# INTERNATIONAL HEALTH NEWS

*William R. Ware, PhD - Editor*

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This month is entirely devoted to issues in psychiatry. The motivation is partly the growing prevalence of mental health problems, and the amazingly widespread use of antidepressants and drugs to treat ADHD. We very frequently hear of violence and mass shootings and almost always the perpetrator had or has serious mental health problems leading one to wonder if there is a connection between this bizarre behavior and psychiatric drugs which almost certainly had been in use and which are known to profoundly alter an individual's perceptions and can lead to actions totally out of character. In addition, antidepressant drugs carry strong warnings from the FDA in the US regarding enhanced risk of suicide or self-harm. In this context, we read in medical journals that this side effect has been routinely suppressed for years in clinical studies. We also find studies showing that antidepressants are no better than a placebo for all but serious major depression, and even for this, serious questions are being raised about the study designs which could lead to finding benefit when absent. If it is indeed true that there is no benefit aside from a placebo effect, than the side effects discussed in this issue are unacceptable and governments and the medical profession are allowing patients to go down the wrong road. The number of children and young persons on ADHD medication is also astounding. Like antidepressants, the stimulant drugs and equally dangerous so-called non-stimulant drugs are handed out like candy. There must be little informed consent among parents since the stimulant drugs are all viewed as addictive by drug enforcement agencies and in the same dangerous drug class as heroin. Some children are being given the infamous crystal meth while at the same time an illegal lab perhaps is being raided by police in their city. Do their parents realize this or the fact that if the drugs prescribed are not all taken they bring in good money on the street. We are talking about children as young as 3 or 4 years being exposed to these drugs and teenagers being tempted to sell their medication.

There is also a crisis in diagnosis in that both ADHD medications and antidepressants are prescribed with little concern for differential diagnosis and what might be the cause of the underlying problems. The list of causes for depression is long and many can point to cures that do not involve psychiatric drugs. For example how many who receive a prescription for an antidepressant are improperly screened for hypothyroidism or most likely not tested at all? Critics even claim that the standard screening for this hormonal disorder does poorly in detecting it. Furthermore, the patient is expecting to

spend 10 minutes in consultation and leave with a “script” not an order form for blood tests, of which 3 or 4 are considered by some as necessary just to rule out a thyroid connection, a connection which incidentally if discovered can lead to a simple cure of the mental problem simply by addressing a hormone issue, not some fanciful and non-existent chemical imbalance in the brain. Finally, the difficulties associated with psychiatric drug withdrawal should send a very strong message about what these drugs can do to the brain.

A book has just been published by a New York City psychiatrist, Dr. Kelly Brogan, which is devoted to presenting a totally integrated approach to depression, especially in women. The book is impressive in its approach and documentation and should be a must read for anyone bothered by this disorder. The author appears highly qualified with considerable experience in the trenches treating mental disease and is qualified in holistic psychiatry as well. She has written a splendid book, but its contents are against psychiatric drugs, a huge and growing business, and mainstream medicine would probably rather see that the general public does not read it. Great harm, they might argue, will come from public loss of faith in psychiatric drugs. Actually, all the more reason to read the book.

Wishing you and your family good health,

***William R. Ware, PhD, Editor***

**Highlights**



## PSYCHIATRIST PETER BREGGIN THROWS DOWN THE GAUNTLET ONCE AGAIN

Readers will perhaps recall the name of the psychiatrist Peter Breggin. His views were featured in the Research Review concerning the crisis in psychiatry. He has recently published two provocative articles, *The Rights of Children and Parents in Regard to Children Receiving Psychiatric Diagnoses and Drugs* (2014), and *Rational Principles of Psychopharmacology for Therapists, Healthcare Providers and Clients* (2016).[1, 2] This

most recent paper is free online, even though the journal is published by Springer, and papers are all peer-reviewed (Google the title).

Dr. Breggin has been practicing psychiatry for over 50 years and has been a vocal and harsh critic of the use of drugs in psychiatric practice, a stance based on long experience with patients of all ages, open-minded observation and knowledge of the literature. In many respects he is indeed unique in his profession. In the most recent paper, he discusses what he feels should be included in a full disclosure to patients, in order that informed consent is not influenced by the strong bias toward drug intervention present in the psychiatric profession, mainstream medicine in general along with its various professional associations, medical schools, researchers, journals, state and federal governments, insurance companies and the media. These biases have been fueled over decades by huge infusions of money from the pharmaceutical industry, the unit of measurement being billions.

Many readers will have seen first-hand the evidence that something may be wrong out there. A friend comments that her 40-year old husband is totally changed and different since taking some psychiatric drug. The person she knew has disappeared and it even seems that Parkinson-like disease has developed at his relatively young age (a very well-known side effect). A parent observes that their 8-year old has become a different kid, and not for the better since his treatment for ADHD and that to them, the adverse effects seem to vastly outweigh the benefits with even the latter questionable, or that a 16-year old on psychiatric drugs for 8 years has mentally gone downhill to the point where institutionalization is foreseen because medication has not stopped horrible progression (Breggin and other critics would say medication was the cause). A neighbor has mentioned that a friend's child has "out of the blue" just committed suicide. Many psychiatric drugs carry a warning in the package insert, surrounded by a black box that warns of this side effect. Some may have been puzzled at a friend's rapid development of dementia leading to requiring care in a nursing home at age 55. Some may have heard stories of individuals incapacitated while on psychiatric drug treatment completely returned to normal by careful withdrawal of all drugs, perhaps with the help of psychotherapy and good nutrition. Some psychiatrists with open minds and especially some psychologists might simply say, what else is new? Others would mount a vigorous, even irrational defense of drug-based psychiatry. Thus the issue, do these drugs cause more harm than good?

Breggin points out that a huge portion of the general population accepts that psychiatric drugs are the answer to everyday problems from fatigue and a broken heart to conflicts in the family between parents and with children. Furthermore, many professionals and the public have been falsely convinced that biochemical imbalances in the brain drive mental suffering even though evidence is utterly lacking. Breggin presents three basic rational principles of psychopharmacology which demand consideration by anyone attempting to make an informed decision regarding taking any of these drugs. Here are the three principles quoted from the 2016 paper.

**PRINCIPLE #1**

***All drugs that impact the brain and mind "work" by partially disabling the brain and mind. No psychoactive substance corrects biochemical imbalances or any other real or presumed defects, deficits or disorders of the brain and mind, and none improve the function of the brain or mind. The so-called therapeutic effect is always a disability.***

**PRINCIPLE # 2**

***Intoxication anosognosia or medication spellbinding occurs when a psychoactive drug prevents the recipients from fully knowing or grasping that they are experiencing adverse drug effects upon their brain and mind.***

**PRINCIPLE #3**

***The continued use of psychoactive substances leads to chronic brain impairment and in worst cases to irreversible mental deficits, shortened lifespan and dementia.***

The detailed discussion of each of these assertions is not possible in this short review of Breggin's paper. The interested reader is encouraged to download the free paper (Google author or title).

This is not the first time Breggin has put forward this viewpoint. It seems that even though these principles attack the very foundations of modern psychiatry, the reaction is simply to ignore him. Modern psychiatry would not exist if his viewpoint was accepted as correct and the forces acting to prevent such an event are indeed more formidable than most can even imagine. The patient is left with the problem of examining these assertions and deciding if they have merit. Breggin's paper is written in plain language and easily assessable to the lay reader. Readers who think that the above can't possibly be true should consider keeping an open mind and read *Deadly Psychiatry and Organized Denial* by Dr. Peter Gøtzeche,[3] a distinguished physician and professor with impeccable credentials and eminently qualified to write such a critique. The book just published directly complements Breggin's viewpoint and extensively documents why the way we currently use psychiatric drugs does far more harm than good. He even estimates that psychiatric drugs kill more than a half million people annually among those 65 and above in the US (book currently available from Amazon.uk). Incidentally he knows very well how to do this type of calculation, being the founder of the Nordic Division of the Cochrane Collaboration famous for unbiased meta-analysis and systematic reviews. Both Gøtzsche and Breggin offer devastating criticism of clinical trials of psychiatric drugs and describe exactly how they are rigged to get the desired results. Understandably, the fact that this appears to be the norm is very disturbing.

Many argue that not all recipients of these drugs suffer the disasters described above. In fact, no one knows. Prescribing practice generally involves a very short evaluation, frequently by a general practitioner, with 6-month follow-ups. Many patients who recognize adverse effects before it is too late simply stop taking the medication. Brain

shrinking, a common effect, would only rarely be picked up. These patients are not given routine follow-up MRIs or any MRI in most cases. However, the system is designed so that unless the patient resists, the drugging can be long or very long term. While psychotherapy (so-called talk therapy) is universally recognized as beneficial, it has largely been replaced by drug therapy. Psychologist are not viewed as doctors, but interestingly enough, neither are psychiatrists viewed as "real" doctors by critics of the profession.

Readers who understandably find the above hard to believe are referred not only to Peter Gøtzsche's new book but also to Part I, Chapter 1-3 of Breggin's book *Psychiatric Drug Withdrawal*[4] in which he documents the above position. While this is strictly speaking a medical monograph, is very accessible to patients and parents, less formidable than his earlier and much longer monograph that also dealt at length with the above issues.[5] Furthermore, anyone involved directly or indirectly with withdrawal will find this book of great value since it also has chapters on withdrawal from each class of psychiatric drug (available from Amazon).

It is important to realize that Breggin recognizes that occasionally drug therapy is indicated and cautions anyone treating an acute psychiatric episode to, at the beginning, set a schedule for withdrawal and use this drug only for short term therapy when no other alternative exists or has worked.

## J'ACCUSE!
## GIVING PSYCHIATRIC DRUGS TO CHILDREN IS CHILD ABUSE

A serious accusation, but based on 50 years of the practice of psychiatry including treating many children. It appears in the text of his paper titled *The Rights of Children and Parents in Regard to Children Receiving Psychiatric Diagnosis and Drugs*, published in the journal *Children & Society*(free on line).[2] What follows can be taken as an example of the first piece in this issue. In the simplest terms, the claim is that the perceived benefits are not actual benefits and the potential for great harm very real and very well documented. This is an important issue since the use of these drugs on children during the critical developmental years is at staggering levels. Breggin is concerned with their use in treating psychiatric problems, not medical problems like seizures. He and many critics of modern psychiatry do not regard psychiatric problems as described in the psychiatry bible, the *Diagnostic and Statistical Manual of Mental Disorders* (DSM 5) as medical problems, i.e. diseases in the usual sense. Breggin focuses on two mental disorders, ADHD and bipolar disorder.

### ATTENTION-DEFICIT HYPERACTIVITY DISORDER (ADHD)

Breggin points out that ADHD is not a diagnostic category that meets the criteria for a medical syndrome. The three ADHD behavioral categories, hyperactivity, impulsivity and inattention can be part of typical childhood behavior patterns. They also can arise from boring and poorly disciplined classrooms, lack of grade-level learning skills, emotional problems generated at home or in school, issues related to poverty such as

hunger and poor nutrition, or simply insomnia and fatigue. Presence of chronic illnesses such as diabetes, or even concussions will also generate this psychiatric diagnosis. Breggin claims to have seen all of these causes over his 50 years of practice. The irrelevance of symptom directed psychiatric medication in the presence of such causes is obviously irrational.

Parents under pressure from teachers, school administrators, or a doctor involved in consultation are quite likely to agree to the standard drug treatment. After all, millions of kids have been started on these drugs. It is inconceivable that they are hazardous. Nevertheless, the so-called stimulant drugs belong to the amphetamine class of drug (amphetamine and methylphenidate) which in the US belong to Schedule II of the Drug Enforcement Agency and are controlled substances which carry the highest risk of addiction and abuse.

Studies indicate that amphetamines used for prolonged periods may lead to drug dependence. One study even found that these drugs increase the risk of cocaine abuse in young adulthood. Breggin points out that these adverse effects are not surprising since stimulants are known to cause physical changes in the reward centers of the brain, i.e. an example of brain damage. In fact, children treated with stimulants often develop of atrophy (shrinking) of the brain as evident in repeated MRI scans. Widespread brain atrophy has also been found in adults diagnosed with ADHD as children and treated with stimulants.

Stimulants also suppress growth, induce depression and apathy, withdrawal, listlessness, depression, or dopy, dazed, subdued or inactive behavior in children. Stimulants can also induce symptoms of obsessive-compulsive disorder (OCD) or abnormal (Parkinson-like) movement disorders. It is very important to understand that these adverse effects are frequently interpreted by the profession involved in the treatment as a worsening of the “mental disorder” and the patient is often given a more serious diagnosis and additional drugs. The result can be what is called chronicity where the perceived disorder becomes chronic and long-term. Entering the vicious cycle can lead to total disaster. Comparing this disaster with the original motivation, frequently a deviation from “normal,” reveals the fatal flaw in the whole system.

Breggin points out that the reduction of spontaneity in all its various manifestations is the primary “therapeutic effect” and this is consistent with the brain-disabling effect of these drugs. The child has much less energy or motivation to act like hyperactive or impulsive, a diminished fantasy life and creativity. There is “less child” to get into trouble.

No long-term benefit for children has ever been demonstrated for any stimulant drug. In spite of six decades of research, the FDA required labels (package inserts) still state “Long-term effects of amphetamines in children have not been well established.” Even a very well designed study found that at 36 months, the medication approach was no better than other behavioral and educational approaches, even going to summer camp!

**BIPOLAR DISORDER**

Prevalence of childhood bipolar disorder increased 40-fold between 1994 and 2003 and 19% of the diagnosed children received psychiatric drugs including antipsychotics. Some attribute this huge increase to several powerful Harvard Medical School psychiatrists and questions have been raised about the large amounts of money Harvard received for promoting this drugging of children. All of the antipsychotic drugs block dopamine neurotransmission to the frontal lobes. Both older and new antipsychotics cause the same adverse effects including lobotomy–like indifference and apathy, parkinsonian symptoms, akathisia, dystonia, tardive dyskinesia, neuroleptic malignant syndrome, gynecomastia and other sexual dysfunction. The reader unfamiliar with the medical lingo is encouraged to look these up on Google to get the big picture. They are all very bad news and some very nasty indeed and strongly impacting the quality of life. Certainly not what one would want to inflict on a child without a very good reason.

Breggin answers the concern about good reasons for his position by stating that decades of research confirm the lack of efficacy of antipsychotic drugs and no psychiatric drugs have been proven effective in children over the long term. This is the same picture as seen in the stimulant class of drug. Breggin believes that the lessons learned from these two examples may be applied to all childhood psychiatric diagnoses and the drugs used to treat them. He states that in his research and clinical experience, he has found children's problems to be primarily psychosocial and/or educational nature and that the psychiatric drugs used to treat the problems do not address the underlying problems. At best, they only temporarily suppress the manifestations while causing brain impairment and false impression of efficacy.

**BOTTOM LINE**

This then is a brief summary of the case being made by Breggin concerning child abuse. Breggin's view is from the trenches so to speak. This is his conclusion after 50 years of practice. In this paper and in his other papers and books, he backs up his many assertions with studies reported in the peer reviewed literature. The importance of this issue cannot be understated given the widespread use of these drugs on children. The reader is left to consider the evidence, do further research, and reach a conclusion. The simplest closing argument is that harm without real benefit is abuse. Believing the accusation to be true is easy if one understands how the pharmaceutical industry really works, and this has been exposed in horrid detail in several books including the recent one mentioned above. See the bibliography for further reading.

## ANTI-PSYCHIATRY DEBATE AND PRO-SIDE DEFENSE

The attacks on psychiatry have a long history but in the past decade have picked up considerably with a number publications by highly qualified individuals including a number of books, journal articles and even a two-part commentary by a past editor of the *New England Journal of Medicine*, Dr. Marcia Angell which appeared in the *New York Times.* The most recent is the just published book mentioned above, *Deadly*

*Psychiatry and Organized Denial* by Professor Peter C. Gøtzsche, co-founder of the Cochrane Collaboration who established the Nordic Cochrane Centre.[3] He is and internist as well also a professor in Clinical Research Design and Analysis at the University of Copenhagen and a world leader in his field. Currently print copies of the book are not available at Amazon.com or Amazon.ca (one wonders why) but the book is available at Amazon.uk and ships from Denmark. Customer (US or Canadian) accounts come up when one logs into the UK website, making ordering easy.

The debate is frequently phrased as the question "Do psychiatric drugs do more harm than good?" The above discussion outlines the harm issue and provides resources for further reading but omits a major issue that Dr. Gøtzsche has studied, namely that there is strong data suggesting that psychiatric drugs increase the risk of death. In a short debate published in the *British Medical Journal*[6] he takes the side in favor of the above debate and cites studies published in 2011 and 2014 that found excess rates of 1% to 3.5% per year. His own study based on Danish data extrapolated to the US and the European Union yielded almost 540,000 deaths annually. See his new book for details.[3] In the published debate, authors against the statement cited only one mortality paper published in 2002. When confronted with evidence of harm, they along with others cite a paper which claimed that psychiatric drugs were generally as safe and efficacious as other drugs.[7] The problem with this argument is that the psychiatric drug studies used in this paper are associated with serious questions of credibility and validity. These issues include use of pretesting prior to randomization, placebo effects, unblinding of studies because subjects can detect which arm, treated or placebo, they are in, and the result is unblinding those running the study. Furthermore, there has been widely publicized evidence including journal articles that in industry sponsored studies, which comprise the vast majority, data is withheld and suppressed, manipulated to get desired results and studies ghost-written but ascribed to well-known medical researchers. Thus citing even randomized controlled studies is a very weak argument and critics suspect that in fact the benefits are very small and even if of statistical significance, of no clinical significance.[8, 9] The authors arguing against the statement in this debate also take the position that "…psychiatric drugs are rigorously examined for efficacy and safety, before and after regulatory approval." Anyone familiar with the manner in which the FDA approves this class of drug would regard the above statement as ludicrous. See pages 13-14 in Breggin's book on withdrawal[4] for a good discussion of the question, "Does FDA approval indicate a high degree of safety?"

Thus what is the answer? We are awash with mental health problems. There are only two types of treatment since frontal lobotomy is no longer practiced, partly thanks to the movie *One Flew Over the Cuckoo's Nest,* although electric shock therapy may be making a comeback. The two are psychiatric drugs and psychotherapy. Drug therapy treats symptoms. Psychotherapy is all that is left if one rejects drugs except for crisis or acute situations, which can hardly describe almost all of ADHD, and depression, bipolar presentations and probably many of the more serious mental disorders. It is of interest that in one Scandinavian country, a 6-month delay is required for a government-recognized diagnosis of schizophrenia and the prevalence is very low compared to most other countries. In other words, even if a crisis seems present, the symptoms may

spontaneously disappear in a few months. One point Breggin and Gøtzsche make repeatedly is that as these drugs make one worse and then doses are increased because it is believed that the diagnosed disorder is progressing and additional drugs are introduced, and the frequent result is indeed a crisis, but not due to the progression of a problem which initially may only have been a deviation in the spectrum or normal but which might well have resolved without treatment, historically a very common observation.

**BOTTOM LINE**

The decision to accept psychiatric drug treatment should only be made in a setting of highly informed consent after consultation with a trained professional, not a 10-minute appointment with a general practitioner or internist, and yet these latter two prescribers are by far the most common source of prescriptions for psychiatric drugs. In fact it is the norm. Proceed with caution. Quality of life or much more is at stake, and yet the treatments in question may make it impossible for the patient to perceive this and get out of what is indeed a trap. Psychiatric drug side effects can lead to cognitive impairment and Alzheimer's symptoms serous enough to require 24-hour care. If the criticisms of modern drug based psychiatry are accepted, then seek psychotherapy and if there is a crisis, seek psychotherapy after brief drug treatment. This appears to be what the critics suggest.

If unconvinced that there is a problem, read case histories such as are presented in Breggin's book *Medical Madness* or read Robert Whitaker's book *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America.* The latter has become a classic frequently cited even in medical journals. Both should profoundly shake up most readers.

## PSYCHIATRIC MYTHS

In 2014 Professor Peter Gøtzsche published a list of psychiatric myths on Dr. David Healy's website.[10] Healy is a Professor of Psychiatry in Wales, UK. His latest book, a best seller, is *Pharmageddon.*

Myth #1: Your disease is caused by a chemical imbalance in the brain.
Myth #2: It's no problem to stop treatment of antidepressants.
Myth #3: Psychotropic drugs for mental illness are like insulin for diabetes.
Myth #4: Psychotropic drugs reduce the number of chronically ill patients.
Myth #5: Happy pills [antidepressants] do not cause suicide in children and adolescents.
Myth #6: Happy pills have no side effects.
Myth # 7: Happy pills are not addictive.
Myth #8: Prevalence of depression has increased a lot.
Myth #9: The main problem is not over-treatment, but under-treatment.
Myth #10: Antipsychotics prevent brain damage.

Some of these he collected after listening to numerous attempts at meetings by psychiatrists to discredit the points of view he had just presented in a lecture. If one grants that all of these are indeed myths, then the whole house of cards represented by modern psychiatry appears headed for collapse. This underscores the need for serious debate which includes debating the validity of clinical trials as designed and executed by the industry that support the efficacy and safety of psychiatric drugs.

In his new book[3] Gøtzsche provides extensive evidence that the inverse of these statements actually appears to represent the truth. Some of these statements are used to influence patients to take these drugs, which Gøtzsche regards as simply lies. He closes Chapter 11 titled W*hat Happens in the Brain?* with this statement:

> *"To a considerable extent, psychiatry is a pseudoscience, and the hoax about chemical imbalance should be dealt with in the courts, as it looks like consumer fraud."*

The psychiatric community evidentially believes that all of this criticism of their practices and profession is causing great harm by turning patients away from needed therapy, in some cases desperately needed, and thus their critics are in fact guilty of causing great harm. Since they apparently believe that their treatments are evidence-based, they presumably feel secure in their position. Critics of modern psychiatry say the profession is in denial and chooses to ignore studies that should change their practices dramatically. An example would be, stop treating depression with drugs unless it is acute while recognizing that even this is being questioned in serious, well designed studies. There is no evidence to support the practice. Instead, consider psychotherapy. However, modern psychiatry no longer does much psychotherapy and patients want pills, simple fixes and to many, the criticisms raised above cannot possibly be true. If they were, the government would have stepped in taken action.

**OVERALL CONCLUSION**

The current situation is hopeless. The issues are so complex that they present a significant challenge for the general public. Critics will cry in the wilderness. The money and the power are on the side of drug-driven psychiatry. If one reads Gøtzsche's latest book it is difficult to avoid the general conclusion i.e. he is examining a disaster and the victims are those on psychiatric drugs, patients of all ages. It is obvious that study designs adopted to generate industry-favorable results dominate the scene. This isn't science, it is calculated deception engineered by the industry for their own purposes. The details are sickening. This is not a book that is hard to put down. It is a book that is hard to read because it is so disgusting and alarming in what is describes as the current state of affairs.

## IF ONE REJECTS PSYCHIATRIC DRUGS WHAT DOES ONE DO?

If taking drugs, obtain professional help for withdrawal, perhaps after starting or completing another approach. The traditional alternative to drugs is psychotherapy, which has evolved dramatically since its origin. Finding someone really good may present a problem. It depends on where one lives and to whom one can turn to for advice and if necessary, a referral.

The most successful other approach probably involves the whole body approach where system dysfunction, toxin burden, damaged gut bacteria, hyperthyroidism, prediabetes or diabetes, poor nutrition, allergies to substances in food, etc. all need to be considered potential causative factors. It is dangerous not to start with the assumption that the problem viewed as mental is in fact multifactorial. The reader may want to consider starting with Dr. Kelly Brogan's recently published book, *A Mind of Our Own*. This book, while focused on female depression, contains much general information about a comprehensive approach that is applicable to other mental health issues and to men as well. On Dr. Brogan's website one will find blogs she has written which address ADHD, and bipolar disorder, which complement the book's focus on depression. If one reads her book, it is unlikely that any doubt will linger concerning the path to take. Dr. Brogan, a board certified psychiatrist practicing holistic psychiatry, has had vast clinical experience in this area. Unfortunately patients deciding to reject drug therapy may have trouble finding someone with her knowledge, experience and insight close to where they live. This is inevitable when the therapeutic approach to mental health issues is almost entirely drug-based. Some may have to orchestrate all but withdrawal themselves. Dr. Brogan's book should prove invaluable. In addition, her approach shares many features with approaches used for chronic diseases and disorders such as autism and Alzheimer's disease.[11-13]

A just published study (online) reinforces one of the approaches Dr. Brogan uses, in this case supplements. The study presented a systematic review of the use of nutraceuticals for depression when added to antidepressant therapy using placebo control (not antidepressant vs. placebo).[14] It found that significant improvement of depressive symptoms was achieved with SAMe, methylfolate (the preferred type of folic acid), omega-3 poly unsaturated fats and vitamin D, a result supported by a number of studies for each supplement. If one takes into account the view that antidepressants are ineffective as suggested by recent studies, then this review provides evidence that supplements are important when either rejecting drug therapy or trying to withdraw. See Chapter 9 of Brogan's book for a detailed and documented discussion of the use of supplements in depression. A corollary is that poor nutrition and micronutrient deficiency are important factors in mental disease.

## WARNING

**WITHDRAWAL FROM PSYCHIATRIC DRUGS SHOULD NEVER BE UNDERTAKEN EXCEPT UNDER THE CARE OF A PROFESSIONAL EXPERIENCED IN THIS PROCESS. SOME SUGGEST NOT TURNING TO THE PRESCRIBER WHO MAY REGARD THE ACTION AS UNNECESSARY OR ILL ADVISED. FAILURE TO PROPERLY ORCHESTRATE AND MONITOR WITHDRAW FROM THESE DRUGS CAN BE DISASTROUS AND EVEN FATAL. IT IS THE NATURE OF THESE DRUGS THAT WITHDRAWAL MAY BE IMPOSSIBLE. IN THE EVENT OF A CRISIS, AVAILABILITY OF HELP 7/24 IS ESSENTIAL.**

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- ***SAVING NORMAL. AN INSIDER'S REVOLT AGAINST OUT-OF-CONTROL PSYCHIATRIC DIAGNOSIS, DSM-5, BIG PHARMA AND THE MEDICALIZATION OF ORDINARY LIFE.*** Allen Frances, MD. 2013. William Marrow—an imprint of Harper-Collins Publishers, New York. Francis was chair of the DSM-IV task force and is professor emeritus and former chair of the Department of Psychiatry and Behavioral Science at Duke University Medical School

- **DISABLING TREATMENTS IN PSYCHIATRY: DRUGS, ELECTROSHOCK, AND THE PSYCHOPHARMACEUTICAL COMPLEX**. Peter R. Breggin, MD. Springer Publishing Co., 2013. Breggin is the foremost critic of modern psychiatry in the US if not the world. A practicing psychiatrist with decades of experience treating children, adults, and being involved in government advisory groups and as an expert witness in lawsuits. See PubMed for recent papers.

- **MEDICAL MADNESS. THE ROLE OF PSYCHIATRIC DRUGS IN CASES OF VIOLENCE, SUICIDE AND CRIME.** Peter R. Breggin, MD. St. Martin's Griffin, 2008. A companion to his medical text *Disabling Treatments in Psychiatry.* Contains more than 50 case histories that illustrate the message of the title.

- **PSYCHIATRIC DRUG WITHDRAWAL. A GUIDE FOR PRESCRIBERS, THERAPISTS, PATIENTS AND THEIR FAMILIES. Peter R. Breggin. Springer Publishing Co. 2013.** A definitive treatment published by a medical book publisher but accessible to the general public. Its value exceeds being a handbook by providing a realistic picture of the severe problems associated with taking and withdrawing from psychiatric drugs. This book provides an up to date review of Breggin's views on the harms of psychiatric drugs which is much shorter than the discussion in the book *Disabling Treatments in Psychiatry listed above.* Everyone on any of these drugs or having children on them should read this book.

- **ANATOMY OF AN EPIDEMIC. MAGIC BULLETS, PSYCHIATRIC DRUGS AND THE ASTONISHING RISE OF MENTAL ILLNESS IN AMERICA.** Robert Whitaker, 2010. Crown Publishers, New York. A highly acclaimed book that replaces *Mad in America*. This book won the 2010 Investigative Reporters and Editors book award for best investigative journalism.

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