

## **Antidepressant drugs do not work for depression and increase the risk of suicide**

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Finnish psychiatry professor Erkki Isometsä argues in Helsingin Sanomat (10 March) that antidepressant drugs have clear benefits and that I ignore evidence to the contrary. I do not. I have gone carefully through a vast body of research, which includes unpublished data Isometsä has never seen because we got the study reports from the European Medicines Agency. They tell a completely different story to the one that is told in medical journals.

There is no effect of antidepressant drugs when the patients evaluate the outcome, only when psychiatrists evaluate the outcome (1). And even the effect the psychiatrists have noted in the clinical trials is too small to have any relevance for the patients. This was confirmed in a Danish 2017 meta-analysis of 131 trials (2), which is the most thorough review I have ever seen.

Isometsä points out that suicides in Finland have been halved at the same time that the use of antidepressant drugs has increased manifold. This may look impressive but it is not. Both in the USA and in the UK, suicides have gone up markedly at the same time that the use of antidepressants also increased markedly. Such studies are, quite simply, not reliable, and one can get the result one wants by cherry-picking countries and time periods that tell one what one wants to hear. We have shown, in three systematic reviews we published in 2016, that antidepressants increase the risk of suicide and violence at all ages (3). These drugs are dangerous and they don't work for depression.

Isometsä says that he sees in clinical practice that while the depression is alleviated, self-destructive thoughts are reduced. This tells us absolutely nothing about the effect of antidepressants. People with depression get much better with time, even when they get no treatment at all (1).

Isometsä uses a flawed argument many psychiatrists use when they want to explain away the increased risk of suicide with antidepressants. He says that we only observed risk factors for suicide, not actual suicides or self-destructive behaviour. However, 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 heart deaths and therefore recommend people to stop smoking and to start exercising. Psychiatric leaders, however, routinely say, for example, that antidepressants can be given safely to children arguing that there were no more suicides in the trials, only more suicidal events, as if there was no relation between the two. However, we all know that a suicide starts with suicidal thoughts, followed by preparations and one or more attempts. Many children have killed themselves violently, e.g. by hanging, because of the harms of antidepressants, particularly akathisia. It is heartbreaking that the drug industry and the psychiatrists and other doctors push children into suicide with "happy pills". It is as bad as it can get.

Isometsä makes another mistake. He says that if antidepressant medications provoke self-destructive behavior, he and his colleagues would see it in their daily work. The reason we do large trials is that we cannot see such harms in our daily work! We need big trials to see them. It would be wonderful if Isometsä were correct, as we would then not need to do randomised trials.

Isometsä says it is terribly implausible that these drugs can cause self-destructive behavior. It is not; it is highly plausible. Their mechanism of action explains why they can cause suicide, suicide attempts, self-destructive behaviour and violence. Cats become hostile if we give them Prozac, and aggression has also been noted in studies of rodents (1). Nothing implausible here.

It is not correct that the Danish researchers had a high threshold for a relevant clinical effect (2). They used the lowest threshold that has been reported in the literature to be a relevant effect and did not find any. The Danish researchers have also rejected Isometsä's other argument about number of patients that obtain a given reduction in depression severity.

Isometsä says that fluoxetine (Prozac) works for children with depression. This is totally wrong. The producer of fluoxetine, Eli Lilly, has seriously manipulated the trials of fluoxetine. This is well documented, also in my recent book (1,4).

Whatever the age of the patients, they should not get antidepressants but psychotherapy, which works and furthermore reduces markedly the risk of suicide (5, and a meta-analysis submitted for publication), the most serious complication to depression.

Isometsä claims that my two recent books (1,5) contain "factual errors, half-truths and ignores evidence to the contrary". This is about as wrong as it can get and it is a free ride to come up with such sweeping generalisations without offering a single example. My 2013 book (5) was Winner of the British Medical Association's Annual Book Award in the category Basis of Medicine and has so far appeared in 14 languages. Isometsä also laments that I am a member of the Cochrane Collaboration, which I cofounded in 1993. Again, others see it differently. The Cochrane Collaboration has about 40,000 members. In January 2017, I was elected for the Cochrane Governing Board, which is our Board of Directors, and I got the most votes of all 11 candidates.

Caution: One should never stop an antidepressant or any other psychoactive drug abruptly. The abstinence symptoms can be dangerous.

*On 19 Dec 2014, I published [another blog](#) about Isometsä's views on antidepressant drugs after a meeting in Helsinki where we both lectured.*

I have no conflicts of interest.

1 Gøtzsche PC. Deadly psychiatry and organised denial. Copenhagen: People's Press; 2015.

2 Jakobsen JC, Katakam KK, Schou A, et al. Selective serotonin reuptake inhibitors versus placebo in patients with major depressive disorder. A systematic review with meta-analysis and Trial Sequential Analysis. BMC Psychiatry 2017;17:58.

3 Gøtzsche PC. Antidepressants increase the risk of suicide and violence at all ages. <https://www.madinamerica.com/2016/11/antidepressants-increase-risk-suicide-violence-ages/>. 16 Nov 2016.

4 Gøtzsche PC. Antidepressiva bör inte användas till barn och ungdomar. <http://lakartidningen.se/Opinion/Debatt/2017/03/Balans-mellan-nytta-och-risk--fluoxetin-bor-ibland-anvandas-vid-depression-hos-unga/#comments>. 12 Mar 2017.

5 Gøtzsche PC. Deadly medicines and organised crime: How big pharma has corrupted health care. London: Radcliffe Publishing; 2013.