

Peter Lehmann

About the Intrinsic Suicidal Effects of Neuroleptics

Guest lecture

Qualitative Research on Mental Health Conference

University of Nottingham

July 5, 2012

www.peter-lehmann.de/articles/lehmann/pdf/injury.pdf

www.peter-lehmann.de/docu/nottingham2012.pdf

Topics

- Reductionist vision of humanity, personality, soul, self
- Mortality registers
- Risk factors for depression and suicidality
- Medical and especially pharmacological reasons
- Main effect of the drug
- Double-blind studies, epidemiological surveys, and first hand reports
- Suicide registers to gather and present findings
- Risk factor: Major pharmaceutical companies
- Consequences and next steps

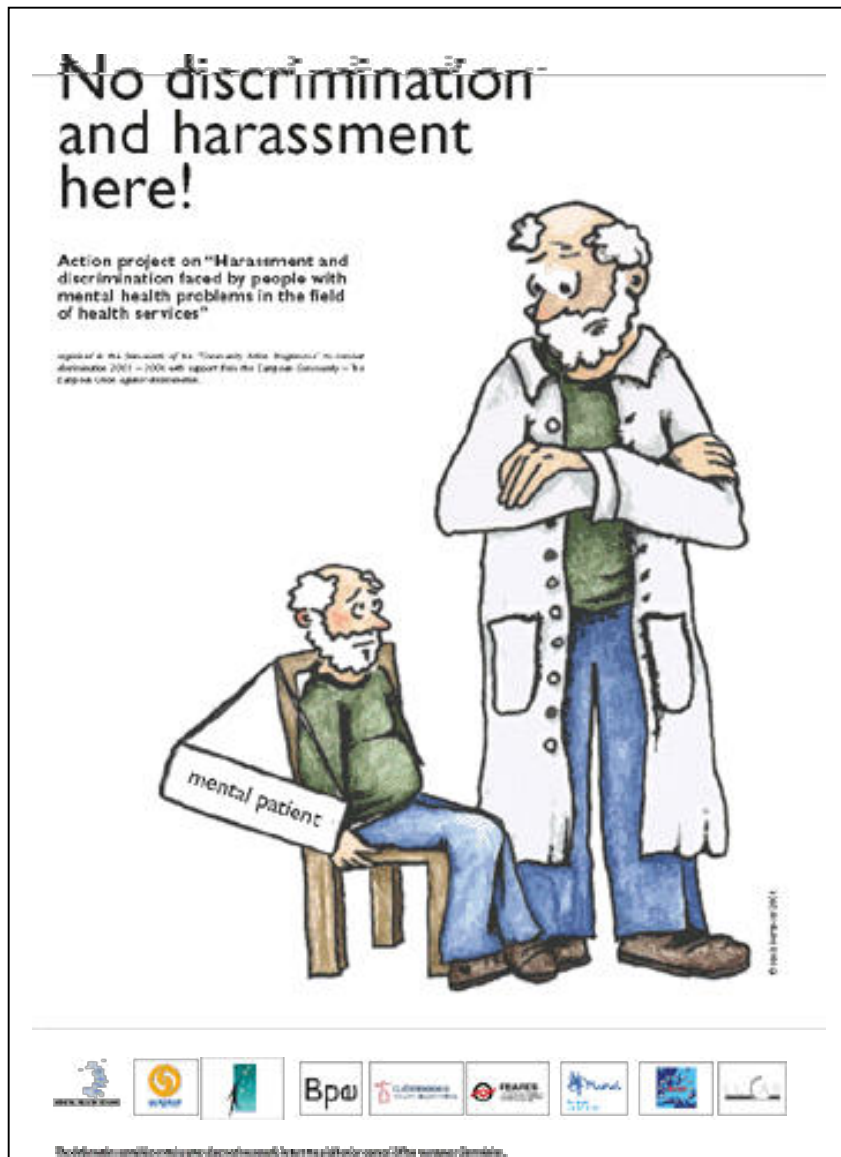
Reductionist vision of humanity, personality, soul, self

“Everything that we feel is simply chemical: being moved by looking into the sunset, love, attraction, whatever - they are all biochemical processes, we have a laboratory in our heads” (Woggon, cited in “Alles”, 2000, p. 54).

“We temporarily turn the mentally suffering patient into a person with an organic brain disease, with ECT (*electroconvulsive “therapy”*) it happens in a more global way, but for a substantially shorter period of time than with pharmacological therapy” (Dörner & Plog, 1992, p. 545).

“Alles, was wir fühlen” (2000, June 8). *Weltwoche* (Zurich), pp. 53-54.

Dörner, K., & Plog, U. (1992). *Irren ist menschlich*. 7th edition. Bonn: Psychiatrie-Verlag.



Action project against
"Harassment and discrimination
faced by people with mental
health problems in the field
of health services"

organised in the framework of the
European Union's "Community
Action Programme" to combat
discrimination 2001-2006

- Guarantee to respect human rights in a pro-active way, for example, **through legal protection of advance directives, or through the introduction of a suicide register.**

Discrimination: Reduced Life-expectance

- Life-expectancy of psychiatric patients with the diagnosis “schizophrenia” is reduced by—on average—two to three decades (Weinmann et al., 2009).
- Suicide: the most frequent cause of premature death in “schizophrenics” (Schneider, 2003).

Weinmann, S., Read, J., & Aderhold, V. (2009). Influence of antipsychotics on mortality in schizophrenia: Systematic review. *Schizophrenia Research*, Vol. 113(1), pp. 1-11

Schneider, B. (2003). *Risikofaktoren für Suizid*. Regensburg: Doderer.

Discrimination: Reduced Life-expectance

"In patients with one or more filled prescription for an antipsychotic drug, an inverse relation between mortality and duration of cumulative use was noted..." (Tiihonen et al., 2009, p. 1).

"Our results suggest that usage of antipsychotic medication has a beneficial effect on all-cause mortality, and also to some degree on suicide mortality" (Haukka et al., 2008, pp. 691-692).

Tiihonen, J., Lönnqvist, J., Wahlbeck, K., et al. (2009). 11-year follow-up of mortality in patients with schizophrenia: a population-based cohort study (FIN11 study). *Lancet*, Vol. 374(9690), pp. 620-627.

Haukka, J., Tiihonen, J., Härkänen, et al. (2008). Association between medication and risk of suicide, attempted suicide and death in nationwide cohort of suicidal patients with schizophrenia. *Pharmacoepidemiology and Drug Safety*, Vol. 17(7), pp. 686-696.

Risk Factors for Depression and Suicidality

- Political factors
- Social and economic factors
- Emotional and physical factors
- Psychiatric factors
- Medical factors (Infections like hepatitis, endocrinological diseases like morbus Cushing, Parkinson, metabolic disorders, genetic abnormalities in the serotonin system, etc.)
- Pharmacological factors: medical drugs like tuberculostatics, antihypertensive drugs, chemotherapeutics, oral contraceptive pills, special vitamins or drugs to treat addiction, etc.; psychiatric drugs like tranquilizers, mood stabilizers like antiepileptics, antidepressants, neuroleptics

Risk Factors for Depression and Suicidality

- Tranquilizers
- Mood Stabilizers
- Antidepressants

In 2004, the Medical Drug Commission of German Medical Professionals came to the conclusion

"... that, especially in connection with the severe excitatory side effects of SSRI, you have to expect a risk of suicidal activities generally and non age-related, which is illustrated by accordant case reports."



<http://ssristories.com>

Risk Factors for Depression and Suicidality

- **Neuroleptics**

Frank J. Ayd, Psychiatric Department of the Franklin Square Hospital in Baltimore, USA:

“There is now general agreement that mild to severe depressions that may lead to suicide may happen during treatment with any depot neuroleptic, just as they may occur during treatment with any oral neuroleptic. These depressive mood changes may transpire at any time during depot neuroleptic therapy. Some clinicians have noted depressions shortly after the initiation of treatment; others have observed this months or years after treatment was started” (p. 497).

Ayd, F. J. (1975). The depot fluphenazines. *American Journal of Psychiatry*, 132, 491-500.

Risk Factors for Depression and Suicidality

- **Neuroleptics**

Peter Müller, Psychiatric Department of the University of Göttingen, Germany, after double-blind withdrawal:

“Their change was quite impressive to themselves, their relatives and their medical examiners in some cases. The patients reported that now they felt completely healthy again. In the group of people still treated with psychiatric drugs, this was mostly not the case. These results quite definitely speak for pharmacogenic influences and against psychiatric morbidity developments” (p. 64).

Müller, P. (1981). *Depressive Syndrome im Verlauf schizophrener Psychosen*. Stuttgart: Enke Verlag.

Risk Factors for Depression and Suicidality

- **Neuroleptics**

Rolf Hessö, Psychiatric Department of the University of Oslo, Norway, about the development in Finland, Sweden and Norway in the 70s; it seemed to be clear,

“... that the increased incidence of suicide, both absolutely and relatively, started in the year 1955. This was the year that neuroleptics were introduced in Scandinavian psychiatric hospitals” (p. 122).

Hessö, R. (1977). Suicide in Norwegian, Finnish, and Swedish hospitals. *Archiv für Psychiatrie und Nervenkrankheiten*, 224, 119-127.

Risk Factors for Depression and Suicidality

- **Neuroleptics**

Regina Bellion, Bremen, Germany:

"I vegetate behind my neuroleptic wall and I am locked out of the world and out of life. The real world is further from me than Pluto is from the sun. My own secret world is also gone - my last refuge, and I had destroyed it with Haldol. This is not my life. This is not me. I may as well be dead. ... Before winter comes I will hang myself. But before that I want to try and see if my life would be different without Haldol. I reduce ... After one month I am clean. ... I wash my hair, ... clean the apartment. ... I even enjoy doing this. I can think again" (p. 280).

Bellion, R. (2004). After withdrawal, the difficulties begin. In P. Lehmann (Ed.), *Coming off psychiatric drugs* (pp. 279-290). Berlin / Eugene / Shrewsbury: Peter Lehmann Publishing.

Risk Factors for Depression and Suicidality

- **Neuroleptics**

Hans Heimann & Nikolaus Witt, Psychiatric Department of the University of Berne, Switzerland, test subject experience with chlorpromazine (Largactil, Thorazine):

“I felt physically and mentally ill. Suddenly my whole situation appeared hopeless and difficult. Above all, the fact that one can be so miserable and exposed, so empty and superfluous, neither filled by wishes nor by something else, was torturing” (p. 113).

Heimann, H., Witt, P. N. (1955). Die Wirkung einer einmaligen Largactilgabe bei Gesunden. *Monatsschrift für Psychiatrie und Neurologie*, 129, 104-123.

Suicide Registers

By Survivors of Psychiatry

- 1983 founding of the “Registration Center for (Self-) Murders by Psychiatric Treatment”.
- Public leafleting and warning of suicides caused by neuroleptics.
- Expenditure of human labor and the bereaveds’ anguish when they realized the true causes of their loved ones’ deaths.
- Public call to support the initiative financially and structurally, without results.

Suicide Registers

By Psychiatrists

- 1991 founding of a drug-monitoring system in the psychiatric field in the German Bundesland Bavaria, including the registration of preferential triggering of suicide attempts and suicides by drugs.
- Problems with the definition of suicidality.
- Further development of questionnaires and registration cards.
- Uninterested in offers by (ex-) users and survivors of psychiatry to discuss the possibility of including them.
- No results.

Suicide Registers

By a Governmental Administration

2006, “Lex Maria”: All suicides in Sweden committed in the healthcare system should be reported for investigation to the National Board of Health and Welfare.

Janne Larsson about the 2007 data:

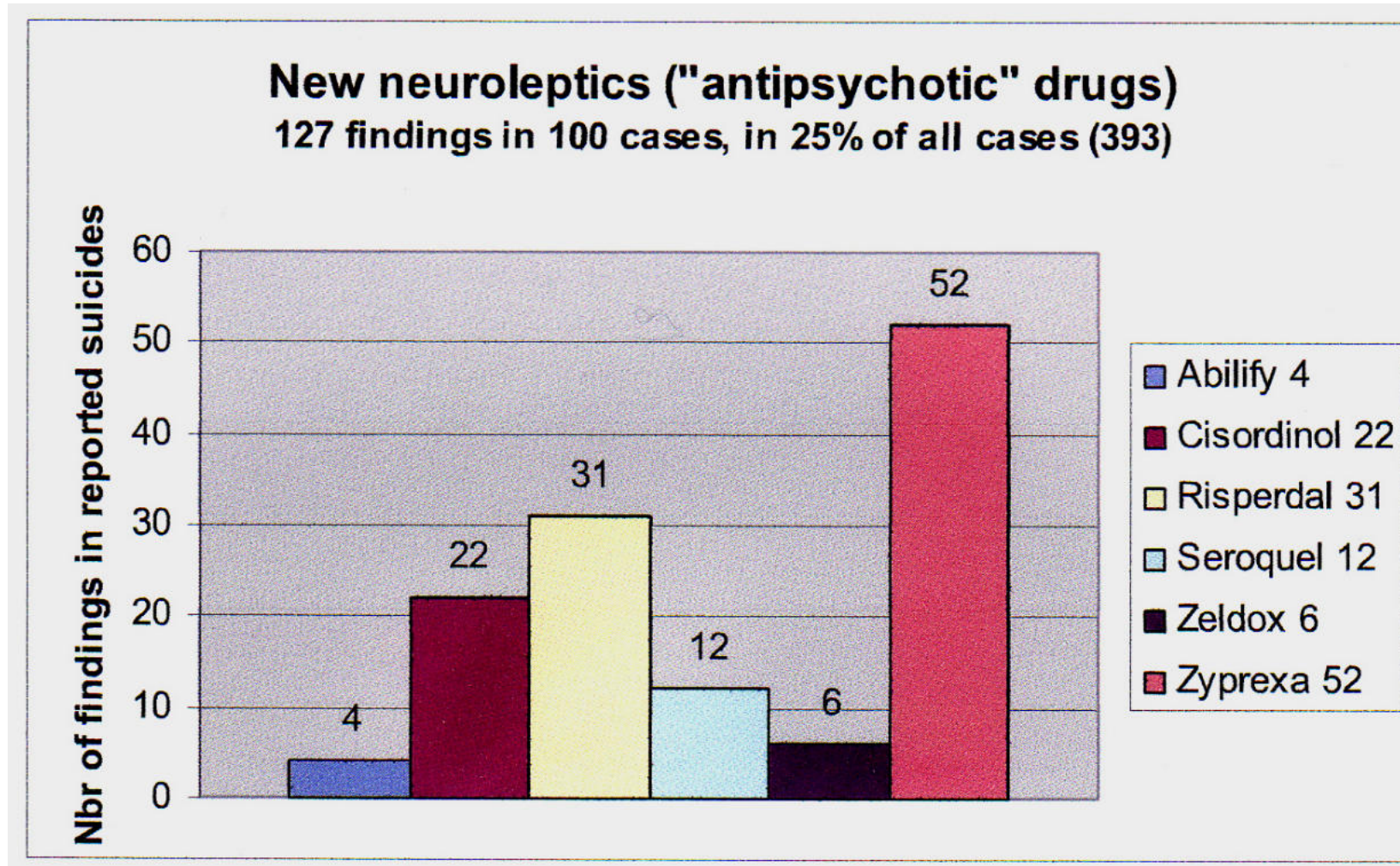
“ In total, according to the data received, 393 cases were reported to the six regional offices for 2007. (...) In 338 of the 393 cases - 86% of the cases - the persons were treated with psychiatric drugs within one year of their suicide” (pp. 17-18).

Larsson, J. (2009). *Psychiatric drugs & suicide in Sweden 2007: A report based on data from the National Board of Health and Welfare.*

Retrieved June 26, 2010, from <http://psychiatricdrugs.jannel.se/#home>

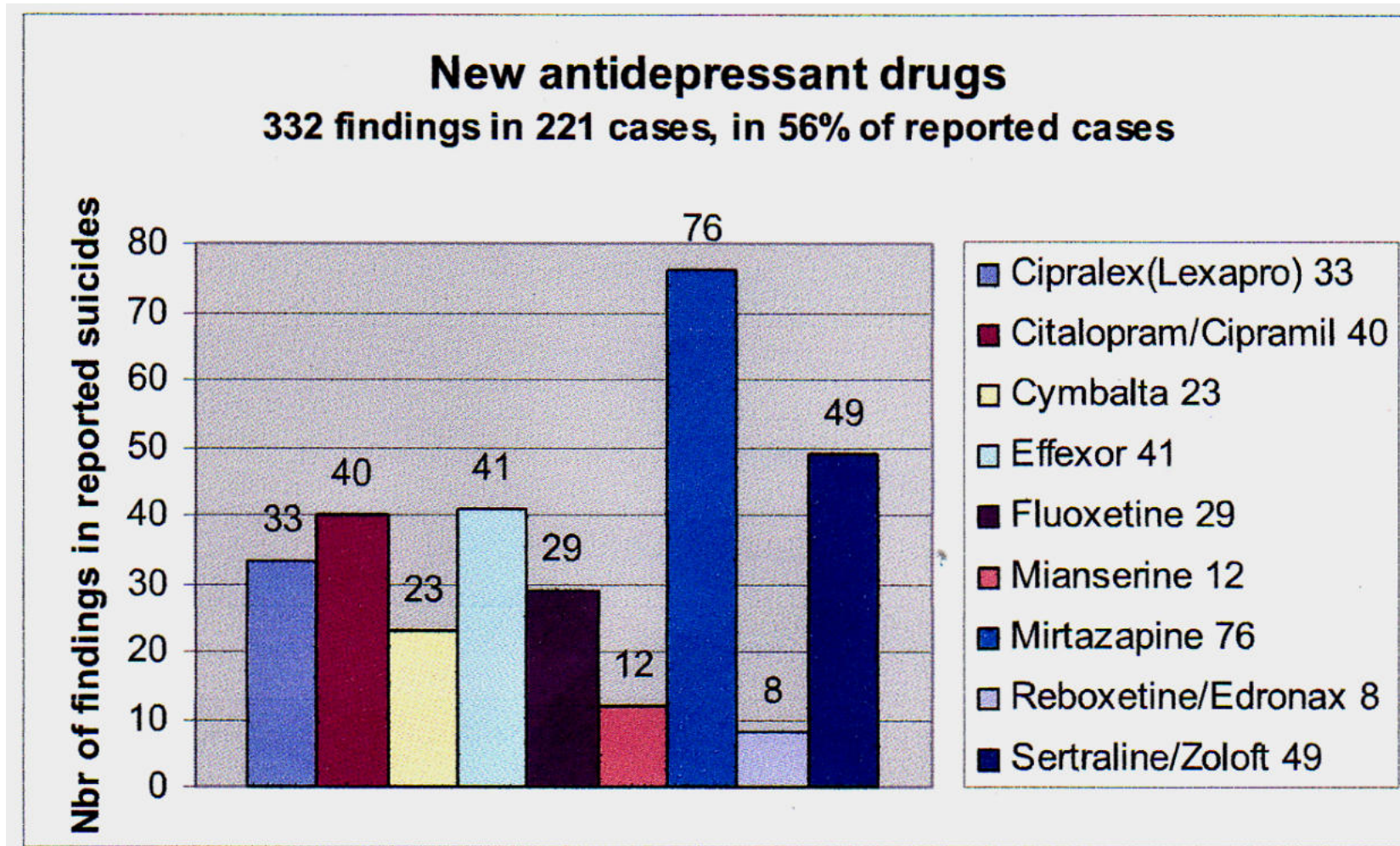
Suicide Registers

Janne Larsson, 2007 data, p. 26:



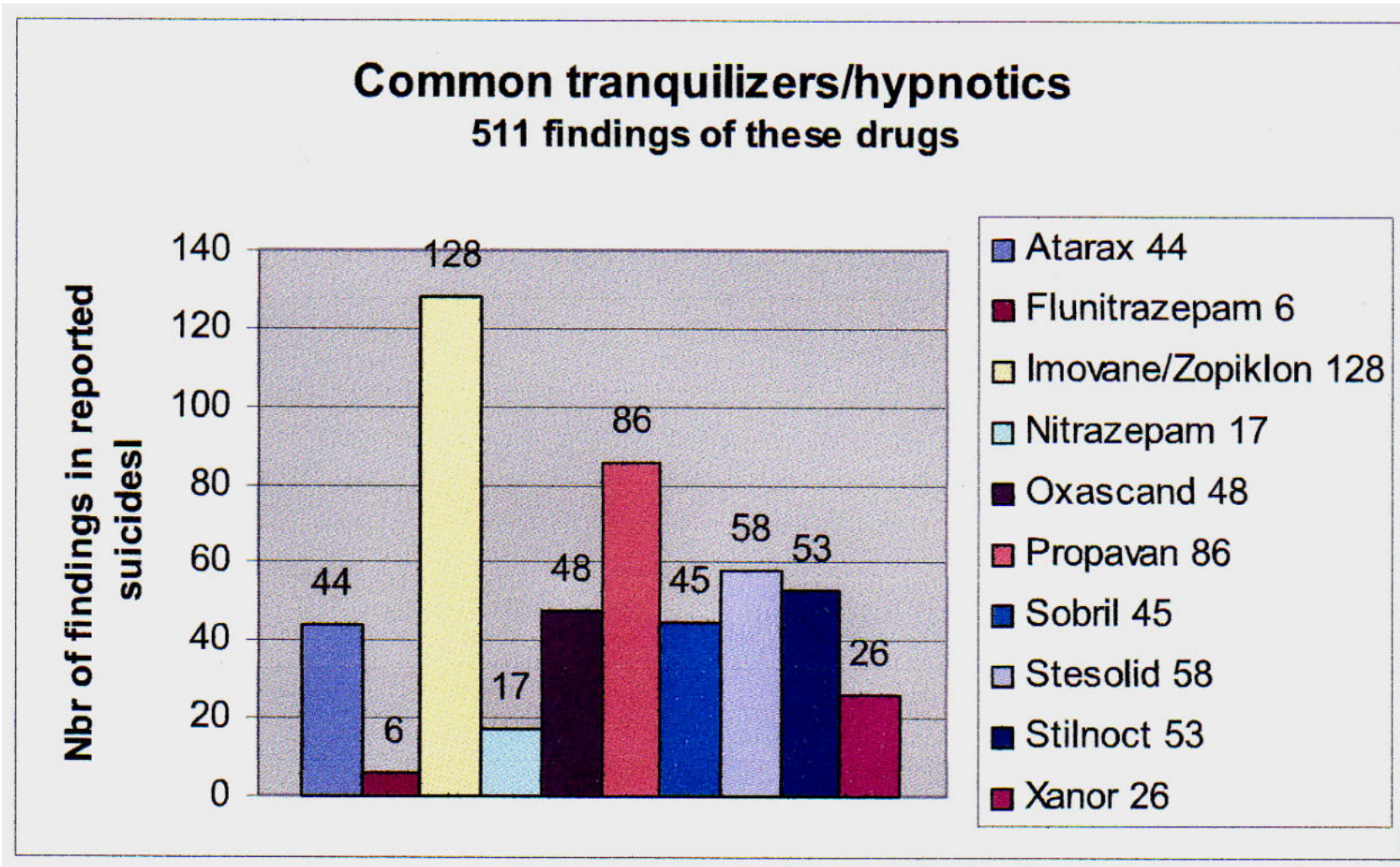
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Janne Larsson, 2007 data, p. 26:



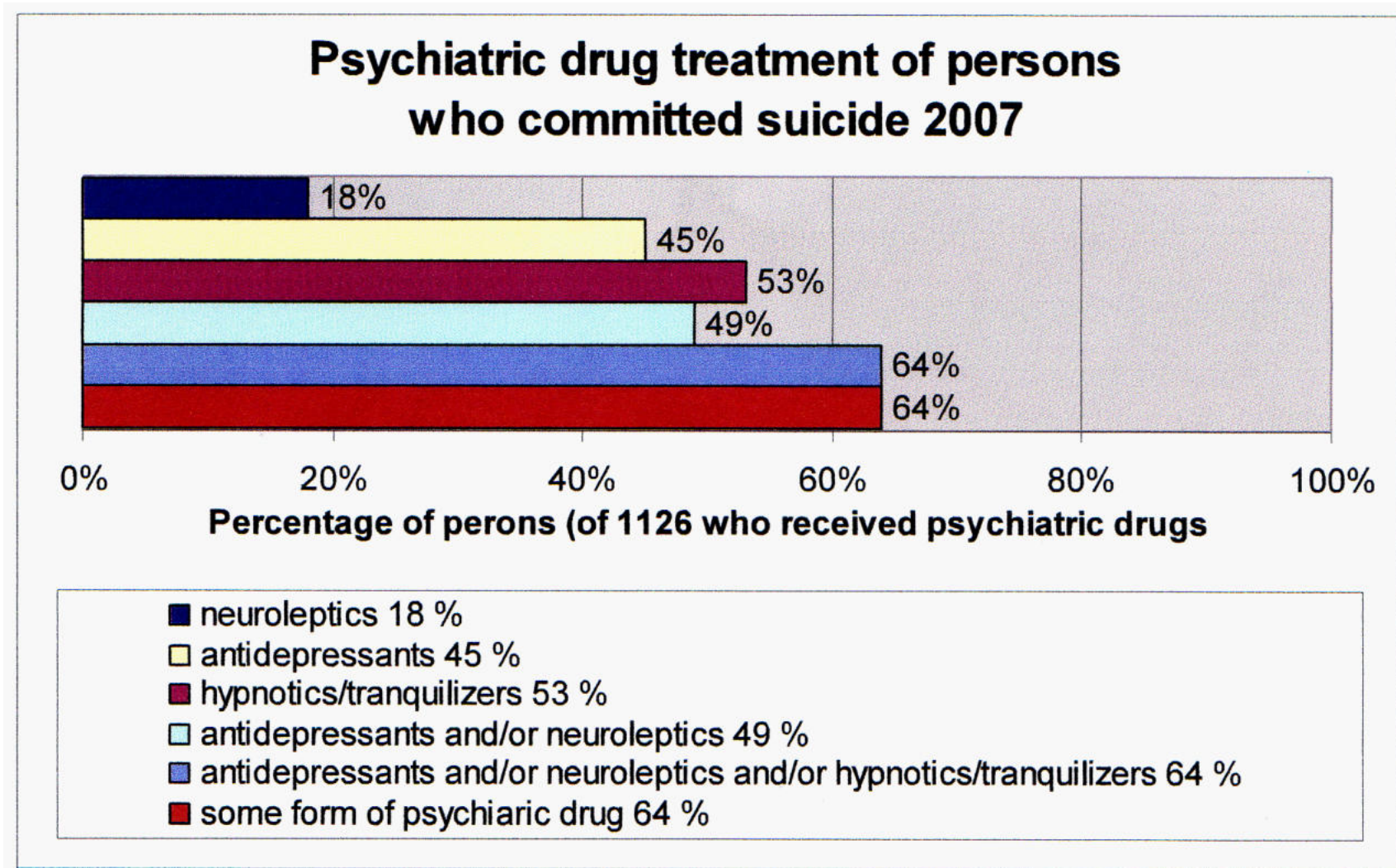
Suicide Registers

Janne Larsson, 2007 data, p. 26:



Suicide Registers

2007 data, p. 8 (from the National Board of Forensic Medicine):



Suicide Registers

By a Governmental Administration

Janne Larsson about the results:

"In 0% (!) of these cases was the suicide reported as a drug adverse event to the registry for drug adverse events at the Medical Products Agency (MPA). ... Instead of Eli Lilly claiming that the drug Zyprexa was involved in 0 cases of suicide in Sweden 2007, the fact was that the drug was involved in 52 cases in this subgroup of 338 persons. Instead of Wyeth claiming the same for Effexor, the fact was that the drug was involved in 41 cases in this group." (pp. 23 / 25).

Larsson, J. (2009). *Psychiatric drugs & suicide in Sweden 2007: A report based on data from the National Board of Health and Welfare.*

Retrieved June 26, 2010, from <http://psychiatricdrugs.jannel.se/#home>

More Risk Factors: Pharmaceutical Networks and Electroshock

Thematic Conference within the Series organized under the European Pact for Mental Health and Well-being entitled “Prevention of Depression and Suicide – Making it Happen,” organized jointly by the Ministry of Health of the Republic of Hungary and the European Commissions’ Directorate of Health and Consumers with the support of the Swedish European Union Presidency and in collaboration with the WHO Regional Office for Europe on December 10-11, 2009 in Budapest

Depression Expert Platform: A neutral multi-stakeholder coalition of healthcare professionals (psychiatrists, psychologists, GPs) and organisations (patients, carers, health economists and the workplace)

http://ec.europa.eu/health/mental_health/docs/ev_20091210_co30_en.pdf

www.peter-lehmann.de/docu/nottingham2012.pdf

More Risk Factors: Pharmaceutical Networks and Electroshock

- GAMIAN-Europe (Global Alliance of Mental Illness Advocacy Networks), “independent patient-driven organization”, obviously created by Bristol-Myers Squibb, financed by Lundbeck, AstraZeneca, GlaxoSmithKline, Eli Lilly, Pfizer etc.
- EUFAMI (European Federation of Associations of Families of People with Mental Illness), financed by Lundbeck, Novartis, Bristol-Myers, Janssen, AstraZeneca, Lilly, Pfizer, Roche, etc.
- Norman Sartorius, member of the Lundbeck International Neuroscience Foundation Faculty, a former director of the WHO’s Division of Mental Health a former WPA-president, having significant financial or other affiliation with Lundbeck, Janssen-Cilag, Lilly, Pfizer, Wyeth, etc.

Consequences and Next Steps

- Updated product labeling has to include a warning about an increased risk of suicidal thoughts or actions.
- Involvement of experienced and independent (ex-) users and survivors of psychiatry as keynote speakers, experts and teachers.
- Inclusion of independent organisations in prevention programs and monitoring bodies, exclusion of major pharmaceutical companies and of psychiatrists and organisations in conflict of interest.
- Advance directives [see Laura Ziegler (2007). Upholding psychiatric advance directives: „The rights of a flea”. In P. Stastny & P. Lehmann (Eds.), *Alternatives beyond psychiatry* (pp. 318-328). Berlin / Eugene / Shrewsbury: Peter Lehmann Publishing].

Consequences and Next Steps

User-led Research

Jan Wallcraft, research fellow of Birmingham University and University of Hertfordshire and freelance mental health consultant and researcher:

“Involving service users/survivors in setting priorities, designing and carrying out research is likely to result in better quality research on more relevant topics. Service user/survivor-led research such as *Strategies for Living* can ask questions that are independent of existing services and treatments” (2007, p. 349).

Wallcraft, J. (2007): User-led research to develop an evidence base for alternative approaches. In: P. Stastny & P. Lehmann (Eds.), *Alternatives beyond psychiatry* (pp. 342-351). Berlin / Eugene / Shrewsbury: Peter Lehmann Publishing.

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www.peter-lehmann.de/docu/nottingham2012.pdf