. Testimony on 21.6.2005 in Montreal, before the Standing Senate Committee on Social Affairs, Science and Technology of Canada

²⁵² Yolande Lucire, 2015 (AU)

²⁵³ Philippe Even, <https://aimsib.org/2019/05/05/de-la-ketamine-new-age-pour-les-depressifs/>

INSTITUTIONAL CORRUPTION IN PSYCHIATRY

« The possibility that industry is exerting an undue influence on the culture of medicine has profound implications for the profession's public health mission. Policy analysts, investigative journalists, researchers, and clinicians have questioned whether academic-industry relationships have had a corrupting effect on evidence-based medicine...

Psychiatry has been at the heart of this epistemic and ethical crisis in medicine. Pharmaceutical companies influence psychiatric taxonomy and treatment guidelines...

Using the conceptual framework of institutional corruption, we show that organized psychiatry's dependence on drug firms has led to a distortion of science. We describe the current dependency corruption and argue that transparency alone is not a solution. We conclude by taking the position that the corruption of the evidence base in diagnostic and practice guidelines has compromised the informed consent process, and we suggest strategies to address this problem »²⁵⁴

corruption institutionnelle en psychiatrie

KEY OPINION LEADER

« The issues in which Charles Nemeroff has been compromised in the course of the last 15 years:

- a) *dismissed* from his chairmanship at Emory,
- b) required to *resign* as editor of the journal *Neuropsychopharmacology*;
- c) *banned* from involvement in NIH grants at Emory for 2 years;
- d) a 2 year *ban* on participating in The American College of Neuropsychopharmacology;
- e) a punitive *sanction* on his program by the Accreditation Council on Continuing Medical Education (for commercial bias) »²⁵⁵

meneur d'opinion influent

l'Alzheimer en 2017

LET THEM EAT PROZAC : *The Unhealthy Relationship Between the Pharmaceutical Industry and Depression* - (Livre)

David HEALY. Toronto: James Lorimer / Canadian Association of University Teachers; 2003 & New-York: NY University Press; 2004 – 368 pages ISBN no 1-55028-783-4

LET THEM EAT PROZAC - (Site web)

<http://www.healyprozac.com/default.htm>

« This website explores threats to public safety and academic freedom surrounding the SSRI group of drugs – Prozac, Zoloft (Lustral), Paxil (Seroxat/Aropax). It makes available *trial transcripts* in 3 major cases involving SSRIs and suicide and homicide. Here can be found the transcripts of the trials and the expert witnesses depositions :

a) *Fentress et al v Shea Communications et al*^[SEP] This was the trial following the murder spree of Joseph Wesbecker at his place of work in Louisville, Kentucky, which led to the death of 8 employees at the Standard Gravure plant there followed by his own suicide. Wesbecker had been on Prozac. An account of the legal manoeuvrings before, during and after the trial can be found in Chapter 4 of *Let Them Eat Prozac*

b) *Forsyth v Eli Lilly and Company*^[SEP] After 10 days on Prozac, William Forsyth stabbed his wife, June, 15 times before impaling himself on a serrated kitchen knife up on a chair. The remaining Forsyth family took out an action against Eli Lilly, the makers of Prozac. See Chapters 5 and 7 of *Let Them Eat Prozac*

c) *Tobin v SmithKline Beecham Pharmaceuticals*^[SEP] With a prior history of a poor response to an SSRI, Don Schell was put on Paxil. Forty-eight hours later he put 3 bullets from 2 different guns through his wife head, as well as through his daughter's head and through his granddaughter's head before shooting himself through the head. See Chapter 10 of *Let Them Eat Prozac*

LINGERING NEXT-DAY EFFECT

Somnifères - Benzodiazépines

effet résiduel du lendemain

MADRS SCALE

Critère d'évaluation

²⁵⁴ Cosgrove & Wheeler. *J Law, Med & Ethics* 2014 ; 41(3) : 644 - DOI: 10.1111/jlme.12074 - <http://onlinelibrary.wiley.com/doi/10.1111/jlme.12074/abstract>

²⁵⁵ Jacques Thivierge, 2016

Montgomery-Asberg Depression Rating Scale
échelle de dépression de Montgomery et Asberg; MADRS emprunt

MAINSTREAM MEDIA AND PATENTED PRODUCTS

Antidépresseurs

« The CBS news [USA] show '60 Minutes' made waves with a story asserting that the *antidepressants* taken by millions of Americans daily are actually no more effective than sugar pill placebos...

If the evidence that the published data supporting the efficacy of antidepressants is *skewed* because the negative results were never published, and that a sugar pill is just as effective without the risk of increased *suicide*, then **millions** of depressed patients have been **harmed**. Making matters worse, a large percentage of those **patients** prescribed antidepressants are **children** »²⁵⁶
médias traditionnels / médias dominants / presse dominante / grande presse / presse grand public et produits brevetés

MAINSTREAM MEDIA AND PATENTED PRODUCTS

Statines - Antidépresseurs

« The CBS news [USA] show '60 Minutes' made waves with a story asserting that the *antidepressants* taken by millions of Americans daily are actually no more effective than sugar pill placebos... the national evening TV news reported on a research publication from Harvard that found a 50% increase in the chance of *diabetes* among women who took cholesterol lowering *statin* drugs...

Those are just examples of a new trend in *mainstream media* to expose controversies in blockbuster drugs that generate tens of billions of dollars in revenue for the drug industry... The most likely explanation is that the same drugs now being exposed as unsafe and ineffective have also lost patent protection, and therefore, are no longer generating the huge advertising revenue for the networks...

A significant portion of the revenue for the broadcast networks is derived from pharmaceutical advertisements. If the mounting evidence linking increased Type 2 diabetes risk to statin use is correct, then tens of millions of patients have developed diabetes as a result of their Lipitor, while at the same time **not benefiting from any reduction in mortality**...

Likewise, if the evidence that the published data supporting the efficacy of antidepressants is *skewed* because the negative results were never published, and that a sugar pill is just as effective without the risk of increased *suicide*, then **millions of depressed patients have been harmed**. Making matters worse, a large percentage of those **patients prescribed antidepressants are children** »²⁵⁷
médias traditionnels / médias dominants / presse dominante / grande presse / presse grand public et produits brevetés

MANIA : A short history of bipolar disorder (UK) – (Livre)

David HEALY. Baltimore (MD) : Johns Hopkins University Press; 2008 - 296 pages

La Manie : Une courte histoire du trouble bipolaire (Traduction libre du titre du livre)

* À lire pour comprendre les dérives de la psychopharmacologie actuelle de la maladie bipolaire, alias maniaco-dépression. Le chapitre Huit est particulièrement réussi (*The Engineers of Human Souls*). L'auteur est psychopharmacologue de réputation mondiale et historien notoire de cette discipline, et cofondateur de *RxISK*, un programme de pharmacovigilance indépendant destiné au public

Medawar est un des promoteurs de l'expression *Pharmageddon*, titre d'un remarquable livre de David Healy publié en 2012. La seconde auteure est professeur d'anthropologie

MEDICATION INDUCED SUICIDES

« Medication induced suicides should be expressed as per number of patients enrolled in trial. Suicides and death per number of patients predicts how the drug will behave in the community »²⁵⁸ and is essential for *external validity*
suicides médicamenteux

²⁵⁶ Steven Greer, 19.02.2012. *Currentmedicine.tv* - Site <http://currentmedicine.tv/2012/specialties/psychiatry/youre-telling-me-this-now-why-the-news-is-suddenly-critical-of-statins-and-antidepressants/>

²⁵⁷ Steven Greer, 19.02.2012. *Currentmedicine.tv* - Site <http://currentmedicine.tv/2012/specialties/psychiatry/youre-telling-me-this-now-why-the-news-is-suddenly-critical-of-statins-and-antidepressants/>

²⁵⁸ Yolande Lucire, 2013

MEDICATION MANAGEMENT SESSION

Pratique - Psychiatrie

“Physicians now practice in terms of strictly defined brief *medication management sessions* with patients²⁵⁹”

rencontre / séance de gestion de la médication

* la pratique psychiatrique a ainsi substitué la véritable rencontre clinique par une procédure standardisée d’ajustement de la médication

MEDICATION SPELLBINDING

TN : coined by Peter Breggin, referring to antidepressant withdrawal syndrome often mistaken by patients with a rebound effect
envoutement médicamenteux

MEDUCATION *Pédopsychiatrie*

medication as education

« *Meducating Our Children: The Moral Influence of Adderall™ on Education, Parenting, and Treatment* »²⁶⁰

médication

MENTAL EVALUATION SCALES

« About 23 different scales were used [in Alzheimer trials of ChEIs]... Most of them were *not validated* for the disease for which the drugs were tested²⁶¹»

échelles d’évaluation mentale

MENTAL EVALUATION SCALES *Méthodologie – Essais - Alzheimer*

« About 23 different scales were used [in Alzheimer trials of ChEIs]... Most of them were not validated for the disease for which the drugs were tested²⁶²»

échelles d’évaluation mentale

MENTAL HEALTH INDUSTRY, A THREAT TO AMERICA’S SANITY *Psychiatrie*

« Drug industry corruption, scientifically unreliable diagnoses and pseudoscientific research have compromised the values of the psychiatric profession :²⁶³

- a) Corruption by Big Pharma
 - b) Invalid Illnesses and Disorders
 - c) Scientifically Unreliable Diagnoses

 - d) Biochemical Imbalance Jumbo Mumbo
 - e) Pseudo-Scientific Drug Effectiveness Research
 - f) Psychotropic Drug Hypocrisy
 - g) Diversion from Societal, Cultural and Political Sources of Misery
- l’industrie de la santé mentale, une menace pour celle des Américains**

“In the mercantile paradigm, physicians act as surrogate consumers on behalf of their patients, and the companies court the doctors on behalf of their products. Both parties are not disinterested²⁶⁴”, writes an American psychiatrist

MENTAL HEALTH OF ELDERLIES : OVERMEDICATED AND UNDER-CARED FOR *Gériatrie – Choix d’intervention*

« While treatment has been expanded to less-seriously ill patients, more-seriously ill patients and *seniors* get *less care* than previously; perhaps, the expansion of managed care has redirected resources. More people can obtain medications than before, but access to effective *psychosocial* treatment remains relatively low²⁶⁵”

la maladie mentale des personnes âgées : surmédicamentés et sous-soignés

²⁵⁹ David Healy. *Mania*, p 241

²⁶⁰ Tazin Karim. <http://somatosphere.net/2012/10/meducating-our-children-the-moral-influence-of-adderall-on-education-parenting-and-treatment.html>

²⁶¹ Gilstad JR & Finucane TE. *J Am Geriatr Soc* 2008;56 :1556-62

²⁶² Gilstad JR & Finucane TE. *J Am Geriatr Soc* 2008;56 :1556-62

²⁶³ Bruce E Levine. Site http://www.alternet.org/story/153634/7_reasons_america%27s_mental_health_industry_is_a_threat_to_our_sanity

²⁶⁴ Jonathan Weber. Quoted in *Psychiatr News* (American Psychiatric Association) 2009, Volume 44, Number 13, page 4 –

<http://pn.psychiatryonline.org/cgi/content/full/psychnews;44/13/4-a>

²⁶⁵ Glied SA and Frank RG. *Health Aff (Millwood)* 2009; 28:637

MENTAL HEALTH OF STUDENTS *Psychiatisation*

« The needless use of psychiatric drugs is risky, expensive, and psychologically disempowering. As *students'* confusion over the boundaries of *mental* disorder indicates, colleges must offer narratives about stress and suffering that push back against the alarmist, manipulative ones circulated by pharmaceutical companies and nourished by a drug-obsessed culture »²⁶⁶

santé mentale des étudiants

MENTAL HEALTH PROFESSIONALS : THE DISSIDENTS

« Why do some of us become dissident mental health professionals? The majority of psychiatrists, psychologists and other mental health professionals 'go along to get along' and maintain a status quo that includes drug company corruption, pseudoscientific research and a 'standard of care' that is routinely damaging and occasionally kills young children...

Today, a handful of dissident mental health professionals do challenge and resist their profession's dehumanizing standard practices. I know several of these dissidents, and they are the only psychiatrists, psychologists and mental health professionals that I have any respect for »²⁶⁷

professionnels de santé mentale : les dissidents

MENTAL HEALTH SPONSORED WEBSITES *Publicité directe au consommateur*

« Mental health websites, in general, overemphasize biogenetic causal explanations and medication. 42% of health websites are either drug company owned (6%) or receive funding from drug companies (36%). A meta-analysis found that company funded sites are significantly more biased toward **biogenetic** causes ($P < 0.01$) and toward **medication** ($P < 0.0001$) than sites that are financially independent of the industry...

Practitioners are encouraged to inform patients about the bias inherent in industry-sponsored websites and to recommend, instead, more balanced websites that present a range of evidence-based information about causes and treatments »²⁶⁸

sites web sponsorisés en santé mentale

METHYPHENIDATE (RITALIN) OVERUSE (QC) *Révision d'utilisation surutilisation du Ritalin (QC)*

« Au cours de la période de 12 mois qui a pris fin le 30 novembre 2010, **les Québécois ont consommé 31 864 061 comprimés de méthylphénidate**, la famille de médicaments regroupant le Ritalin et ses génériques, selon des données obtenues auprès d'IMS-Brogan. Cela représente une hausse d'environ 10 % par rapport au record atteint en 2009

Comme c'est le cas depuis plusieurs années, la consommation de ces médicaments est **beaucoup plus importante au Québec qu'ailleurs au Canada**. Alors qu'elle compte pour moins de 25% de la population, la province accapare désormais 35,3 % de l'ensemble des pilules et 44 % des ordonnances distribuées au pays »²⁶⁹

MILD COGNITIVE DECLINE SCREENING *Médicalisation – Acharnement préventif – Dépistage intempestif*

« Brief instruments to screen for cognitive impairment can adequately detect dementia, but there is **no empirical evidence that screening improves decision making**. Whether interventions for patients or their caregivers have a clinically significant effect in persons with earlier detected cognitive impairment is still unclear »²⁷⁰

« Cogstate is preparing for the imminent commercial launch of its cognitive test to general physicians in Canada, with its partner Merck. The test, branded as Cognigram, allows physicians to identify subtle changes in cognitive function and is being positioned as a tool to help doctors to detect the early stages of cognitive decline associated with a neurodegenerative disease...

'We are very pleased with the progress that Merck is making the roll out of Cognigram in Canada and expect to see the first revenues from the launch during this financial year. Merck has invested a significant amount of time and resources in preparing the product and its team for launch and is very committed to the success of Cognigram. Like us, they regard it is a major opportunity,' said Mr O'Connor »²⁷¹

« The first word that comes to mind to describe the Cognigram test and the forces that serve to promote it, is 'répulsif'. Clearly,

²⁶⁶ Katherine Sharper. http://chronicle.com/article/Prozac-Campus-the-Next/131951/?sid=cr&utm_source=cr&utm_medium=en

²⁶⁷ Bruce E Levine. Site http://www.alternet.org/story/153634/7_reasons_america%27s_mental_health_industry_is_a_threat_to_our_sanity

²⁶⁸ Read & Cain, 2013. *Acta Psychiat Scand* - DOI: 10.1111/acps.12146

²⁶⁹ <http://fr.canoe.ca/infos/quebeccanada/archives/2010/12/20101228-040300.html>

²⁷⁰ Lin et al. *Ann Intern Med* - doi: 10.7326/0003-4819-159-9-201311050-00730 - <http://annals.org/article.aspx?articleid=1760977>

²⁷¹ <http://www.biospectrumasia.com/biospectrum/company-results/174865/cogstate-seeks-growth-clinical-trial#.US950I4RWWd>

Merck has invested very heavily to promote Cognigram and other drug companies will follow suit or invest in other new cognitive tests for good reason. These tests are being used as part of a strategy to broaden the inclusion criteria for upcoming Pharma sponsored Alzheimer 'prevention' clinical trials...

A computer test, such as Cognigram will be helpful for including more people in their clinical trials than would have possible using traditional cognitive tests. Cognigram is probably designed to detect the mildest of memory problems and fluctuations...

These Pharma sponsored Alzheimer 'prevention' clinical trials are designed based on a false premise that a causal link between 'mild cognitive impairment' and Alzheimer's exists. By using Cognigram and other tests (e.g. scans with unproven biomarkers), drug companies can expand the number of people they can diagnose with 'mild cognitive impairment'...

When research participants in these trials do not develop Alzheimer's, drug companies will attribute this good result to their new drug, whereas, these people may have never developed this disease, in the first place...

In summary, Pharma is exploiting the unknown causes and ambiguity regarding the onset of Alzheimer's as they attempt to 'prove' their new drugs are effective. They have a great formula for making tremendous profits for producing worthless drugs. Three other points :

1) Most people taking the computer test Cognigram will be older, but many older people will feel uncomfortable using a computer to take a test or may be incapable of doing so, altogether. They will do poorly and are more likely to receive a label of "mild cognitive impairment".

2) Cognitive tests have always been mired in controversy and at best have serious limitations (e.g. MMSE). These tests are incapable of detecting losses in abstract thinking and good judgment (two hallmarks of Alzheimer's) and personality changes. Therefore, it is in Pharma's interest to keep using these tests for diagnostic purposes.

3) Evidently, these tests will eventually be used by treating physicians. As a result, they will be instrumental to helping physicians prescribe currently available and new Alzheimer drugs that are grossly ineffective »²⁷²

dépistage du déclin cognitif léger

MILD COGNITIVE IMPAIRMENT *Maladie inventée - Surmédicalisation*

« The topic of appropriate diagnosis of mild cognitive impairment—the focus of the November, 2011 issue of the *American Journal of Geriatric Psychiatry*—is timely given the recently proposed DSM-5 criteria for minor neurocognitive disorders that were tested in the Large Academic Sites Field trials performed by the *American Psychiatric Association*....

This is the first time a cognitive diagnosis previously restricted to 'pre-dementia populations' will be applied broadly to a variety of neuropsychiatric disorders. It will be increasingly important to strengthen the definitions of what is 'normal' to avoid the 'pathologizing' of aging or of any individuals who experience temporary or continuous cognitive impairment »²⁷³

déficit cognitif léger

MILD DEPRESSION AND ANTIDEPRESSANTS

Surmédication

* The NICE Depression Update of October 2009 explicitly state against prescribing antidepressant medicine for initial treatment of mild depression based on harm to benefit ratio »²⁷⁴

dépression légère et antidépresseurs

MISGUIDED CORONER

misguided medical examiner

* as when they don't consider antidepressants and akathisia as a possible causes of suicides and violent behaviors

coroner / médecin légiste mal avisé / fourvoyé

MODEST EFFECT

Euphémisme

= no clinically significant effect, a euphemism in regulatory parlance

* for example the FDA accepts a 4-points improvement on a 70-point scale of a mental test as a basis for the indication of

²⁷² Linda Furlini, communication 2013

²⁷³ Helen Lavretsky. *Psychiatric Times*, 6.01.2012

²⁷⁴ Lenzer et al. *BMJ* 2013 ; 347 : f5535

Aricept (donepezil) in Alzheimer disease, an improvement of only 5.7%, thanks to the *mantra* of statistical significance and to *regulatory capture*

effet modeste

= sans service médical rendu (SMR) tangible, sans effet cliniquement signifiant; c'est un euphémisme en jargon règlementaire

MYTHS CONCERNING ANTIDEPRESSANTS AND ANTIPSYCHOTICS

1. Your disease is caused by a chemical imbalance in the brain
2. Its no problem to stop treatment with antidepressants
3. Psychotropic drugs for mental illness are like insulin for diabetes

4. Psychotropic drugs reduce th number of chronically ill patients. Probably the worst myth of them all
5. Happy pills (antidepressants, SSRIs) do not cause suicide in children and adolescents
6. Happy pills have no side effects

7. Happy pills are not addictive
8. The prevalence of depression has increased a lot
9. The main problem is not overtreatment, but undertreatment
10. Antipsychotics prevent brain damage

Conclusion : Our citizens would be far better off if we removed all the psychotropic drugs from the market, as **doctors are unable to handle them**. It is inescapable that their availability creates **more harm than good**. Psychiatrists should therefore do everything they can to treat as little as possible, in as short time as possible, or not at all, with psychotropic drugs²⁷⁵

mythes entourant antidépresseurs et antipsychotiques

NEUROLEPTICS 'FOR LIFE'

les neuroleptiques 'pour la vie'

« Hygie et Panacée, les deux filles d'Asclepios dieu de la santé, étaient rivales, l'une prévenait les maladies, l'autre les guérissait toutes. Avec les neuroleptiques, Panacée a failli gagner. Aujourd'hui Hygie a repris de l'influence. Mais Panacée n'a certainement pas dit son dernier mot. En prescrivant largement des neuroleptiques, dès le plus jeune âge, notre efficacité sur les pathologies serait globale : avant, en supprimant la crainte, pendant, en masquant les symptômes, et après, en effaçant le souvenir.²⁷⁶ »

NEUROLEPTICS OR ANTIPSYCHOTICS ? Glissement sémantique

neuroleptiques ou antipsychotiques

* Les Français préfèrent *neuroleptiques* (du grec, qui affaiblissent les nerfs), depuis que Paul Charpentier de Rhône-Poulenc eut synthétisé la chlorpromazine, que le chirurgien Henri Laborit eut noté son effet sédatif après l'anesthésie et que les psychiatres Pierre Deniker et Jean Delay eurent noté un effet anti-agitation en psychiatrie lourde. Les Américains préfèrent *antipsychotiques*, appellation évoquant historiquement la correction d'un désordre cérébral de récepteurs, hypothèse favorisant l'essor de la théorie biologique des psychoses abondamment utilisée par les firmes²⁷⁷

NEUROLOGICALLY DISABLED

"Tens of millions of unsuspecting Americans, who are mired deeply in the mental health system, have actually been made crazy, homicidal, suicidal and *neurologically disabled* by the use of or the withdrawal from commonly-prescribed, brain-disabling, brain-damaging neurotoxic psychiatric drugs that have been cavalierly handed out like candy, with false assurance from a co-opted FDA..."

These synthetic prescription drugs are often prescribed in untested and unapproved combinations by unaware but well-intentioned prescribing physicians who have been under the mesmerizing influence of slick propaganda campaigns bankrolled by obscenely profitable multinational pharmaceutical corporations."²⁷⁸

handicapé neurologique

NEUROPSYCHIATRIC DRUGS

médicaments neuropsychotropes

²⁷⁵ Peter Gotzsche, 21.1.2014, at <http://davidhealy.org/psychiatry-gone-astroy/#sthash.fsmFauA1.dpuf>

²⁷⁶ <https://lucperino.com/656/grossierete-neuroleptique.html>

²⁷⁷ *Prescrire* 2019 ; 39(426) : 275

²⁷⁸ Dr Gary Khols

NEW ANTIPSYCHOTICS

« It is remarkable that the 5 newest antipsychotics (in 2013) —ziprasidone, aripiprazole, asenapine, iloperidone, and lurasidone—are at the bottom of the efficacy and all-cause discontinuation figures »²⁷⁹

nouveaux antipsychotiques

NEW ANTIPSYCHOTICS NOT BETTER

« No independent evidence appeared – since the 1990s - that any of the new antipsychotics was superior to the older ones in terms of either safety or efficacy - even though the new treatments cost between 50 and 80 times as much »²⁸⁰

les nouveaux antipsychotiques ne sont pas meilleurs

NEWNESS IS NOT BETTER

« No independent evidence appeared – since the 1990s - that any of the new antipsychotics was superior to the older ones in terms of either safety or efficacy - even though the new treatments cost between 50 and 80 times as much »²⁸¹

la nouveauté n'est pas meilleure

NEXT DAY IMPAIRMENT

Pharmacovigilance

affaiblissement des facultés du lendemain

* un EIM typique des benzodiazépines et des apparentés comme le zopiclone (Imovan) et le zolpidem (Stilnox), contre l'insomnie. Sans compter le risque d'accoutumance et de syndrome de sevrage

NNTs AND NNHs OF SLEEPING PILLS *Usages inappropriés*

NNT et NNH des somnifères

« L'efficacité de ces médicaments sur le sommeil est pourtant faible. Les dernières études démontrent qu'une personne sur 13 prenant un somnifère ressentirait un effet positif. Ce n'est pas un bon ratio. Normalement, on aimerait qu'il soit de 4 ». À l'inverse, une personne sur 6 qui prend ces molécules subit des effets indésirables²⁸² »

* Traduisons : le NNT de 13 est inadéquat, on souhaiterait qu'il soit de 4. Et le NNH est de 6.

* Déplorons : la prescription quasi systématique à l'hôpital surtout en gériatrie, les ordonnances systématiquement renouvelables, les ordonnances pour plus de 7 jours, la banalisation qu'en font les prescripteurs qui expliquent rarement les effets indésirables et le grand risque de dépendance de produits qui deviennent inefficaces au long cours

NON OBSERVANCE OF ANTIPSYCHOTICS, WHOSE PROBLEM?

« The effort to fight against this major economic problem (for manufacturers) called *Non compliance* is not restricted to the province of Quebec²⁸³ or to Canada, but seems part of a worldwide effort »²⁸⁴

non observance aux antipsychotiques, un problème pour qui?

* L'industrie utilise des meneurs d'opinion et des associations de psychiatres pour mousser la vente des anti-psychotiques d'action prolongée, notamment les injectables, chez les schizophrènes; il est bien connu en marketing qu'il est moins coûteux de promouvoir l'observance chez des patients déjà traités que de promouvoir la prescription à de nouveaux patients...

Ces mêmes meneurs d'opinion reconnaissent pourtant que la forme pharmaceutique des antipsychotiques d'action prolongée les rend parfois plus délicats à utiliser²⁸⁵ :

a) l'état d'équilibre est souvent *long à atteindre*, étant donné leur longue demi-vie, ce qui fait que les changements de dose prennent un temps considérable à exercer leur effet;

b) dans le cas des médicaments en solution aqueuse, il est *impossible de fractionner* les doses, et ils nécessitent des précautions particulières quant à la température de conservation;

c) dans le cas de l'olanzapine, sa forme à longue action est associée à la survenue de certains *effets indésirables sérieux*, nécessitant une observation de 3 heures en clinique, ce qui n'est pas toujours facile à réaliser »

NOSOGRAPHY

²⁷⁹ Vincent & Kouassi (Montréal) 2013. *Lancet* 2013 ; 382(9908) : 1873 - doi: 10.1016/S0140-6736(13)62615-X

²⁸⁰ *Pharmageddon*, page 135

²⁸¹ *Pharmageddon*, page 135

²⁸² Carla Tannenbaum, Montréal, 2019, communication

²⁸³ Stip et coll. *La Revue canadienne de psychiatrie* 2011 ; 56(6) - <http://www.ampq.org/contentDocuments/3CE39A27-7054-D219-67E40636ACA15185.pdf>

²⁸⁴ Jacques Thivierge, 2014

²⁸⁵ Stip et coll. Op. cit.

« Psychiatric nosography is gone astray »

nosographie

= classification analytique / description et classification des maladies ; elle étudie les classifications elles-mêmes, elle définit à l'aide des informations précises de la nosologie une *classification méthodique* des maladies

« La nosographie psychiatrique est à la dérive »

OFF-LABEL PSYCHOTROPICS

Prescription déraisonnable

« These days atypical antipsychotics - the most popular are Seroquel (quetiapine), Zyprexa (olanzapine) and Abilify (aripiprazole) - are being prescribed by psychiatrists and primary-care doctors to treat a panoply of conditions for which they have not been approved, including anxiety, attention-deficit disorder, sleep difficulties, behavioral problems in toddlers and dementia...

These new drugs account for more than 90 percent of the market and have eclipsed an older generation of antipsychotics. Two recent reports have found that youths in foster care, some less than a year old, are taking more psychotropic drugs than other children, including those with the severest forms of mental illness »²⁸⁶

psychotropes hors-indication / hors-AMM

OFFLABEL INDICATIONS FOR ANTIDEPRESSANTS USED BY QUEBEC PRIMARY CARE PHYSICIANS (QC)

indications hors-amm des antidépresseurs utilisées par les généralistes au Québec

* Une enquête sur les indications de 101 759 ordonnances d'antidépresseurs chez 19 734 adultes entre 2006 et 2015, dans une base numérique de dossiers médicaux de 158 généralistes québécois, a été publiée dans le JAMA en 2016²⁸⁷.

Seulement 55,2% des ordonnances nommaient la dépression comme indication, le reste (44,8%) était pour des indications hors autorisation de mise sur le marché (AMM), définie dans l'étude comme étant non libellée par Santé Canada ou par la FDA en 2015 dans la monographie des différents produits proposés comme antidépresseurs. Les ordonnances hors indication approuvée étaient réparties comme suit :

- a) 100% des 101 759 ordonnances étaient hors AMM quand l'indication était la migraine, les bouffées de chaleur de la ménopause, le Tda/h, la dysfonction sexuelle ou les troubles digestifs,
- b) 97% hors AMM quand l'indication était l'insomnie ; surtout le trazodone (Desyrel)
- c) 92% hors AMM dans les troubles urinaires ; surtout des tricycliques

- d) 83% hors AMM comme antalgiques ; surtout l'amitriptyline, un tricyclique
- e) 79% hors AMM dans le désordre post traumatique
- f) 61% hors AMM contre la fibromyalgie ; surtout des IRNS
- g) 48% hors AMM quand l'indication était l'anxiété ; surtout des ISRS comme le citalopram

- h) 39% hors AMM pour le désordre obsessionnel-compulsif
- i) 36% hors AMM si prescrites dans les troubles paniques ; surtout des ISRS comme la paroxétine (Paxil)
- j) 35% hors AMM dans la phobie sociale
- k) 30% hors AMM pour la tension prémenstruelle

Les auteurs concluent avec justesse que lors des enquêtes sur registres de dossiers médicaux informatisés on ne peut valablement utiliser la prescription d'antidépresseurs comme critère intermédiaire (proxy) pour mesurer la fréquence de la dépression parce que près de la moitié des ordonnances sont rédigées dans une autre indication dans un contexte de soins primaires

ONE BORING OLDMAN – (Blogue) – *Psychopharmacologie - Corruption*

Mickey NARDO. <http://1boringoldman.com/>

= blogue sur la corruption en psychopharmacologie, par un interniste/psychiatre/psychoanalyste retraité. L'auteur se présente ainsi :

« In 2008, when the chairman at Emory [Charles Nemeroff] was busted by Senator Grassley, I began to look into the state of psychopharmacology, was horrified, and I started blogging as *1boringoldman*. The more I looked, the worse things looked. I am neither an antipsychiatrist nor antim medication, I'm *anti-corruption* and there's plenty enough of that to go around. My goal is to

²⁸⁶ Sandra G. Boodman. Kaiser Health News - washingtonpost.com - 03-14-12
<http://www.lef.org/news/LefDailyNews.htm?NewsID=12383&Section=Aging>

²⁸⁷ Wong et al. Treatment indications for antidepressants prescribed in primary care in Quebec, Canada, 2006-2015. *JAMA* 315(20) : 2230-32

translate the mechanisms of that corruption into language anyone can understand and spread it...

The smartest thing anyone has said about this topic was Ben Goldacre [of *Bad Pharma* fame], 'I believe that the best disinfectant is sunlight,' and that's the credo for my efforts »

ORAL ANTIPSYCHOTIC CHOICE

choix d'un neuroleptique oral

* En cas d'épisode psychotique, trois spécialités ont des balances bénéfices-risques (BBR) moins favorables : olanzapine (Zyprexa), quétiapine (Seroquel), clozapine – Tous augmentent le poids corporel, induisent des syndromes extrapyramidaux, la mort subite, les thromboses veineuses. Le choix dépend du profil de toxicité de tel produit chez tel patient. L'efficacité varie selon les patients et n'est que le double de l'effet placebo durant les essais méta-analysés.²⁸⁸

* En pratique il faut un suivi serré et une évaluation de la BBR dans chaque cas, et faire un report (*switch*) plutôt qu'une augmentation posologique quand des symptômes surgissent qui pourraient être médicamenteux, par. ex. l'akathisie, la suicidalité. Un épisode psychotique aigu ne justifie pas d'emblée un traitement neuroleptique au long cours, comme le dénoncent avec justesse des experts comme Healy, Gøtzsche, Whitaker, et autres.

OVERDOSING YOUNGSTERS WITH PSYCHOTROPIC DRUGS

Surdosages - Pédiopsychiatrie

surdosage de psychotropes chez des jeunes

* Voici 7 brèves vignettes d'EIM relevant de la pédiopsychiatrie, survenus au cours des années 2000 dans la patientèle d'un 'gros prescripteur' :

a) Deux antipsychotiques à doses massives soit Seroquel (quétiapine) jusqu'à 1950 mg/jr et Risperdal (rispéridone) jusqu'à 7 mg/jr chez un jeune de 12 ans: hyperprolactinémie, important gain de poids, dystonie musculaire

b) Seroquel à des doses de 300 à 600 mg par jour, autorisant même la mère à les augmenter jusqu'à 900 mg par jour, chez un garçon de 9 ans: dystonie respiratoire risquant de causer une décompensation respiratoire

c) Seroquel à des doses de 100 mg/jr chez une fillette de 6 ans: somnolence, troubles de coordination, exacerbation de trouble anxieux

d) Seroquel augmenté rapidement en passant de 100 à 500 mg/jr sur une période de 1,5 mois, et Risperdal jusqu'à des doses quotidiennes de 6 mg, utilisant même ces médicaments de façon concomitante pendant une certaine période chez un garçon de 6 ans : vomissements, palpitations, dystonie respiratoire, akathisie

e) Risperdal jusqu'à 3.5 mg/jr puis Seroquel, passant rapidement de 100 mg à 500 mg/jr sur 2 mois chez un enfant de 12 ans : akathisie, troubles moteurs et vocaux, dystonie

f) Seroquel augmenté rapidement jusqu'à 600 mg par jour chez une fillette déjà obèse de 11 ans : important gain de poids, plus de 20 lbs / 9 kg en 4 mois -

g) Seroquel augmenté jusqu'à 1250 mg/jr chez un garçon de 11 ans : gain de poids de 36 lbs / 16 kg en 1 an, nausées, vomissements, palpitations, étourdissements

PAIN, AGITATION AND DEMENTIA

Psychogériatrie

« A systematic approach to the management of *pain* significantly reduced *agitation* in residents of nursing homes with moderate to severe dementia. Effective management of *pain* can play an important part in the treatment of *agitation* and could reduce the number of unnecessary prescriptions for psychotropic drugs in this population²⁸⁹»

« My mother had a documented history of severe arthritis. I had to point out to the head nurse that my mother was wincing and trying to grasp her leg because she was in *pain*, not because she was 'agitated' and required another lorazepam (Ativan)...»²⁹⁰

douleur, agitation et démence

* La pharmacothérapie appropriée de la douleur, chez les résidents en maisons de soins atteints de démence modérée à sévère, est de mise pour éviter les ordonnances inappropriées de psychotropes pour contrer l'agitation

²⁸⁸ *Prescrire* 2019 ; 39(426) : 269

²⁸⁹ BS Husebo et al. *BMJ* 2011;343:d4065

²⁹⁰ A caring and worried daughter

PARADOXICAL DRUG ADVERSE REACTION

EIM paradoxal

= an ADR is *paradoxical* when both the illness treated and the suspect drug may cause the adverse event

“It is really formulaic what happens when *anti-depressants* go wrong. It starts with panic attacks, then leads to insomnia, then goes on to self-harm, and eventually leads to *suicidal* inclinations and mood swings. People often get diagnosed with personality disorders. To all those reading who are taking psychiatric medications, I urge you to think back: did the condition worsen after you began the drugs? They might just be to blame²⁹¹”

« Both companies and clinicians are biased to attribute any harms to the disease being treated--it is depression that gives rise to suicidality in patients on antidepressants, not the drugs... »²⁹²

effet indésirable médicamenteux paradoxal

= dont la nature est à l'opposé de l'effet désirable / recherché

PAROXETINE : STUDY 329 IN CHILDREN

Scandale pharmaceutique - Pédo-psychiatrie

* The company hid the true results from the regulator and from the participating clinical investigators

« In study 329 of the effects of GSK's antidepressant Paxil (paroxetine) in children, conducted in the early 1990s, Paxil failed to produce a clear benefit in depressed children compared to placebo, and the children on the drug, it was later revealed, became suicidal at over triple the rate of those on a comparison antidepressant (imipramine) or on placebo...

An internal SmithKline memo from 1998 shows that company personnel **decided they could not show the data to the regulator** and their best strategy was to publish the good bits of Study 329...

The study had been multicentered and only SmithKline had access to all the data... What the trial investigators saw, when they thought seeing the data, were summary tables on side effects, showing an increase in emotional lability on Paxil, but few if any investigators would have known that this meant *suicidality* », ²⁹³ writes one of the trial investigators...

« In 2004, documents demonstrating that GSK intended to hide the parts of Study 329 that didn't suit them led New York State to take legal action that resulted in an agreement by the company to post the results of all its clinical trials on the web » ²⁹⁴

« The *Journal of the American Academy of Child and Adolescent Psychiatry* has chosen **not to retract** Martin Keller's study of Paxil in children (Study 329), despite...

- a) GlaxoSmithKline's guilty plea,
- b) \$3 billion settlement, the U.S. Department of Justice's characterization of the study as 'misleading' for misreporting that the clinical trial demonstrated efficacy, and
- c) accusations of 'repeated and persistent fraud' associated with the research » ²⁹⁵

« In Study 329, the consent form tells parents and children that the child will not be exposed to any danger or risks beyond what would be found in normal clinical practice – but the protocol for the study involved **an attempt to force titrate children** up to a dose of 300 mg of imipramine. This is double the standard dose used for adults – at least in Europe. One reasonable hypothesis as to why this might have been done was that it was an effort to make Paxil look good. Pretty grim if it was » ²⁹⁶

« Children became suicidal on paroxetine in Study 329. Before they had the results of Study 329, GSK had seen patients in clinical practice and clinical trials become suicidal and homicidal on paroxetine where the company had coded the event as caused by their drug. They knew the profile of what happens when an SSRI causes a problem. In their adult trials from the late 1980s, there was a doubling of the rate of suicidal acts on paroxetine compared to placebo...

They have run clinical trials that use the fact that paroxetine caused people to become suicidal to hide the fact that paroxetine caused people to become suicidal. In breach of FDA regulations they had moved wash-out suicidal acts into the placebo column

²⁹¹ Rebekah Beddoe. *Dying for a Cure*, Hammersmith Press, 2007

²⁹² *Pharmageddon*, page 51-52

²⁹³ *Pharmageddon*, page 109

²⁹⁴ *Pharmageddon*, page 127

²⁹⁵ <http://www.madinamerica.com/2013/01/journal-chooses-not-to-retract-misleading-paxil-study-despite-criminal-conviction/>

²⁹⁶ David Healy 18.11.2013

in clinical trials to hide the problem. But in public, they have consistently denied there is a problem. In Study 329, paroxetine didn't work and wasn't safe...

Sally Laden ghostwrote the 329 paper and made paroxetine safe and effective. There were 22 authors on the authorship line, possibly none of which barring company personnel had seen the full dataset »²⁹⁷

étude 329 de la paroxétine chez l'adolescent

PENALTIES IMPOSED ON ELI LILLY (USA)

Amendes

« Financial penalties between 1991 and July 2012 totalled \$1.71 billion, occupying the 5th rank behind GSK, Pfizer, J&J, Merck and Abbott »²⁹⁸

« In January 2009 Eli Lilly was fined \$1.42 billion to resolve a government investigation into the off-label promotion of the anti-psychotic Zyprexa (olanzapine). Zyprexa had been approved for the treatment of certain psychotic disorders, but Lilly admitted to promoting the drug in elderly populations to treat dementia. The government also alleged that Lilly targeted primary care physicians to promote Zyprexa for unapproved uses and 'trained its sales force to **disregard the law**' »²⁹⁹

In January of 2009, Eli Lilly agreed to pay over \$1.3 billion to resolve Federal, state and **criminal** charges in relation to the off-label marketing of the drug Zyprexa. Of this sum, \$438 M went to satisfy federal False Claims Act charges, \$361 M was divided among the states to settle their Medicaid claims (including state FCA claims), and \$515 M was paid as a **criminal** fine...

Zyprexa is one of several atypical anti-psychotic drugs illegally marketed to both children and nursing home patients through a wide assortment of **frauds** and **kickbacks** directed to doctors, and hospital and nursing home administrators...

Other recoveries concerning atypical anti-psychotic drug cases under the *False Claims Act* include Abilify (\$515 M, 2007), Seroquel (\$520 M, 2009), and Risperdal (3 state judgements total more than \$1.6 billion, and a national settlement in 2012 is expected to exceed \$2 billion) »³⁰⁰

amendes imposées à Lilly

« Plus de 28 000 patients ont poursuivi Lilly aux ÉU pour défaut d'information sur les EIM métaboliques de l'olanzapine (Zyprexa). La firme a évité un procès public en offrant des compensations de 90 000 \$ en moyenne par plaignant en 2005...

La firme a déboursé un total de 1,2 milliard de dollars entre 2005 et 2007 dans le cadre de règlements à l'amiable... et a obtenu du juge fédéral que les documents internes requis par les avocats des plaignants soient marqués du double sceau de la confidentialité et du secret de l'instruction... En 2007 les procureurs généraux des États ont attaqué Lilly en justice pour promotion délibérée hors AMM, etc. »³⁰¹

PHARMACOGENETICS AND VIOLENCE

« Pharmacogenetics, the bedrock of Personalised Medicine, is hugely funded in the USA and the EU providing curated databases and tissue banks. The discipline explains why one person develops toxicity on a drug or combinations while others do not. Most drugs used in psychiatry are metabolised by the highly polymorphic Cytochrome P450 system of enzymes, encoded by genes for which testing is available in Australia for under \$100.

In 2017, the Australian Bureau Statistics Study (2012) reported that 14.8% of the population had been dispensed one or more of five groups of drugs used in psychiatry: antidepressants, antipsychotics, benzodiazepine sedatives, non-benzodiazepine sedatives and psychostimulants. This 14.8% accounted for 49.6 of the deaths and 52% of the suicides committed in AU in the age range of 15 to 75 years. Patients suffering sub lethal conditions fill hospital beds, prisons and populate forensic services.

Many drugs cause medication-induced akathisia, a fluctuating can't-sit-down restlessness, with toxic delirium, suicidality and aggression up to homicide. Forensic pathologists, toxicologists, pharmacologists, pharmacists and physicians can assist in civil and criminal litigation. **Suicide in a state of involuntary intoxication is an accident for insurance purposes. Homicide committed in a state of involuntary intoxication permits defense of perpetrators who may attract a defense of non-insane automatism, involuntary intoxication from chemical lobotomy.**

²⁹⁷ David Healy 15.6.2014

²⁹⁸ <http://www.citizen.org/documents/20731.pdf>

²⁹⁹ Lena Groeger. Op. cit.

³⁰⁰ <http://www.taf.org/fraud-cases#case429>

³⁰¹ *Prescrire* 2008 ; 28(293) : 225

The medical examiner needs to know the manner of death, blood toxicology ASAP, the genetic profile, history of medication, and the order in which drugs were prescribed. Medical records and survivors may confirm reasons for prescription and identify if mental illness ante- or post-dated the first prescription. Clinical records may record multiple organ toxicity, while the psychological autopsy records observations of behaviour for correlates of toxicity: restlessness, insomnia, paroniria irritability, hostility, i.e. homicidal ideation.

Biography: Dr. Yolande Lucire, who has been practicing for 52 years, is a highly credentialed forensic psychiatrist with a PhD in Public Health and Medical Anthropology. With a talent for debunking falsehoods, she called out the Social Security Conspiracy against the Greeks and achieved a Royal Commission, debunked the false causes of the RSI epidemic, and exposed an epidemic of “recovered” but false memories of sexual abuse that coincided with antidepressant-induced dreams of sexual content. Since 1997, she has been blowing the whistle on disability, deaths, suicides, and homicides caused by psychiatric medication.³⁰² »
pharmacogénétique et violence

PHARMACOLOGICAL BRAINWASHING

Fiction

« There will be, in the next generation or so, a pharmacological method of making people love their servitude, and producing dictatorship without tears, so to speak, producing a kind of painless concentration camp for entire societies, so that people will in fact have their liberties taken away from them, but will rather enjoy it, because they will be distracted from any desire to rebel by propaganda or brainwashing, or brainwashing enhanced by pharmacological methods. And this seems to be the final revolution »³⁰³

lavage de cerveau par dopage

« Il existera dans une prochaine génération, une méthode pharmacologique pour que les gens chérissent leur servitude et génèrent pour ainsi dire une dictature sans plaintes, une sorte de camp de concentration sans douleur pour sociétés entières, alors que les peuples verront leurs libertés confisquées, mais s'en réjouiront plutôt, car ils seront dépouillés de tout désir de révolte par la propagande ou le lavage de cerveau par dopage. Et cela sera la révolution finale »

* c'est ce que déclarait le visionnaire britannique Aldous Huxley en Californie en 1962

PLACEBO EFFECT AND NATURE

« An important challenge is the high rates of spontaneous response and placebo effects. More than half of patients who receive antidepressants or psychotherapy respond to treatment. However, response rates are also high when patients receive placebo or no treatment. In a meta-analysis that included 44 240 patients from 177 studies, 54% of patients responded to antidepressants, whereas 38% responded to placebo. Comparable numbers have been reported for psychotherapies with response rates of 54% compared with response rates of 41% across control conditions. Patients with depression who do not seek care show comparable response rates.³⁰⁴»

l'effet placebo et la nature

POLITICAL DRIVE TO SCREEN FOR PRE-DEMENTIA: Not Evidence Based And Ignores The Harms Of Diagnosis – (Article)

LE COUTEUR et al. *BMJ* 2013; 347: f5125 - <http://dx.doi.org/10.1136/bmj.f5125>

Dépistages futiles – Surdiagnostics - Alzheimer

« Current policy is rolling out untested and uncontrolled experiments in the frailest people in society without a rigorous evaluation of its benefits and harms to individuals, families, service settings, and professional »

POSITIVE MENTAL HEALTH OR THE MEDICALISATION OF HAPPINESS

santé mentale positive ou la médicalisation du bonheur

« L'Agence de la santé publique du Canada définit la *santé mentale positive* comme 'la capacité qu'a chacun d'entre nous de ressentir, de penser et d'agir de manière à améliorer notre aptitude à jouir de la vie et à relever les défis auxquels nous sommes confrontés. Il s'agit d'un sentiment positif de bien-être émotionnel et spirituel qui respecte l'importance de la culture, de l'équité, de la justice sociale, des interactions et de la dignité personnelle' »³⁰⁵

³⁰² Australian Academy of Forensic Sciences, 16.5.2018

³⁰³ Aldous Huxley, 1962

³⁰⁴ Pim Cuijpers, 2018 at https://jamanetwork.com/journals/jama/fullarticle/2717734?guestAccessKey=8738fa0d-b799-43cf-abe4-7785da8a699a&utm_source=silverchair&utm_medium=email&utm_campaign=article_alert-jama&utm_content=etoc&utm_term=122118

³⁰⁵ http://www.phac-aspc.gc.ca/publicat/hpcdp-pspmc/36-1/ar-01-fra.php?utm_source=lyris&utm_medium=email_fr&utm_content=1&utm_campaign=hpcdp_36-1

POSITIVE RHETORIC

Promotion

« Uniformly *positive rhetoric* is present in all vendor-supported RCT... in the primary research literature on donepezil (Aricept®) for Alzheimer's disease³⁰⁶»

discours positif / favorable

PRESCRIPTICIDE

TN : coined by David Carmichael³⁰⁷

= death caused by an adverse reaction to a prescribed drug³⁰⁸

a) by killing the consumer of prescribed or self-administered suprathapeutic doses through their unwanted pharmacological properties ; for example singer Prince died of opioid overdose in 2016

b) by killing the consumer of prescribed doses or suprathapeutic doses leading to *suicidality* through its effect on the brain (whatever means are used, an overdose, a weapon, drowning, etc.), or

c) by being the victim of a drug-induced *homicide*, which is what happened to the son of David Carmichael who became homicidal under the influence of paroxetine (Paxil) and killed his son:

« In July 2003, at the age of 45, I experienced my first major depression. I started taking 40mg of the antidepressant Paxil a day. By September, I was feeling mentally healthy again. After forgetting to take Paxil for a few days in February 2004, I weaned myself off the drug. I started to feel depressed again in July.

My symptoms included insomnia, increased anxiety, rapid weight loss, low concentration and a lack of energy. I put myself back on 40mg of Paxil a day. A few days after I started taking Paxil again, I was having *suicidal thoughts*. I thought I could get rid of the thoughts and recover more quickly if I increased my dosage. On July 17, I started taking 60mg of Paxil a day.

Three days later, I planned my suicide. I went from planning my suicide to planning a murder-suicide to *planning a murder*. On 31.7.2004, I killed my 11-year-old son Ian. I was charged with 1st degree murder. In November 2004, I was diagnosed by one of the leading forensic psychiatrists in the world as being in a "major depression" with "psychotic episodes" when I killed Ian.

In May 2005, his assessment was supported by another leading forensic psychiatrist, who was hired by the crown attorney. On 30.9.2005, I was judged to be "not criminally responsible on account of a mental disorder" for murdering Ian. I received an absolute discharge from the Ontario Review Board on 4.12.2009 »³⁰⁹

« Prescripticide is defined as a death that is caused by an adverse reaction to a prescription drug. In his book *Deadly Medicines and Organised Crime: How big pharma has corrupted healthcare*, Dr. Peter Gotzsche, a Danish medical researcher and co-founder of the Cochrane Collaboration, states that prescription drugs are the third leading cause of death after heart disease and cancer...

According to Dr. David Healy, a Wales psychiatrist, psychopharmacologist and the principal founder of RxISK.org, adverse reactions to psychiatric drugs are the leading cause of death in mental health. Over the last several decades, millions of people throughout the world have died from prescripticide...

You can read about some of the more famous victims at prescripticide.com including Judy Garland, Phil Hartmann, Whitney Houston, Michael Jackson, Health Ledger, Marilyn Monroe, Elvis Presley, Tony Scott, Anna Nicole Smith, and Robin Williams »³¹⁰

prescripticide

* à ajouter à homicide, suicide... Le fils de 11 ans du canadien David Carmichael fut lui-même victime d'homicide par son père rendu akathisique, psychotique, suicidaire et homicidaire sous l'influence d'un antidépresseur, le Paxil (paroxétine)

PRESCRIPTICIDE

TN : coined by David Carmichael³¹¹. The neologism is new

³⁰⁶ Gilstad JR & Finucane TE. *J Am Geriatr Soc* 2008;56 :1556-62

³⁰⁷ <http://rxisk.org/three-weeks-to-prescripticide/>

³⁰⁸ <http://prescripticide.com>

³⁰⁹ <http://www.davidcarmichael.com>

³¹⁰ <https://en.wikipedia.org/wiki/Prescripticide>

³¹¹ <http://rxisk.org/three-weeks-to-prescripticide/>

= death caused by an adverse reaction to a prescription drug³¹² ; fatal ADR

a) by killing the consumer of therapeutic or supratherapeutic doses through their unwanted pharmacological properties, whether it is a side effect or an exaggeration of main effect – which is what happened to Vanessa the daughter of Canadian politician Terence Young, victim of the arrhythmogenic side effect of cisapride (Propulsid)

b) by an accidental (like in children) or intentional frank overdose (like in suicides), aka drug poisoning

c) by killing the consumer of therapeutic or supratherapeutic doses leading to *suicidality* through its effect on behavior ;

d) by being the victim of a drug-induced *homicide* through its effect on behavior - which is what happened to the son of David Carmichael when his father became homicidal under the influence of paroxetine (Paxil)

* Concerning the situations described in c) and d) : « Many people who have dealt with prescripticide tragedies have written books, set up websites, produced videos, and pursued legal action to prevent families from experiencing similar tragedies. The courageous individuals who have broken their silence and shared their tragedies publicly include the following links to :

[Elaine Billings](#), [Angela Bischoff](#), [Sara Bostock](#), [Maria Bradshaw](#), [Neil and Rhonda Carlin](#), [David Carmichael](#), [Kim Crespi](#), [Laura Delano](#), [Wendy Dolin](#), [Mathy and Andy Downing](#), [Leonie Fennell](#), [Kristina Gehrki](#), [Janet Janes](#), [Kim Ledger](#), [Stephanie McGill](#) and [John Lynch](#), [Nancy and Shaun McCartney](#), [Michael Mildo](#), [Gail Schmidkunz](#), [Kim Witzczak](#), and [Terence Young](#) »³¹³

prescripticide

* Néologisme récent. Le fils de 11 ans du canadien David Carmichael fut lui-même victime d'homicide par son père rendu akathisique, psychotique, suicidaire et *homicidaire* sous l'influence d'un antidépresseur, le Paxil (paroxétine)

PREYING ON CHILDREN

s'en prendre aux enfants

* dépistages mentaux dans les écoles, ordonnances autorisées ou hors AMM de psychotropes de tout genre chez enfants et ados

PROFESSIONAL SUICIDE NOTE

Collusion – Antidépresseurs et violence

* Metaphor by David Healy

« On October 15, 2004, after FDA had put a Black Box Warning on antidepressants to draw attention to the risk that they can cause suicide, the *American Psychiatric Association* came out with a news release whose key statement was: The American Psychiatric Association believes that Antidepressants save lives »

note de suicide professionnelle

* La psychiatrie organisée est toujours prête à protéger ses sponsors mais elle se dévalorise aux yeux de tous. L'Association américaine des psychiatres est généreusement commanditée et exerce beaucoup d'influence sur le contenu du DSM, notamment sur la conversion des symptômes en maladies et la conversion de celles-ci en indications mal fondées

PROFESSIONAL SUICIDE NOTE

Collusion institutionnelle – Antidépresseurs et suicidabilité – EIM paradoxal

TN : metaphor by David Healy

« On October 15, 2004, after FDA had put a Black Box Warning on antidepressants to draw attention to the risk that they can cause suicide, the *American Psychiatric Association* came out with a news release whose key statement was: The American Psychiatric Association believes that Antidepressants save lives »

note de suicide professionnelle

* La psychiatrie organisée est toujours prête à protéger ses sponsors mais elle se dévalorise aux yeux de tous. L'Association américaine des psychiatres est généreusement commanditée et exerce beaucoup d'influence sur le contenu du DSM, notamment sur la conversion des symptômes en maladies et la conversion de celles-ci en indications mal fondées

PROZAC BACKLASH: Overcoming the dangers of Prozac, Zoloft, Paxil, and other antidepressants with safe, effective alternatives (USA) – (Livre)

GLENMULLEN, Joseph. New York: Simon & Schuster; 2000

« The book emphasises the risks of antidepressants, including their potential to *trigger suicidality*. Not surprisingly, Eli Lilly, the

³¹² <http://prescripticide.com>

³¹³ <https://en.wikipedia.org/wiki/Prescripticide>

manufacturer of Prozac is condemning Dr. Joseph Glenmullen's new book *Prozac Backlash*, calling it a fear-mongering publication and dangerous (Associated Press 2000) »³¹⁴, yet FDA has been warning since 2004 about the risks of suicidal ideation in children and adolescents

Le contrecoup du Prozac : Surmonter les dangers du Prozac, du Zoloft, du Paxil et des autres antidépresseurs avec des alternatives sécuritaires et efficaces (Traduction libre du titre du livre)

PROZAC-HEALY SCANDAL

Harcèlement des lanceurs d'alerte

* A shameful episode in the history of Canada's largest research university... of which corporate funding of university research is at - or close to - the very heart »³¹⁵

scandale Prozac-Healy

Voir les autres articles contenant le nom HEALY

PSYCHE

psyché f; psychisme

= ensemble des composantes du moi, considéré comme partie intégrante dans un tissu de relations affectives, selon le Larousse
« La psyché est plus que le cerveau mais l'idéologie biopsychiatrique assume le contraire »

PSYCHIATRIC DISABILITY

iatrogénie médicamenteuse

« Much *psychiatric disability* is caused by toxicity from medications and incorrectly attributed to mental illness. Psychiatric drugs, single or often multiple, at standard or too high dosage, are being prescribed to a large and genetically diverse population to 'treat' stressful situations that are not responsive to pharmacological remedy. Multiple polymorphisms of hepatic CYP450 enzymes are significantly higher in subjects with ADRs »³¹⁶

invalidité psychiatrique

PSYCHIATRIC DRUG WITHDRAWAL : A Guide for Prescribers, Therapists, Patients and their Families (USA) - Déprescription

Peter BREGGIN. New York : Springer Publishing Co ; 2013

« Nothing in the field of mental health will do more good and reduce more harm than encouraging withdrawal from psychiatric drugs. The time is past when the focus in mental health was on what drugs to take for what disorders. Now we need to focus on how to stop taking psychiatric drugs and to replace them with more person-centered, empathic approaches. The goal is no longer drug maintenance and stagnation; the goal is recovery and achieving well-being

At a time when scientific research is demonstrating the harm from long-term drug exposure, the proposed new *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) will be pushing for increasingly widespread drug prescription. The mental health field needs to reverse itself by vastly increasing emphasis on psychiatric drug withdrawal and drug-free recovery

There is now so much scientific evidence proving that psychiatric drugs damage the brain and overall health and lifespan, that the major concern should be How to stop taking psychiatric drugs. It can be dangerous and even agonizing to stop, and people need to take charge of the process and no longer let prescribers like psychiatrists, general practitioners, and pediatricians dictate to them how long they or their children need to stay on drugs »³¹⁷

« I don't know anywhere else to get this information, at least not compiled in this easy-to understand way. This book is the culmination of Dr. Breggin's lifetime of work, and it is chock-full of facts, practical recommendations and wisdom from experience working with children and adults. His person-centered approach is a breath of springtime air for those tens of millions of people who have tried 'treatment as usual' and not been helped, and wonder what to do now...

Daily, people come to my office after having tried pills, more pills, newer pills, different pills, and pill combinations, with no real relief, or things have gotten worse. Now they are on medicines and they can't get off, or they are afraid to try. Those people need answers. Breggin has answers »³¹⁸

³¹⁴ Melissa Raven 2012 (AU) at <http://ro.uow.edu.au/cgi/viewcontent.cgi?article=4688&context=theses>

³¹⁵ Arthur Schafer 2012 at <http://fqppu.org/assets/files/bibliotheque/colloques/reconstruire/schafer.pdf>

³¹⁶ Yolande Lucire, 2014

³¹⁷ Douglas Smith. http://breggin.com/index.php?option=com_content&task=view&id=296&Itemid=129

³¹⁸ Ibidem

Le sevrage des psychotropes : Un guide pour les prescripteurs, les thérapeutes, les patients et leurs familles (Traduction libre du titre du livre)

PSYCHIATRIC NOSOLOGY

Médicalisation

psychiatric taxonomy = classification of mental disorders, as in the DSM V

nosologie psychiatrique

PSYCHIATRIC NURSING AND DRUG USE

« Nurses have a role in use of drugs besides administering them to hospitalised patients. Although they are not the official prescribers in psychiatry, they frequently request a prescription, they do suggest drugs to junior doctors, encourage family members to monitor medication adherence, and may give medication against a person's wishes...

Furthermore they may promote the 'biochemical theories' to stimulate use. Why, then, are all the conferences for nurses sponsored by pharmaceutical companies ? »³¹⁹

nursing psychiatrique et usage des médicaments

PSYCHIATRIC RESEARCH GOING ADRIFT

« It is still the decade of the *brain*. There are many corporate players pushing the psychiatry/big pharma notion that behavioral problems are brain illnesses. Their goal is to reduce the burden of brain illness through prevention strategies, screening, diagnosis, treatment, support system and palliation. It will improve understanding of human thought and emotion, behaviour, sensation (sight, hearing, touch, taste, smell) perception, learning, and memory »

recherche psychiatrique à la dérive

PSYCHIATRISTS AND ANTIDEPRESSANTS

* Dr Joanna Moncrieff, senior lecturer in psychiatry at University College London and author of *The Myth Of The Chemical Cure*, says in 2014³²⁰ : « I've been practising psychiatry for 20 years, and in my experience antidepressants **don't do any good at all. I wouldn't take them under any circumstances - not even if I were suicidal.** All the research shows is that, at best, antidepressants make people feel a tiny bit better than a placebo. But this doesn't mean they actually treat depression...

After all these years of brain scanning, we don't even have evidence that depression is related to a chemical imbalance in the brain, so the whole idea that we can treat it chemically is questionable. I believe depression is an extreme reaction to our circumstances, and the best way to recover from it is to work out the cause. Sometimes that means talking therapies and sometimes it means changing your circumstances, such as getting a new job or addressing relationship problems...

There are, of course, some people who are depressed for no apparent reason, but there is still no evidence they suffer from a brain disease or that antidepressants can help. It's still better to try and find new things and break the cycle of thoughts and behaviour...

Antidepressants are psychoactive drugs -they alter the mind, like cannabis or alcohol, and I've always thought that were I depressed, I'd want to have all my faculties to get me out of the rut - not be clouded by a drug whose effects we don't really understand »

psychiatres et antidépresseurs

PSYCHIATRIZATION

psychiatisation

= Fait de traiter abusivement par la psychiatrie certains troubles psychiques³²¹ qui ne sont pas des maladies mentales proprement dites

PSYCHIATRY : WHAT HAS IT BECOME?

Psychiatrie biologique – DSM

« **Overdiagnosing, overprescribing and underscientific**, psychiatry seems to have lost its way in a forest of **poorly verified diagnoses and ineffectual medications.** Patients who seek psychiatric help today for mood disorders stand a good chance of being diagnosed with a disease that doesn't exist and treated with a medication little more effective than a placebo..

³¹⁹ Gezonde Sceptis / Healthy Skepticism (NE)

³²⁰ <http://www.dailymail.co.uk/health/article-2620866/From-psychiatrist-whod-never-anti-depressants-heart-doctor-steers-clear-statins-reveal-medical-treatments-experts-refuse-themselves.html>

³²¹ Termium

With DSM-V [due in 2013], American psychiatry is headed in exactly the opposite direction: defining ever-widening circles of the population as mentally ill with vague and undifferentiated diagnoses and treating them with powerful drugs³²²”

“A combination of politics, poor drug regulation, and greed has stultified the development of good treatment for mood disorders so that we are doing no better than we were 40 years ago³²³”

“For DSM-IV, all of the members of the working groups for mood disorders and ‘schizophrenia and other psychotic disorders’ had ties to drug companies ”³²⁴

“My views are that currently psychiatry is doing more harm than good even though it does some good for some people³²⁵”

“There is much that is wrong with psychiatry: biological methods can be overdone, a drug-for-symptom approach to psychopharmacology is unscientific and can be harmful, and the DSM has many flaws³²⁶”

« The DSM categories have unified the profession all right but from an *administrative* standpoint. It is a useful tool but not a clinically useful one, if we take exception of the administrative benefit attached to the category. How can you clinically explain a 200x increase in *ADHD*, 1000x in *Major Depressive illness*, 2000x in *Autism* ? We have allowed ourselves to become *managers* »³²⁷

“DSM-5 will be a ‘paradigm shift’ in psychiatric diagnosis. Dr Allen Frances (chair of DSM-IV) says a conservative approach to revising the manual is more appropriate. A radical change could only be justified if there were a fundamental leap in the understanding of what causes mental disorders, he says, and though advances in neuro-science and brain imaging show promise, that leap has yet to occur...”

Too many changes to the DSM will only lead to many people being mistakenly labelled as mentally ill and put on medications without good reason...

Dr Frances says the ambition to be innovative, when no substantial innovation is possible, will likely lead to arbitrary changes that will often do more harm than good. Some critics of the DSM process express other concerns in addition to matters of transparency. It’s been pointed out that about 70% of current task force members have ties to the pharmaceutical industry, up about 14% for DSM-IV...

A study of an earlier edition of the manual found that ties to the drug industry are particularly strong in working groups focusing on diagnostic areas in which drugs are the first line of treatment³²⁸”

« This is no way to prepare or to approve a diagnostic system. Psychiatric diagnosis has become too important in selecting treatments, determining eligibility for benefits and services, allocating resources, guiding legal judgments, creating stigma, and influencing personal expectations to be left in the hands of an American Psychiatric Association (APA) that has proven itself incapable of producing a safe, sound, and widely accepted manual (DSM)...

New diagnoses in psychiatry are more dangerous than new drugs because they influence whether or not millions of people are placed on drugs - often by primary care doctors after brief visits. Before their introduction, new diagnoses deserve the same level of attention to safety that we devote to new drugs. APA is not competent to do this »³²⁹

« Pharmaceutical Industry and Psychiatry : **Conjoined Twins Joined at the Wallet** »³³⁰ gives a good idea of the pharma-co-dependence of the profession

qu’est devenue la psychiatrie?

* Trop de diagnostics, trop d’ordonnances, et pas assez de science ni d’écoute, une nosologie (DSM) qui aide plus les bureaucrates de l’assurance que les psychiatres en activité

³²² Edward Shorter. *Wall Street Journal* 27.2.2010, online

³²³ Edward Shorter. Quoted by Peter Tyrer, *Lancet* 2009;373:1513

³²⁴ Roger Collier. *CMAJ* 2010;182(1), on <http://www.cmaj.ca/cgi/content/full/182/1/16?etoc>

³²⁵ Yolande Lucire. Communication

³²⁶ S Nassir Ghaemi. *Psychiatric Times.com* 25(7) 1.6.2008

³²⁷ Jacques Thivierge 2012, communication

³²⁸ *Psychother Psychosom* 2006;75:154

³²⁹ Allen Frances. <http://www.psychologytoday.com/blog/dsm5-in-distress/201212/dsm-5-is-guide-not-bible-ignore-its-ten-worst-changes>

³³⁰ <http://www.opednews.com/articles/Pharmaceutical-Industry-an-by-K-L-Carlson-100727-454.html>, cité par Jacques Thivierge

« Allen Frances, psychiatre californien, pour avoir présidé le comité d'experts ayant préparé la 4^e version du DSM, s'est aperçu avec effroi peu après, de l'effrayante épidémie de psychiatrisation de l'enfance que le DSM IV avait déclenchée puis définitivement installée en Amérique. Il s'emploie depuis à tenter de réparer cette erreur...

Ce qui l'a amené à tirer à boulets rouges sur la révision de DSM 5, qui a été rendue publique en mai 2013. Ce travail de sonneur d'alerte est aussi important pour la santé du monde qu'il s'est avéré périlleux pour son artisan »³³¹

PSYCHIATRY FOR SALE

Collusion

la psychiatrie à vendre

« Alors que les données sont rares sur les arrangements des médecins et chercheurs avec l'industrie, selon les autorités gouvernementales de l'état du Vermont (un des rares états à compiler ces données), les psychiatres ont reçu plus d'argent des compagnies pharmaceutiques que toute autre spécialité médicale...

Une analyse des données du Minnesota par le New York Times en 2007 a révélé, qu'en moyenne, les psychiatres qui ont reçu au moins 5 000 \$ des fabricants d'antipsychotiques de nouvelle génération (dits atypiques, comme l'olanzapine ou Zyprexa®) ont émis 3 fois plus de prescriptions de médicaments pour des enfants que les psychiatres ayant reçu moins d'argent ou n'en ayant pas reçu³³²»

PSYCHIATRY GONE ASTRAY

la psychiatrie à la dérive

PSYCHIATRY UNDER THE INFLUENCE : Institutional Corruption, Social Injury, And Prescriptions For Reform – (Livre électronique et imprimé)

Robert WHITAKER & Lisa COSGROVE. Basingstoke (UK): Palgrave-Mcmillan; 2015 - ISBN-10: 113750692X - ISBN-13: 978-1137506924

« Psychiatry Under the Influence investigates how the influence of pharmaceutical money and guild interests has corrupted the behavior of the *American Psychiatric Association* and academic psychiatry during the past 35 years. The book documents how the psychiatric establishment regularly misled the American public about what was known about the biology of mental disorders, the validity of psychiatric diagnoses, and the safety and efficacy of its drugs...

It also looks at how these two corrupting influences encouraged the expansion of diagnostic boundaries and the creation of biased clinical practice guidelines. This corruption has led to significant social injury, and in particular, a societal lack of informed consent regarding the use of psychiatric drugs, and the pathologizing of normal behaviors in children and adults...

The authors argues that reforming psychiatry will require the neutralization of these two corrupting influences—pharmaceutical money and guild interests—and the establishment of multidisciplinary authority over the field of mental health »

« This timely book is a careful and thoughtful analysis of institutional and political influences on the way psychiatry works today, and it provides a scholarly exploration of a problem that has consequences for all of us. Whitaker and Cosgrove's passionate critique gives us the resources to develop solutions and to mobilize voices for an authentically liberating response to questions of mental health » writes Ian Parker, University of Leicester, UK

« Psychiatry Under the Influence is a thoughtful and well-researched expose of the current framing of mental health and illness, using the lens of institutional corruption to examine the dual influence of psychiatry's financial ties to the pharmaceutical industry and professional protectionism...

This is a profoundly humanistic critique of how the scientific evidence supporting newer psychiatric drug treatments could be so poor, yet have 'street cred'. This a 'must read' on the medicalization of modern life" comments Barbara Mintzes, University of Sydney, AU

Psychiatrie sous influence : Corruption institutionnelle, préjudices sociaux et propositions de réforme (Traduction libre)

« A côté de la corruption en psychopharmacologie, les champions russes du dopage sont des enfants de cœur »³³³

PSYCHOACTIVE SUBSTANCES IMPAIR BRAIN FUNCTION

³³¹ Fernand Turcotte, 2013

³³² *Psycho-média* 14.7.2008, sur le site de agirensantementale.ca

³³³ Marc Jamouille, 2015, *La Lettre du GRAS* #87

“It’s important to understand that all psychoactive substances impair higher brain function and with that they impair judgment. People who are a little tipsy on alcohol or a little high on marijuana may experience it as enjoyable. Similarly, people who take psychiatric drugs may experience relief from emotional anesthesia or an artificial high on an antidepressant, tranquilizer, or stimulant.

Or they may get some relief from the lobotomizing effect of an antipsychotic drug or the blunting impact of a mood stabilizer. In every case, the seeming improvement is a manifestation of brain dysfunction, and judgment is always impaired.

PSYCHOPHARMACOLOGY BY PRIMARY CARE PHYSICIANS

Ordonnance rationnelle

« The overwhelming majority of prescriptions for psychotropic medicines are written by primary care physicians who often have :

- a) little training in psychiatry;
- b) little time to perform an adequate diagnostic evaluation;
- c) a tendency to depend on tests rather than talking to patients;
- d) too great a susceptibility to quick trigger diagnosis and poorly chosen pill solutions (fostered by aggressive and misleading drug company marketing).

The lack of precise and easily available biological tests in psychiatry permits much loose diagnosing and cowboy prescribing »³³⁴, writes the chair of the DSM-IV task force

la psychopharmacologie des médecins de premier recours

PSYCHOPHARMACOLOGY’S LACK OF INNOVATION *Panne d’innovation*

« There has been **almost no progress in psychopharmacology for the last thirty years**: among drugs for ‘depression,’ none has been shown superior to the first of the tricyclic antidepressant medications, imipramine, that reached the American market as Tofranil in 1959. Among antipsychotics (with the possible exception of clozapine, an effective but dangerous agent), none is superior to the first antipsychotic ever launched, chlorpromazine, marketed as Thorazine in the USA in 1955 »³³⁵

panne d’innovation en psychopharmacologie

PSYCHOTHERAPY COVERAGE

« A new report by an independent science-based health institute in Quebec is calling for wider access to psychotherapy as a front-line treatment choice in the mental-health system...

The *Institut National d’Excellence en Santé et en Services Sociaux* (INESSS), which advises the province on best-evidence guidelines for the health-care system, has concluded that psychotherapy is as effective as medication and does a better job at preventing relapse, for the most common – and costly – mental illnesses, depression and anxiety...

What’s more, the report found that in countries with more public coverage, psychotherapy is cheaper in the long run than treating moderate depression and anxiety with drugs, the treatment offered most often in Canada’s health-care system...

“Compared with pharmacological treatment,” the study concluded, after assessing international evidence, “psychological interventions have a better incremental cost-effectiveness ratio and greater profitability in the long term.” A key reason, the report suggests, is that “the benefits of psychotherapy last longer after the end of treatment than those of medication,” making it better protection against relapse, which is common for depression and anxiety...

In the last several years, countries such as UK and AU have invested millions into their health-care system to provide more public access to psychotherapy, having already concluded that it was a front-line treatment, particularly as an early intervention when symptoms are more mild, that would save on health-care costs »³³⁶

« The notion that it can be a useful exercise to sit and talk with someone in depth about one’s life, reliving memories, examining habits and patterns and expressing long-suppressed emotions, and then reinterpreting all this into new behaviors, is just starting

³³⁴ Allen Frances. <http://blogs.scientificamerican.com/streams-of-consciousness/2012/05/11/why-are-there-no-biological-tests-in-psychiatry/>

³³⁵ Edward Shorter. <http://blogs.scientificamerican.com/streams-of-consciousness/2012/05/09/trouble-at-the-heart-of-psychiatrys-revised-rulebook/>

³³⁶ <http://www.theglobeandmail.com/life/health-and-fitness/health/quebec-health-institute-calls-for-psychotherapy-as-front-line-treatment-choice/article25114471/>

to re-emerge. This Québec review is the first large-scale attempt that I am aware of, carried out by an official and reputable body, to redress this profound and deleterious omission...

As is the case for many people, I have always known, from well before deciding to go into medicine, that emotional states and habits and memories and the weight of experience play a highly significant role in people's lives. Based on that awareness, I have shaped everything I do as a practitioner – including surgery, hospital visits, attending childbirth (there especially), and various physical interventions – around that fundamental reality »³³⁷

remboursement de la psychothérapie

PSYCHOTROPICS IN THE YOUNG : SOME VIGNETTES (CA)

Ordonnances hors-AMM dangereuses

a) A 9-year-old boy's breath shortened, stomach twisted and balance faltered before he died while on three different antipsychotics

b) A 15-year-old boy experienced an irregular heartbeat and convulsed before killing himself while on antipsychotic Seroquel (quetiapine)

c) A 15-year-old girl on antidepressant Prozac (fluoxetine) took her life in 2011

d) The suicide of a 9-year-old boy 3 weeks after he started taking Zoloft (sertraline), an antidepressant, in 2006

e) A 5-year-old girl suffered seizures while on the antidepressant paroxetine (a generic version of Paxil)

f) A 6-year-old girl experienced aggression, panic and personality disorder while on antidepressant Effexor XR (venlafaxine)

g) An 8-year-old boy developed facial spasms and his muscles began to involuntarily twist and contract 3 days after he began taking risperidone, an antipsychotic³³⁸

antipsychotiques chez les jeunes : quelques vignettes

PSYCHOTROPICS OVERUSE

Surmédication

« About 10% of people diagnosed with mental health problems are clearly benefited by medication. The other 90% derive no benefit, or are made worse. Over the years, I have identified and treated a handful of patients who are critically dependent on their medication for maintaining their equilibrium - if they go off, they deteriorate rapidly »³³⁹

surutilisation de psychotropes

PSYCHOTROPICS IN LONG TERM CARE UNITS

psychotropes en unités de soins de longue durée

« La question des psychotropes inappropriés en USLD fait que les histoires d'horreur se suivent impunément. Une enquête américaine parmi tant d'autres rappelle que dans ce milieu, 40% des ordonnances de psychotropes ou de benzodiazépines sont injustifiées³⁴⁰...

Une enquête britannique confirme que les antipsychotiques au long cours chez les déments réduisent de moitié leur espérance de vie et qu'au moins les deux tiers des ordonnances, si ce n'est la grande majorité, sont inappropriées même pour une courte durée. Combien de parents nous interpellent en disant 'Ma mère parlait quand elle est entrée ici, maintenant elle ne parle plus au repas, elle ne parle plus quand on lui rend visite'...

Si certains prescripteurs démontrent un besoin criant d'une formation adéquate en psycho-gériatrie, il ne faut pas oublier que les personnels soignants (aides-soignants, infirmiers) ont eux aussi besoin de formation concernant l'approche des patients au comportement perturbateur...

De par leur manque de connaissances à ce chapitre, ils peuvent déclencher ces comportements, en particulier lors des soins d'hygiène, et l'on exerce alors des pressions sur le médecin pour qu'il prescrive un psychotrope servant de *camisole chimique*.

La surprescription d'antidépresseurs et d'antipsychotiques n'est pas limitée aux aînés sans défense, elle pollue le climat pharmaco-thérapeutique occidental par toutes ces ordonnances sans diagnostic précis, hors AMM; en milieu d'USLD s'y ajoute l'élément répressif en sourdine – solution inadaptée au manque de personnel et au personnel mal formé »³⁴¹

³³⁷ Warren Bell, 2015

³³⁸ MacLean & Bruser, 8.12.2012 at <http://www.thestar.com/news/canada/article/1299386--adult-antidepressants-suspected-in-suicides-of-canadian-kids>

³³⁹ Warren Bell, 2014

³⁴⁰ Stevenson et al., *Am J Geriatr Psychiatry*. 2010;18(12):1078–1092

³⁴¹ Biron P. <http://pharmacritique.20minutes-blogs.fr/archive/2011/08/23/la-pharmaco-prevention-dans-les-unites-de-soins-de-longue-du.html>

PSYCHOTROPICS TOO MANY

« My studies in this area lead me to a very uncomfortable conclusion: Our citizens would be far better off if we removed all the psychotropic drugs from the market, as doctors are unable to handle them. It is inescapable that their availability creates more harm than good »³⁴²

trop de psychotropes

PUBLICATION BIAS

« The four initial trials of Zyprexa (olanzapine) in schizophrenia had given rise to 234 publications of one sort or another – almost entirely company written »³⁴³, **58 publications per trial**, leading to *overpublication bias*. No wonder this product has made the Top Ten list of the most prescribed drugs

biais de publication

RAMBUNCTIOUS

Psychopédiatrie

turbulent; boisterous

« Too many children are suffering from being prescribed psychotropic drugs for nothing more than children's typical *rambunctious* behavior »³⁴⁴

turbulent

RATIONAL NON-COMPLIANCE

Pharmacothérapie rationnelle

* by a patient in pharmacotherapy, who stops because of unacceptable ADRs. Here is a clinical vignette of a positive rechallenge (Re+) confirming rational non-compliance :

« On paroxetine (Paxil®, Seroxat®) she experienced an uncharacteristic episode of rage and attempted suicide... so *she stopped* taking it. Two years later she was prescribed paroxetine again and experienced restlessness, surges of rage and anger, panic attacks, and constant suicidal ideation »³⁴⁵

non-observance rationnelle

* par un patient en pharmacothérapie psychiatrique

REBECCA RILEY

See CHILDREN ARE TARGETED

RECOGNIZED BUT INCOMPLETELY LABELED

Pharmacovigilance – Valeur de signalement

= 3 score (Recognized but not *fully labeled*) on the 0 to 4 prior documentation scale of an ADR, aka *extrinsic imputability* score.

See PRIOR DOCUMENTATION in the METHODOLOGY Appendix

* Here is an example where the product monograph mentioned only 1 type of urge (gambling) instead of mentioning 3 more types (eating, shopping, sex) and regulators required a score of 4 (Fully labeled) :

« In May 2016, FDA is warning that compulsive or uncontrollable urges to *gamble, binge eat, shop, and have sex* have been reported with the use of the antipsychotic drug aripiprazole (Abilify, Abilify Maintena, Aristada, and generics). These uncontrollable urges were reported to have stopped when the medicine was discontinued or the dose was reduced. These impulse-control problems are rare, but they may result in harm to the patient and others if not recognized...

Although pathological gambling is *listed* as a reported side effect in the current aripiprazole drug *labels*, this description **does not entirely** reflect the nature of the impulse-control risk FDA identified. In addition, FDA has become aware of other compulsive behaviors associated with aripiprazole, such as compulsive eating, shopping, and sexual actions »

reconnu mais incomplètement libellé

* La FDA reconnaît implicitement la valeur de la pharmacovigilance et de l'imputation, admettant la spécificité sémiologique et le déchallenge positif comme des déterminants de l'imputabilité

³⁴² Peter Gøtzsche at <http://www.madinamerica.com/2013/11/peter-gotzsche-2/>

³⁴³ *Pharmageddon*, page 142

³⁴⁴ US former congressman Ron Paul

³⁴⁵ Lucire & Crotty, op. cit.

* Les prescripteurs et dispensateurs ont l'obligation déontologique d'avertir les patients de ce risque lors de la première ordonnance

REFRAMING

Analyse critique – Glissement sémantique – Psychiatrie biologique

= changing the conceptual and/or emotional setting or viewpoint in relation to which a situation is experienced and to place it in another frame which fits the 'facts' of the same concrete situation equally well or even better, and thereby changing its entire meaning³⁴⁶

* In psychiatry for example, focusing on mental illness as a brain disease is a *reframing* of mental illness and reinforces the biological view that people's problems are the result of chemical imbalances. It is a sort of rhetorical device

« One of the best examples of this process had been the creation of the notion of *chemical imbalance*...The idea that serotonin was low in depression and restored to normal by treatment was resurrected within the marketing departments of Smith Kline Beecham, Lilly and Pfizer as part of the sales pitch for Paxil, Prozac and Zoloft »³⁴⁷

reformulation; recontextualisation; resituation

* c'est une sorte d'artifice de rhétorique destiné à influencer la façon de penser – puis de prescrire – de la profession médicale

REFRAMING

Analyse critique – Glissement sémantique – Psychiatrie biologique

= changing the conceptual and/or emotional setting or viewpoint in relation to which a situation is experienced and to place it in another frame which fits the 'facts' of the same concrete situation equally well or even better, and thereby changing its entire meaning³⁴⁸

* In psychiatry for example, focusing on mental illness as a brain disease is a *reframing* of mental illness and reinforces the biological view that people's problems are the result of chemical imbalances. It is a sort of rhetorical device

« One of the best examples of this process had been the creation of the notion of *chemical imbalance*...The idea that serotonin was low in depression and restored to normal by treatment was resurrected within the marketing departments of Smith Kline Beecham, Lilly and Pfizer as part of the sales pitch for Paxil, Prozac and Zoloft »³⁴⁹

reformulation; recontextualisation; resituation

* c'est une sorte d'artifice de rhétorique destiné à influencer la façon de penser – puis de prescrire – de la profession médicale

RELABELLING THE MEDICATIONS WE CALL ANTIDEPRESSANTS – (Article)

David ANTONUCCIO & David HEALY. *Scientifica* 2012, article ID 965908 - <http://dx.doi.org/10.6064/2012/965908>

Renommer ces médicaments qu'on appelle antidépresseurs (Traduction libre du titre de l'article)

RISPERDAL GYNECOMASTIA

Pharmacovigilance – Éthique en entreprise

« In a recent U.S. civil trial against Janssen, the pharmaceutical company that makes Risperdal, by a man who grew breasts after being given the drug as an 11-year-old, lawyers argued internal records show “the so-called independent” reanalysis was in fact quarterbacked by the drug company Janssen...

According to an email unearthed in the lawsuit, the **statistician** performing the reanalysis said his **instructions** from Dr Daneman and his co-author were “**to refute**” a controversial finding showing an association between the drug treatment and certain side-effects in vulnerable children »³⁵⁰

gynécomastie sous risperidone

SCREENING FOR MEMORY LOSSES

Surdiagnostic

« Brief instruments to screen for cognitive impairment can adequately detect dementia, but there is no empirical evidence that screening improves decision making. Whether interventions for patients or their caregivers have a clinically significant effect in

³⁴⁶ Watzlawick, P et al. *Change: Principles of Problem Formation and Problem Resolution*, New York: Norton ; 1974

³⁴⁷ *Pharmageddon*, page 59

³⁴⁸ Watzlawick, P et al. *Change: Principles of Problem Formation and Problem Resolution*, New York: Norton ; 1974

³⁴⁹ *Pharmageddon*, page 59

³⁵⁰ <http://www.thestar.com/news/canada/2016/03/13/sickkids-docs-impugned-study-reanalyzed.html>

persons with earlier detected cognitive impairment is still unclear »³⁵¹

« As a society we often fail to appreciate that older adults with Alzheimer's and their caring loved ones require a tremendous amount of support and not useless pills. Pharma is playing on people's emotions with their pronouncements on the need for early diagnosis. The public's understanding of issues regarding diagnosis is lopsided »³⁵²

« Political drive to screen for pre-dementia is not evidence-based and ignores the harms of diagnosis »³⁵³

dépistage des pertes de mémoires

* La pression politique en faveur du dépistage de la *prédémence* – une construction sociale – n'est pas fondée sur des preuves et ignore les méfaits du diagnostic. Un cas de figure de surdiagnostic, un cas d'espèce où trop de médecine mène à moins de qualité de vie

SECRET WORLD

secret garden

jardin secret

« La santé mentale est le jardin secret de la médecine de famille »³⁵⁴

SELECTIVE SEROTONIN REUPTAKE INHIBITOR; SSRI

Classe pharmacologique – Image de marque

TN : also rightly named 'so-called' selective serotonin reuptake inhibitor since they are not really selective; serotonin-boosting drug is informal. They should be called simply *Serotonin Reuptake Inhibitor* or SRI

« SSRI is not a medical or scientific term. Serotonin is a neurotransmitter in the brain, but both new and old antidepressants acted on it and the new drugs came from the marketing department of *SmithKline Beecham* as part of their effort to distinguish their Paxil from Lilly's Prozac and Pfizer's Zoloft »³⁵⁵

inhibiteur (dit) sélectif de la recapture neuronale de la sérotonine; ISRS; inhibiteur de la recapture neuronale de la sérotonine; IRS

N.d.T. comme ils ne le sont pas vraiment, on dit maintenant *inhibiteurs de la recapture neuronale de la sérotonine* ou IRS; les anglophones devraient eux-aussi laisser tomber 'selective'

SELF-HARM

Pharmacovigilance

automutilation

* cet EIM psychiatrique peut être associé à une variété de psychotropes et, plus rarement, à des médicaments non psychotropes

SEROTONERGIC

sérotoninergique

SEROTONIN HYPOTHESIS

« The role of serotonin in depression and antidepressant treatment remains unresolved despite decades of research. In this paper, we make 3 major claims. First, serotonin transmission is elevated in multiple depressive phenotypes, including melancholia, a subtype associated with sustained cognition.

a) The primary challenge to this first claim is that the direct pharmacological effect of most symptom-reducing medications, such as the selective serotonin reuptake inhibitors (SSRIs), is to increase synaptic serotonin.

b) The second claim, which is crucial to resolving this paradox, is that the serotonergic system evolved to regulate energy. By increasing extracellular serotonin, SSRIs disrupt energy homeostasis and often worsen symptoms during acute treatment.

c) Our third claim is that symptom reduction is not achieved by the direct pharmacological properties of SSRIs, but by the brain's compensatory responses that attempt to restore energy homeostasis. These responses take several weeks to develop, which explains why SSRIs have a *therapeutic delay*. We demonstrate the utility of our claims by examining what happens in animal

³⁵¹ Lin et al. *Ann Intern Med* - doi: 10.7326/0003-4819-159-9-201311050-00730 - <http://annals.org/article.aspx?articleid=1760977>

³⁵² Linda Furlini, 2013

³⁵³ Le Couteur et al. *BMJ* 2013; 347 :f5125 - doi: <http://dx.doi.org/10.1136/bmj.f5125>

³⁵⁴ Marc Jamouille

³⁵⁵ *Phrmeddon*, page 35

models of melancholia and during acute and chronic SSRI treatment. »³⁵⁶

l'hypothèse de la sérotonine

« Il n'y a pas une seule étude scientifique qui pourrait soutenir directement l'idée que n'importe quel désordre psychiatrique vient d'un déficit de sérotonine »³⁵⁷

SEROTONIN REUPTAKE

Mécanisme

recapture neuronale de la sérotonine

N.d.T. *recaptage* est à éviter

SEROTONIN REUPTAKE INHIBITOR; SRI

Classe pharmacologique

NdT : SRI should be used instead of SSRI since selectivity is not better than for older classes; they were, so branded to give the impression of newness and superiority

« Both new and old antidepressants acted on serotonin and the new drugs were in fact **no more selective** than some older drugs. The term SSRI came from the marketing department of SmithKline Beecham as part of their effort to distinguish their Paxil from Lilly's Prozac and Pfizer's Zoloft. All three companies used the term to create the **appearance of a new class** of drugs »³⁵⁸

inhibiteur de la recapture neuronale de la sérotonine; IRS

* la sérotonine est un neurotransmetteur abondant et important dans le cerveau, mais l'hypothèse sérotoninergique de la détresse n'est pas prouvée et elle n'explique pas les effets cliniques de ces inhibiteurs

***SEROXAT (paroxetine) AND THE SUPPRESSION OF CLINICAL TRIAL DATA: REGULATORY FAILURE AND THE USES OF LEGAL AMBIGUITY* - (Article)**

Éthique corporative – Opacité en recherche clinique

MCGOEY & JACKSON. *Journal of Medical Ethics* 2009 ; 35(2): 107

« Tacit knowledge might refer to knowledge that exists somewhere else in a society or organization, but is not known here, because the holder deliberately conceals it, as has been the case with the pharmaceutical companies »³⁵⁹

Le Seroxat et la suppression de données d'essais cliniques : Échec réglementaire et recours à l'ambiguïté juridique (Traduction libre du titre de l'article)

SEX AND ADDICTIONS BY PRESCRIPTION

* The 2010 Canadian product monograph of ropinirole (Requip) mentions compulsive behaviors among possible adverse reactions :

« Impulse control symptoms including compulsive behaviours such as *pathological gambling* and *hypersexuality* have been reported in patients treated with dopaminergic agents, including ropinirole. As described in the literature, such behaviours have been reported principally in Parkinson's disease patients treated with dopaminergic agents, especially at higher doses »

sexe et addictions sur ordonnance

Voir aussi SEXE ET ADDICTIONS SUR ORDONNANCE dans l'annexe *Choix de références*

***SEXE ET ADDICTIONS SUR ORDONNANCE : Après le Mediator, un nouveau scandale sanitaire* – (Livre) – EIM comportemental BÉGUIN, Antoine. Angers (FR); L'Appart : 2011 – 200 pages**

« L'auteur, avocat de la victime Didier Jambart, aida son client à gagner son procès contre GSK qui commercialise en France un agoniste dopaminergique utilisé comme antiparkinsonien, le Requip™ (ropinirole). Il reprochait au promoteur une insuffisance d'information sur ces risques dans la notice du produit. Pendant le traitement, le patient a présenté un 'besoin compulsif de jouer, de s'exhiber et de se travestir; il a dilapidé son argent, brisé sa famille, fait plusieurs tentatives de suicide'... »³⁶⁰

***SHOULD I MEDICATE MY CHILD ?* – (Livre destiné aux parents)**

TDAH

Lawrence H. DILLER. Basic Books; 2002 – 266 pages - ASIN: B0051QH2ZY

³⁵⁶ Andrews et al. *Neuroscience & Biobehavioral Reviews* 2015; 51: 164 - doi:10.1016/j.neubiorev.2015.01.018

³⁵⁷ Lacasse & Leo, cités par Barbara Mintzes dans *Prescrire* 2006 ; 26(272) : 392

³⁵⁸ *Pharmageddon*, page 36

³⁵⁹ Steve Rayner. *Economy and Society*. 2012; 41(1): 107

³⁶⁰ Elena Pasca. <http://pharmacritique.20minutes-blogs.fr/tag/didier+jambart+procès+requip+gsk>

« With the publication of *Running on Ritalin* in 1998, Dr. Lawrence Diller established himself as the country's leading expert on the use of psychiatric drugs to treat children. Since then, parents have clamored for his expertise on psychological problems *beyond* ADD, drugs *beyond* Ritalin, and, most important, how to decide whether or not drugs really are the best option for their children...

In this authoritative and plainspoken book, which features a detailed, easy-to-access "Quick Guide to Psychiatric Drugs," Dr. Diller gives parents the tools they need to regain faith in their own judgment and make wise choices for their children.

Devrais-je médicamenter mon enfant? – (Traduction libre)

* Une vue nuancée par un pédiatre qui aborde publiquement la question

SHYNESS : HOW NORMAL BEHAVIOR BECAME A SICKNESS (USA) – (Livre)

Christopher LANE. New Haven (CT) : Yale University Press ; 2007 – 263 pages

Comment la psychiatrie et l'industrie pharmaceutique ont médicalisé nos émotions (Livre traduit par François Boisivon)

Christopher LANE. Paris : Flammarion ; 2009 - 384 pages

« Encore une critique des dérives de la psychiatrie américaine ?! Oui, mais celle-ci provient d'un professeur de lettres anglaises lecteur de Foucault et Lacan ; et fut best seller en 2007. L'auteur a pu accéder aux archives de l'Association Psychiatrique Américaine et a interviewé le rédacteur du DSM III, le psychiatre Robert Spitzer »³⁶¹

SLEEP CLINICS

Médicalisation

« Sleep clinics are big business »

cliniques du sommeil

SLEEP DRIVING

Pharmacovigilance

* FDA defines it as driving while not fully awake after ingestion of a sedative-hypnotic product, with no memory of the event

conduite en état second; conduite somnambulique

* Implique un somnambulisme, une sorte d'état second, et une amnésie antérograde. Ainsi la victime constate au réveil que sa voiture n'était plus garée au même endroit que la veille

SLEEP EATING

Pharmacovigilance

manger en état second / somnambulique

* certaines patientes s'étaient mises à engraisser parce qu'elles mangeaient durant la nuit sans s'en souvenir au réveil, ce fut le signal d'un nouvel EIM

SLEEP WALKING ASSOCIATED DEATH

Pharmacovigilance – Médicament mortel

« Those taking zolpidem (Ambien®, Stillnox®) experienced various unmotivated sleep activities, including a death that occurred... while she sleepwalked³⁶²»

mort associée au somnambulisme

SLEEPING PILLS IN HOSPITALIZED ELDERLIES

Acharnement préventif

somnifères chez les aînés hospitalisés

« On leur prescrit de façon routinière des médicaments pour dormir, alors que c'est néfaste. Ils diminuent l'équilibre et augmentent les risques de chutes, en plus d'affecter la mémoire et déclencher un delirium chez la clientèle à risque. Aucun article dans la littérature ne démontre les effets bénéfiques pour une personne âgée de prendre des somnifères, bien au contraire...

Pourtant, on prescrit quotidiennement et l'hôpital est un endroit où l'on amorce souvent cette médication. Le somnifère a toutefois plus de chances de nuire à la personne âgée que de l'aider. Il n'y a pas de justification biologique à cet usage répandu des somnifères chez les aînés quand on en connaît toutes les répercussions »³⁶³

³⁶¹ <http://blogs.mediapart.fr/blog/pierre-sidon/211009/christopher-lane-comment-la-psychiatrie-et-l-industrie>

³⁶² Lucire & Crotty, op. cit.

³⁶³ Annick Dupras, gériatre. Citée par Denis Méthot dans *Profession Santé* 12.2.2012

SOCIAL ANXIETY

Maladie inventée

social phobia

phobie / anxiété sociale

* ne pas confondre avec *anxiété généralisée* (generalized anxiety)

« Le premier traitement à proposer est une psychothérapie cognitivo comportementale »³⁶⁴

SSRI ANTIDEPRESSANTS IN PREGNANCY AND BIRTH DEFECTS

Tératovigilance - Recours collectif

« There can be few better symbols of *Pharmageddon* than prescription-only drugs becoming among the most consumed drugs in pregnancy in the face of strengthening warnings that they cause birth defects. In 2006, the first legal actions were filed for birth defects induced by SSRI antidepressants, resulting in verdicts against GSK and huge settlements, but this made little dent on the prescribing of SSRIs in pregnancy, which continued to mount ...

In addition to doubling the rate of malformations, Paxil (paroxetine) doubles the rate of miscarriages and increases voluntary terminations of pregnancy »³⁶⁵

« Professor Stephen Pilling says evidence suggests SSRIs can double the risk of a child being born with a heart defect. The drugs have been used by up to 1 / 6 of child-bearing age. A manufacturer contacted by the BBC denies any link to major foetal malformations. The expert adviser to the National Institute for Health and Care Excellence (NICE) says that advice is about to be updated since the available evidence suggests that **there is a risk associated with the SSRIs...**

We make quite a lot of effort to discourage women from *smoking or drinking* even small amounts of alcohol in pregnancy, and yet we're perhaps not yet saying the same about *antidepressant* medication, which is going to be carrying similar - if not greater - risks »³⁶⁶

« The plaintiffs seek certification of a *class action* against the manufacturer of an *antidepressant* drug that is alleged to have caused birth defects in children whose mothers used it while pregnant. They say the defendant knew or ought to have known of the risk and failed to provide adequate and timely warning to doctors prescribing the drug and to the general public...

According to the statement of claim, the infant plaintiff Meah Bartram was born on September 14, 2005, with a *ventricular septal defect*--in simple terms, a hole in her heart. Her mother, the adult plaintiff Faith Gibson, was first prescribed the antidepressant Paxil in December, 2002, and continued to take it throughout her pregnancy. The defendant GSK manufactures, markets and sells Paxil throughout Canada...

Information suggesting an association between the use of Paxil in pregnancy and CV defects in newborns was first published by GSK shortly after Meah Bartram was born, but the plaintiffs allege that GSK knew or ought to have known of the risk before then. Ms. Gibson says in an affidavit that if she had been aware that there were any possible consequences to her child from taking Paxil, she would have taken a different anti-depressant or none at all...

GSK's first published reference to the kind of condition at issue in this case came in a letter it sent to physicians and other health professionals dated September 29, 2005--**two weeks after the birth of the infant plaintiff**. That document referred to preliminary results of an epidemiological study showing an **increased incidence of CV defects**, most commonly *ventricular septal defects*, in babies born to women who had taken Paxil or similar drugs during the first trimester »³⁶⁷

« Extraordinarily, in the face of the evidence, not only doctors but even ethicists, line up to say antidepressants are being underused in pregnancy. There is a suspension of common sense here brought about by marketing of RTC and EBM »³⁶⁸

antidépresseurs IRS durant la grossesse et anomalies congénitales

* En décembre 2012 la cour suprême de la Colombie Britannique (CA) autorise un recours collectif contre le fabricant GSK pour avoir trop tardé à communiquer le risque tératogène de son produit notamment celui de communication intraventriculaire

³⁶⁴ *Prescrire*. 2006:26(269):103

³⁶⁵ *Pharmageddon*, page 42, 42, 63

³⁶⁶ Interview in 2013 at <http://www.bbc.co.uk/news/health-23005367>

³⁶⁷ Bartram v. GlaxoSmithKline Inc., page 2, British Columbia Supreme Court 3.12.2012

³⁶⁸ *Pharmageddon*, page 63

SSRI STORIES – (Site web) - *Violence*

<https://ssristories.org/>

« SSRI Stories is a collection of over 6,000 stories that have appeared in the media (newspapers, TV, scientific journals) in which prescription drugs were mentioned and in which the drugs may be linked to a variety of adverse outcomes including *violence*. This updated site includes the stories from the previous site and new ones from 2011 to date. We have used a new “category” classification system on the new stories...

We are working back through previously SSRI Stories to bring them into the new classification system. In the meantime use the search box in the upper right column to search through both the old and the new stories. Also, all of the stories from the original site are available under the Archives tab »

STEALTH NEUROLEPTIC

neuroleptique caché

STORYTELLING

patient's storytelling

Pharmacovigilance

récit / narration

= le récit, la relation, le récit de son histoire par un patient

* si l'écoute puis le recueil de cette histoire sont évidemment important lors d'une première consultation, notamment dans les cas complexes, même en psychiatrie légère telle que pratiquée en médecine générale et même en *pharmacovigilance* le narratif peut être très important quand l'EIM est surtout constitué de symptômes forcément subjectifs...

Une déclaration d'EIM qui se veut complète doit inclure la narration des symptômes tels que relatés par le patient, surtout quand il ne s'agit pas de symptômes 'classiques' d'une maladie ou d'un EIM

SUFFER THE CHILDREN

on s'en prend aux enfants

* par allusion aux dépistages mentaux et aux psychotropes dont on inonde impunément les enfants au risque d'induire des suicides, des dépendances, suite à l'application mercantile du modèle biomédical de la santé mentale

SUICIDAL BEHAVIOR IN THE YOUNG ON ANTIDEPRESSANTS

EIM paradoxal

comportement suicidaire chez les jeunes sous antidépresseurs

* Un examen, rendu public par la FDA en 2007, de 295 essais contre placebo, révèle un NNH de 200 chez les jeunes adultes de 18 à 24 ans ; un phénomène du même type s'observe chez les ados et chez les enfants³⁶⁹ - Cet effet est *paradoxal* parce les promoteurs d'antidépresseurs brandissent souvent la prévention du suicide comme argument de vente

SUICIDALITY WITH SSRI ANTIDEPRESSANTS

Pharmacovigilance

« Normal volunteers, and those taking SSRIs but who don't have depression, sometimes report *suicidal ideation*. These people form a minority group, but their feelings are real and are reproducible on rechallenge in some cases. This group is so small as to be overshadowed in any epidemiological study³⁷⁰» - "In June 2005 the FDA conceded causation of suicide by antidepressants in that relative risk of suicide vs untreated was doubled or more³⁷¹"

« Most *suicidal adolescents* (>80%) receive some form of mental health treatment. In most cases (>55%), treatment starts prior to onset of suicidal behaviors but *fails to prevent* these behaviors from occurring. Ergo: most kids become suicidal after mental health professionals start treating them for their problems »³⁷²

suicidalité associée aux antidépresseurs de type IRS

SUICIDE-HOMICIDE OF COMMERCIAL PILOT ON TWO ANTIDEPRESSANTS

* Here's the translation of a recent German article indicating that Germanwings co-pilot Andreas Lubitz was also taking the SSRI Citalopram (Celexa) when he crashed the Airbus into the French Alps in March 2015 killing 150 people -

³⁶⁹ *Rev Prescrire* 2007 ; 27(288) : 751

³⁷⁰ David Healy. Interviewed in *Uppsala Report* 53 April 2011 www.who-umc.org

³⁷¹ Lucire & Crotty op. cit.

³⁷² Rob Wipond commenting Nock MK et al. *JAMA Psychiatry* 2013; DOI: 10.1001/2013.jamapsychiatry.55.

https://translate.google.ca/translate?sl=auto&tl=en&js=y&prev=_t&hl=en&ie=UTF-8&u=http%3A%2F%2Fwww.depression-heute.de%2Fblog%2Fubitz-nahm-das-ssri-antidepressivum-citalopram&edit-text=

Based on this June 2015 Huffington Post article, he was also on the antidepressant Mirtazapine (Remeron), which he doubled 2 weeks before the crash. This article doesn't mention Citalopram, which was only discovered from the hair analysis - http://www.huffingtonpost.com/2015/06/11/germanwings-copilot-blindness-health-lubitz_n_7562258.html
suicide-homicide d'un pilote commercial sous deux antidépresseurs

SUICIDES ON ANTIDEPRESSANT : A FEW VIGNETTES

a) Sara Carlin, 18, was a talented student who dreamt of becoming a doctor, only for her to take her own life back in 2007, a little over a year after being prescribed anti-depressants. She was found **hanging** in the basement of her family home in Oakville, Canada...

The country's health authorities put out warnings in 2003 and 2004 that prescribing newer antidepressants such as Paxil to teenagers could lead to behavioural changes and self-harm, but Sara brushed off her mother's attempts to warn her off such drugs, saying her doctor had said they would lift her mood³⁷³

b) Colin Whitfield, 56, died just two weeks after he began taking the antidepressant drug Seroxat. The retired Welsh teacher was found in the garden shed of the family home having **slit his own wrists** in 2002. At the inquest the coroner said that he had "grave concerns that this is a dangerous drug that should be withdrawn until detailed national studies are undertaken...

Kathryn, Colin's wife of more than 30 years, said that she had noticed a profound change in her husband's behaviour once he started taking Seroxat, and the drug may have contributed to his **unexpected suicide**. 'It didn't fit the picture of who he was and we have no doubt that it was the drug that caused him to do it. He was a very caring, very protective father,' she said³⁷⁴

c) Let me introduce you to Matt Miller. Matt was a 13 year old boy who had just changed schools and was feeling nervous. His parents prompted by the teacher brought him to a doctor who put him on Zoloft (sertraline). Seven days later he **hung himself** in the bathroom between his parent's bedroom and his bedroom. Trust me when I tell you the Zoloft caused this suicide...

The response from regulators and companies was that this could have been auto-erotic asphyxiation. They went so far as to scour the carpet in the bathroom to collect potential evidence for seminal stains. Companies and regulators will **never say that a drug has caused a problem** »³⁷⁵

d) Don Schell was a 60 year old man who over 14 years had several brief episodes of anxiety that lasted at the most for a few weeks. In 1990 shortly after it came out he was treated with Prozac (paroxetine) but had a very poor response and may have begun to hear voices while on it...

Eight years later an entirely different doctor gave him Paxil having diagnosed poor sleep and anxiety. 48 hours afterwards Schell put **3 bullets through the head** of his wife, **3 bullets through the head** of his daughter and **3 through the head** of his grand-daughter who were visiting before killing himself. His son-in-law Tim Tobin took a case against GSK and won a jury verdict³⁷⁶

e) David Hawkins was a 74 year old man with a 20 year history of minor episodes of nervousness, no violence. In one of these he was treated with Zoloft and had a bad response to it. His doctor recorded 'Do not give this man SSRIs'. A number of years later feeling unwell he was seen by a locum doctor who didn't know the history and didn't read the notes and put him on Zoloft...

He didn't know that he was being put back on a pill that he had reacted poorly to before. He felt worse after 1 pill and thinking that more would help took 4 and the next morning **strangled** his wife to death. The judge and prosecution agreed with Tania Evers for the defense that but for the drug it was unlikely this would have happened³⁷⁷

f) Shane Clancy, who broke up with his girlfriend – and then decided he wanted to get back with her but she had move on to someone else. Shane was brought by his mother to the doctor who put him on Celexa (citalopram). I know he took them because he developed side effects that almost no-one knows about...

³⁷³ Stephen Foley. <http://www.independent.co.uk/news/business/news/glaxosmithkline-pays-3bn-for-illegally-marketing-depression-drug-7904555.html>

³⁷⁴ Stephen Foley. Op. cit.

³⁷⁵ David Healy, 18.2.2013 at <http://davidhealy.org/blog/>

³⁷⁶ David Healy, op. cit.

³⁷⁷ David Healy, op. cit.

He also tried to commit suicide. So he was brought by his mother back to see the doctor who continued Celexa, and a few days later he **killed his girlfriend's new boyfriend** and attempted to kill her and the new boyfriend's brother before killing himself by **stabbing himself frenziedly 23 times**³⁷⁸

suicides sous antidépresseur : quelques vignettes

SURVIVOR-CONTROLLED RESEARCH

« Survivor research is rooted in the political movement of people who have been subjected to psychiatric treatment or identify themselves as current or former users of mental health services. *Survivor-controlled research* shares the core principles of the user/survivor movement. Above all, it values first-person experience which it considers a true and legitimate source of evidence »³⁷⁹

recherche contrôlée par les survivants (de la psychiatrie biologique)

TAPERING OFF OF A TREATMENT

Posologie - Déprescription

arrêt progressif / graduel d'un traitement; cessation / diminution graduelle d'un traitement

* la progressivité est essentielle en psychopharmacologie

TARGETING CHILDREN

Élargissement des indications – Promotion – Directives coercitives

* may be done with mental health screenings, followed by psychotropic drugs³⁸⁰...

* Such practices – *promoting* psychotropics in children - are unconscionable when there is no sound evidence for the intervention -Children are now being targeted... just think of Study 329... some 2-3 years-old (sic) are now being prescribed second-generation antipsychotics for aggression...

“Big Pharma starts to bribe doctors to *hook kids* on drugs. Americans must start to question the legitimacy of the exploitative pharmaceutical-industrial complex and the predatory people atop them”³⁸¹

« Health Canada is receiving a growing numbers of reports of serious complications in children taking powerful antipsychotics, including deaths. Once reserved for schizophrenia and mania in adults, the drugs are increasingly being prescribed to children as young as *preschoolers*. As of Dec. 31, 2012, Health Canada had received 17 fatal reports in *children* related to so-called ‘second generation antipsychotics’ »³⁸²

« In 1999 the *Texas Medication Algorithm Project* (TMAP) commissioned a set of guidelines for the management of childhood mental disorders, even though at the time no psychotropic drugs had been licensed for use in *children or teenagers*... In 1999 the state of Texas endorsed, with no dissenting views, the TMAP guidelines for schizophrenia, mood disorders and for *children*, thus requiring state hospital doctors to prescribe the new drugs first »³⁸³

ciblage des enfants; s'en prendre aux enfants

* ce genre de promotion est déraisonnable quand l'intervention n'a pas de fondement scientifique - On s'en prend maintenant aux enfants... pensez seulement à l'Étude 329...

« En psychopharmacologie, on tente de gagner du marché du côté des enfants et adolescents, comme du côté des enfants d'âge préscolaire, administrant à ces enfants, sous prétexte d'une analogie explicative simpliste de bipolarité, des médicaments qui ont été la cause de la mort d'une enfant de 4 ans, Rebecca Hiley »³⁸⁴

TDAP? POUR EN FINIR AVEC LE DOPAGE DES ENFANTS – (Livre)

J.-Claude ST-ONGE. Montréal: Écosociété; 2015 - 214 pages – ISBN : 9782897192105

Psychostimulants en pédiatrie – Surtraitement - Surdiagnostic

« Votre enfant a beaucoup d'énergie – un peu trop, même, aux dires de ses enseignant-e-s? Il est parfois distrait, impulsif ou

³⁷⁸ David Healy, op. cit.

³⁷⁹ <http://www.qualitative-research.net/index.php/fqs/article/view/1790/3310#g1>

³⁸⁰ Evelyn Pringle 2010 - <http://www.counterpunch.org/2010/04/21/inventing-disorders/>

³⁸¹ Bruce E. Levine. AlterNet.org 17.7.2009 – Levine is a psychologist

³⁸² <http://www.vancouversun.com/health/Deaths+reported+children+prescribed+newer+generation+antipsychotics/8374056/story.html>

³⁸³ *Pharmageddon*, page 140-141

³⁸⁴ Jacques Thivierge 2010

colérique? Comme des milliers d'autres jeunes, il pourrait recevoir un diagnostic de trouble déficitaire de l'attention avec ou sans hyperactivité (TDAH) et se voir prescrire un psychostimulant tel le Ritalin. Mais ces comportements sont-ils nécessairement les symptômes d'une « maladie » appelée TDAH?...

Quelle est la validité de ces diagnostics quand on sait que plus de la moitié d'entre eux sont ultérieurement retirés par un centre spécialisé? Poursuivant son travail sur le pouvoir d'influence de l'industrie pharmaceutique, J.-Claude St-Onge se penche cette fois-ci sur le phénomène du TDAH, qui a littéralement explosé depuis une trentaine d'années...

Or, il s'agit d'un diagnostic hautement controversé: les critères pour l'identifier manquent de scientificité et il n'existe aucune preuve que ces symptômes soient le résultat d'un déséquilibre chimique du cerveau. Quant aux médicaments, à long terme, ils ne font aucune différence sur les résultats scolaires et les comportements des enfants. Pire, ils peuvent même aggraver leurs symptômes...

Cela n'empêche pas l'industrie pharmaceutique d'exploiter sans scrupule cette corde sensible des parents et des enseignant-e-s pour engranger des profits faramineux, sur la base d'essais cliniques aussi biaisés qu'incomplets. Dénonçant la surmédicalisation des problèmes de comportement et de la détresse psychologique des jeunes, J.-Claude St-Onge plaide pour une approche qui tienne compte de leur contexte familial, social, économique et environnemental. Pour en finir avec le dopage des enfants »

« À l'heure où nos gouvernements coupent dans les services aux élèves en 'difficulté', nous assistons à une explosion de diagnostics de TDAH et à une surprescription de psychostimulants. Si l'industrie pharmaceutique s'en réjouit, nous devrions nous inquiéter et amorcer une réflexion critique sur ce triste constat. C'est ce à quoi nous invite ce livre fort actuel et extrêmement pertinent », selon Marie-Claude Goulet, médecin de famille

THE ALZHEIMER CONUNDRUM: Entanglements of Dementia and Aging

Margaret LOCK, Princeton University Press - 328 pages - ISBN 9780691149783 - 9781400848461 (e-book)

THE BITTEREST PILLS: The Troubling Story of Antipsychotic Drugs (Livre)

Joanna MONCRIEFF. Palgrave Macmillan ; 2013 - 296 pages – DOI 9781137277428

« Antipsychotic (neuroleptic) drugs have become some of the biggest blockbusters of the early 21st century, increasingly prescribed not just to people with 'schizophrenia' or other severe forms of mental disturbance but for a range of more common psychological complaints...

This book challenges the accepted account that portrays antipsychotics as specific treatments that target an underlying brain disease and explores early views that suggested, in contrast, that antipsychotics achieve their effects by inducing a state of neurological suppression...

Professional enthusiasm for antipsychotics eclipsed this understanding, exaggerated the benefits of antipsychotics and minimized or ignored evidence of their toxic effects. The pharmaceutical industry has been involved in expanding the use of antipsychotics into territory where it is likely that their dangers far outweigh their advantages »

« With this fascinating book, Joanna Moncrieff has shone a light into some dark corners of the history of medicine, but by highlighting some of the errors of the past (and not-so recent past at that) she has provided both a warning for where we can go wrong, and a plea, for more humanistic treatment of people with mental illnesses »³⁸⁵

Les plus amères des pilules : L'histoire troublante des antipsychotiques (Traduction libre du titre du livre)

The clinical or 'therapeutic' effect is likely to be a less intense expression of the toxic effect. In discussing methylphenidate's 'cognitive toxicity,' James M. Swanson (1992) and his coauthors summarized the literature:

'In some disruptive children, drug-induced compliant behavior may be accompanied by isolated, withdrawn, and overfocused behavior. Some medicated children may seem 'zombie-like' and high doses which make ADHD children more 'somber,' 'quiet,' and 'still' may produce social isolation by increasing 'time spent alone' and decreasing 'time spent in positive interaction' on the playground.' ...

Meanwhile, as Swanson et al. (1992) confirm, there's **no evidence that methylphenidate improves learning or academic**

³⁸⁵ <http://blogs.lse.ac.uk/lseviewofbooks/2014/01/21/book-review-the-bitterest-pills-the-troubling-story-of-antipsychotic-drugs-by-joanna-moncrieff/>

performance. This is confirmed in various reviews (Breggin (1991); Coles (1987); McGuinness (1989); and Swanson et al. (1992)). The long-term effects 'remain in doubt'. As the *National Institute of Mental Health* succinctly stated, 'The long-term effects of stimulants remain in doubt' (Regier and Leshner, 1992)...

The FDA-approved information put out by the drug company, Ciba-Geigy, admits 'Long-term effects of Ritalin in children have not been well established' (Physicians' Desk Reference, 1994, p. 836). Yet methylphenidate is **typically advocated as a long-term treatment** »

le TDA/H et les stimulants selon Peter Breggin

* Breggin est un incontournable critique de la psychopharmacologie et de la psychiatrie biologique

THE CREATION OF PSYCHOPHARMACOLOGY (UK) – (Livre)

David HEALY. Cambridge (MA, USA) & London (UK): Harvard University Press ; 2002 – 469 pages - ISBN 0-674-00619-4 – 2nd edition in 2004

« David Healy's book is a hugely ambitious work which stretches from the time of the *Enlightenment* to the brave new biomedical world of the future. *En route*, it considers the emergence of asylum psychiatry, the rise and fall of psychoanalysis, the counter-culture's flirtation with hallucinogenics, the growth of the pharmaceutical companies, and the implications for mankind of the Human Genome Project...

It is difficult to think of another psychiatrist who could have attempted such a grand narrative; even amongst historians, there has been a tendency to avoid such projects in preference to the small scale...

Healy is well-placed to write such an ambitious book. He has an extensive knowledge, both of the historical literature and of psychopharmacology. Looking to the future, Healy concludes: 'To believe that we will remain the same is unrealistic. We will change the biological basis of ourselves and our societies'...

Whether we agree with this or not, *The Creation of Psychopharmacology* is one of the most original and thought-provoking commentaries on culture and psychiatry to appear for many years »³⁸⁶

« David Healy follows his widely praised study, *The Antidepressant Era*, with an even more ambitious and dramatic story: the discovery and development of antipsychotic medication. Healy argues that the discovery of chlorpromazine (more generally known as Thorazine) is as significant in the history of medicine as the discovery of penicillin, reminding readers of the worldwide prevalence of insanity within living memory...

Healy tells not of the triumph of science but of a stream of fruitful accidents, of technological discovery leading neuroscientific research, of fierce professional competition and the backlash of the antipsychiatry movement of the 1960s. A chemical treatment was developed for one purpose, and as long as some theoretical rationale could be found, doctors administered it to the insane patients in their care to see if it would help...

Sometimes it did, dramatically. Why these treatments worked, Healy argues provocatively, was, and often still is, a mystery...

Nonetheless, such discoveries made and unmade academic reputations and inspired intense politicking for the Nobel Prize. Once pharmaceutical companies recognized the commercial potential of antipsychotic medications, financial as well as clinical pressures drove the development of ever more aggressively marketed medications »³⁸⁷

« David Healy is one of the founding *historians of psychopharmacology*, first with his three-volume series of interviews with the first generation of psychopharmacologists, and secondly with his brilliant book, *The Antidepressant Era*. Now Healy crowns these achievements with this breathtakingly original and important history of the antipsychotics, psychiatry's flagship drugs

In their short lifespan they have revolutionized psychiatry, converting it from a medical specialty based on psychotherapy to one based on biochemistry...

Yet as Healy's analysis shows, commerce has been as influential as science in this transformation--perhaps more so. For its originality, readability, and wisdom, *The Creation of Psychopharmacology* is the most important contribution to the

³⁸⁶ Alan Beveridge. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1279263/>

³⁸⁷ <http://www.hup.harvard.edu/catalog.php?isbn=9780674015999>

history of psychiatry since Ellenberger's *The Discovery of the Unconscious* »³⁸⁸

« Psychiatrists and historians owe a debt to David Healy. Over the years he has conducted interviews with all the leading figures in psychopharmacology... Drawing on these interviews and his wide reading of the scholarly literature, Healy has now constructed a subtle and compelling narrative of the development of psychotropic drugs... Healy ambitiously relates the emergence of drugs to the wider culture and shows how the two have interacted »³⁸⁹

« David Healy is a respected historian of psychiatry who has written a book that should spark a major debate. He identifies current trends towards the *abandonment of independent* research into treatments for mental illness, the demand for Randomised Control Trials as the only acceptable measure of whether a treatment works, and the *chilling control* pharmaceutical companies now exert over psychiatry... Healy's warning that, without a debate, we may be moving into an era when *cosmetic psychiatry* will be the new liposuction, is worth heeding »³⁹⁰

THE EMPEROR'S NEW DRUGS: Exploding The Antidepressant Myth (UK) – (Livre)

Irving KIRSCH. London (UK): Bodley Head / Basic Books; 2009 - 226 pages – Reviewed by Marcia Angell³⁹¹

Les nouveaux médicaments de l'empereur : L'éclatement du mythe des antidépresseurs (Traduction libre du titre du livre)

THE FDA IS HIDING REPORTS LINKING PSYCH DRUGS TO HOMICIDES (USA) – (Blogue)

Andrew THIBAUT at

<http://www.madinamerica.com/2016/05/the-fda-is-hiding-reports-linking-psych-drugs-to-homicides/>

* The blog is a must read - Here are examples of medication-linked homicide case narratives that were being withheld, redacted and finally released in lesser-redacted versions by the FDA VAERS after persistent pressure and federal *Freedom Of Information Act* lawsuits by Thibault :

a) In 2014 a 3-month old female infant died of asphyxia and suffocation while in the care of a 10-year old prescribed lisdexamfetamine (Vyvanse). The autopsy concluded to homicide and the infant's blood contained traces of lisdexamfetamine. Since, a homicidal ideation warning was added to the Vyvanse label and to Adzenys XR-DOT, a bioequivalent of Adderall XR

b) A psychiatrist reported homicide, self-injurious behavior, manic symptoms and worsening of his condition in a 16-year old male from Canada and linked it to taking triazolam (Prozac). In a previously redacted version of the report the FDA had hidden the psychiatrist's causality assessment

c) A 35-year old woman from Australia killed her daughter. She reported that when taking nortriptyline she immediately wanted to kill herself, became more depressed, felt awful, did not sleep for two nights, then slept for maybe 3 hours and dreamt that her daughter was possessed by a bad spirit, felt like a zombie, picked up a knife, stabbed her and woke up. She was not herself, controlled by dark forces. She asked her husband to kill her...

She felt better in the police cells without the pills but the pills started again and thoughts of killing herself returned. The FDA had redacted signs of suicidal ideation, parasomnia, hallucinations, delusions, automatism, homicide, depersonalization, positive dechallenge and positive rechallenge

d) Joseph Wesbecker armed with an AK-47 shot 8 people dead and wounded 12, then shot and killed himself. He had a long history of depression and had been placed on fluoxetine one month before the shootings. This well-known case dating back to 1989 has been the subject of a book³⁹². Survivors and relatives sued Eli Lilly, the jury ruled in favor of Eli Lilly who had made a secret deal with the plaintiffs during the trial, paying them a huge sum of money to deliberately lose the case

d) At one time the FDA would not allow Wyeth to place a suicidal ideation warning on venlafaxin (Effexor) although in the premarketing evaluation of safety the company had received reports of homicidal ideation

La FDA dissimule des notifications associant des psychotropes à des homicides – (Traduction libre)

* La lecture de ce blogue est indispensable

³⁸⁸ Edward Shorter

³⁸⁹ Allan Beveridge

³⁹⁰ Julie Wheelwright, *The Independent*

³⁹¹ <http://www.nybooks.com/articles/2011/06/23/epidemic-mental-illness-why/>

³⁹² John Cornawall. *The Power to Harm*.

THERANOSTICS

Biomarqueurs

companion diagnostics

théranostique

= l'étude de biomarqueurs pour cibler un effet médicamenteux, soit pour évaluer l'efficacité et adapter la posologie d'un médicament soit pour évaluer l'indication d'un médicament. À titre d'exemple : les niveaux de HER2 dans le cancer du sein métastatique. À titre de contre-exemple : il n'y a pas encore de biomarqueurs valides dans l'Alzheimer

THROUGH THE AMYLOID GATEWAY - (Article)

Alzheimer – Amyloïde

Daniel R George, Peter J Whitehouse, Simon D'Alton, Jesse Ballenger. *The Lancet* 2012 ; 380(9858) : 1986³⁹³

« Potential solutions to mitigating Alzheimer's diseases suddenly become much more complex than the simple arithmetic of anti-*amyloid* drugs, and might encompass such Virchowian public health initiatives as universal access to health care, quality public education, economic justice, urban renewal, clean drinking water and sanitation, and community-based programmes and health coaching to increase physical activity and improve nutrition »³⁹⁴

« One of the more balanced, interesting and thoughtful articles about Alzheimer's disease that I have read in a while. The historical context was especially fascinating. The author's emphasis on the need for observation is warranted and overdue. As someone who has borne witness to this disease for a few people for twenty years, I have been left incredulous by the manner research is conducted on this disease...

Too often researchers have no idea how this disease is lived clinically over the course of time. Research is conducted in a such a piecemeal fashion (e.g. the singular focus on amyloid), rather than as a whole involving a commonly long, long, long degenerative process »³⁹⁵

Au delà de la passerelle de l'amyloïde (Traduction libre du titre de l'article)

TOUS FOUS ? ^{11 SEP} *L'influence de l'industrie pharmaceutique sur la psychiatrie*

Jean-Claude ST-ONGE. Montréal : Écosociété ; 2013 ^{11 SEP} 372 pages – ISBN 978-2-89719-042-2 - Distribution en France et Belgique: *DG Diffusion*, dg@dgdiffusion.com – Diffusion en Suisse : *Servidis S.A.* : commandes@servidis.ch

« J'ai écrit ce livre pour que nous réagissions en tant que société responsable tandis qu'il est encore temps. Car au rythme où progresse cette terrible épidémie de troubles mentaux, nous devenons bientôt officiellement tous fous ! »³⁹⁶

* Un livre très bien écrit, à lire absolument si vous ou un de vos proches a déjà été exposé à un psychotrope, ou risque de l'être à tort (souvent) ou à raison (parfois). À lire aussi si vous en êtes un 'gros prescripteur' de qui des experts indépendants, imperméables à la promotion, auraient envie de dire 'Pardonnez-leur parce qu'ils ne savent pas ce qu'ils font'³⁹⁷

« Une personne en deuil souffrirait de 'dépression majeure' si elle n'arrive pas à surmonter son chagrin après deux semaines. Une personne très timide serait atteinte de 'phobie sociale' et un enfant qui conteste les adultes et les règles, serait taxé de 'trouble oppositionnel avec provocation'. Sommes-nous tous devenus fous ?

En 60 ans, le nombre de troubles mentaux répertoriés dans le DSM, la 'bible' des psychiatres, est passé de 60 à plus de 400 alors que la consommation de psychotropes a augmenté de 4 800 % aux États-Unis au cours des 26 dernières années. Or, cette épidémie de 'maladies mentales' est très largement fabriquée, nous explique J.-Claude St-Onge dans cet essai sur l'influence démesurée de l'industrie pharmaceutique sur la psychiatrie.

Tous fous ? cible les thèses de la biopsychiatrie, selon lesquelles la détresse psychologique résulterait d'un déséquilibre chimique dans le cerveau, sans égard au contexte social et personnel des patients. L'auteur remet en question la prescription massive d'antidépresseurs et d'antipsychotiques aux effets sous-estimés et souvent dévastateurs : anxiété, pensées suicidaires, diabète, AVC, atrophie du cerveau...

³⁹³ <http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2812%2962145-X/fulltext?elsca1=ETOC-LANCET&elsca2=email&elsca3=E24A35F>

³⁹⁴ George et al, Op. cit.

³⁹⁵ Linda Furlini, ancienne présidente de la Fédération québécoise des sociétés Alzheimer

³⁹⁶ Cité par Elias Levy. *Québec Science*, Juin-Juillet 2013, page 22

³⁹⁷ *Luc* 23 :24

Mais l'exploitation du mal-être est extrêmement lucratif et les compagnies pharmaceutiques sont prêtes à tout pour satisfaire l'appétit insatiable de leurs actionnaires : médicalisation des événements courants de la vie, essais cliniques biaisés, corruption des médecins, intimidation des chercheurs... Même les amendes salées contre ces agissements ne les font pas reculer »³⁹⁸

« Le livre de Jean-Claude St-Onge « Tous fous ? » (Écosociété, 2013) comporte un chapitre intitulé « Douze raisons de se méfier des essais cliniques ». Je montre le plan de ce sixième chapitre fort instructif³⁹⁹:

1. Des résultats favorables au commanditaire
2. Manque de représentativité : des patients triés sur le volet
3. Omission de publier les résultats négatifs : le biais de sélection
4. La séquestration des données
5. La répartition biaisée des patients
6. L'écroulement des résultats
7. Suppression et omission des résultats gênants
8. Comparaisons inadéquates
9. La période de purge fausse les résultats
10. La levée du double insu
11. L'évaluation biaisée des résultats
12. Les résumés mettent en valeur des résultats judicieusement choisis

TOXIDROME

Pharmacovigilance – Sémiologie médicamenteuse

= a cluster of symptoms associated with toxic levels of a drug

* Etymology : drug toxicity syndrome, coined by Yolande Lucire and Christopher Crotty

Voir aussi AKATHISIA

« In subjects with abnormal CYP450 metabolism, antidepressants or their metabolites may reach toxic levels in hours or days, correlating with onset of intense dysphoria and akathisia⁴⁰⁰»

toxidrome

TRIAZOLAM (HALCION) : VIOLENCE AND AMNESIA HIDDEN AND DENIED

triazolam : violence et amnésie cachées et niées

* À la suite de l'AMM dans les Pays-Bas (NE), le psychiatre hollandais Cees van der Kroef écrit au *Lancet*⁴⁰¹ pour signaler des problèmes importants avec ce médicament, fait qui est par la suite médiatisé. Upjohn réunit 10 experts médicaux et éthiciens de Boston et les persuade (\$\$\$) de répliquer au *Lancet* en spécifiant qu'ils ont revu les données (on apprendra plus tard de la FDA que les experts ont été trompés par la compagnie)...

Quelques mois plus tard, un chercheur éminent aux États-Unis et l'un des pères de la pharmacologie clinique américaine, Louis Lasagna, blâme les médias, sans révéler aux lecteurs du *Lancet* qu'il avait travaillé pour Upjohn !

En 1987, Upjohn avait déjà reçu des rapports sur 24 cas de **meurtres, tentatives de meurtre et menaces physiques** relatifs à son somnifère Halcion.⁴⁰² Un des essais cliniques de ce médicament, connu sous le nom de 'protocole 321', fut effectué en 1972 à l'unité de recherche pharmacologique construite par Upjohn et Parke-Davis au pénitencier de Jackson, Michigan. À une concentration de 1 mg, l'Halcion produit de terribles EIM et des effets psychiatriques chez 50 % des sujets...

Or, la compagnie en rapporte chez 7 / 30 sujets sous triazolam et chez 3 / 20 sous placebo.

L'infâme essai 321 sera dénoncé en 1991, soit 19 ans plus tard. Et les manœuvres de ce genre se multiplient dans l'histoire de ce produit. William Franklin, un interniste qui a participé à 5 études sur Halcion, admet qu'il y a eu **fraude**, que des résultats ont été fabriqués. Samuel Feurst, un psychiatre du Mississippi ayant fait des études à long terme sur ce médicament, a été disqualifié par la FDA sous motif de ne pas avoir réellement donné le médicament aux participants...

³⁹⁸ <http://www.ecosociete.org/t163.php>

³⁹⁹ Mathieu Gadoury, *Le Devoir*, 2018

⁴⁰⁰ Lucire & Crotty, op. cit.

⁴⁰¹ Cees Van Der Kroef. *Lancet* 1979 ; ii : 526

⁴⁰² Thomas J Moore. *Prescription for Disaster*. New York : Dell Publishing ; 1998

En 1989, une certaine Ilo Marie Gundberg poursuit Upjohn pour 21 M\$ après que le produit l'eusse poussé à tuer sa mère en 1988.⁴⁰³ Le psychiatre écossais Ian Oswald accepte d'agir comme expert, ce qui demande du courage ; durant un millier d'heures consacrées à cette cause célèbre, Oswald analyse et révisé les documents versés par la compagnie et relève des faits accablants. Il dénonce ce médicament dangereux en 1989 ...

Upjohn utilise alors le vieux truc de régler hors cour, ce qui permet de supprimer d'un coup les éléments de preuve en gagnant un ordre de cour pour que les documents soient scellés et ne puissent servir dans aucun autre cas. Par la suite, soit dit en passant, ils ont poursuivi Oswald pour diffamation !

* On suspend le produit au RU en octobre 1991 pour amnésie, comportements psychotiques et insomnie rebond. Le fabricant finit par admettre avoir sous-estimé les EIM observés durant les essais cliniques et attribue cet état de fait à 'des erreurs de transcription', lors du procès de l'américaine qui avait tué sa mère et gagna sa cause. Dix autres pays retirent le produit sauf les ÉU où siège Upjohn. Le retrait sera définitif en 1993 au RU...

Le promoteur poursuit le professeur de psychiatrie Ian Oswald pour ses commentaires confiés au *New York Times*, et la BBC pour une émission de journalisme d'enquête, *Panorama*, exposant la fraude dans les essais cliniques : l'un d'eux avait été inventé de toutes pièces, d'autres cachaient des EIM graves⁴⁰⁴

TRIAZOLAM AND ILO GRUNDBERG WHO SHOT HER MOTHER EIGHT TIMES IN THE HEAD

« When Officer Reg Browne walked into the room, 83 year-old Mildred Coats was stretched out on her bed clutching a cheery birthday card in her left hand. Several towels had been placed gently around her head to absorb the blood spilling from **eight gunshot wounds**. The old woman's daughter, 57- year-old Ilo Grundberg, was waiting calmly to hand him a written confession...

'I didn't kill her because I didn't love her,' Grundberg explained. 'I love her very much.' Grundberg was arrested, charged with second-degree murder, jailed and then moved to a Salt Lake City mental hospital for psychiatric testing...

But she never had to stand trial. After examining her, a pair of court-appointed psychiatrists testified that Grundberg had been **involuntarily intoxicated** when she killed her mother. Like more than 7 M other Americans, she had been taking Halcion to help her sleep. Though the drug is intended only for short-term use, her doctor had prescribed it for much of the preceding year, and she had grown increasingly agitated and paranoid while taking it...

Because she had no clear motive for the murder and little memory of it, the experts concluded she hadn't acted voluntarily... On Feb. 7, 1989, Ilo Grundberg went free. Out of custody and off the drug, Grundberg got herself a lawyer. In a \$21 M civil suit, she and daughter Janice Gray charged that Halcion is a 'defective drug' and that Upjohn, its Michigan based manufacturer, failed to warn regulators and the public of its 'severe and sometimes **fatal adverse reactions**'...

The company responded that it was 'in no way negligent' and that the murder was 'in no way caused by Halcion.' But on the eve of a trial that would have brought a long, public airing of Halcion's disputed safety record, Upjohn blinked. In a terse press statement, the company announced it had 'reached a resolution' with Grundberg and that the 'details of the resolution shall remain, confidential'^{405, 406}

triazolam et Ilo Grundberg qui tira huit balles dans la tête de sa mère

« Halcion 0,5 mg : un tranquillisant qui mène au crime ? »⁴⁰⁷

* Quand un fabricant coupable sent la soupe chaude, il préfère régler hors cour plutôt que de s'exposer à la divulgation publique de ses dossiers 'confidentiels' d'évaluation clinique, divulgation que ne manquerait pas d'imposer un juge

TRIAZOLAM AND ITS INFAMOUS SAGA

« The reputation of Halcion, which had been promoted as safer than barbiturates, collapsed. The public was concerned about Halcion's perceived side effects—including amnesia and panic—and about reports that Upjohn had suppressed unfavorable data from its trials

- a) William Styron, in his 1990 memoir, 'Darkness Visible,' blamed Halcion for amplifying his suicidal thoughts
- b) Philip Roth, in 'Operation Shylock,' drew on his own reaction to Halcion, describing a 'mental coming apart' that was 'as distinctly physical a reality as a tooth being pulled.'

⁴⁰³ <http://www.crisisconnectioninc.org/pdf/HALCION.pdf>

⁴⁰⁴ *BMJ* 1993 ; 307 : 642

⁴⁰⁵ Geoffrey Cowley - <http://www.crisisconnectioninc.org/pdf/HALCION.pdf>

⁴⁰⁶ Geoffrey Cowley 18.8.1991- <http://www.newsweek.com/sweet-dreams-or-nightmare-203042>

⁴⁰⁷ Lenglet & Topuz, op. cit., page 43

c) In 1991, Upjohn settled a suit brought by a woman who had shot and killed her 82 year-old mother after taking Halcion - *Time* ran a story on 'The Dark Side of Halcion.' - That year, the drug was banned in Britain »⁴⁰⁸

le triazolam et son infâme saga

TRIAZOLAM AND PROTOCOL 321

triazolam et le protocole 321

« En 1991 l'affaire de l'Halcion connaît un nouveau coup de théâtre. Les autorités américaines imposent la publication des EIM néfastes révélés au cours d'essais sur des prisonniers américains en 1972. Les autorités britanniques interdisent totalement le tranquillisant, Norvège et Finlande feront de même. Le labo se excuse en déclarant qu'il a 'commis une erreur (sic) au moment de la transcription des résultats de l'expérimentation'...

Aux ÉU la justice commence à mettre en cause le rôle de l'Halcion dans toutes sortes de meurtres. Certaines personnes jugées pour des crimes insolites commis sous Halcion sont même acquittées et dédommagées. Ainsi Mme Grundberg qui avait tué sa mère. Les tribunaux américains vont contraindre Upjohn à dédommager des centaines d'autres personnes »⁴⁰⁹

TRIAZOLAM AND THE FDA

triazolam et la FDA / et l'agence étatsunienne du médicament

« Les perturbations de la pensée et les troubles psychotiques dus à ce médicament, massivement signalés par les médecins américains dès la première année de mise sur le marché, furent 100x plus fréquents qu'avec les autres tranquillisants. Curieusement ces études resteront peu lues »⁴¹⁰

TRIAZOLAM AND WHISTLEBLOWER IAN OSWALD *Lanceur d'alerte*

triazolam et lanceur d'alerte Ian Oswald

« En 1989 le professeur Ian Oswald, un spécialiste des troubles du sommeil à Édimbourg, accuse Uphohn de minimiser systématiquement les EIM dans les études que le labo mène sur son médicament »⁴¹¹

« Le psychiatre écossais Ian Oswald accepte d'agir comme expert (pour Ilo Grundberg), ce qui demande du courage ; durant un millier d'heures consacrées à cette cause célèbre, Oswald analyse et révisé les documents versés par la compagnie et relève des faits accablants. Il dénonce ce médicament dangereux en 1989...

Le promoteur poursuit le professeur de psychiatrie Ian Oswald pour ses commentaires confiés au *New York Times*, et la BBC pour une émission de journalisme d'enquête, *Panorama*, exposant la fraude dans les essais cliniques [comme dans le protocole 321] : l'un d'eux avait été inventé de toutes pièces, d'autres cachaient des EIM graves »⁴¹²

TRIAZOLAM AND WHISTLEBLOWER VAN DER KROEF *Lanceur d'alerte*

triazolam et lanceur d'alerte Van der Kroef

« En 1979 un psychiatre néerlandais vient troubler la satisfaction – d'un produit devenu l'un des plus vendus au monde – du laboratoire Upjohn. En signalant dans la prestigieuse revue médicale britannique *The Lancet* [le numéro 2 mondial]⁴¹³ de fréquents EIM graves sur des patients sous Halcion...

Il remet en question son intérêt thérapeutique. Le tableau qu'il dresse est accablant, et très paradoxal pour un tranquillisant : **amnésie, hallucinations, anxiété, dépression, syndrome paranoïde, tendance suicidaire**. Il alerte la presse nationale et sensibilise ses confrères néerlandais...

Les médecins, plus attentifs que dans les autres pays, ont rapidement signalé un millier de cas d'EIM. Halcion est interdit quelques mois plus tard par les autorités néerlandaises. Dans le reste du monde Upjohn continue de vendre son produit »⁴¹⁴

UNDER-REPORTING OF DEATH IN SSRI TRIALS *Antidépresseurs – Éthique de la recherche*

« Under-reporting of deaths in industry funded trials is another major flaw. Based on some of the randomised trials that were included in a meta-analysis of 100 000 patients by the FDA, I have estimated that there are likely to have been 15 X more

⁴⁰⁸ Ian Parker. *The New Yorker* 9.12.2013

⁴⁰⁹ Lenglet & Topuz, op. cit., page 47

⁴¹⁰ Lenglet & Topuz, page 46, citant Bixler EO et al. *Pharmacology* 1987 : 35 : 286

⁴¹¹ Lenglet & Topuz, op. cit. page 46

⁴¹² *BMJ* 1993 ; 307 : 642

⁴¹³ Van Der Kroef, C. *Lancet* 1979 ; ii : 526

⁴¹⁴ Lenglet & Topuz, op. cit. page 44

suicides among people taking antidepressants than reported by the FDA...

For example, there were 14 suicides in 9956 patients in trials with fluoxetine and paroxetine, whereas the FDA had only 5 suicides in 52 960 patients, partly because the FDA only included events up to 24 hours after patients stopped taking the drug. And when trial patients under other psychotropics are randomised to placebo, they may, after a short wash-out period, go “cold turkey” and often experience withdrawal symptoms »⁴¹⁵

sous-déclaration des décès dans les essais d'ISRC

UNHINGED : The Trouble With Psychiatry - A Doctor's Revelations About a Profession in Crisis – (Livre)

CARLAT, Daniel. New York : Free Press/Simon & Schuster ; 2010 - 272 pages - ISBN 9781416596356 - Reviewed by Marcia Angell⁴¹⁶

Dérangée : le problème avec la psychiatrie – Les révélations d'un médecin sur une profession en crise (Traduction libre)

VARENICLINE AND SUICIDALITY

Pharmacovigilance – Médicament mortel

« It is easy for drug companies to make side-effects disappear. For example *varenicline* is a drug is that attracts more reports of suicide and aggression than any others. However its makers were able to produce clinical trials in which that effect does not show. Then get them meta-analyzed. If one warns clinical trial subjects that they must report thoughts of violence, or of suicide, or of dying, the Company drops them out and gets no suicides in completed trials and goes on to boast about it »⁴¹⁷

« Leading suspect drugs in suicidal/self-injurious and homicidal ideation cases, 2007 to 2013 Q3 : (Chantix) varenicline **14.8%**, paroxetine 3.8%, quetiapine 3.3%, venlafaxine 3%, duloxetine 2.6% and bupropion 2%, of reports to AERS program at FDA »⁴¹⁸

* The FDA AERS - between 1.11.1997 and 30.6.2012 - received 3,767 reports of *suicidal ideation* where Chantix was the primary suspect, or **7%** of 54,662 reports of a serious adverse event⁴¹⁹

« New FDA AERS data show varenicline continues to account for more cases of *suicidal, self-injurious or homicidal thoughts* than any other therapeutic drug during the period 2007 through 2013 third quarter. The findings were robust and the differences between varenicline and other drugs were large...

Varenicline ranked first in both *suicidal/self-injurious thoughts* as well as *homicidal thoughts*. Varenicline cases outnumbered those for any other drug by more than 3-fold difference. For *homicidal ideation* cases the margin was a 5-fold difference. Excluding foreign reports did not alter the findings ... We examined reported cases of *suicidal and homicidal ideation* reported to the FDA since 2007 and found Chantix cases surpassed all other therapeutic drugs, and by a large margin...

However, the FDA acting at the request of Pfizer may remove or mitigate the warnings, and have scheduled a joint advisory committee meeting for 16.10.2014. It is likely that *Health Canada* will be pressured to follow suit on whatever action is taken. ISMP believes that the evidence is overwhelming that Chantix causes **suicidal behavior, aggression/violence, psychosis and depression**. Stronger and clearer warnings are needed »⁴²⁰ and market withdrawal would be better

« Although psychiatric side effects of varenicline (Chantix) are now familiar in adverse event reporting, we were surprised to discover that the manufacturer, Pfizer, had apparently failed to send through the usual channels reports of hundreds of serious psychiatric adverse events that had occurred earlier...

Most notable were **150 cases of completed suicides**, some of which dated back to 2007. This **breakdown in safety surveillance** meant that until July 2010, FDA safety analysts were not aware of more than half of the reported suicide cases in which varenicline was the primary suspect drug, and did not have available hundreds of other reported cases of serious psychiatric side effects »⁴²¹

varénicline et suicidalité

* l'antitabagique varenicline (Champix), agoniste partiel des récepteurs cholinergiques nicotiques, proposé comme

⁴¹⁵ P Gotzsche. <http://www.bmj.com/content/350/bmj.h2435>

⁴¹⁶ <http://www.nybooks.com/articles/2011/06/23/epidemic-mental-illness-why/>

⁴¹⁷ Yolande Lucire, 2015

⁴¹⁸ <http://www.ismp.org/QuarterWatch/pdfs/2013Q3.pdf>

⁴¹⁹ <http://www.adverseevents.com/drugdetail.php?AEDrugID=1163&BrandName=CHANTIX>

⁴²⁰ <http://www.ismp.org/QuarterWatch/pdfs/2013Q3.pdf> - Thomas J Moore, communication, 2014

⁴²¹ <http://www.ismp.org/QuarterWatch/pdfs/2010Q3.pdf>

antitabagique, est sur la liste noire de certains analystes indépendants - « Exposé à des *suicides* »⁴²² - Que fait-il encore sur le marché ?... Déjà en 2008 la FDA mentionnait des signalements spontanés d'attitude hostile, d'humeur dépressive, de suicidalité, observés après la mise sur le marché

VARENICLINE AND VIOLENCE (Champix; Chantix)

Pharmacovigilance

« From the FDA's Adverse Event Reporting System (AERS) database from 1998 through September 2010, were selected domestic and serious case reports for *varenicline* or Chantix (n = 9,575), *bupropion* or Zyban for smoking cessation (n = 1,751), and *nicotine* replacement products (n = 1,917). Overall were identified 3,249 reported cases of suicidal/self-injurious behavior or depression, 2,925 (90%) for *varenicline*, 229 (7%) for bupropion, and 95 (3%) for nicotine replacement...

Compared to nicotine replacement, the disproportionality results (Odds Ratios) were 8.4 for *varenicline* and 2.9 for bupropion. *Varenicline* shows a substantial and statistically significant increased risk of reported **depression and suicidal/self-injurious behavior**. Bupropion for smoking cessation had smaller increased risks. The findings for *varenicline*, combined with other problems with its safety profile, render it unsuitable for first-line use in smoking »⁴²³
varénicline et violence

VARENICLINE'S UNFAVORABLE SAFETY PROFILE

Pharmacovigilance

« Varenicline's (Chantix, Champix) safety profile renders it unsuitable for first-line use. It...

a) was primary suspect in **92% of suicides** reported to the FDA for smoking cessation drugs over nearly a 13-year period
b) accounted for **10x** more reports of **suicidal** behavior and depression than bupropion (Zyban)
c) was **8.4 times** more likely to result in reported **suicidal** behavior or **depression** than nicotine replacement products and **36.6 times** more likely than for antibiotic comparators, after adjusting for 7 possible confounding factors ;

d) is also associated with reported **aggression / violence**, increased risks of serious **CV** events, and life-threatening **allergic** reactions, and finally

e) is **banned for use** by pilots, air controllers, military missile crews and pilots and restricted for truck drivers »⁴²⁴

* 24 Canadians taking Champix to quit smoking have **killed themselves** since it hit the market here in 2007, putting it among the **leading suspected causes of reported suicides** linked to prescription drugs. Health Canada has refused to say whether it has investigated cases like Heidi's⁴²⁵

profil de toxicité défavorable de la varénicline

« Selon l'Ansm ex-Afssaps en août 2011 (FR), 2 960 observations d'EIM imputés à la *varénicline* ont été notifiées en France entre 2007 et 2010... **13 suicides, 99 idées suicidaires, 44 tentatives, 15 dépressions graves, 7 agressivités ; 3 infarctus, 2 arrêts cardiaques, 2 morts subites / de cause inconnue, 1 AVC, 1 embolie pulmonaire, 1 suspicion d'ischémie mésentérique ...** Mieux vaut éviter d'exposer les patients à la varénicline »⁴²⁶

* Malgré une balance bénéfices-risques négative, Pfizer a reçu pour ce produit le *Prix Galien* en 2007 aux EU et en 2009 au Canada, preuve que ce prix récompense le marketing et non le progrès thérapeutique. Big Pharma constitue vraisemblablement une société de mutuelle admiration, sauf quand ses membres se battent devant les tribunaux pour protéger leurs territoires, leurs brevets

VIOLENCE AND SUSPECTED DRUGS IN THE FRENCH SAFETY DATABASE (FR) EIM

* ADR reports of violent behavior were compared with reports of other ADRs in the national pharmacovigilance database (1995-2008) and linked to different suspect drug products. The proportion of exposure to different drugs between cases (reports of violence) and noncases (reports of other ADRs in the database). This case-noncase analysis⁴²⁷ found an association of reported violence with certain drug classes :

⁴²² *Prescrire* 2013 ; 33(352) : 138

⁴²³ Thomas J Moore et al. 2011 - *PLoS ONE* 6(11): e27016, on line
<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0027016>

⁴²⁴ Thomas J Moore, op. cit.

⁴²⁵ <http://www.thestar.com/news/investigations/article/1267065--health-canada-tight-lipped-on-champix-suicides> - 2012

⁴²⁶ *Prescrire* 2011 ;31(338) :903

⁴²⁷ Rouve N et al. *Eur J Clin Pharmacol* 2011 ; 67 : 1189

- a) dopaminergic agonists (pergolide, pramipexole, bromocriptine, piribedil)
- b) benzodiazepines (alprazolam, bromazepam)
- c) serotonergic antidepressants (but not antipsychotics or antiepileptics)

An association was also found with certain products : varenicline (Champix), isotretinoin, interferon alpha-2b, rimonabant, benfluorex, topiramate (Epiotomax), ribavirin, efavirenz

violence et produits suspects dans la base française de pharmacovigilance

* Une analyse de type cas-témoin a permis de décrire une association avec certaines classes et produits :

- a) agonistes dopaminergiques (prescrits comme antiparkinsoniens, RR = 19,8)
- b) benzodiazépines (RR = 5,7)
- c) antidépresseurs sérotoninergiques, inhibiteurs dits non sélectifs de la sérotonine (RR = 3,9)

d) varénicline alias Champix® (RR = 29,2), un antitabagique qui ne devrait plus être utilisé vu son rapport bénéfice-risque défavorable

e) topiramate (RR = 10,7) – La FDA a approuvé en juillet 2012 l'association fixe de phentermine et topiramate (Qsymia) pour le contrôle du poids, une indication non fondée scientifiquement et probablement vouée à l'échec dans la lutte contre l'obésité. À placer dans une *liste noire*

f) isotrétinoïne (RR = 9,5)

VIOLENT DEATHS ASSOCIATED WITH SSRIs

« In June 2011, a jury in the US ordered GlaxoSmithKline to pay \$6.4m (£4.6m) to the family of Donald Schell, 60, who killed his wife, daughter and granddaughter then himself after two days on Seroxat. Two weeks earlier, an Australian judge ruled that another drug in the class, Sertraline, caused David Hawkins to murder his wife and attempt to kill himself.⁴²⁸ »

morts violentes associées aux ISRS

WARNINGS ABOUT SSRIs

Sevrage - Antidépresseurs

« Adverse reactions are most likely to occur when *starting* or *discontinuing* the drug, increasing or lowering the dose or when switching from one SSRI to another. Adverse reactions are often diagnosed as bipolar disorder when the symptoms may be entirely iatrogenic (treatment induced). Withdrawal, especially abrupt withdrawal, from any of these medications can cause severe neuropsychiatric and physical symptoms...

It is important to withdraw extremely slowly from these drugs, often over a period of a year or more, under the supervision of a qualified and experienced specialist. Withdrawal is sometimes more severe than the original symptoms or problems »⁴²⁹

mises en garde à propos des ISRS

WITHDRAWAL SUPPORT CHARITY

organisme caritatif d'aide au sevrage

WITHDRAWAL SYNDROME

Pharmacovigilance

withdrawal effect

* in opposition to REBOUND EFFECT; see that entry

syndrome / effet de sevrage

* On dit aussi *syndrome de manque* quand il s'agit d'opiacé, d'alcool, de nicotine, de drogue illicite

= syndrome indésirable occasionné par la cessation de la prise régulière d'un médicament, différent de la récurrence de l'indication (le trouble initial justifiant l'ordonnance). On en voit surtout en psychopharmacothérapie

« Il y a un prix à payer pour les psychotropes et les antidépresseurs quand on les cesse : c'est comme l'emprunt d'argent à des prêteurs usuraires, **quand cesse le prêt, on paye de forts intérêts** »

« Nausées, insomnie, rêves terrifiants, tremblements, sensation de froid, étourdissements, douleurs thoraciques, palpitations

⁴²⁸ <https://www.theguardian.com/uk/2001/jun/11/highereducation.medicalscience>

⁴²⁹ <http://ssristories.org>

cardiaques, crises de larmes », ⁴³⁰ ainsi témoignait une victime du sevrage à un antidépresseur. D'autres victimes rapportèrent 'une sensation d'électricité dans la tête' (*electric head*), ressentie comme inquiétante et invalidante par les patients⁴³¹

ZOLPIDEM DOSING REDUCTION IN WOMEN *Pharmacocinétique féminine*

« Fifty per cent *reduction* in bedtime *dosing* recommended : In the US, manufacturers of a number of zolpidem (Stilnox™, Ambien™) products will be required by the FDA to lower the recommended bedtime doses in order to lower drug levels in the blood the next morning...

The FDA recommends that *doses for women* should be lowered from 10 mg to 5 mg for immediate-release products and from 12.5 mg to 6.25 mg for extended-release products. *Women* appear to be more susceptible to this risk because they eliminate zolpidem from their bodies more slowly than men »⁴³²

réduction posologique du zolpidem chez les femmes

⁴³⁰ <http://www.centpapiers.com/temoignage-paxil-le-sevrage/70951>

⁴³¹ *Prescrire*. 2004 ;24(253) :621

⁴³² <http://www.fda.gov/downloads/Drugs/DrugSafety/UCM335007.pdf>, 10.1.2013