

Does Long Term Use of Psychiatric Drugs Cause More Harm Than Good?

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by Peter C Gøtzsche, Allan H Young, John Crace

We could stop almost all psychotropic drug use without deleterious effect, says Peter C Gøtzsche, questioning trial designs that underplay harms and overplay benefits. Allan H Young and John Crace disagree, arguing that evidence supports long term use.

Psychiatric drugs are responsible for the deaths of more than half a million people aged 65 and older each year in the Western world, as I show below.¹ Their benefits would need to be colossal to justify this, but they are minimal.^{1 2 3 4 5 6}

Summary of Article

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Overstated benefits and understated deaths

The randomised trials that have been conducted do not properly evaluate the drugs' effects. Almost all of them are biased because they included patients already taking another psychiatric drug.^{1 7 8 9 10} Patients, who after a short wash-out period are randomised to placebo, go "cold turkey" and often experience withdrawal symptoms. This design exaggerates the benefits of treatment and increases the harms in the placebo group, and it has driven patients taking placebo to suicide in trials in schizophrenia.⁸

Under-reporting of deaths in industry funded trials is another major flaw. Based on some of the randomised trials that were included in a meta-analysis of 100 000 patients by the US Food and Drug Administration, I have estimated that there are likely to have been 15 times more suicides among people taking antidepressants than reported by the FDA—for example, there were 14 suicides in 9956 patients in trials with fluoxetine and paroxetine, whereas the FDA had only five suicides in 52 960 patients, partly because the FDA only included events up to 24 hours after patients stopped taking the drug.¹

For antipsychotics, I used a meta-analysis of placebo controlled trials in patients with dementia because they would be less likely to have been receiving psychiatric drugs before randomisation. The absolute death ...

Peter C Gøtzsche, professor, Nordic Cochrane Centre, Rigshospitalet, DK-2100 Copenhagen, Denmark, **Allan H Young**, professor of mood disorders, Institute of Psychiatry, Psychology and Neurosciences, King's College London, UK, **John Crace**, psychiatric patient and parliamentary sketch writer, Guardian, London, UK

Correspondence to: P C Gøtzsche pcg@cochrane.dk, A H Young allan.young@kcl.ac.uk

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