PE1651/Z
Beverley Thorpe submission of 4 January 2018

In May 2017, I wrote an article, published at Alliance-Scotland 'Viewpoint', disseminated widely on Social Media platforms and communicated directly to relevant members of the Scottish Parliament, in which I asked the following question; "Is it time for the Scottish Government to be 'Realistic' about antidepressants?" I received no comments or responses from any Government representatives. in anticipation of receiving a response, I ask the question one more time.

Is it time for the Scottish Government to be 'Realistic' about antidepressants?

At a time when the dominant medical model of mental health means prescription rates of antidepressants in Scotland are soaring, should we be concerned by the lack of recognition the Scottish Government gave to the issue in their 2017-2027 Mental Health Strategy? What were their reasons for failing to address what is becoming an ever-increasing problem individually, socially and economically in Scotland?

In 2009/10 it was estimated 10.4% per cent of the Scottish population, aged 15 or over, took an antidepressant daily and a total of 4.31 million items were dispensed at a gross ingredient cost of £32.2 million. The Scottish Government reacted by sponsoring a target indicator for NHS Scotland under the title of Health Improvement, Efficiency, Governance, Access to Services and Treatment appropriate to the individual, (HEAT). The objective of the antidepressant target was to stop the increase by achieving a reduction in the number of antidepressant Defined Daily Doses to zero by the year ending March 2010, putting in place the required support framework to achieve a 10 per cent reduction in future years. The government was set a proxy measure to focus attention on improving the evidence-based prescribing of antidepressants and improve access to non-drug treatments.

The Heat target proved too hot to handle and was unceremoniously reneged on later in 2010, accompanied by the following statement, "As our understanding improved, it became clearer that we cannot be sure that implementing evidence-based prescribing behaviour and improving access to non-drug treatments will lead to a reduction in antidepressant usage. Hence, with this better understanding, it would be inappropriate for us to continue with the target."

Prescribing is the area most affected by evidence-based medicine; "the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients." Few areas of medical practice have felt the effects of this movement more clearly than prescribing. Until the introduction of evidence-based medicine doctors could prescribe medicines without worrying that

their choices might be judged against evidence accumulated in the world's literature. Now, prescribers are increasingly expected to back up their decisions with evidence. Evidence-based prescribing should lead to safer and more effective use of medicines. So why did the Scottish Government choose not to implement evidence-based prescribing for antidepressants? Did the widely available evidence, based on research, present the Scottish Government with what would appear to have been an insurmountable task?

It is becoming more apparent, the mainstream view that antidepressants and other drugs used in mental health work, and the processes used to establish the categories of mental disorders for which psychotropic drugs are prescribed, are questionable. Some of the evidence-based facts include;

- there are no known biological causes for any of the mental health disorders apart from dementia and some rare chromosomal disorders. There are no biological tests such as blood tests or brain scans that can be used to provide independent objective data in support of any psychiatric diagnosis.
- antidepressants have often been prescribed to patients on the basis that they cure a ‘chemical imbalance’. No chemical imbalances have been proven to exist in relation to any mental health disorder. There is also no method available to test for the presence or absence of these chemical imbalances.
- just like other substances that affect brain chemistry (such as illicit drugs), drugs used in mental health produce altered mental states. They do not ‘cure’ diseases, and in many cases their mechanism of action is not properly understood.
- studies have found that antidepressants have no clinically significant benefit over placebo pills in the treatment of mild to moderate depression, while they provide some benefit for severe depression, at least in the short term. Recent research also suggests that antidepressants may be associated with a risk of increased mortality, at least among the elderly.
- there has been little research on the long-term outcomes of people taking antidepressants. Available studies suggest that all the major classes of drugs used in mental health add little additional long-term benefit, and for some patients they may lead to significantly worse long-term outcomes.
- antidepressants can have effects that include mental disturbance, suicide, violence, and withdrawal syndromes.
- withdrawal from antidepressants can be disabling and can cause a range of severe physical and psychological effects which often last for months and sometimes years; in some cases, withdrawal charities report, it may lead to suicide.

As a consequence of not addressing the issue in 2009/10, in 2015/16 Scotland spent £44 million on antidepressants. With one in three GP

appointments now having a mental health component GPs continue to bear the burden of Scotland’s reliance on prescribing antidepressants. In addition, GPs are also dealing with patients suffering negative iatrogenic effects of the drugs which often lead to disability claims, health care costs, deaths and additional psychiatric diagnoses leading to further medication.

One of the greatest issues facing us is that of dependence and withdrawal. There is an absence of robust data to tell us the true scale of the problem. Insight from charity and support groups and the ‘lived’ experience of patients tell us it is substantial.

In February and June 2016, we attended Stakeholder Roundtable Meetings at the BMA Board of Science in London, to discuss and identify what positive actions can be taken for the future benefit of patients affected by prescribed drugs associated with dependence and withdrawal. This was in light of an analysis report published by the BMA in October 2015. These actions focus of four key policy calls:

1. The creation of a national (UK) helpline for prescribed drug dependence
2. An increase in provision of specialist support services
3. Revised guidance for doctors on safe prescribing, management and withdrawal of prescription drugs
4. Better education and training for healthcare professionals

There are no specialist support services in Scotland, with the exception of ‘Recovery and Renewal’, a local independent peer support group based in Helensburgh.

The Scottish Government have a responsibility to address the serious issues beginning to emerge caused by the overprescribing of antidepressants and the lack of support for the unknown number of patients who are dealing with negative side-effects, dependency and withdrawal.

“This represents a significant public health issue, one that is central to doctors' clinical role, and one that the medical profession has a clear responsibility to help address.” BMA Board of Science, London. 06 October 2016.