

Antidepressants Increase the Risk of Suicide and Violence at All Ages

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Drug agencies warn against using antidepressants in children and adolescents because they increase the risk of suicide. It is more difficult to know what the risk is in adults, as there has been massive underreporting and even fraud in the reporting of suicides, suicide attempts and suicidal thoughts in the placebo-controlled trials (1,2).

The US Food and Drug Administration (FDA) has contributed significantly to the obscurity and it has been highly inconsistent (2). In a meta-analysis of the placebo-controlled trials from 2006, the FDA reported only one suicide per 10,000 patients on active drug (3), but five years earlier, Thomas Laughren, who was responsible for the FDA's meta-analysis, reported 10 times as many suicides (4).

The FDA found that paroxetine increased suicide attempts significantly in adults (3) and GlaxoSmithKline USA sent a "Dear Doctor" letter in 2006 that pointed out that the risk of suicidal behaviour was increased also above age 24 (2). However, the FDA claimed in 2009 that it is only in those below 24 years of age that these drugs are risky (5) although in 2007, the agency admitted, at least indirectly, that SSRIs can cause suicide at all ages (6): "All patients ... should be ... observed closely for clinical worsening, suicidality, and unusual changes in behavior ... anxiety, agitation, panic attacks, insomnia, irritability, hostility, aggressiveness, impulsivity, akathisia (psychomotor restlessness), hypomania, and mania, have been reported in adult and pediatric patients being treated with antidepressants." The FDA also noted that, "Families and caregivers of patients should be advised to look for the emergence of such symptoms on a day-to-day basis, since changes may be abrupt." Such daily monitoring is a fake fix. Many people have committed SSRI-induced suicide within a few hours after everyone thought they were perfectly okay.

Since there is pervasive scientific misconduct in the published trials, we looked elsewhere and obtained 64,381 pages of clinical study reports from the European and UK drug regulators. In January 2016 we showed, for the first time, that SSRIs increase aggression in children and adolescents, odds ratio 2.79 (95% CI 1.62 to 4.81) (7). This is an important finding considering the many school shootings where the killers were on SSRIs. In October, we showed that antidepressants given to adult healthy volunteers double the occurrence of events that can lead to suicide and violence, odds ratio 1.85 (95% CI 1.11 to 3.08) (8). The number needed to treat to harm one healthy adult person was only 16. In November, we showed that adverse effects that increase the risk of suicide and violence were 4-5 times more common with duloxetine than with placebo in trials in middle-aged women with stress urinary incontinence (9). More women experienced a core or potential psychotic event, relative risk 2.25 (95% CI 1.06 to 4.81), and the number needed to treat to harm one healthy adult woman was only 7 for core or potential activation events. It would have been quite impossible to demonstrate how dangerous duloxetine is, if we had only had access to published research. In accordance with this, the FDA has previously announced that women treated with duloxetine for incontinence in the open-label extension phase of the clinical studies had 2.6 times more suicide attempts than other women of the same age (2).

Psychiatrists on drug company payroll have argued that there is nothing to worry about because we did not find an increase in suicides or suicide attempts in adults, only an increase in precursors to such events. But this argument is faulty. Looking at FDA-defined precursor events to suicide is just like looking at prognostic factors for heart disease. We say that smoking and inactivity increase the risk of heart attacks and deaths and therefore recommend people to stop smoking and to exercise.

Conclusions

It can no longer be doubted that antidepressants are dangerous and can cause suicide and homicide at any age (2,10,11). Antidepressants have many other important harms and their clinical benefit is doubtful (2). Therefore, my conclusion is that they shouldn't be used at all. It is absurd to use drugs for depression that increase the risk of suicide when we know that psychotherapy decreases the risk of suicide (12). The psychotherapy trials have been criticised for lack of blinding (12) but it is difficult to blind such trials. Furthermore, suicide and suicide attempts are pretty hard outcomes.

We should do our utmost to avoid putting people on antidepressant drugs and to help those who are on them to stop by slowly tapering them off under close supervision. People with depression should get psychotherapy and psychosocial support, not drugs.

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