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Prescription pills are Britain's third biggest killer: Side-effects of drugs taken for insomnia and anxiety kill thousands. Why do doctors hand them out like Smarties?

- 80 million prescriptions for psychiatric drugs are written in UK every year
- · Psychiatric drugs are the third major killer after heart disease and cancer
- Professor Gøtzsche reveals the scale of the issue in a new book
- · Luke Montagu, 45, heir to the Earl of Sandwich, was wrongly prescribed antidepressants which took him seven years to detox from

By PROFESSOR PETER GØTZSCHE FOR THE DAILY MAIL

PUBLISHED: 02:10 BST, 15 September 2015 | UPDATED: 10:22 BST, 15 September 2015

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Soaring drug use, a growing number of addicts, far too few clinics to treat them and a rising death toll. This might sound like a scene from an impoverished country run by drug cartels - but it is, in fact, the day-to-day reality for NHS patients who are prescribed psychiatric drugs to treat anxiety, insomnia and depression.

More than 80 million prescriptions for psychiatric drugs are written in the UK every year. Not only are these drugs often entirely unnecessary and ineffective, but they can also turn patients into addicts, cause crippling side-effects - and kill.

For instance, antipsychotics, commonly given to dementia patients to keep them quiet, raise the risk of heart disease, diabetes and stroke. Psychiatric drugs also make falls more likely, and breaking a hip can shorten life significantly, while some antidepressants are linked to a potentially deadly irregular heartbeat.

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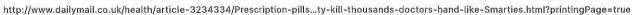
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And the death toll from these pills has been grossly underestimated. As I reveal in a new book, Deadly Psychiatry And Organised Denial, the true figure is terrifying: according to my calculations, based on data from published and unpublished sources, for psychiatric drugs are the third major killer after heart disease and cancer.

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As an investigator for the independent Cochrane Collaboration - an international body that assesses medical research - my role is to look forensically at the evidence for treatments.

Previously this has led to me challenging widely-held assumptions about the benefits of breast cancer screening (I've calculated that every year in the UK, thousands of women undergo unnecessary treatment because of overdiagnosis), GP health MOTs, and the advice for cutting asthma attacks by using special mattress covers.

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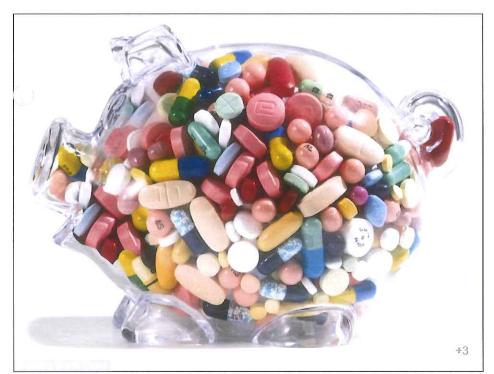
All these have certainly ruffled feathers, but what I've discovered about the damage caused by psychiatric drugs far outweighs anything else I've identified.

time smokers...

person to pull it all together - for instance, finding that the number of suicides among adults and children taking antidepressant drugs is actually 15 times greater than the number calculated by the U.S. drugs watchdog, the Food and Drug Administration.

Yet psychiatrists and GPs generally ignore or deny the appalling scale of this damage from drugs that are all too often used without medical justification.

Just this month, for instance, a study published in the BMJ found that thousands of people in England with learning difficulties are routinely prescribed antipsychotic drugs: these drugs do nothing to help these patients but are used as a chemical cosh.



Claims by psychiatrists that the drugs do work have to be taken with a pinch of salt

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I was alerted to the failings of psychiatric drugs eight years ago when one of my postgraduate students suggested an idea for her PhD thesis: 'Why is history repeating itself? A study on benzodiazepines and antidepressants.'

She explained she'd discovered that popular tranquilisers such as Valium (a benzodiazepine drug more popularly known as 'mother's little helper'), and before that the barbiturates, had been described as very safe when first introduced, but then turned out to be highly addictive.

When selective serotonin reuptake inhibitors (antidepressants known as SSRIs) came on the market 20 years ago, their big selling point was that they were non-addictive. That proved just as wrong.

I decided to dig deeply into this area, and currently have three PhD students investigating what psychiatric drugs really do to people.

What we have found is truly astonishing. Doctors dispense them in large numbers because they believe drug trials show them to be effective, but the evidence is sed on poor science.

More than 80 million prescriptions for psychiatric drugs are written in the UK every year

The skeletons in this closet have been

tumbling out at an alarming rate. Sleeping pills, for instance, stop being beneficial after a couple of weeks, yet patients are left on them for years, while antipsychotics are licensed if they show an effect in two placebo trials, no matter how small that effect is.

One reason why doctors have got it so wrong is a fatal flaw in the way the trials are done. No one is supposed to know which group is given the drug and which the placebo.

But in the trials it's widely known who's on a psychiatric drug because they cause definite side-effects such as nausea and dry mouth. The medics, whose account of how patients responded is used to judge how effective the treatment is, tend to report better results from the drug group, but these results are skewed by the fact that they knew the real drug had been given.

We know this happens because an analysis of trials by Cochrane Collaboration found when the placebo was designed to cause similar side-effects to the drug, the psychiatrists reported just as good results from both groups.

In other words, the drug was found to be no more effective than the placebo.

Claims by psychiatrists that the drugs do work have to be taken with a pinch of salt, not only because good evidence suggests they don't, but also because those who run the trials almost always receive funding from drug companies.

1 IN 11

The proportion of adults thought to be taking an antidepressant

Based on the same sort of flawed trials, antidepressants are also being handed out for conditions such as binge eating, panic disorder, obsessive compulsive disorder and menopausal symptoms.

The claimed benefits can be ludicrously small, for instance: they cut the rate of hot flushes from ten to nine a day.

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antidepressants are handed out a year in England alone - and patients are left on them for years.

One reason why drug use is steadily expanding is that there is no chemical marker to diagnose depression or anxiety. So everyday changes in mood, such as feeling less happy or more anxious, can be a reason for treatment.

Most of us could get one or more psychiatric diagnoses if we consulted a psychiatrist or GP.

A successful treatment for depression would allow people to lead more normal lives - go back to work, salvage relationships. But in all the thousands of trials, I've never seen evidence that antidepressants can do this.

Some patients may become a little euphoric or even manic on them, but in patient surveys many report feeling worse, saying the pills change their personality, and not in a good way; they may show less interest in other people and report feeling emotionally numb. 'Like living under a cheese dish cover,' is a typical description patients use.

xual function fades; libido drops in half of patients and half can't orgasm or ejaculate. So antidepressants are not likely to save intimate relationships - they are more likely to destroy them.

When I gave a talk to Australian child psychiatrists, one of them said he knew three teenagers taking antidepressants who had attempted suicide because they couldn't get an erection the first time they tried to have sex.

These boys didn't know it was the pills they thought there was something wrong with them. Although many psychiatrists still believe SSRIs cut the risk of suicide that can come with depression, it is well established that these drugs actually increase the risk in children and adolescents, and most likely in adults as well.

A successful treatment for depression would allow people to lead more normal lives - go back to work, salvage relationships. But in all the thousands of trials, I've never seen evidence that antidepressants can do this

Pespite the lack of a chemical marker for / psychiatric disorder, psychiatrists

frequently claim the drugs work by correcting a chemical imbalance in the brain.

They say it's like insulin and diabetes - patients can't make enough serotonin. I've been told by a professor of psychiatry that stopping an antidepressant would be like taking insulin from a diabetic.

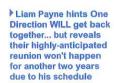
But it's nonsense - no one has found that depressed people have less serotonin in their brains, for instance - in fact, some antidepressants actually lower serotonin.

This fairy tale has proved very damaging and can lead to patients becoming addicted. They are given more pills or a stronger dose in the hope that the 'imbalance' will be fixed, and can be on them for years.

When they try to come off the pills and experience very unpleasant side-effects, patients say they are told their symptoms are the result of their illness coming back.

This ignores the fact that the drugs' withdrawal effects can mimic the symptoms of psychiatric disorders. It also doesn't fit in with what happens when patients in

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desperation reach for the drugs again: within a few hours they can be feeling better. Real depression doesn't fade that fast.

Doctors' misconceptions about the drugs they prescribe are turning temporary problems into chronic ones.

New test can reveal if you are likely to suffer from depression











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More than one million people in the UK are addicted to sleeping pills and anti-anxiety drugs, according to the All Party Parliamentary Group on Involuntary Tranquiliser Addiction, even though for years official advice has been to not prescribe them for longer than four weeks.

Patient surveys reveal that similarly large numbers are having problems withdrawing from antidepressants. The case of Luke Montagu, told below, is a vivid and horrifying example of the destruction antidepressants and benzodiazepines can cause.

He still suffers from the crippling effects of withdrawal seven years after coming off the drugs, which he should never have been prescribed in the first place.

the NHS does almost nothing to help these victims. There are disgracefully few facilities to treat them - fewer than ten in the whole country, and all these are run by small charities, some of which are closing due to lack of funding.

We need to educate doctors so they know how these drugs really work, and show them how to help patients stop taking the pills (by very gently reducing the dose).

According to my calculations, if psychiatric drugs were only prescribed for a few weeks in acute situations, we would only need 2 per cent of the prescriptions written at the moment for insomnia, depression and anxiety. The saving in human and financial terms would be enormous.

Later this week, I will be speaking at a major conference on how we can reduce the use of these drugs, More Harm than Good: Confronting The Psychiatric Medication Epidemic, which has been arranged by the Council for Evidence-based Psychiatry at the University of Roehampton in London.

My proposal is to start a campaign to Just Say No - it is time for a war on psychiatric drugs.

February

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As told to JEROME BURNE

Peter Gøtzsche is a specialist in internal medicine and professor in clinical research design and analysis at the University of Copenhagen. His new book, Deadly Psychiatry And Organised Denial, is published by People's Press. Visit deadlymedicines.dk. The Council for Evidence-based Psychiatry, cepuk.org.

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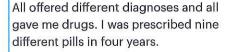


Luke Montagu, 45, pictured, is heir to the Earl of Sandwich and lives at Mapperton, in Dorset. Last year, the father-of-four founded the Council for Evidence-based Psychiatry to highlight the risks from psychiatric drugs. Here, he describes the devastating effect the pills have had on his life.

When I was 19 I had a sinus operation that left me with headaches and a sense of distance from the world.

I saw my GP after a few weeks, who told me what I now realise is a medical myth -" at I had a chemical imbalance in my brain.

The real problem was probably a reaction to the anaesthetic, which might have improved itself if left. But I was prescribed various antidepressants including Prozac. These didn't help so I saw other doctors and psychiatrists, but no one really listened when I suggested it had begun with the operation.



Although the drugs never made me feel better for long, I reluctantly concluded that I did have something wrong with me - I'd tried to come off the drugs a couple



of times but felt so awful that I went back to them.

I thought I needed the medication, but in fact I was going into withdrawal each time. In 1995, I was given the antidepressant Seroxat and took it for seven years.



Luke Montagu, 45, pictured, is heir to the Earl of Sandwich and lives at Mapperton, in Dorset

When I tried to come off it I felt dizzy and couldn't sleep. I was also in a state of extreme anxiety. These were withdrawal symptoms, but, thinking I was seriously ill, I saw a psychiatrist.

He gave me four new drugs, including the sleeping pill clonazepam. I quickly felt better, not realising I'd become as dependent as a junkie on heroin.

I functioned OK for a few years, but gradually became more and more tired and forgetful. So, in 2009, believing it was due to the drugs, I booked into an addiction clinic.

My psychiatrist advised me to come off the clonazepam right away and within three lays I was hit by a tsunami of horrific symptoms - my brain felt like it had been torn in two, there was a high-pitched ringing in my ears and I couldn't think.

I now know this was terrible advice: rapid withdrawal from long-term use of sleeping pills is nearly always a disaster. The detox was the start of nearly seven years of hell. It was as if parts of my brain had been erased.

About three years ago, I very slowly began to recover. I still have a burning pins and needles sensation throughout my body, loud tinnitus and a feeling of intense agitation.

But my mind is back, and I'm determined to try to help others avoid this terrible

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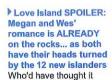
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Nicole King, Leeds, United Kingdom, 3 years ago

Who wrote this? Someone without a basic grasp of English, it seems. "Psychiatric drugs"? Perhaps the author meant pyscho-active drugs, or psychotropic drugs. As it stands, the sentence is nonsense.

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Ptah, Newcastle, United Kingdom, 3 years ago

It's all about profit and these corporations and doctors don't give a damn about people's health. Money, Money, Money!

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Diane Cullimore, chapel-en-le-frith, United Kingdom, 3 years ago

My life has been ruined by Seroxat too. I was prescribed them 16 years ago for chronic pain. If I could turn the clocks back I would never have taken them. The drugs company Glaxo lied in their trial results about your body becoming dependant on them.I now have M.E. And have found that severe withdrawal is so dangerous and crippling I can't get off them. There is NO help!I have been battling my dr for years to get support to come off and am still fighting for help.I am mostly in bed because of the M.E. And my life is in tatters. God help anyone struggling to get off these life changing drugs. I've been to hell and back but still fighting. Its so wrong that there is help for illegal drug withdrawal but nothing and I mean nothing for prescription drug dependency and the drugs companies are killing people basically with no come back. The medical profession needs to hang it's head in shame. I know that some Drs don't even recognise severe withdrawal. I am still here to tell the tale.Just.

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drhoward, Slough, 3 years ago

Michael, No problem. I've been called a lot worse than that. Ha Ha!

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Ptah, Newcastle, United Kingdom, 3 years ago

I've also been on Seroxat in the past and it's nasty stuff. On a regular basis, try eating lots of raw garlic & ginger, chop them up and put them in a cup of boiling water along with the spices, Turmeric and Paprika. Give it a good stir and drink it. Works wonders.

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rapier, london, 3 years ago

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The brunette bombshells looked like sisters



massive celebration



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I agree completely. Prozac changed my life, once. It was almost too late because my

insightful GP. Yes, SSRIs kill people sexually but the addition of Buproprion

pathetic psychotherapist didnt point out to me that I was depressed (even though it was

blindingly obvious). I will never forgive him for that & I will always be grateful to my kind &

party as she gifts her

Daughter of Kim and

aunt a \$3k purse

Kanye West

(wellbutrin/zyban) reverses that side effect completely (available online, everyone!). Theres no such thing as a free lunch, but these things work, for a time. Depression doesnt just go away.

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5

Poppy, E Anglia, 3 years ago

Many people prescribed these medications overuse them. And many people go online to buy medication only obtained in the UK on prescription. Others misuse them by mixing them with other medication. People need to take responsibility for abusing their medication and not checking the side effects and the correct to take meds.

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Pictured: Bitter gunman, 38, who shot five dead in the Capital Gazette newsroom, after he sued the paper and harassed staff over 2011

Jarrod W. Ramos, 38, is the gunman who shot dead five people and injured two others at Maryland's Capital Gazette newsroom on Thursday in a...

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4 videos

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Thomas Ward (left), 43, John Ward (right), 33 and Patrick Ward, 32, appeared in court charged with burglary and criminal damage. Thwaites...

1 video

JAN MOIR: Ant McPartlin and the hell of being wed to a star when you're not famous

Amid the wreckage of another celebrity marriage, dumped wife Lisa Armstrong has flown half-way around the world to get over her heartbreak.

comments

1 video

Has the secret of Stonehenge been solved? Study claims to have found the 'stone highway' used to transport the massive monoliths from Wales...

The mystery of how the gigantic stones of Stonehenge were transported may have finally been solved.

comments

1 video

- Olivia Munn poses up a storm in a red strapless bikini as she soaks up the sun in Spain Shared a glimpse of her sun-soaked holiday
- Holly Willoughby and Phillip Schofield arrive at This Morning on 11tonne tank to honour Armed Forces Day Arriving in military style on Thursday
- PRevealed: How it cost £1.4MILLION to repair the roof of Harry and Meghan's 'future home' - the palatial Apartment 1 at Kensington Palace According to new report
- Don't rain on her parade! Queen Letizia of Spain stuns in a crimson gown as she shelters from the downpour in Girona Well protected
- It's a family affair!
 Monaco's royals don
 historical costumes to
 celebrate the country's
 culture during a day of
 fun at the Prince's
 Palace
- Tamara Ecclestone heads to birthday lunch with husband Jay and sister Petra after being surprised with a room of BALLOONS and mariachi band
- Rebecca Loos' after the Beckham scandal: Foraging for food and topless hikes... PA's transformation from 'The Other Woman' to a mountain-dwelling yogi
- Heidi Klum, 45, looks good even during a NYC rainstorm as she cuddles with daughter Lou under an umbrella School's out and it's summer camp time
- Margot Robbie wears Band-Aid on her neck as she prepares to star as Sharon Tate opposite Brad Pitt and Leonardo DiCaprio in Tarantino film

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Stanley Anderson, star of Spider-Man and Seinfeld, dies at 78 after brain cancer diagnosis Popular American TV and film star passed away on Sunday

Love Island's Zara

http://www.cochrane.org/news/statement-cochrane

Statement from Cochrane

Cochrane has a long tradition of vigorous, open scientific debate that we cherish, and we want to play a constructive role in the current debate on the evidence relating to the benefits and harms of psychiatric drugs, resulting in better health decision-making and patient care. However, Cochrane's ability to take part in the debate is damaged if we are falsely perceived to have taken a partisan position that we do not hold.

In his article 'Prescription pills are Britain's third biggest killer' (*MailOnline*, 15 September 2015) Professor Peter Gøtzsche writes that: 'As an investigator for the independent Cochrane Collaboration – an international body that assesses medical research – my role is to look forensically at the evidence for treatments' and goes on to make a series of statements about the effects of psychiatric drugs and their use by doctors in the UK. These comments could be misconstrued as indicating that Professor Gøtzsche is conducting this work on behalf of Cochrane.

Cochrane wishes to state unequivocally that the views Professor Gøtzsche has expressed on the benefits and harms of psychiatric drugs are not those of the organisation. As primarily a research organization Cochrane does not make clinical recommendations and we have not done so on this issue.

Professor Gøtzsche is an experienced researcher and he is the Director of the Nordic Cochrane Centre. He is free to interpret the evidence as he sees fit. He has an obligation, however, to distinguish sufficiently in public between his own research and that of Cochrane – the organization to which he belongs. There are a wide range of views within Cochrane on the benefits and harms of psychiatric drugs, of which Professor Gøtzsche's is one.

Lisa Bero and Cindy Farquhar, Steering Group Co-Chairs Mark Wilson, CEO David Tovey, Editor in Chief

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