

PE1651/OOOOOOO

Gwen Olsen submission of 2 March 2018

I am seriously disappointed after reading the letter submitted by representatives of the Royal College of Psychiatry, that was recently published in the Times. I had hoped that British psychiatrists might be held to a higher level of ethics than those in the U.S.

As a former, tenured pharmaceutical rep who has devoted the past twelve years of my life to exposing the risks involved with antidepressant drug use, I find Drs. Burn and Baldwin's statement, "We know that in the vast majority of patients, any unpleasant symptoms experienced on discontinuing antidepressants have resolved within two weeks of stopping treatment" to be both inaccurate and irresponsible.

Quite frankly, I am appalled at the dismissive nature of this comment on behalf of the thousands of patients with iatrogenic drug damage from antidepressant therapy that have contacted me over the years. A large number of patients suffer with chronic anxiety, sleep disorder, and ill effects to multiple body systems after they stop taking antidepressants, especially if they cold-turkey, or taper too rapidly. Additionally, the doctors have not qualified this comment with details including length of use, quantity of dose, or concomitant use of other pharmaceuticals in combination with antidepressants, which all further complicate discontinuation of therapy, and the patient's ability to return to homeostasis.

One would think that professionals with their credentials would at a minimum be held to a higher standard of reporting (if not ethics) and would not endorse dangerous drugs in this manner without the clinical research evidence to substantiate their claim. And, I don't mean package inserts or marketing information from the manufacturers that have cherry-picked the patient population for their studies submitted to the FDA. Personally, I want to see this data--if, indeed, it even exists!

http://www.modernmedicine.com/sites/default/files/images/digital/PSY/psy0418_ezine.pdf