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How Did 274,000 Babies End Up on Psychiatric Meds?

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STORY AT-A-GLANCE

- An estimated 21 million American adults experienced at least one major depressive episode in 2020. The highest rates reported for the past several years have consistently been among those aged between 18 and 25
- The vast majority are prescribed antidepressant drugs, despite the fact there's virtually no evidence to suggest they provide meaningful help, and plenty of evidence showing the harms are greater than patients are being told
- Hundreds of thousands of toddlers are also being medicated with powerful psychiatric drugs, raising serious ethical questions, along with questions about the future mental and physical health of these children
- There's no scientific evidence to suggest depression is the result of a chemical imbalance in your brain. A lot of the evidence suggests unhealthy living conditions are at the heart of the problem
- Antidepressants are not beneficial in the long term and antipsychotic drugs worsen outcomes over the long term in those diagnosed with psychotic disorders such as schizophrenia

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In the U.S., an estimated 21 million American adults experienced at least one major depressive episode in 2020.[1] The reported numbers for the past several years[2] have

consistently been highest among those aged between 18 and 25.[3] However, not only is there evidence that depression is vastly overdiagnosed, but there's also evidence showing it's routinely mistreated.

With regard to overdiagnosis, it's been ongoing for a long time, with one 2013 study[4] finding only 38.4% of participants with clinician-identified depression actually met the DSM-4 criteria for a major depressive episode, and only 14.3% of seniors 65 and older met the criteria.

As for treatment, the vast majority are prescribed antidepressant drugs, despite the fact there's little to no evidence to suggest they provide meaningful help, and plenty of evidence showing the harms are greater than patients are being told.

According to a 2017 study,[5] 1 in 6 Americans between the ages of 18 and 85 were on psychiatric drugs, most of them antidepressants, and 84.3% reported long-term use (three years or more). Out of 242 million U.S. adults, 12% were found to have filled one or more prescriptions for an antidepressant, specifically, in 2013. By 2021 in the midst of the pandemic, 1 in 4 Americans over age 18, or 50 million persons, were on prescription mental health drugs.[6]

According to data[7] presented by a watchdog group in 2014, hundreds of thousands of toddlers are also being medicated with powerful psychiatric drugs, raising serious ethical questions, along with questions about the future mental and physical health of these children.

And, a study published in The BMJ in 2013[8] found that "In utero exposure to both SSRIs and non-selective monoamine reuptake inhibitors (tricyclic antidepressants) was associated with an increased risk of autism spectrum disorders, particularly without intellectual disability" in the offspring.

Studies are also shedding much needed light on the addictive nature of many antidepressants, and demonstrate that the benefits of these drugs have been overblown while their side effects — including suicidal ideation — and have been downplayed and ignored for decades, placing patients at unnecessary risk.

The Chemical Imbalance Myth

One researcher responsible for raising awareness about these important mental health issues is professor Peter C. Gøtzsche, a Danish physician-researcher and outspoken critic of the drug industry (as his book, "Deadly Medicines and Organized Crime: How Big Pharma Has Corrupted Healthcare,"[9] suggests).

Gøtzsche helped found the Cochrane Collaboration in 1993 and later launched the Nordic Cochrane Centre. In 2018, he was expelled by the Cochrane governing board following the publication of a scathing critique of a Cochrane review of the HPV in which he and his coauthors pointed out several methodological flaws and conflicts of interest.

Over the past several years, Gøtzsche has published a number of scientific papers on antidepressants and media articles and a book discussing the findings. In a June 28, 2019 article,[10] Gøtzsche addresses "the harmful myth" about chemical imbalances — a debunked hypothesis that continues to drive the use of antidepressants to this day. He writes, in part:[11]

> *"Psychiatrists routinely tell their patients that they are ill because they have a chemical imbalance in the brain and they will receive a drug that fixes this …*
>
> *Last summer, one of my researchers and I collected information about depression from 39 popular websites in 10 countries, and we found that 29 (74%) websites attributed depression to a chemical imbalance or claimed that antidepressants could fix or correct that imbalance …*
>
> *It has never been possible to show that common mental disorders start with a chemical imbalance in the brain. The studies that have claimed this are all unreliable.*[12]
>
> *A difference in dopamine levels, for example, between patients with schizophrenia and healthy people cannot tell us anything about what started the psychosis … [I]f a lion attacks us, we get terribly frightened and produce*

stress hormones, but this does not prove that it was the stress hormones that made us scared.

People with psychoses have often suffered traumatic experiences in the past, so we should see these traumas as contributing causal factors and not reduce suffering to some biochemical imbalance that, if it exists at all, is more likely to be the result of the psychosis rather than its cause.[13]

The myth about chemical imbalance is very harmful. It makes people believe there is something seriously wrong with them, and sometimes they are even told that it is hereditary.

The result of this is that patients continue to take harmful drugs, year after year, perhaps even for the entirety of their lives. They fear what would happen if they stopped, particularly when the psychiatrists have told them that their situation is like patients with diabetes needing insulin."

Real Cause of Depression Is Typically Ignored

According to Gøtzsche, there is no known mental health issue that is caused by an imbalance of brain chemicals. In many cases, the true cause is unknown, but "very often, it is a response to unhealthy living conditions," he writes.[14]

He also cites the book,[15] "Anxiety — The Inside Story: How Biological Psychiatry Got It Wrong," written by Dr. Niall McLaren, in which the author shows that anxiety is a major factor in and trigger of most psychiatric disorders.

"A psychiatrist I respect highly, who only uses psychiatric drugs in rare cases … has said that most people are depressed because they live depressing lives," Gøtzsche writes.

"No drug can help them live better lives. It has never been shown in placebo-controlled trials that a psychiatric drug can improve people's lives — e.g., help them return to work, improve their social relationships or performance at

school, or prevent crime and delinquency. The drugs worsen people's lives, at least in the long run.[16]*"*

Gøtzsche rightfully points out that antipsychotic drugs create chemical imbalances; they don't fix them. As a group, they're also somewhat misnamed, as they do not address psychotic states. Rather, they are tranquilizers, rendering the patient passive. However, calming the patient down does not actually help them heal the underlying trauma that, in many cases, is what triggered the psychosis in the first place.

As noted in one 2012 meta-analysis[17] of studies looking at childhood trauma — including sexual abuse, physical abuse, emotional/psychological abuse, neglect, parental death and bullying — and subsequent risk of psychosis:

"There were significant associations between adversity and psychosis across all research designs … Patients with psychosis were 2.72 times more likely to have been exposed to childhood adversity than controls … The estimated population attributable risk was 33% (16%-47%). These findings indicate that childhood adversity is strongly associated with increased risk for psychosis."

Economy of Influence in Psychiatry

A related article,[18] written by investigative journalist Robert Whitaker in 2017, addresses the "economy of influence" driving the use of antidepressant drugs in psychiatric treatment — and the "social injury" that results. As noted by Whitaker, mental disorders were initially categorized according to a disease model in 1980 by the American Psychiatric Association.

"We're all familiar with the second 'economy of influence' that has exerted a corrupting influence on psychiatry — pharmaceutical money — but I believe the guild influence is really the bigger problem," he writes.

Whitaker details the corruption within the APA in his book "Psychiatry Under the Influence," one facet of which is "the false story told to the public about drugs that fixed chemical imbalances in the brain." Other forms of corrupt behavior include:

- The biased designs of clinical trials to achieve a predetermined result
- Spinning results to support preconceived conclusions
- Hiding poor long-term outcomes
- Expanding diagnostic categories for the purpose of commercial gain
- Creating clinical trial guidelines that promote drug use

In his article, Whitaker goes on to dissect a 2017 review[19] published in the American Journal of Psychiatry, which Whitaker claims "defends the profession's current protocols for prescribing antipsychotics, which includes their regular long-term use."

As Whitaker points out, there's ample evidence showing antipsychotic drugs worsen outcomes over the long term in those diagnosed with psychotic disorders such as schizophrenia.

The review in question, led by American psychiatrist Dr. Jeffrey A. Lieberman, was aimed at answering persistent questions raised by the mounting of such evidence. Alas, their conclusions dismissed concerns that the current drug paradigm might be doing more harm than good.

> *"In a subsequent press release and a video for a Medscape commentary, Lieberman has touted it as proving that antipsychotics provide a great benefit, psychiatry's protocols are just fine, and that the critics are 'nefarious' individuals intent on doing harm,"* Whitaker writes.[20]

The Scientific Bias of Psychiatric Treatment

Five of the eight researchers listed on the review have financial ties to drug companies, three are speakers for multiple drug companies and all eight are psychiatrists, "and thus there is a 'guild' interest present in this review, given that they are investigating whether one of their treatments is harmful over the long-term," Whitaker notes.[21]

Not surprisingly, the review ignored studies showing negative effects, including studies showing antipsychotics have a detrimental effect on brain volume. What's more, while withdrawal studies support the use of antipsychotics as maintenance therapy over the long term, these studies do not address how the drugs affect patients' long-term health.

> *"They simply reveal that once a person has stabilized on the medication, going abruptly off the drug is likely to lead to relapse,"* Whitaker writes.[22] *"The focus on long-term outcomes, at least as presented by critics, provides evidence that psychiatry should adopt a selective-use protocol.*
>
> *If first-episode patients are not immediately put on antipsychotics, there is a significant percentage that will recover, and this 'spontaneous recovery' puts them onto a good long-term course. As for patients treated with the medications, the goal would be to minimize long-term use, as there is evidence that antipsychotics, on the whole, worsen long-term outcomes."*

Vast Majority of Psychotic Patients Are Harmed, Not Helped

In his deconstruction of Lieberman's review, Whitaker details how biased thinking influenced the review's conclusions. It's a rather long article, but well worth reading through if you want to understand how a scientific review can be skewed to accord with a preconceived view.

Details I want to highlight, however, include findings relating to the number needed to treat (NNT) and the percentage of patients harmed by the routine use of antipsychotic drugs as a first-line treatment.

As noted by Whitaker, while placebo-controlled studies reveal the effectiveness of a drug compared to an inert substance, they do not effectively reveal the ratio of benefit versus harm among the patient population. NNT refers to the number of patients that have to take the drug in order to get one positive response.

A meta-analysis cited in Lieberman's review had an NNT of 6, meaning that six patients must take the drug in order for one to benefit from the treatment. The remaining five

patients — 83% — are potentially harmed by the treatment. As noted by Whitaker:[23]

> *"The point … is this: reviewers seeking to promote their drug treatment as effective will look solely at whether it produces a superior response to placebo. This leads to a one-size-fits-all protocol.*
>
> *Reviewers that want to assess the benefit-harm effect of the treatment on all patients will look at NNT numbers. In this instance, the NNT calculations argue for selective use of the drugs …"*

Antidepressants Are Not Beneficial in the Long Term

While typically not as destructive as antipsychotics, antidepressants also leave a trail of destruction in their wake. A systematic review[24] by Gøtzsche published in 2019 found studies assessing harm from selective serotonin reuptake inhibitors (SSRIs) fail to provide a clear and accurate picture of the harms, and therefore "cannot be used to investigate persistent harms of antidepressants."

In this review, Gøtzsche and colleagues sought to assess "harms of SSRIs … that persist after end of drug intake." The primary outcomes included mortality, functional outcomes, quality of life and core psychiatric events. In all, 22 papers on 12 SSRI trials were included. Gøtzsche found several distinct problems with these trials. For starters, only two of the 12 trials had a drop-out rate below 20%.

Gøtzsche and his team also note that "Outcome reporting was less thorough during follow-up than for the intervention period and only two trials maintained the blind during follow-up." Importantly, though, all of the 22 papers came to the conclusion that "the drugs were not beneficial in the long term."

Another important finding was that all trials either "reported harms outcomes selectively or did not report any," and "Only two trials reported on any of our primary outcomes (school attendance and number of heavy drinking days)."

A few years later, in April 2022, a study using data from the United States' Medical Expenditures Panel Survey for patients who had depression found, "The real-world effect of using antidepressant medications does not continue to improve patients" health-related quality of life (HRQoL) over time.[25]

Antidepressants Are More Addictive Than Admitted

In a June 4, 2019, article,[26] "The Depression Pill Epidemic," Gøtzsche writes that antidepressant drugs:

> *"… do not have relevant effects on depression; they increase the risk of suicide and violence; and they make it more difficult for patients to live normal lives.[27] They should therefore be avoided.*
>
> *We have been fooled by the drug industry, corrupt doctors on industry payroll, and by our drug regulators.[28] Surely, many patients and doctors believe the pills are helpful, but they cannot know this, because people tend to become much better with time even if they are not treated.[29]*
>
> *This is why we need placebo-controlled trials to find out what the drugs do to people. Unfortunately, virtually all trials are flawed, exaggerate the benefits of the drugs, and underestimate their harms."*[30]

Addictive Nature of Antidepressants Skews Results

In his article,[31] Gøtzsche reviews several of the strategies used in antidepressant drug trials to exaggerate benefits and underestimate the harms. One little-known truth that helps skew study results in the drug's favor is the fact that antidepressants tend to be far more addictive than officially admitted. He explains how this conveniently hides the skewing of results as follows:[32]

> *"Virtually all patients in the trials are already on a drug similar to the one being tested against placebo. Therefore, as the drugs are addictive, some of the*

patients will get abstinence symptoms … when randomized to placebo …

These abstinence symptoms are very similar to those patients experience when they try to stop benzodiazepines. It is no wonder that new drugs outperform the placebo in patients who have experienced harm as a result of cold turkey effects.

To find out how long patients need to continue taking drugs, so-called maintenance (withdrawal) studies have been carried out, but such studies also are compromised by cold turkey effects. Leading psychiatrists don't understand this, or they pretend they don't.

Most interpret the maintenance studies of depression pills to mean that these drugs are very effective at preventing new episodes of depression and that patients should therefore continue taking the drugs for years or even for life."

Scientific Literature Supports Reality of User Complaints

Over the years, several studies on the dependence and withdrawal reactions associated with SSRIs and other psychiatric drugs have been published, including the following:

- In a 2011 paper[33] in the journal Addiction, Gøtzsche and his team looked at the difference between dependence and withdrawal reactions by comparing benzodiazepines and SSRIs. Benzodiazepines are known to cause dependence, while SSRIs are said to not be addictive.

  Despite such claims, Gøtzsche's team found that "discontinuation symptoms were described with similar terms for benzodiazepines and SSRIs and were very similar for 37 of 42 identified symptoms described as withdrawal reactions," which led them to conclude that:

  > *"Withdrawal reactions to selective serotonin re-uptake inhibitors appear to be similar to those for benzodiazepines; referring to these reactions as part*

of a dependence syndrome in the case of benzodiazepines, but not selective serotonin re-uptake inhibitors, does not seem rational."

- Two years later, in 2013, Gøtzsche's team published a paper[34] in the International Journal of Risk & Safety in Medicine, in which they analyzed "communications from drug agencies about benzodiazepine and SSRI withdrawal reactions over time."

  By searching the websites of drug agencies in Europe, the U.S., U.K. and Denmark, they found that it took years before drug regulators finally acknowledged the reality of benzodiazepine dependence and SSRI withdrawal reactions and began informing prescribers and patients about these risks.

  A significant part of the problem, they found, is that drug agencies rely on spontaneous reporting of adverse effects, which "leads to underestimation and delayed information about the problems."

  In conclusion, they state that "Given the experience with the benzodiazepines, we believe the regulatory bodies should have required studies from the manufacturers that could have elucidated the dependence potential of the SSRIs before marketing authorization was granted."

- A 2019 paper[35] in the Epidemiology and Psychiatric Sciences journal notes "It took almost two decades after the SSRIs entered the market for the first systematic review to be published." It also points out that reviews claiming withdrawal effects to be mild, brief in duration and rare "was at odds with the sparse but growing evidence base."

  In reality, "What the scientific literature reveals is in close agreement with the thousands of service user testimonies available online in large forums. It suggests that withdrawal reactions are quite common, that they may last from a few weeks to several months or even longer, and that they are often severe."

Antidepressants Increase Your Risk of Suicide and Violence

In his June 2019 article,[36] Gøtzsche also stresses the fact that antidepressants can be lethal. In one of his studies,[37] published in 2016, he found antidepressants "double the occurrence of events that can lead to suicide and violence in healthy adult volunteers."

Other research[38] has shown they "increase aggression in children and adolescents by a factor of 2 to 3 — an important finding considering the many school shootings where the killers were on depression pills," Gøtzsche writes.

In middle-aged women with stress urinary incontinence, the selective serotonin and norepinephrine reuptake inhibitor (SNRI) duloxetine, which is also used to treat incontinence, has been shown to double the risk of a psychotic episode and increase the risk of violence and suicide four to five times,[39] leading the authors to conclude that harms outweighed the benefits.

> *"I have described the dirty tricks and scientific dishonesty involved when drug companies and leading psychiatrists try convincing us that these drugs protect against suicide and other forms of violence,"*[40] Gøtzsche writes.[41] *"Even the FDA was forced to give in when it admitted in 2007, at least indirectly, that depression pills can cause suicide and madness at any age.*
>
> *There is no doubt that the massive use of depression pills is harmful. In all countries where this relationship has been examined, the sharp rise in disability pensions due to psychiatric disorders has coincided with the rise of psychiatric drug usage, and depression pills are those which are used the most by far. This is not what one would expect if the drugs were helpful."*

Drugmaker Lied About Paxil's Suicide Risk

In 2017, Wendy Dolin was awarded $3 million by a jury in a lawsuit against GlaxoSmithKline, the maker of Paxil. Dolin's husband committed suicide six days after taking his first dose of a Paxil generic, and evidence brought forth in the case convincingly showed his suicide was the result of the drug, not emotional stress or mental illness.[42]

The legal team behind that victory, Baum Hedlund Aristei Goldman, also represented other victims of Paxil-induced violence and death. At the time, attorney R. Brent Wisner said:[43]

> *"The Dolin verdict sent a clear message to GSK and other drug manufacturers that hiding data and manipulating science will not be tolerated … If you create a drug and know that it poses serious risks, regardless of whether consumers use the brand name or generic version of that drug, you have a duty to warn."*

GSK's own clinical placebo-controlled trials actually revealed subjects on Paxil had nearly nine times the risk of attempting or committing suicide than the placebo group. To gain drug approval, GSK misrepresented this shocking data, falsely reporting a higher number of suicide attempts in the placebo group and deleting some of the suicide attempts in the drug group.

An internal GSK analysis of its suicide data also showed that "patients taking Paxil were nearly seven times more likely to attempt suicide than those on placebo," Baum Hedlund Aristei Goldman reports, adding:[44]

> *"Jurors in the Dolin trial also heard from psychiatrist David Healy, one of the world's foremost experts on Paxil and drugs in its class … Healy told the jurors that Paxil and drugs like it can create in some people a state of extreme 'emotional turmoil' and intense inner restlessness known as akathisia …*
>
> *'People have described it like a state worse than death. Death will be a blessed relief. I want to jump out of my skin,' Dr. Healy said. Healthy volunteer studies have found that akathisia can happen even to people with no psychiatric condition who take the drug …*
>
> *Another Paxil side effect known to increase the risk of suicide is emotional blunting … apathy or emotional indifference … [E]motional blunting, combined with akathisia, can lead to a mental state in which an individual has thoughts of harming themselves or others, but is 'numbed' to the consequences of their*

actions. Drugs in the Paxil class can also cause someone to 'go psychotic, become delirious,' Dr. Healy explained."

Hundreds of Thousands of Toddlers on Psychiatric Drugs

Considering the many serious psychological and physical risks associated with psychiatric drugs, it's shocking to learn that hundreds of thousands of American toddlers are on them. In 2014, the Citizens Commission on Human Rights, a mental health watchdog group, highlighted data showing that in 2013:[45]

- 274,000 babies aged 1 and younger were given psychiatric drugs — Of these, 249,699 were on anti-anxiety meds like Xanax; 26,406 were on antidepressants such as Prozac or Paxil, 1,422 were on ADHD drugs such as Ritalin and Adderall, and 654 were on antipsychotics such as Risperdal and Zyprexa
- In the toddler category (2- to 3-year-olds), 318,997 were on anti-anxiety drugs, 46,102 were on antidepressants, 10,000 were prescribed ADHD drugs and 3,760 were on antipsychotics
- Among children aged 5 and younger, 1,080,168 were on psychiatric drugs

These are shocking figures that challenge logic. How and why are so many children, babies even, on addictive and dangerously mind-altering medications? Considering these statistics are 6 years old, chances are they're even higher today. Just what will happen to all of these youngsters as they grow up? As mentioned in the article:[46]

"When it comes to the psychiatric drugs used to treat ADHD, these are referred to as 'kiddie cocaine' for a reason. Ritalin (methylphenidate), Adderall (amphetamine) and Concerta are all considered by the federal government as Schedule II drugs — the most addictive.

ADHD drugs also have serious side effects such as agitation, mania, aggressive or hostile behavior, seizures, hallucinations, and even sudden death, according to the National Institutes of Health …

As far as antipsychotics, antianxiety drugs and antidepressants, the FDA and international drug regulatory agencies cite side effects including, but not limited to, psychosis, mania, suicidal ideation, heart attack, stroke, diabetes, and even sudden death."

Children Increasingly Prescribed Psych Drugs Off-Label

Making matters even worse, recent research shows the number of children being prescribed medication off-label is also on the rise. An example offered by StudyFinds.org,[47] which reported the findings, is "a doctor recommending antidepressant medication for ADHD symptoms."

The study,[48] published in the journal Pediatrics, looked at trends in off-label drug prescriptions made for children under the age of 18 by office-based physicians between 2006 and 2015. Findings revealed:

"Physicians ordered ≥1 off-label systemic drug at 18.5% of visits, usually (74.6%) because of unapproved conditions. Off-label ordering was most common proportionally in neonates (83%) and in absolute terms among adolescents (322 orders out of 1000 visits).

Off-label ordering was associated with female sex, subspecialists, polypharmacy, and chronic conditions. Rates and reasons for off-label orders varied considerably by age. Relative and absolute rates of off-label orders rose over time. Among common classes, off-label orders for antihistamines and several psychotropics increased over time …

US office-based physicians have ordered systemic drugs off label for children at increasing rates, most often for unapproved conditions, despite recent efforts to increase evidence and drug approvals for children."

The researchers were taken aback by the findings, and expressed serious concern over this trend. While legal, many of the drugs prescribed off-label have not been properly tested to ensure safety and efficacy for young children and adolescents.

As noted by senior author Daniel Horton, assistant professor of pediatrics and pediatric rheumatologist at Rutgers Robert Wood Johnson Medical School, "We don't always understand how off-label medications will affect children, who don't always respond to medications as adults do. They may not respond as desired to these drugs and could experience harmful effects."

In 2020 mental health experts and reviewers were still at-odds over prescribing these drugs for children, yet hesitant to call a stop to it:[49]

> *"Antidepressants are prescribed for the treatment of a number of psychiatric disorders in children and adolescents, however there is still controversy about whether they should be used in this population …*
>
> *Treatment decisions should be tailored to patients on an individual basis, so we recommend clinicians, patients and policy makers to refer to the evidence provided in the present meta-review and make decisions about the use of antidepressants in children and adolescents taking into account a number of clinical and personal variables."*

Educate Yourself About the Risks

If you, your child or another family member is on a psychiatric drug, I urge you to educate yourself about the true risks and to consider switching to safer alternatives. When it comes to children, I cannot fathom a situation in which a toddler would need a psychiatric drug and I find it shocking that there are so many doctors out there that, based on a subjective evaluation, would deem a psychiatric drug necessary.

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