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ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Medication Madness

PSYCHIATRIC MEDICATIONS FREQUENTLY CAUSE PATIENTS TO LOSE THEIR JUDGMENT AND THEIR ABILITY TO CONTROL THEIR EMOTIONS AND ACTIONS

My guest today has been convinced by the weight of scientific evidence and his years of clinical experience that psychiatric medications frequently cause patients to lose their judgment and their ability to control their emotions and actions. Needless to say he is a controversial figure in our field. Welcome to The Clinicians Round Table. I am Dr. Leslie Lundt, your host, and with me today is psychiatrist, Dr. Peter Breggin. Dr. Breggin is Harvard trained and a former full time consultant at the NIMH. He founded the International Center for the study of psychiatry and psychology and he is on the editorial board of several scientific journals. He has written more than 20 books including Toxic Psychiatry and Talking Back To Prozac.

DR. LESLIE LUNDT

Welcome to ReachMD, Dr. Breggin.

DR. PETER BREGGIN:

It is great to be here, great to be talking to my colleagues.

DR. LESLIE LUNDT:

Your latest book is Medication Madness. What do you mean by that?

DR. PETER BREGGIN:

Psychiatric drugs and really oral psychoactive substances frequently cause serious emotional problems with difficulties with cognitive functions with emotional control and even when they are not doing that, that is when they are not doing something extreme they are disrupting the higher functions of the brain and mind and we tend to forget that. You know, we tend to, as physicians to sort of buy the drug company, educational literature, so, they say that people have biochemical imbalances that are being corrected by these psychoactive agents when in fact, therein are no known biochemical imbalances of the brain that people who routinely come to see us for depression or anxiety or having obsessions or compulsions or having trouble concentrating or controlling their behaviors. Just no known biochemical imbalances at all, because we cannot even test for them in the human being, so it is very speculative. On the other hand, what we forget is that every time we give a psychoactive substance, we are causing serious biochemical imbalances serious enough to affect mental processes and behavior or we would not be giving the substances and since the brain is so complicated and subtle and actually so far beyond our current stage of really understanding much about it. It is pretty much a shot in the dark when a substance crosses the blood brain barrier and begins to change the function of a neurotransmitter. Take for example, giving an SSRI seems straightforward enough your inhibiting the reuptake and the synapse, so presumably there is more serotonin being made available, but the brain does not react that way, the brain does not say okay, this change has been made and I will live with it. The brain has numerous compensatory mechanisms that go into effect almost immediately the presynaptic nerves stop producing serotonin in order to compensate for the flooding, then the removal mechanism actually takes out more and more serotonin, the hypertrophies to get stronger and then and perhaps the most serious of the compensation, the receptors for the serotonin actually begin to die back. The significant die back 20%, 30%, 40%, and 50% in animal studies over the period of only weeks, the slow recovery and not necessarily full recovery. So, docs need to be alert to the fact that we are actually impairing natural functions, not improving them when we give a psychoactive substance to a patient.

DR. LESLIE LUNDT:

You talk about spellbinding. What is that and how can we tell if one of our patients might be spellbound by their medication?

DR. PETER BREGGIN:

Well, when I was reviewing cases for medication madness, I got about 50 cases in the book and every case by the way I have personally evaluated the patient, seen all the medical records except in one of the 50 cases, or else all I have seen in the medical records were crimes that have been committed. I began to look at the police records, read depositions, sometimes even gone to crimes scene and as I was looking over the many cases that I have, some of them by the way from my clinical practice where I am sort of a doctor of last resort for people who have been injured by drugs or more frequently the forensic part of my practice where I am involved in litigation against drug companies or malpractice suits or criminal cases where people have been involved in, you know, abnormal behaviors that seemed to be drug influenced. As I looked over the cases, a couple of things are startling. First, the patients never grasp what was happening to them. If they were having an adverse mental effect, they usually did not identify it as such. They did not think them agitated in response to this drug or even agitated or depressed. Instead they would want to hurt themselves or hurt somebody else or do something bizarre. They were not thinking in terms that something was particularly wrong with them. When they did identify something wrong, they almost never even consider the drug as a potential culprit. They will just go on taking the drug. Instead, they would blame somebody in their environment, my wife is aggravating and my kids are aggravating, I am in financial trouble and depressed, wife is hopeless, never thinking hey I am having a drug reaction. It is very important for clinicians to realize and then quite often they initially thought they were doing better. I came to realize that one of the worse signs that a clinician can have is if the patient comes in after his one or two weeks on an antidepressant and says doc I had never been so good in my life. It is a beginning of hypomania or mania or just euphoria. So, very often the patient feels better, but in fact is not doing better and then finally the fourth leg of what I call medication spellbinding is with some people, a small number, actually begin to do bizarre and outrageous things that they never under any circumstances would have done likely. Opening chapter the very kind, _____ religious gentleman who started on Paxil because he read a brochure in his doctor's office and told him may be he was a little depressed and he got on the Paxil and he got such an internal agitation that he just wanted to die, actually drove his car into a policeman and knocked him down to try to get his gun to shoot himself. Unfortunately, my report led to the policemen and really all of the lawyers and the judge to conclude that you know this was an abnormal

behavior driven by the drug and so he did not have to spend the rest of his life in jail. One of the things about these cases, by the way the term spellbinding I have also published some scientific articles on it and you can get them on my website, which is www.breggin.com, you can get scientific papers too, I call it scientifically intoxication anosognosia. Anosognosia, we know is not recognizing disease and this is not recognizing the disorder of intoxication in oneself and we all are familiar with it alcohol where you can look at all 4 legs of medication spellbinding and alcohol if at first the patient does not realize he is impaired when it is obvious to other people there are and then the person becomes more impaired he or she will begin to have emotional reaction, but then react

INCOMPLETE DICTATION