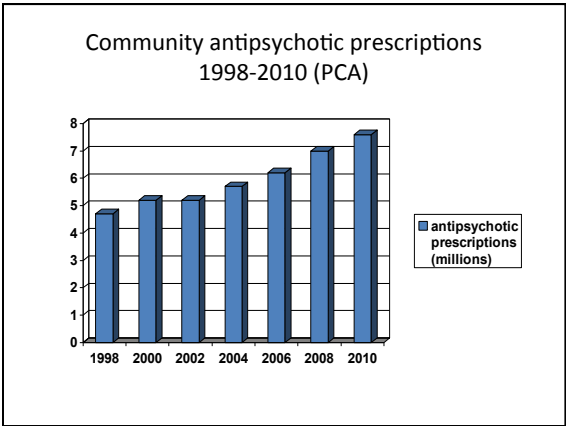
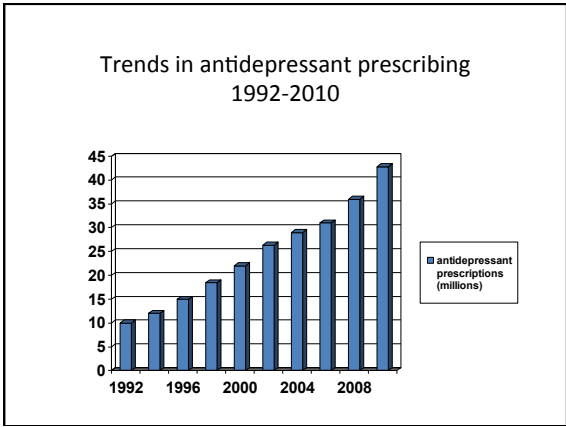
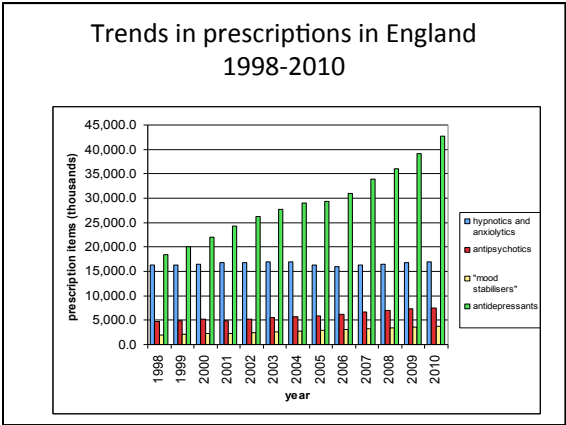
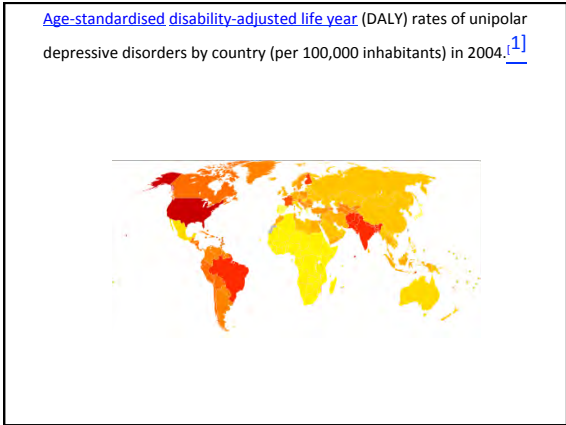


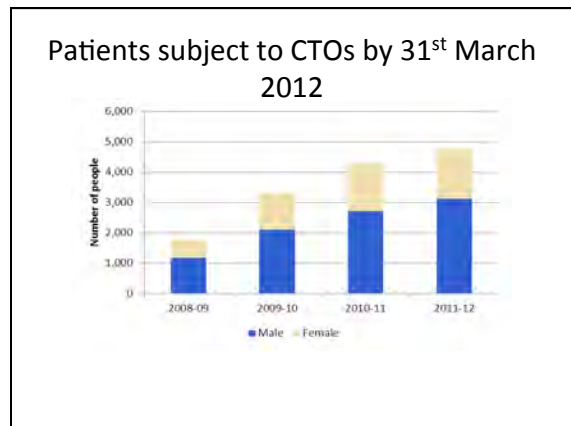
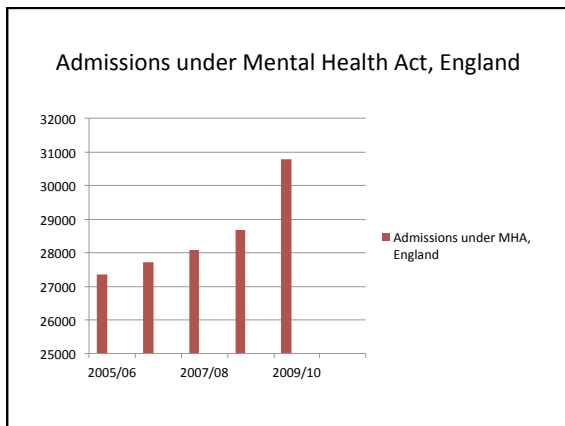
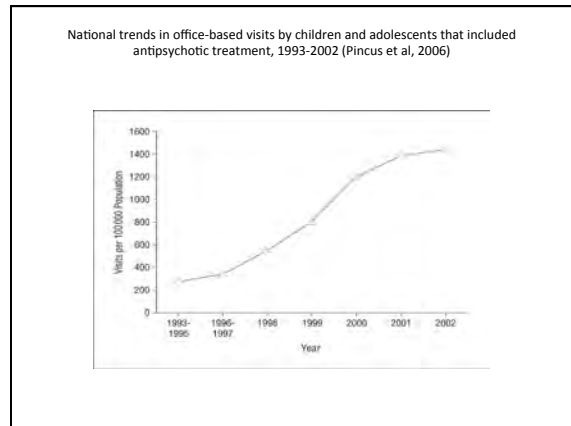
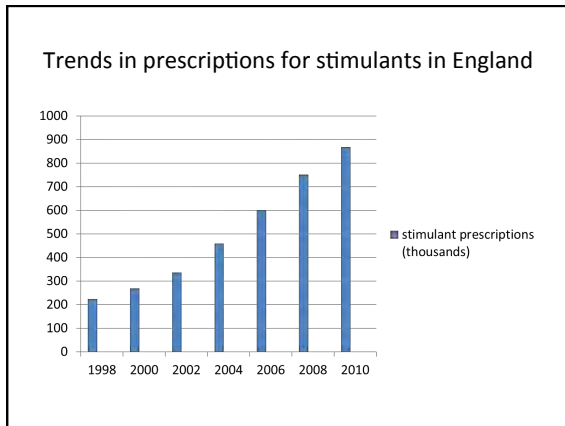

Where we are now and what needs to change: Jo Moncrieff

Time for (real) change
 HVN conference April 2015
 Where we are now and what needs to change

- In any society, the dominant groups are the ones with the most to hide about the way society works. Very often therefore truthful analyses are bound to have a critical ring, to seem like exposes rather than objective statements, as the term is conventionally used (to denote mild-mannered statements in favour of the status quo)
- Barrington Moore, *The Social Origins of Dictatorship and Democracy*, 1966




Where we are now and what needs to change: Jo Moncrieff

Tardive dyskinesia

- Still affects **4-5% people** on long-term antipsychotics **per year** (Woods et al, 2010; Correll & Schenk, 2008)
- TD involves cognitive deterioration, which emerges over the same period as the abnormal movements (Waddington et al, 1990)



Antipsychotics and brains

- **Lieberman et al, 2005:** haloperidol vs olanzapine trial and MRI study: haloperidol caused reduced brain volume at 12 weeks, haloperidol and olanzapine at 1 year
- **Dorph-Petersen et al, 2007:** macaque monkeys: olanzapine and haloperidol caused 10% decrease in brain weight at 18months
- **Ho et al, 2011:** long-term first episode MRI study: level of antipsychotic exposure strongly predicted brain volume reduction

Where we are now and what needs to change: Jo Moncrieff

The Zyprexa papers



Current situation

- Many people on cocktails of drugs, not feeling better but unable to come off
- Coming off may indeed be problematic, but not necessarily because of the original problem (dependence, withdrawal symptoms and withdrawal-related relapse)
- Absolutely no evidence that this situation has reduced hospital admissions, reduced violence or suicide, improved social functioning or quality of life, reduced welfare bill, increased rates of being in work
- Good evidence that drugs cause harm

The Daily Telegraph

“Antidepressant nation: is stress making pill poppers of us all?”

“‘Staggering’ rise in prescribing of anti-depressants”

Peter Gotzsche, 2012

- *‘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’*

- “I was desperate with fear- seeing and living with the effects of the risperidone and other drugs my husband was given, and his unwavering belief in them”
- “None of the medications have helped my son with his paranoia. Some have been so sedating he was in bed for 20 hours a day”



Where we are now and what needs to change: Jo Moncrieff



- “There is something wrong with your brain, you need this drug to put it right”

- On schizophrenia: ‘imbalances of certain chemicals in the brain are thought to lead to the symptoms of the illness. Medicine plays a *key role* in balancing these chemicals’ Pfizer, 2006

- “People with depression may have an imbalance of the brain’s neurotransmitters” Eli Lilly, 2003
- “Paxil CR helps balance your brain’s chemistry” PaxilCR.com, 2009

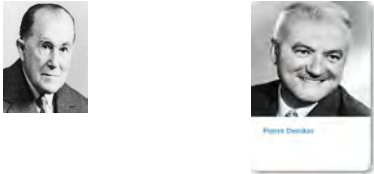
Disease centred model	Drug centred model
Drugs correct an abnormal brain state	Drugs create an abnormal brain state
Therapeutic effects derived from action of drugs on the presumed disease process	Therapeutic effects are a consequence of being in an altered, drug-induced state.
Drugs as medical treatments	Drugs as psychoactive substances
Paradigm: insulin for diabetes Also aspirin and paracetamol	Paradigm: alcohol for social anxiety

Psychoactive drugs

- Produce altered *mental* and *physical* states
- Tolerance and withdrawal effects
- “spell binding” (Breggin, 2007)

Where we are now and what needs to change: Jo Moncrieff

Jean Delay and Pierre Deniker:
a special sort of sedative




Changes in Therapeutic Concepts

<p>Pre 1950s:</p> <ul style="list-style-type: none"> • Sedatives • Stimulants 	<p>Post 1950s:</p> <ul style="list-style-type: none"> • Antipsychotics • Antidepressants • Anxiolytics • Mood stabilisers • Hypnotics
--	---

Evidence for disease-centred model of drug action

- Placebo controlled trials do not demonstrate disease-centred effects

But disease-centred model might be supported if:

- We knew the disease mechanism
- Impact of psychoactive effects can be discounted
- 'Specific' drugs were consistently better than non specific ones

Using drugs in a drug-centred manner

Need to know full range of:

- Mental effects
- Physical effects
- Short-term effects
- Long-term effects
- Withdrawal effects

and

- Are the effects a drug produces useful in an individuals particular situation?
- Do they out-weight the adverse effects?
- Are there alternatives?

Where we are now and what needs to change: Jo Moncrieff

The drug-centred model- how do psychiatric drugs 'work'?

- Interaction of psychoactive effects and symptoms
- Placebo and 'amplified placebo' effects

Antipsychotic drug-induced effects


- Healthy volunteer and animal studies show reduced:
Movement, attention, reaction times, co-ordination, intellectual abilities, memory exploratory behaviour, initiative and motivation

Plus emotional flattening or indifference and sedation

'Experimental neurological syndromes and the new drug therapies in psychiatry'

Pierre Deniker, *Comprehensive Psychiatry*, volume 1, 1960.

'patients simply lose interest in their delusions'



Drug-induced effects of 'antipsychotics'

Comments from 'askapatient.com'

- *Mental and physical stagnance*
- *Emotionally empty, dead inside*
- *A weird spacey empty feeling*

From askapatient.com

- "Although I felt very well, I felt as if I had absolutely nothing to talk about. I kept wondering about whatever [it] was that had been so interesting during most of my life that I had suddenly lost... But I was very much in contact with reality and for that I was thankful" (haloperidol)

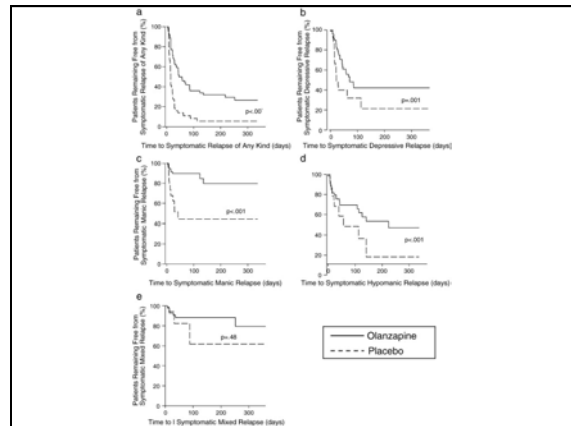
Changes in dimensions of psychosis after antipsychotic treatment
Mizrahi et al, 2006

Dimension of psychotic experience	Reduction in dimension after 6 weeks of antipsychotic treatment
Behavioural impact	64%
Cognitive preoccupation	51%
Emotional involvement	56%
Conviction	25%
External perspective	0

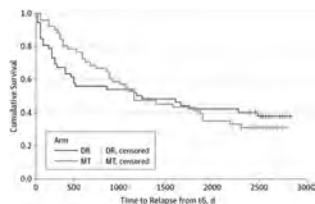
Where we are now and what needs to change: Jo Moncrieff

A drug centred approach to treatment of psychosis and schizophrenia

- Effects of antipsychotics may be useful to suppress acute symptoms
- But some people recover without the use of these drugs
- Other drugs may be useful and safer (benzodiazepines; ? opiates)
- Long-term treatment has a poor evidence base and adverse effects may outweigh possible advantages for some, maybe for many



Wunderink et al, 2013



The JAMA Network

From: Recovery in Remitted First-Episode Psychosis at 7 Years of Follow-up of an Early Dose Reduction/Discontinuation or Maintenance Treatment Strategy: Long-term Follow-up of a 2-Year Randomized Clinical Trial
 JAMA Psychiatry. 2013;70(9):913-920. doi:10.1001/jamapsychiatry.2013.19

Table 2. Recovery, Symptomatic Remission, and Functional Remission After 7 Years of Follow-up

Characteristic	No. (%)		
	DR (n = 52)	MT (n = 51)	Total Sample (n = 103)
Recovery	21 (40.4)	9 (17.6)	30 (29.1)
Remission			
Symptomatic	36 (69.2)	34 (66.7)	70 (68.0)
Functional	24 (46.2)	10 (19.6)	34 (33.0)

Abbreviations: DR, dose reduction/discontinuation; MT, maintenance treatment.

Figure Legend:
 Recovery, Symptomatic Remission, and Functional Remission After 7 Years of Follow-up

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Adverse effects- antipsychotics

- Tardive dyskinesia
- Brain shrinkage
- Tardive dementia, psychosis?
- Cognitive decline?
- Metabolic disturbance
- Cardio-toxicity
- ?death
- Sexual impairment
- dysphoria

Psychoactive effects of SSRIs and venlafaxine (Efexor): (Goldsmith & Moncrieff, 2011)

- "listlessness and lethargy"
- "sleepy all the time"
- "difficulty focusing"
- "fogginess"
- "total loss of libido"
- "inability to care about anything"
- "general numbness/mental blankness"
- "Increased anxiety..., borderline panic, mild insomnia"
- "mood swings"
- "irritability"
- "sometimes suicidal"

Where we are now and what needs to change: Jo Moncrieff

Adverse effects of antidepressants

- Sexual impairment in humans is common (760%). Includes erectile dysfunction, genital anaesthesia, ejaculatory anhedonia and loss of libido
- **Can persist after discontinuation** (Bolton et al, 2006; Kaufmann, 2008; Farnsworth & Dinsmore, 2009; Csoka et al, 2008).
- Withdrawal effects: sometimes severe and prolonged – years (Fava et al, 1997)
- Psychological effects: psychological dependence may increase risk of recurrence or of non-remission

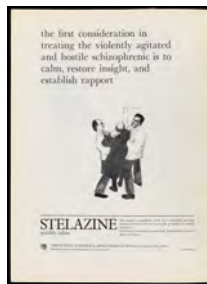
(How) Do psychiatric drugs work?

- There is something wrong with your brain, this drug will help put it right
- Life is difficult- this drug will numb the problem (make it more manageable)



Stelazine advertisement, 1965

Reproduced with kind permission of GlaxoSmithKline



Real change

- The idea that mental health problems are 'diseases, just like any other' doesn't work
- Drugs can be useful in some situations but:
They do not work by targeting underlying diseases
They have many worrying adverse effects, especially with long-term use

- Compulsory medication should be regarded as a method of control, not a treatment, with proper legal controls and scrutiny
- We need alternatives

The Myth of the Chemical Cure A Critique of Psychiatric Drug Treatment Joanna Moncrieff



Where we are now and what needs to change: Jo Moncrieff

