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To: The National Boards of Health in Iceland, Norway, Sweden and Finland

Cc: National Board of Health in Denmark

Open letter: Warning against using depression pills in children and adolescents

I write to you in a very serious matter (see attached paper for documentation).[1] Depression pills increase the risk of suicide in children and adolescents, which is the reason that health authorities all over the world warn against using them in children and adolescents. These warnings came about after FDA had shown in 2004 and 2006 that the pills double the risk of suicide compared to placebo in the randomised trials.

Despite the warnings, the usage of depression pills in children has continued to rise everywhere. However, in the summer of 2011, the Danish National Board of Health issued a guidance that GPs should no longer write prescriptions for depression pills for children, which should be a task for psychiatrists. At the same time, I began to warn strongly against the suicidal effect of the pills, which I have done countless times in radio, TV, articles, books and lectures.

The result of these two interventions are dramatic. Since 2010, the usage of depression pills in children and adolescents has dropped by 41% in Denmark while it has continued to rise in Norway, Sweden and Finland (data not shown in the graph for Finland in the attached paper, but usage in Finland increased by 44% from 2010 to 2017).

Leading professors of psychiatry in Denmark, Sweden and Finland have continued to deny that depression pills increase the risk of suicide in children so such an extent that they have claimed the opposite: That the pills *protect* children against suicide - in lectures, also for medical students, newspaper articles and scientific articles.

As I have documented in a book (Deadly Psychiatry and Organised Denial), to "prove" their point these professors refer to unreliable research, and they consistently fail to cite much more reliable research that shows the opposite. Particularly two people have been responsible for the misleading research: Göran Isacsson in Sweden and Robert Gibbons in the USA. They, and others, have published papers showing that suicides went up after the FDA introduced a black box warning and the usage of depression pills went down, or vice versa. However, there are many countries and time periods where the opposite occurred, but leading psychiatrists consistently ignore also such data and publications.

In my view, this behaviour looks like scientific misconduct and it could be a punishable crime in a court of law, as drug companies have been held responsible for similar misinformation, also when it led to suicides in adults caused by the pills. The consequence of the collective, professional denial is that both children and adults commit suicide because of the pills they take in the false belief that they will help them. I shall not discuss the clinical effect here, only say that a clinically relevant effect on depression has never been demonstrated in children or adults (see my book, for example), not even for fluoxetine, which is the favoured drug for children.

[1] Gøtzsche P. Usage of depression pills almost halved among children in Denmark. 4 May 2018. https://www.madinamerica.com/2018/05/usage-depression-pills-almost-halved-among-children-denmark/.

In my view, children should not be treated with depression pills. I therefore urge the Nordic National Boards of Health to take action. At the very least by issuing a guidance like the one issued by the Danish National Board of Health in 2011.

My team at the Nordic Cochrane Centre has recently published unique research results based on clinical study reports from EMA (about 70,000 pages). We are likely the only ones in the world who have ever read all these pages, which amount to 7 m if stacked. This made it possible for us to show, for the first time ever that:[2] [3] [4]

- Depression pills double the occurrence of aggression in children.
- Depression pills increase markedly the occurrence of FDA defined precursors to suicide, violence and psychosis in middle-aged women with urinary incontinence.
- 12% more patients (all ages) drop out of the trials when they are on a depression pill than when they are on placebo, which means that patients think placebo is a better pill than a depression pill.
- Quality of life (all ages) has rarely been reported, and even in the clinical study reports, there is markedly selective reporting of the results. This, and other evidence, makes it highly likely that quality of life is worse on a depression pill than on placebo.

I am willing to discuss the issues at a meeting with the National Boards of Health. I am also willing to lecture on this.

I look forward to your response. The matter is very serious, particularly considering that leading psychiatrists misinform the public about the suicide risk of depression pills in all Nordic countries.

Yours sincerely,

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[2] Sharma T, Guski LS, Freund N, Gøtzsche PC. Suicidality and aggression during antidepressant treatment: systematic review and meta-analyses based on clinical study reports. BMJ 2016;352:i65.
[3] Maund E, Guski LS, Gøtzsche PC. Considering benefits and harms of duloxetine for treatment of stress urinary incontinence: a meta-analysis of clinical study reports. CMAJ 2017;189:E194-203.
[4] Sharma T. Effects of selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) on suicidality, violence, and quality of life. PhD Thesis, defended at the University of Copenhagen 23 April 2018. Available from: https://nordic.cochrane.org/research/phds-and-doctoral-theses.