



# the columns

## correspondence

### Antidepressants and the risks of untreated illnesses

Sir: As always, David Healy provides a stimulating point of view in his survey of the fashions of 20th century psychiatry (*Psychiatric Bulletin*, January 2000, **24**, 1–3). But when it comes to antidepressants, a critical viewpoint seems to have been abandoned for anecdotal smears.

We are told that “the complete transformation of personality . . . was becoming the goal”. Who’s goal? Where is the evidence that any scientist or any company has had this as an objective? David Healy said that it was “most clearly articulated” in Kramer’s (1993) *Listening to Prozac*. But as a scientist, he surely cannot authenticate that worthless collection of clinical anecdotes, combined as it was with a naive misconstruction of the role of serotonin. Interestingly, none since Kramer has claimed similar achievements.

More seriously, David Healy reports an American high school massacre, where there were “suggestions that one of the teenagers had an antidepressant in their (sic) blood stream”. Were these suggestions true? If so, which antidepressant was involved and were any other drugs present? Was the other teenager drug-free? If so, what difference did the unidentified antidepressant make? And what about the numerous other incidents of this kind in recent years?

Healy considers none of these critical questions, but quotes without comment a statement by the American Psychiatric Association President which emphasised the dangers of untreated mental illness. So far as one can make out, we are supposed to feel contempt for this statement, all because of ‘suggestions’ as to what might have happened at a particular school. Does he believe there are no risks from untreated mental illness?

If David Healy wants to argue a case, he should do so on the basis of facts, rather than suggestive smears and half-truths.

KRAMER, P. (1993) *Listening to Prozac*. New York: Viking Press.

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Sir: As an editor, Hugh Freeman will appreciate that covering a century’s sweep risks giving hostages to fortune on specific details. I focused on how therapy establishments have a habit of blaming the disease and not the treatment. Professor Freeman does not disagree that this is what the psychoanalytical establishment did. An article in the *Psychiatric Bulletin* in 1981 predicted a similar dynamic would develop within biological psychiatry. My contention is that it has. Whether Eli Lilly were the first to formulate ‘a blame the disease not the drug’ defence for therapeutic failure is not established, but I have documented in detail that this did happen (Healy, 2000).

In the Colorado shootings, the lead teenager was taking fluvoxamine. The emotional indifference that selective serotonin reuptake inhibitors (SSRIs) can cause may have contributed to this tragedy. I do not claim that it did so, but the response of the American Psychiatric Association to deny the possibility is based on neither research nor decency.

As regards perceptions that SSRI use is being aimed at personality transformation rather than simply the treatment of disease, there is a recent series of articles on this issue (Elliott *et al*, 2000). There is also growing concern that many preschool children in America and Britain are receiving SSRIs (Zito *et al*, 2000). What disease is being treated here?

### References

ELLIOTT, C., KRAMER, P., HEALY, D., *et al* (2000) Prozac, alienation and the self. *Hastings Center Report*, **30**, 7–40.

HEALY, D. (2000) Guest editorial. A failure to warn. *International Journal of Risk and Safety in Medicine*, in press.

ZITO, J. M., SAFER, D. J., DOSREIS, S., *et al* (2000) Trends in the prescribing of psychotropic medications to pre-schoolers. *Journal of the American Medical Association*, **283**, 1025–1030.

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### Community treatment orders

Sir: Trevor Turner *et al* compare the arguments for community treatment orders (CTOs) with those used to justify car seat-belts (*Psychiatric Bulletin*, April 2000, **24**, 153). The comparison may be apt, but not necessarily as they intend.

John Adams, Professor of Geography and expert on transport, has reviewed social, cultural and practical aspects of ‘risk’ from a wider perspective than is generally found within psychiatry (Adams, 1995). His view of the results of seat belt legislation is unequivocal:

“the law produced no net saving of lives, but redistributed the burden of risk from those who were already the best protected inside vehicles to those who were the most vulnerable outside vehicles.”

This occurs because people wearing seat-belts drive (marginally) more dangerously. Adams suggests:

“if all motor vehicles were to be fitted with long sharp spikes emerging from the centre of their steering wheels (or, if you prefer, high explosives to detonate on impact), the disparities in vulnerability and lethality between cyclists and lorry drivers would be greatly reduced. There would probably be a redistribution of casualties, but also a reduction in total number of casualties.”

Seat-belts reduce driver deaths – but not deaths overall. Although common sense suggests them to be unarguably a good thing, life is more complicated. Are homicide and suicide inquiries equivalent to Adams’ spikes or high explosives? In some ways. Does it help to fit spikes to steering wheels? Some drivers probably stop driving altogether or at least take early retirement. In terms of risk, will CTOs prove to be like seat-belts? If so, Turner’s or Adams’?

### Reference

ADAMS, J. (1995) *Risk*. London: UCL Press.

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