Summary of "Anatomy of An Epidemic" by Robert Whitaker, 2010

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1. Robert Whitaker has researched and written extensively on the boom in use of drugs to supposedly treat mental illness. He reports that the alleged biological causes of mental disorders have never been discovered despite more than a century of research, and that psychiatric drugs are actually fueling the epidemic of disabling mental illness.
2. The US spent $27 billion on anti-depressants and anti-psychotics in 2007. Yet the number of disabled mentally ill has skyrocketed from 1 in 184 Americans on disability for mental illness in 1987 to 1 in 76 in 2007. Since 1990 the number of children with mental illness has doubled.
3. The American Psychiatric Association publishes the "Diagnostic and Statistical Manual" which lists and describes supposed mental disorders and assumes that these conditions are the result of "chemical imbalances in the brain" or other physical deformities or malfunctions. The research has never supported that a chemical imbalance in the brain exists for things such as depression or schizophrenia. In fact a recent study found that the "serotonin theory" for depression is completely wrong and anti-depressants are useless. http://www.spring.org.uk/2015/02/the-science-of-anti-depressant-medication-is-based-on-totally-backward-facts.php
4. Children today grow up believing that there is such a thing as "mental illness" and that there is something "wrong with their brain if they have "ADHD" or "depression." This communicates a hopelessness about their condition that is incorrect and teaches them to be passively accepting of their behavior, rather than actively seek to change it.
5. Even in the 1950s when drugs were first developed for mental disorders doctors knew they were not curing or actually treating any disease, but producing an effect. Yet most Americans now believe that drugs like Prozac or Ritalin actually treat a disease. "None of these drugs had been developed after scientists had identified any disease process or brain abnormality that might have been causing their symptoms." (p. 54)
6. In the 1960s, drugs that started out as tranquilizers were renamed "anti-psychotics." Muscle relaxants were called "mood normalizers." The psychic energizers were "anti-depressants." This led people to believe these drugs fought a disease and were comparable to antibiotics.
7. Numerous studies, including a 1984 NIMH study, found no connection between serotonin levels as a cause of depression. "There is no scientific evidence whatsoever that clinical depression is due to any kind of biological deficit state." (p.75)
8. Since the late 1980s, the theory that dopamine imbalance causes schizophrenia has been discredited by research, yet the pharmaceutical companies continue to insist that it does.
9. "The low-serotonin hypothesis of depression and the high-dopamine hypothesis of schizophrenia had always been the twin pillars of the chemical-imbalance theory of mental disorders, and by the late 1980s, both had been found wanting. Other mental disorders have also been touted to the public as diseases caused by chemical imbalances, but there was never any evidence to support those claims. Parents were told that children diagnosed with attention deficit hyperactivity disorder suffered from low dopamine levels, but the only reason they were told that was because Ritalin stirred neurons to release extra dopamine. This became the storytelling formula that was relied upon by pharmaceutical companies again and again. Researchers would identify the mechanism of action for a class of drugs, how the drugs either lowered or raised levels of a brain neurotransmitter, and soon the public would be told that people treated with those medications suffered from the opposite problem." (p. 77-8)
10. "'The evidence does not support any of the biochemical theories of mental illness,' concluded Elliot Valenstein, a professor of neuroscience at the University of Michigan, in his 1998 book *Blaming the Brain*. Even U.S. surgeon general David Satcher, in his 1999 report *Mental Health*, confessed that 'the precise causes of mental disorders are not known.' In *Prozac Backlash*, Joseph Glenmullen, an

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instructor of psychiatry at Harvard Medical School, noted that 'in every instance where such an imbalance was thought to be found, it was later proved to be false.' Finally, in 2005, Kenneth Kendler, coeditor in chief of *Psychological Medicine*, penned an admirably succinct epitaph for this whole story: 'We have hunted for big, simple neurochemical explanations for psychiatric disorders and have not found them.'" (p. 78-9)

11. Prozac (fluoxetine) was an early anti-depressant and called a "selective serotonin reuptake inhibitor." It blocks the pickup of serotonin by neurons in the brain, leaving excess amounts. This signals the presynaptic neurons to stop sending serotonin. But research shows the brain adjusts, reducing the serotonin receptors so that postsynaptic neurons become desensitized to serotonin. The brain has adapted to the drug and become altered by the use of the SSRI in a harmful way. The same effect occurs with dopamine and anti-psychotic drugs.
12. "Antipsychotics, antidepressants, and other psychotropic drugs, [Steve Hyman, director of the NIMH] wrote, 'create perturbations in neurotransmitter functions.' In response, the brain goes through a series of compensatory adaptations… However, after a period of time, these compensatory mechanisms break down. 'The "chronic administration" of the drug then causes 'substantial and long-lasting alterations in neural function,' Hyman wrote. As part of this long-term adaptation process, there are changes in intracellular signaling pathways and gene expression. After a few weeks, he concluded, the person's brain is functioning in a manner that is 'qualitatively as well as quantitatively different from the normal state."' (p. 83)
13. Benzodiazepines, such as Xanax and Klonopin, after one week have WORSE long-term effectiveness compared to placebo (sugar pill). On benzos, patients report increase in anxiety symptoms and symptoms of panic attacks and agoraphobia may appear for the first time. A 2007 study found that 75% of benzo users were 'markedly to extremely ill.'" (p. 137) Long-term benzo use causes cognitive impairment, such as trouble focusing, remembering things, learning new material, and solving problems. (p. 137)
14. "University of Michigan investigators determined that taking this drug [benzos] was 'associated with poor quality of life, poor performance in work and personal life, low social support, perceived lack of internal control, poor perceived health and high levels of stress.' Ashton determined that long-term use led to 'malaise, ill-health, and elevated scores for neuroticism.'" (p. 138)
15. Withdrawing from benzodiazepines causes increased anxiety over initial levels. Other withdrawal side effects include insomnia, seizures, tremors, headaches, blurred vision, ringing in the ears, extreme sensitivity to noise, a feeling that insects were crawling on the skin, nightmares, hallucinations, extreme depression, depersonalization, and derealization. Some patients describe it as "living death." Long-term benzo use causes functional changes in the central nervous system, and structural neuronal damage. (p. 131)
16. Many studies show that people who do NOT take medications have better long-term outcomes.
17. Side effects of SSRIs: sexual dysfunction, suppression of REM sleep, muscle tics, fatigue, emotional blunting, apathy. Long-term effects include memory impairment, problem-solving difficulties, loss of creativity, learning deficiencies. SSRIs may "reduce the density of synaptic connections in the brain, cause cell death in the hippocampus, shrink the thalamus, and trigger abnormalities in frontal-lobe function." (p. 170)
18. Bi-polar Depression: "A Yale University School of Medicine study found that patients treated with antidepressants converted to bipolar at the rate of 7.7 percent per year, which was three times greater than for those not exposed to the drugs. As a result, over longer periods, 20 to 40 percent of all patients initially diagnosed with unipolar depression today eventually convert to bipolar illness." (p. 181)
19. ADHD: No biological cause has been found. Ritalin works by blocking dopamine reuptake, just as cocaine does. This causes the brain to adapt, because dopamine is remaining in the synaptic cleft too long. After Ritalin use, the density of dopamine receptors on the postsynaptic neurons declines, leading to a decrease in the ability to experience positive emotions and pleasure. Ritalin also acts on serotonin and norepinephrine neurons and that causes similar compensatory changes in those two pathways. Receptor densities for serotonin and norepinephrine decline.

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20. Ritalin causes a decrease in social interactions, reduction in humor and pleasure, reduction in emotional expression, lack of spontaneity or joy, social withdrawal, passivity and submission. Stimulants cause children to be withdrawn and overfocused, impairing learning, reducing higher-order cognitive functioning and flexible problem solving. Several studies show Ritalin does not increase academic performance. “Stimulants do not produce lasting improvements in aggressivity, conduct disorder, criminality, educational achievement, job functioning, marital relationships, or long-term adjustment,” according to 30 years of research. (p. 226) A long-term NIMH study found that “‘The long-term efficacy of stimulant medication has not been demonstrated for any domain of child functioning.’” (p. 226) In fact, a 3-year NIMH study found that “‘medication was a significant marker not of beneficial outcome, but of deterioration. That is, participants using medication in the 24-to-16-month period actually showed increased symptomatology during that interval relative to those not taking medication.’… in addition those on meds had higher ‘delinquency scores’ at the end of three years…. Medication use was ‘associated with worse hyperactivity-impulsivity and oppositional defiant disorder symptoms’ and with greater ‘overall functional impairment.’” (p. 227)
21. Ritalin and other ADHD medication cause a long list of physical, emotional, and psychiatric adverse effects. The physical problems include drowsiness, appetite loss, lethargy, insomnia, headaches, abdominal pain, motor abnormalities, facial and vocal tics, jaw clenching, skin problems, liver disorders, weight loss, growth suppression, hypertension, and sudden cardiac death. The emotional difficulties include depression, apathy, a general dullness, mood swings, crying jags, irritability, anxiety, and a sense of hostility toward the world. The psychiatric problems include obsessive-compulsive symptoms, mania, paranoia, psychotic episodes, and hallucinations. Methylphenidate (Ritalin) also reduces blood flow and glucose metabolism in the brain, changes that usually are associated with ‘neuropathologic states.’” (p. 228)
22. Use of SSRIs is deemed ineffective and harmful in children. SSRIs cause suicide risk, psychosis in 22%, mania in 6% and worsening of emotional, cognitive or behavioral symptoms such as panic attacks, anxiety, nervousness and hallucinations. 28% develop “behavioral toxicity,” or becoming chronically depressed with or without the medications. They can develop “apathy syndrome,” with loss of motivation, increased passivity and flatness of affect.
23. Bipolar diagnosis in children increased 40 fold from 1993 to 2003. The prescribing of Ritalin and antidepressants took off in the late 1980s and early 1990s and the bipolar epidemic erupted. Methylphenidate (Ritalin) doubles severity of psychotic and manic symptoms. In a study of 195 bipolar children and adolescents, 65% had been on stimulants previously.
24. ADHD meds cause children to cycle through arousal and dysphoric states on a daily basis. When on the drug, dopamine levels increase causing intensified focus, increased energy, and hyperalertness. The child may become anxious, irritable, aggressive, hostile and unable to sleep. More extreme arousal symptoms include obsessive-compulsive and hypomanic behaviors. But when the drug exits the brain, dopamine levels in the synapse sharply drop, and this may lead to such dysphoric symptoms as fatigue, lethargy, apathy, social withdrawal, and depression. (p. 237)
25. A massive study (Weich et al., 2014). of 100,000 people http://www.spring.org.uk/2014/10/revealed-long-suspected-danger-of-anti-anxiety-and-sleeping-drugs.php] found that anti-anxiety drugs and sleeping drugs have a long-term risk for dementia. It found that taking anti-anxiety drugs (benzodiazepines — like diazepam and temazepam) or sleeping pills (like zolpidem/Ambien) doubled the risk of death.

Also read:
http://www.madinamerica.com/2015/02/stop-madness-coming-off-psych-meds/

http://www.spring.org.uk/2015/02/the-science-of-anti-depressant-medication-is-based-on-totally-backward-facts.php

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