

**PE1627/FF**

Beverley Thorpe submission of 28 March 2018

**Paradoxically speaking..... more drugs, more suicide.**

A **paradoxical reaction** or **paradoxical effect** is an effect of medical treatment, usually a drug, opposite to the effect which would normally be expected. An example of a paradoxical reaction is suicidal ideation caused by antidepressants.

It is now widely acknowledged, prescription drugs can put us at risk of dangerous adverse effects, most notably, antidepressants and some other medication can raise the risk of suicide.

At recent events run by Samaritans Scotland, NHS Scotland and the Health and Social Care Alliance Scotland, people directly affected by or who engage with those affected by suicide were asked to 'share their views on suicide prevention'. The events aimed to influence the development of the Scottish Government's next Suicide Prevention Action Plan, due to be published in Spring 2018. This week, the findings of the consultations were presented to Scotland's Mental Health Minister, Maureen Watt.

The report says doctors, council workers and bus and train staff should be given suicide prevention training in a bid to stem the rising tide of those taking their own lives. GPs, A&E staff, prison officers, teachers and job centre staff are among those who should get potentially life-saving training as findings were there was little help or understanding available in times of crisis. The report is also critical of family doctors: "Participants highlighted inconsistent support from GPs, some of whom did not seem to know how to talk to those who had contemplated or attempted suicide" it says. It also claims many GPs are unaware of what other services exist to help people, apart from NHS mental health services.

I personally attended the consultation in Inverness on January 18<sup>th</sup>, 2018, where I respectfully made the point that any Suicide Prevention Strategy discussions must include discussions about the adverse effects of antidepressants and other other prescription medication. The Suicide Prevention Strategy 2013-2016 included the statistics that 59% of the 5,119 people who died by suicide between 2009 and 2015 in Scotland had at least one mental health drug prescription dispensed within 12 months of death. 82% were prescribed an antidepressant alone or in combination with another drug. Why are alarm bells not ringing?

I was disheartened but not surprised to find, as with the Mental Health Strategy 2017-2027, this week's report failed to mention our ever increasing dependence on the medication 59% of people who died had been prescribed. These are drugs Maureen Watt now proposes people take in higher doses for longer periods of time. In her statement about the report, Mrs Watt claims to want to learn more from people about the issue, so here goes.....

SSRI antidepressants have different names throughout the world but the mechanism of action is the same. They are generally prescribed on the basis they cure a 'chemical imbalance'. However, no chemical imbalances have ever been proven to exist. No tests exist to support this theory, and it is a societal belief based on pharmaceutical marketing.

Animal studies demonstrate when initially given Fluoxetine (Prozac), an SSRI Antidepressant, the brain shuts down its own production of serotonin, causing a paradoxical effect or opposite effect on the level of serotonin. The brain's chemistry wants to remain balanced and any disruption from SSRIs or other medications throws the brain off balance. What results from this disturbance is often described as like a rollercoaster effect. A person's mood goes from consistently depressed to temporarily content to all over the place very quickly. It's for this reason the Food and Drug Administration requires "Black box warnings" on all SSRIs, stating very clearly that they double suicide rates from two per 1,000 to four per 1,000 in children and adolescents.

"Instead of correcting biochemical imbalances, the drugs cause biochemical imbalances. Deterioration seen in many patients is not caused by an inherent disease process within the brain, rather a by toxic exposures to psychiatric medication. Every psychoactive medication disrupts the normal homeostasis of the brain, causing additional biochemical distortions within the brain as the organ attempts to overcome or compensate for the drug-induced disruption of normal function." (Andrews, Kornstein, Halberstadt, Gardner, & Neale, 2011; Breggin, 1991, 2008a; Breggin and Breggin, 2004; Science Daily, 2011a).

In short, the drugs 'create' a chemical imbalance rather than 'cure' one. It is at times of starting medication or increasing or decreasing doses the imbalance most often occurs.

As Peter Breggin, a leading psychiatrist and medical expert who has examined dozens of cases of individuals who have committed suicide or violent crimes while under the influence of SSRIs says, certain behaviors are "known to be associated with these drugs," including "anxiety, agitation, panic attacks, insomnia, irritability, hostility, impulsivity, akathisia (severe restlessness), hypomania, and mania." Any of these adverse effects can cause both suicide and violence. As far back as 1994, he suggested that a label warning for SSRI antidepressants should include specific behavioral reactions including violence, depression and suicide.

I advise Mrs Watt to take a look at SSRI Stories, ([www.ssristories.org](http://www.ssristories.org)), 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 suicide and violence. There are over 1300 harrowing deaths reported in detail in the Suicide section, all of which were linked to Prescription medication, in particular SSRIs. There are many untold "stories" as for years families have claimed that antidepressant medication drove their loved ones to commit suicide, but have been continually dismissed by medical companies and doctors who claimed a link was unproven. There are also landmark settlements by pharmaceutical companies to families who were brave enough to pursue their claims.

One of the stories titled “Youth, meds and suicide” which appeared in the Los Angeles Times, reports an FDA panel hearing on claims that some antidepressant drugs trigger thoughts of death in children.

In a public hearing a panel of experts convened by the Food and Drug Administration addressed the underlying question: “Could the same drugs that doctors say have helped make life more enjoyable and fulfilling for millions also increase the risk of suicide in some children?” The hearings came weeks after health officials in England banned doctors from prescribing a range of antidepressants to children, citing concerns over suicide risk.

As Maureen Watt says “every suicide is a tragedy with a far-reaching impact on family, friends and the community long after a person has died.” The story of 16 year old Scot, Britney Mazzoncini will be added to the ever growing list of suicides caused by prescription medication. She went to her GP with depression and suicidal thoughts and was prescribed a month's supply of Propranolol, a Beta-blocker / anti-anxiety drug. She left the surgery with 84 x 40mg tablets and was advised to return in 28 days. 16 days later, she took an overdose and died at their family home in Glasgow. What we do know is Beta-blockers, particularly the more lipophilic, nonselective beta-blockers, like propranolol can cause major depressive episodes after initiation of therapy.

Her courageous mother, Annette McKenzie, had no knowledge her daughter was taking the medication. Annette [lodged a petition at the Scottish Parliament](#) asking for a rethink of the way GPs treat mental health conditions in young people. She wants GPs to be unable to prescribe antidepressants to under-18s without the knowledge of a parent or guardian. MSPs have ordered more information on whether children are prescribed antidepressants as “the first port of call or the last port of call”.

We will never know the exact conversation between Britney and the prescribing GP, but what we do know is Beta-blockers, particularly the more lipophilic, nonselective beta-blockers, like propranolol can cause major depressive episodes after initiation of therapy. Today, when the concept of compliance is being replaced by patient choice and Realistic Medicine says modern healthcare providers should encourage and welcome a patient who is self-educated and well informed about any and all proposed treatments, would it be “Realistic” to assume Britney have been aware Propranolol can cause depression?

Mrs Watt, don't we owe it to Britney and her mother Annette, and all the others who have lost loved ones, to include discussions about the adverse and often paradoxical effects of antidepressants and other prescription medication if we are to effectively influence the development of the Scottish Government's next Suicide Prevention Action Plan?