2010-2011 UPDATE TO:

ZAPPED BY PROZAC

AN UNSUSPECTING VICTIM OF ANTIDEPRESSANT DRUGS AND PSYCHIATRY RECOUNTS HIS FIGHT FOR SURVIVAL AND 20-YEAR ELECTRIC ODYSSEY THROUGH HELL

EBOOK

By

B. R. Madison

Website: **http://zappedbyprozac.com**

2010 UPDATE

Launching My Website

The last paragraph of subchapter 2009, on page 189 in Part II of my ebook, *ZAPPED BY PROZAC*, ends in December of 2009 when I was preparing to launch my website and make my ebook available to everyone in the world for free. This was to be the culmination of many years of hard work, and I was full of much anticipation and trepidation as I approached the launch date. As an older guy with a modicum of computer savvy, this was no small task. Although I was computer literate and able to do and understand a fair amount of stuff, I was certainly no geek or nerd. I had no idea how to design and publish a website. I taught myself my studying other websites, reading tutorials, watching videos, and asking some real computer geeks a bunch of questions. I finally selected a web design program named KompoZer, freeware that I downloaded from the internet. I then spent weeks writing, designing and generally figuring out how to publish my website. I procured a web host and registered my domain name, ZappedByProzac.com. I was ready to go a few days before Christmas of 2009, but decided to wait until after our annual family holiday get-together to publish my website on the internet. Since I had never done anything like this before, I was concerned about complications, and I decided I should be in front of my computer with plenty of free time to respond to any problems that might arise. That day came on December 29, 2009.

After a final check and re-check of everything, I sat poised in front of my computer, ready to select the "Publish" button of KompoZer for the first of the four pages of my website. I admit that I was pretty damn nervous. My heart started pounding and my pulse rate shot up. If all went according to plan, I knew that with one click of my computer mouse, more than 20 years of my life was instantaneously going to be out there in cyberspace for anyone in the world to see. That was a very sobering thought. If something went wrong, I had sparse knowledge of how I would be able to fix it. That, too, was quite unsettling. Nevertheless, I finally managed to summon up the courage, and I clicked on that "Publish" button. I already had ZappedByProzac.com up on my internet browser and, lo and behold, the first page of my website appeared, exactly as I had designed it on KompoZer. I then published the other three pages. They all also magically appeared, exactly as I had designed them. The navigation bar headings at the bottom of each page also worked perfectly. The final critical check was the link on the last page to download my free ebook PDF file of *ZAPPED BY PROZAC*. I clicked on that and, to my immense relief, it also worked perfectly. I gave myself a mental "high five." I had traveled a long, hard road to get to this point in my life. I believed I had successfully completed the most important phase of my moral imperative to tell my story to my fellow human beings.

The next phase was to send emails to as many people and/or organizations as I could think of who might be sympathetic or otherwise receptive to information about my ebook and how to download it for free on my website. It took about a week to compile this list. In early January of 2010, I sent the following email to many authors and websites critical of the monumental fraud alleging the efficacy and safety of antidepressant drugs

perpetrated by the psycho-pharmaceutical cartel (the incestuous partnership of Big Pharma and psychiatry); and to major television news media, news magazines, and prominent journalists:

FREE EBOOK! - *ZAPPED BY PROZAC*

After suffering debilitating adverse reactions from the antidepressant drug Prozac, I started a tape-recorded chronicle of what happened to me. These "Prozac Tapes" eventually became the foundation for my nonfiction book. In *ZAPPED BY PROZAC*, I recount my fight for survival and 20-year electric odyssey through hell, examine the warning signs that went unheeded, reveal the unconscionable frauds that have been perpetrated on an unsuspecting public, and expose the dark side of antidepressant drugs, the pharmaceutical industry and psychiatry from the inside point of view of a patient, victim and survivor. I have dared to speak truth to power, and to speak for millions of powerless victims. I am one of them.

I have been trying to get my book published for quite some time, but to no avail. Apparently, it may be too controversial and too critical of some extremely powerful forces. I have decided not to wait any longer, and have converted *ZAPPED BY PROZAC* into a digital electronic "ebook**." I am making it available to everyone for free--for absolutely nothing, with no strings attached. You might want to check it out at my website:**

http://ZappedByProzac.com

B. R. Madison

The responses I received were underwhelming, to say the least. I got a grand total of two email replies: one from an author and one from an editor of a news magazine. Both replies were one or two sentences, thanking me for the information. I have not received another response of any kind in almost two years now--not exactly the results I had hoped for. Perhaps more disappointing is that many of the people to whom I sent emails operate their own websites lambasting antidepressant drugs and, as far as I can tell by monitoring these websites, not one of them has provided a URL link to my website or even mentioned my free ebook. If I am wrong about this, then I apologize. I went out of my way to favorably mention and provide URL links to these other websites in my ebook. I guess I naively imagined that we were all part of a grand movement to expose one of the great medical frauds of our time--all for one and one for all. Apparently, that is not the

case. Rather, it seems to me that there are some more concerned with building their own little fiefdoms and notoriety. Otherwise, why not mention my ebook and provide a link to my website? To my knowledge, *ZAPPED BY PROZAC* is one of only two books currently available that provides a personal account by an actual victim and survivor of the toxic effects of antidepressant drugs. It is certainly the only book based on five years of contemporaneous tape recordings of the misery, irreparable damage and near death caused by antidepressant drugs. Moreover, it is absolutely free! It is not taking money out of anyone's pocket. I just want my story disseminated to as many other victims and potential victims as possible. I want the antidepressant drug nightmare to end. Some might view my position as "sour grapes," but I don't think so. I don't care that I won't make a penny from my ebook. In fact, it costs me a lot of time and a bunch of money to maintain my website and make my ebook available for free downloading. I just want people to have access to information exposing the dark side of antidepressant drugs and psychiatry. They can then make their own decisions.

My own observations over a period of many years have led me to a number of conclusions. First, the vast majority of people who have never had experiences with antidepressant drugs don't pay any attention to them, one way or the other. They just don't care. They can't relate to people like me who have had their lives ruined by these drugs. They will never bother to read any books on this subject, let alone my ebook. Members of my own family have been aware for over two years that I wrote a book about how Prozac and the other drugs I was prescribed almost killed me, but have not yet asked me about it, let alone ask me if they could read it. Second, the vast majority of people suffering from depression don't want to hear about the dangers from using antidepressant drugs. They are desperate for help, and want to believe that a pill can make them better. They have been duped and defrauded by the psycho-pharmaceutical cartel into believing this. They don't want to read any books that might shatter their belief and hope for relief from a condition that can be debilitating. Along with my observations of other people, I also know this from my own personal experiences. I was one of those people when I first sought help over 20 years ago. Finally, most of the people who are interested in books like mine are either already victims themselves, or have family members or friends who are victims. Compared to the general population, this group of people is not that large. When all of the above is taken into consideration, it is not surprising at all that books challenging the safety and efficacy of antidepressant drugs are never best sellers, and eventually fade into obscurity.

On a more optimistic note, it took about eight months, but the major internet search engines finally recognized my website. If you search for "zapped by prozac" (no quotes needed) on Google, Yahoo or Bing, they all now have links to the various pages of my website. These links are right at the top of the search page, in first position. If you Google "antidepressant victim" (no quotes needed), a link to my website appears on the first page. If you Google "prozac victim" (no quotes needed), a link appears on the fourth page. So, I think progress has been made in driving some internet traffic to my website. I have no idea how much traffic. I hope it is a fair amount and continuously increasing.

My Prozac-Induced Chronic Symptoms and Conditions

As 2010 began, I was still suffering from many of the same symptoms and conditions that first exploded inside me in 1989 from my acute toxic reaction to a single concomitant dose of the antidepressant drugs Prozac and imipramine; and in 1990-1991 after five months on Prozac by itself. I have discussed these symptoms and conditions in great detail in *ZAPPED BY PROZAC*, and I won't reiterate all of them here. Suffice it to say that I seemed to be getting worse, not better. This was a very discouraging proposition. However, I was aware of the probable underlying cause of my deterioration. It was writing my book, trying to get it published, converting it into an ebook, and designing and publishing a website. It was all of it. The best I had felt since 1988 was in 2007 before I started the big push to write my book. In fact, my improved health was why I was able to finally start writing after so many years. However, I knew I was going to pay a heavy price with the exacerbation and precipitation of symptoms I had been dealing with for almost 20 years. That is what extensive reading, writing and intense concentration do to me. My inability to handle these inherent requirements of the legal profession after my toxic reactions to antidepressant drugs had already ruined my career as a lawyer. I knew I had suffered irreparable brain dysfunction and actual organic brain damage from Prozac and the other drugs I was prescribed from 1988-1992. Again, all of this is in my ebook, so I won't expound on it here.

I am not trying to get on the self-pity train. Everything just is what it is. The straightforward truth is that I sacrificed my health to write a book and make it available to everyone in the world for free. It took another two years after that to sufficiently recover to start writing this 2010-2011 update. My original intention was to write a yearly update, starting at the end of 2010. I just could not do it. It is now January of 2012, and I am again placing my health at risk by writing this update. However, I would do all of it all over again. I absolutely believe it is my moral obligation to tell my story and warn my fellow human beings about the dangers and dark sides of antidepressant drugs and psychiatry.

So, it came as no surprise that my first three months of 2010 were permeated with very bad episodes of "electric" akathisia, dysphoria, eye aches, eye tics, forehead aches, nerve twitches, sweats, chills, and a host of other symptoms "kindled" by having to use my brain for intense reading, writing and concentration. Like I had since 1996, I continued to take extremely small amounts of tianeptine (brand name, Stablon), the serotonin-depleting prescription antidepressant from France with pharmacological action directly opposite to Prozac and its SSRI progeny. As I discussed in my ebook, tianeptine is a serotonin reuptake *enhancer*, rather than a serotonin reuptake *inhibitor* like the SSRIs. It is the "anti-Prozac." You can find out everything there is to know about tianeptine by doing a Google and PubMed (http://www.ncbi.nlm.nih.gov/pubmed) search on the internet. Tianeptine is the only drug, supplement or agent of any kind that has really helped me in the last 20+ years. Without it, I believe I would have been dead a long time ago. It ameliorates my symptoms and keeps me from descending into the most debilitating, nightmarish depressions imaginable. Moreover, recent clinical studies have indicated that tianeptine improves cognitive functions in depressed patients, particularly

short-term memory; and it lessens the effects of stress on the brain and memory. All of the above provide additional irrefutable evidence that everything I have said in *ZAPPED BY PROZAC* regarding what Prozac and the other drugs I was prescribed did to me is right on the money.

Unfortunately, I have to be very careful not to take too much tianeptine because it can cause anticholinergic syndrome in me, which is equally dangerous and destructive as serotonin syndrome. 15 years of experience has taught me that 2%-4% of the standard dosage is all I can tolerate. However, even this miniscule amount has literally saved my life. There is no doubt in my mind about this.

My symptoms gradually abated a little by mid 2010, but were still quite bad--a lot worse than three years earlier. Other than monitoring my website to make sure there were no problems, I had taken a break from everything connected with my ebook. However, I was inextricably involved up to my neck in a continuing battle with the Department of Veterans Affairs (the "VA") over financial assistance my extremely ill and frail mother was receiving. This was a giant hassle that also exacerbated and kindled my symptoms. The VA battle seemed endless, but finally subsided toward the end of September. I was then able to go on my annual fly fishing trip in some spectacular mountain country, which seemed to help a little. The weather was perfect, and I caught one of the biggest brown trout I have ever caught in my life. As the end of 2010 approached, I felt better than in the first part of the year, but still quite a bit worse than in 2007. However, I was "hanging in there."

More Debunking of the Antidepressant Efficacy Myth

In January of 2010, a comprehensive study was published in the *Journal of the American Medical Association* (JAMA) that further debunks the mythical fraud surrounding the efficacy of antidepressant drugs. This study can be found at the following citation: J. C. Fournier, et al., "Antidepressant Drug Effects and Depression Severity: A Patient-Level Meta-Analysis," *Journal of the American Medical Association* 303(1) (2010): 47-53.

The JAMA study searched extensive medical data sources from 1980 through 2009, together with references from meta-analyses and reviews. The study selection analyzed six large randomized placebo-controlled clinical trials of antidepressant drugs approved by the FDA. **The study concluded that the true efficacy of the drugs, when compared to the placebo effect, was "nonexistent to negligible" in patients with mild, moderate and even severe depression. Antidepressants were found to have a statistically significant benefit for only those patients suffering from very severe depression. Since such patients account for approximately 13 percent of the population suffering from depression, the JAMA study further corroborates the conclusion that for the vast majority of people with depression, antidepressant drugs are no better than a placebo, and simply do not work.** When the dangerous and destructive side-effects of these drugs are factored into the equation, there is no legitimate medical justification for physicians to prescribe them, with the possible exception of those patients suffering from extremely severe, chronic depression. Even in such cases, I

believe an unbiased risk-benefit analysis, unaffected by the fraud and outright lies perpetrated by the psycho-pharmaceutical cartel, would argue against their use.

As I stated in my ebook, antidepressant drugs, particularly the "new-generation" antidepressants, should be relegated to the pharmaceutical trash heap of history. Whenever I refer to "new-generation" antidepressant drugs, I am referring to Prozac and other SSRIs ("selective serotonin reuptake inhibitors"), the subsequent SNRIs ("serotonin-norepinephrine reuptake inhibitors"), and other newer antidepressants with potent serotonergic action. I do not include tianeptine as a new-generation antidepressant because it has atypical *serotonin-depleting* pharmacological action that is radically different from the SSRIs and SNRIs. In fact, as I have previously stated in my ebook and this update, I consider tianeptine to be the "anti-Prozac."

For a further discussion of the JAMA study and other previous studies concluding that new-generation antidepressants work no better than placebo (discussed in my ebook), I refer the reader to the following excellent article in *Newsweek* magazine that was published on the internet in late January of 2010, and subsequently appeared in the magazine issue: Sharon Begley, "The Depressing News About Antidepressants," *Newsweek,* February 8, 2010.

More Debunking of the Antidepressant Safety Myth

For more than 20 years, the psycho-pharmaceutical cartel, with the complicity of the general medical profession and the FDA, has spoon-fed the public with the fraudulent myth that new-generation antidepressant drugs are not only effective, but also safe--about as safe as taking aspirin for a headache. Nothing could be further from the truth. In *ZAPPED BY PROZAC*, I have already expounded at great length about the myriad of dangerous and potentially debilitating adverse effects caused by antidepressants. After almost causing my death, they stole my life. In a cruel and ironic twist, these drugs, supposedly intended to heal people, have stolen the lives of countless thousands of other human beings who, like me, placed their hope and trust in a corrupt and sociopathic mental health care system infected with capitalism gone mad.

One of the most cruel and tragic ironies of all is that new-generation antidepressant drugs actually cause suicidality, rather than prevent suicidality. Patients desperate for help reach out to the medical profession for a miracle pill that will take away their anguish and thoughts of taking their own lives. Instead, they receive powerful brain-disabling antidepressant drugs that drive them to take their own lives. Their resulting deaths are a heartbreaking testament to one of the great medical frauds of our time. I came within a hair's breadth of being one of those poor souls. I know what I am talking about. There are an ever-increasing number of doctors and other health care professionals who agree. They have reached the same conclusion in their books and articles, some of which I have referenced in my ebook.

I came upon more corroborating evidence in July of 2010. The Alliance for Human Research Protection (AHRP) posted on its website (http://www.ahrp.org) a discussion of

and link to a Swedish study entitled "Psychiatric drugs & suicide in Sweden 2007: A report based on data from the National Board of Health and Welfare." This incredibly detailed 58-page report was compiled by an independent reporter named Janne Larsson, and was first published in October of 2009. The purpose of the investigation was "to find data about the preceding psychopharmacological treatment for all persons who committed suicide in Sweden 2007." It analyzed the documented suicide data for 2007 by the Swedish National Board of Health and Welfare (NBHW) and the regional departments of the National Board of Forensic Medicine, obtained under the Freedom of Information Act. The investigation was conducted "outside the research community, as a critical journalistic project." Thus, it was free from the corruption and undo influence that pervade the pharmaceutical and medical establishment.

The results of the investigation were somewhat astonishing, yet predictable to those who were already aware of the causal connection between psychiatric drugs and suicide, including myself. The report revealed that of the 1,126 definite suicides in Sweden in 2007, 64% filled prescriptions for psychiatric drugs within a year of the suicide--77% of the women and 59% of the men. 60% of the women filled prescriptions for new-generation antidepressant drugs; 38% of the men. In the subgroup of suicides committed in health care and within four weeks after last visit (393 suicides, required by law to be reported to the NBHW), 86% (338) received 4 different psychiatric drugs on average within a year of the suicide (more than 3 on average *at the same time*). **Of those 338, 73% (246) were treated with antidepressant drugs, and 90% were treated with antidepressant and/or antipsychotic drugs. Thus, as the report concludes, the facts establish that "[t]he men and women in this group, in an overwhelming high degree, had committed suicide after having been treated with large amounts of psychiatric drugs in the year before and at the time of their suicide."**

The Swedish report also cites the following studies in medical journals (and the references contained therein) that show new-generation antidepressants increase the risk of suicide and directly cause effects that lead to suicide: D. Healy, et al., "Antidepressants and Violence: Problems at the Interface of Medicine and Law," *PLoS Medicine* 3(9) (2006); P. R. Breggin, "Suicide, violence and mania caused by selective serotonin reuptake inhibitors (SSRIs): A review and analysis," *International Journal of Risk & Safety in Medicine* 16 (2003/2004): 31-49.

In the Swedish study, <u>none</u> of the 338 suicides reported to the NBHW were reported by the responsible doctor (mostly psychiatrists) to the registry for drug adverse events at the Medical Products Agency (Sweden's "FDA"). Instead, Wyeth and Eli Lilly claimed 0 cases of suicide for Effexor and Zyprexa, respectively, rather than the fact that Effexor was involved in 41 cases in this group, and Zyprexa was involved in 52 cases.

This conduct presents another graphic example of what I have referred to in my ebook as "sociopathic obedience to capitalism gone mad." It boggles the mind that Big Pharma and its incestuous partners in crime can continue to get away with this *modus operandi* of

deliberately concealing the truth about their psychiatric drugs from the public. It is a monumental, despicable and extremely dangerous fraud that should not be tolerated.

Among many other significant factual observations and conclusions, the following salient ones are set forth in the Epilogue of the Swedish report:

"This report clearly shows one thing: **A large majority of persons committed suicide after having had 'adequate drug treatment' -- in the meaning used in psychiatry; the very treatment that should *prevent* suicide.**

There is no reason to believe that the reporting system for adverse drug events work better in other countries. The catastrophic state of these 'surveillance systems' makes it possible to keep destructive drugs on the market year after year. . . . .

The reporting system must be completely reformed right away. It must be made mandatory for health care professionals to directly report all suspected serious adverse drug effects, and persons not reporting must be disciplined. Patients must be fully informed about the actual harmful effects of the drugs and given the right to report these effects to the adverse events registry, with the promise of effective follow-up. **The reformed system must not give room for the now ruling psychiatric concealment ideology, where obvious harmful effects of psychiatric drugs are treated as 'symptoms' requiring more drugs. Instead *all* these effects must be reported as suspected harmful effects from the drugs."**

Another cruel and tragic irony is that new-generation antidepressant drugs actually cause acts of violence toward others, including homicide, rather than prevent such acts. As with cases of suicide, there are many books and articles authored by doctors and other health care professionals that establish this causal connection. Some of these are referenced in my ebook. Once again, I can testify to this connection from my own personal experiences with these drugs. I had to fight off insidious thoughts of violence for years after my toxic reactions to them. Fortunately, I was able to do that, but many victims are not so fortunate.

An additional study containing more corroborating evidence was recently published in the prestigious international, peer-reviewed science journal *PLoS One*, on December 15, 2010. "PLoS" is the abbreviation for "Public Library of Science," a nonprofit organization. This study can be found at the following citation: T. J. Moore, J. Glenmullen and C. D. Furberg, "Prescription Drugs Associated with Acts of Violence Toward Others," *PLoS One* 5(12) (2010). The objective of the study was to identify the primary suspect drugs that precipitate thoughts or acts of violence toward others. The methodology used was the extraction of adverse event reports from the FDA's reporting

system, for a 69-month period from 2004 to 2009. 1,527 acts of violence were disproportionately reported for 31 drugs. "Acts of violence" were defined to include homicide, physical assault, physical abuse, homicidal ideation or violence-related symptoms. The primary suspect drugs were determined to be 11 new-generation antidepressants, varenicline (Chantix, the new smoking cessation drug), 6 sedative/hypnotics, and 3 for attention deficit hyperactivity disorder (ADHD).

Out of all prescription drugs currently marketed to the public, the *PLoS One* study concluded that "acts of violence towards others are a genuine and serious adverse drug event that is associated with a relatively small group of drugs." Among this group, those drugs that increase serotonin and/or dopamine in the brain were "the most strongly and consistently implicated drugs" in causing acts of violence toward others. Chantix, which increases the availability of dopamine (as well as serotonin), was the worst offender. The 11 new-generation antidepressants, all with potent serotonergic action, were close behind. Most of these were serotonin reuptake inhibitors (SSRIs and the like). Of these, Prozac was the worst offender, with Paxil close behind.

As I stated in *ZAPPED BY PROZAC*, apparently it was not my fate to be a Prozac suicide statistic or Prozac killer. Instead, so far I have had to endure more than 20 years of Prozac-induced misery and frustration. That is the underlying basis for my ebook, and the reason why it is primarily devoted to the non-fatal toxic adverse effects of Prozac and other new-generation antidepressant drugs. Along with the Swedish suicidality study and *PLoS One* violence study discussed above, there is now a substantial group of informed doctors and other professionals, in ever-increasing numbers, who have published books, studies and articles debunking the fraudulent myth that these drugs are safe and not causally connected to an inordinate number of deaths. **These drugs are not safe. They can be killers.**

More Reprehensible and Criminal Conduct by Big Pharma

An excellent report exposing the long-standing and continuing reprehensible and criminal conduct of huge pharmaceutical companies, entitled "Big Pharma's Crime Spree," was published in the December, 2009 issue of *Bloomberg Markets* magazine. The author of the report, David Evans, lays out the extremely disturbing facts establishing that Big Pharma members **"Pfizer and Lilly lead a parade of U.S. companies that have paid $7 billion in penalties after promoting drugs for uses not approved by the FDA."** On pages 211-218 of my ebook, I have already discussed in great detail the sordid history of Eli Lilly and the monumental fraud perpetrated by Lilly in regard to off-label marketing of its antipsychotic drug, Zyprexa. In January of 2009, Lilly pleaded guilty to illegal conduct and paid $1.42 billion in fines and penalties. Pfizer committed equally illegal and immoral acts in regard to off-label marketing of its non-steroidal anti-inflammatory drug (NSAID), Bextra, and three other drugs. In 2005, Pfizer was forced to withdraw Bextra from the U.S. market after a "recommendation" by the FDA, primarily because of an increased risk of heart attack and stroke. In September of 2009, Pfizer pleaded guilty to illegal marketing of Bextra and other drugs for unapproved uses, and paid $2.3 billion

in fines and penalties. From May of 2004 to December of 2009, Lilly and Pfizer, along with five other Big Pharma members, paid a total of $7 billion in fines and penalties for marketing drugs for unapproved uses.

As stated in the article by a professor at Harvard Medical School: **"Marketing departments of many drug companies don't respect any boundaries of professionalism or the law. . . The Pfizer and Lilly cases involved the illegal promotion of drugs that have been shown to cause substantial harm and death to patients."**

Although these fines and penalties may seem like a lot of money, they are miniscule amounts compared to the revenues generated by the illegal marketing of blockbuster drugs. Big Pharma members regard such amounts as just a cost of doing business. As stated by a professor at the University of Southern California Keck School of Medicine: **"There's an unwritten business plan. . .They're drivers that knowingly speed. If stopped, they pay the fine, and then they do it again."**

Another startling report by *Public Citizen* in December of 2010 further confirms the magnitude of the reprehensible and criminal conduct of Big Pharma, particularly in recent years. **From 1991 to 2010, these giant drug companies entered into 165 criminal and/or civil settlements, and paid a total of $19.8 billion in penalties. 121 of these settlements (73%) and $14.8 billion of the penalties (75%) occurred from 2006 to 2010.**

Yet another shocking report about Big Pharma was available on the internet in December of 2010, and published in the January, 2011 issue of *Vanity Fair* magazine. This report, entitled "Deadly Medicine," is authored by Donald L. Barlett and James B. Steele. I was even shocked at the magnitude of Big Pharma's reprehensible conduct. The report contains incredibly detailed facts and documentation, and opens with the following chilling statements: **"Prescription drugs kill some 200,000 Americans every year. Will that number go up, now that most clinical trials are conducted overseas—on sick Russians, homeless Poles, and slum-dwelling Chinese—in places where regulation is virtually nonexistent, the F.D.A. doesn't reach, and 'mistakes' can end up in pauper's graves? The authors investigate the globalization of the pharmaceutical industry, and the U.S. Government's failure to rein in a lethal profit machine."**

The report next lays out the following facts regarding Big Pharma's use of foreign clinical trials for its drugs: "As recently as 1990, according to the inspector general of the Department of Health and Human Services, a mere 271 trials were being conducted in foreign countries of drugs intended for American use. By 2008, the number had risen to 6,485—an increase of more than 2,000 percent. A database being compiled by the National Institutes of Health has identified 58,788 such trials in 173 countries outside the United States since 2000. In 2008 alone, according to the inspector general's report, 80 percent of the applications submitted to the F.D.A. for new drugs contained data from foreign clinical trials. Increasingly, companies are doing 100 percent of their testing

offshore. The inspector general found that the 20 largest U.S.-based pharmaceutical companies now conducted 'one-third of their clinical trials exclusively at foreign sites.' All of this is taking place when more drugs than ever—some 2,900 different drugs for some 4,600 different conditions—are undergoing clinical testing and vying to come to market."

So, what is so wrong with foreign drug clinical trials submitted to the FDA for approval of such drugs to be marketed in the United States? The report points out a multitude of problems. Poor people living in impoverished nations may metabolize drugs differently than Americans. Prevailing diseases may skew the results of the trials. Subjects are often led to believe they are being treated for a disease, when in reality they are human guinea pigs that may receive a placebo as part of an experiment. Regulations are virtually nonexistent. The risk of litigation is virtually nonexistent. There are no ethical considerations. Monitoring by the FDA is virtually nonexistent--companies can say or do whatever they want. More and more trials are being conducted in impoverished places, where illiterate people often sign consent forms with their thumbprint or a marked "X." FDA regulations allow foreign clinical trials to be substituted for failed trials conducted in the United States. Big Pharma refers to these countries as "rescue countries." There is no public record of the results of foreign trials. There is no ongoing oversight. The FDA conducts virtually no independent research, and receives all its information from the companies themselves. This information is sometimes false and an outright fraud. Foreign drug-manufacturing plants are not inspected. **One of the most unethical and despicable practices of all is that children and babies are used in trials that would never be permitted in the United States. There is no public record of the results or even of their existence.**

The report also points out that clinical trials are no longer primarily conducted by academic researchers in universities and hospitals. Rather, trials are now conducted by independent contractors, who are not independent scientists. They control every aspect of the trial, from patient recruitment to ghostwriting journal articles. **"The work looks like agribusiness, not research. . . What began as a mom-and-pop operation has grown into a vast army of formal 'contract-research organizations' that generate annual revenue of $20 billion. They can be found conducting trials in every part of the world."**

The report concludes with the following warning: "Overall, deaths from F.D.A.-approved prescription drugs dwarf the number of people who die from street drugs such as cocaine and heroin. They dwarf the number who die every year in automobile accidents. So far, these deaths have triggered no medical crusades, no tough new regulations. After a dozen or so deaths linked to runaway Toyotas, Japanese executives were summoned to appear before lawmakers in Washington and were subjected to an onslaught of humiliating publicity. When the pharmaceutical industry meets with lawmakers, it is mainly to provide campaign contributions. . . **And with more and more of its activities moving overseas, the industry's behavior will become more impenetrable, and more dangerous, than ever."**

To this day, all of the reprehensible and criminal conduct discussed above is still the *modus operandi* of Big Pharma. It is indeed capitalism gone mad.

More Psychobabble and Reprehensible Conduct from Psychiatry

ZAPPED BY PROZAC is replete with discussions and examples of the incredible psychobabble spewed out by the psychiatric profession in regard to its use of psychiatric drugs and electroshock on unsuspecting patients. My own personal experiences are recounted in detail, and I won't reiterate them here. However, I would like to remind the reader that psychiatry and the vast, vast majority of psychiatrists still suffer from what I have termed AI ("arrogance, ignorance and incompetence") and CRID ("cranial rectal inversion disorder"). CRIDLOCK occurs when one's head is so far up one's butt that it has become a permanent affliction. Psychiatry is in a perpetual state of AI and CRIDLOCK.

An informative article further exposing the AI and CRIDLOCK of psychiatry was published in *Troy Media* in February of 2010. *Troy Media* is a Canadian media company whose content is used extensively by websites and print media around the world. The article, authored by Dr. Stephen Murgatroyd, is entitled "Is practicing psychiatry a disorder in need of treatment?" His answer is a resounding "yes."

He points out the quest by psychiatrists to add "sex addiction" to its ever-increasing list of diagnosable mental disorders or syndromes is itself symptomatic of the absurd psychiatric propensity to attempt to identify virtually every human behavior as problematic and in need of treatment. If this sounds familiar, go back to my ebook and read pages 184-186 in subchapter 2009 about the new *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), psychiatry's "bible" of mental dysfunction, due out in 2013. **Dr. Murgatroyd asserts that "[t]he DSM itself is problematic. . . By no stretch of the imagination is it a scientific, evidence-based document." He goes on to state that psychiatry is full of "psychiatric nonsense and billable rubbish,"** citing as examples the recovered memory craze, Satanic abuse confabulations, facilitated communications, multiple personality disorders of up to a hundred or more alternative personalities, and alien abductions.

The article then points out the following shocking expose' of psychiatry: **"Indeed, fraud and psychiatry sometimes go together. In the 1990′s the medical insurers in the US. . . started to investigate psychiatric fraud. They looked at 50,000 cases handled by the National Medical Enterprises Corporation's psychiatric hospitals. What they found was startling: 32.6 per cent contained a fraudulent diagnosis to match insurance coverage, while 43.4 per cent of the cases were billed for services not actually rendered."**

In regard to the millions of young students now being prescribed powerful, addictive psychotropic drugs for so-called "learning disabilities," the article cites Dr. Fred Baughman, a specialist in child neurology for 35 years, who believes these children are being treated for nonexistent conditions: "I diagnose these children the same way that I

diagnose real diseases, such as epilepsy, brain tumours, and so on, and I find that they are normal**. I do not find that I can validate the presence of any disease in this population of children."**

Dr. Murgatroyd concludes his article with the following observations: **"It's time to rethink mental illness and to challenge the assumption that everything we do is a form of illness. . . . It may actually be the case that psychiatry itself is the new disorder in need of treatment."**

Another startling expose' of the psychiatric profession was published by *The New York Times* in November of 2010. The article, authored by Duff Wilson, is entitled "Drug Maker Hired Writing Company for Doctors' Book, Documents Say." The unethical practice of Big Pharma's "ghostwriting" of medical journal articles and research results has been known for many years. Doctors are paid handsomely to sign their names and hold themselves out as the legitimate authors of these ghostwritten studies. Even some of the most prestigious medical journals in the world have been implicated in these scandals. Of all the medical disciplines, psychiatry is the worst offender. Psychiatrists and psychiatric drug researchers are routinely bought and paid for by Big Pharma. The incestuous and unethical relationship between psychiatry and Big Pharma is what I have termed the "psycho-pharmaceutical cartel" in my ebook. If practices like ghostwriting are not illegal under federal or state laws, they certainly should be.

The *New York Times* article helped expose a ghostwriting scandal of epic proportions. What is even more shocking is that it occurred more than a decade ago, in 1999. How many more of these have occurred is anybody's guess. **So, what is this big scandal? It is that a Big Pharma member, SmithKline Beecham (now GlaxoSmithKline), hired a writing company to ghostwrite an entire medical textbook to "educate" family physicians how to diagnose and treat psychiatric disorders. In other words, how to get family physicians to prescribe more psychiatric drugs, especially those made by SmithKline. SmithKline received all three drafts of the book and page proofs for final approval. Two psychiatrists were then listed as co-authors of the book.** The 269-page book, *Recognition and Treatment of Psychiatric Disorders: A Psychopharmacology Handbook for Primary Care*, was first published in 1999. The two psychiatrist co-authors, also paid handsomely by SmithKline for their involvement, maintained that they edited the book, had control of the final draft, and were legitimate co-authors. However, the documents obtained by the *New York Times* indicated otherwise. Moreover, they have received ridiculous amounts of money and/or other financial benefits over the years from drug companies. Both were found by a recent U.S. Senate inquiry to have failed to properly disclose large portions of such money. One of them failed to disclose at least $1.2 million over a seven-year period, after which his university imposed a two-year ban on his receiving grants from the National Institutes of Health (NIH). He was receiving huge consulting fees from GlaxoSmithKline at the same time he was the lead investigator conducting an NIH-funded study of a Glaxo drug. The other psychiatrist was the lead investigator of an NIH-funded study of a drug made by another drug company, in which he owned about $6 million in stock. The protestations of these two psychiatrists ring very hollow.

After documents evidencing the involvement of SmithKline, the writing company and the two psychiatrists were described to Dr. David A. Kessler, former commissioner of the FDA, he commented**: "To ghostwrite an entire textbook is a new level of chutzpah. . . I've never heard of that before. It takes your breath away."**

Missed A Book and Add a Book

In my ebook and on my website, I have stated that when I wrote my ebook I was unaware of any other books challenging the safety and efficacy of antidepressant drugs authored by an actual patient and victim of these drugs. That was a true statement. The books I was aware of were authored by doctors or other non-victims, usually health care professionals. However, in early 2010 I came across a book during one of my internet searches authored by Donna T. Smart, a Prozac victim and Prozac survivor not unlike myself and my Dutch friend, Frank van Meerendonk. I am not sure how I missed it before. It is possible I was aware of it many years ago and just forgot. In any event, the following book should have been included on my "List of Informative Books Challenging the Safety and Efficacy of Antidepressants and Other Psychiatric Drugs," on pages 243-244 of my ebook: D. Smart, *The Shooting Drugs: Prozac and Its Generation Exposed on the Internet* (PCR Pub., 2000; rev. print., 2004).

I would also like to add an informative book to my list that was published several months after I finished my ebook and made it available for free downloading on my website: R. Whitaker, A*natomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America* (New York: Crown, 2010). It is authored by Robert Whitaker, whose articles on Big Pharma, psychiatry and the mentally ill have won several prestigious national awards. *Anatomy of an Epidemic* contains a compilation of impeccably researched scientific evidence over decades that confirms the real truth: the long-term use of psychiatric drugs results in irreparable damage to patients and, correspondingly, the shocking rise of chronic mental illness in America.

Tribute to Mom

As I did for my father in subchapter 2006 of my ebook, I must pay a small tribute to my mother, who passed away in 2010 after a long and heroic struggle with Alzheimer's disease. She was a devoted wife of 62 years to my father. She lived through the Great Depression as a young girl, and never wasted a minute of her life as long as I knew her. She was the matriarch and homemaker for our family. Among many of her accomplishments, she earned a masters degree and taught English, speech and literature classes at a large university for 12 years. Upon retiring from teaching, she studied art and became a very accomplished painter. Her artwork was exhibited at many of the most prestigious art galleries in her home state. She was kind and compassionate, often donating her time and money to help charitable causes and those less fortunate; and insisted her family do the same. Notwithstanding all of her impressive lifetime accomplishments, family always came first. She was an amazing mother, grandmother, and great grandmother. Everyone in our extended family was lucky to have known her.

2011 UPDATE

My Prozac-Induced Chronic Symptoms and Conditions

As 2011 began, I continued to suffer from the same chronic symptoms and conditions that have plagued me ever since my toxic reactions to Prozac and the other antidepressant drugs I was prescribed over 20 years ago. In early January, I celebrated 25 years of being clean and sober, and reflected upon how bad my life was during those last years of excessive drinking and illicit drug use. Compared to then, my life now did not seem quite so bad. However, I could not help but also reflect upon the cruel irony of my current predicament having been caused by prescription drugs intended by my doctors to heal me. I had truly been tossed from the frying pan into the fire. I will be in that fire now until the day I die.

I have been trying to figure out a way to accurately describe the chronic Prozac-induced symptoms I still had to deal with during 2011, without rehashing my ebook recounts or sounding like I am wallowing in self pity. I have concluded that the best way is to just tell it like it is. So, please bear with me as I describe my life in 2011. I will strive to be as brief as possible.

To begin with, I want to make it clear that I am debilitated only part of the time, not most of the time. A number of my symptoms have peaks and valleys. They will flare up into devastating episodes that may last several days, and then subside. In between these episodes, I am able to function and relate to people, even though I still have to deal with chronic "background" symptoms that never go away. Most people have no idea that I am suffering from these maladies. Over the last 20+ years, I have learned to tolerate, adapt and compensate as defensive mechanisms for self-preservation. For example, when my "electric" akathisia and dysphoria are at low levels, I am able to attend family get-togethers, enjoy fly fishing and other outdoor activities, or engage in limited endeavors requiring intense mental concentration such as writing this update.

However, when my symptoms are triggered or exacerbated into major episodes, it is extremely difficult to put on a facade and relate to other people or pretend to function in a normal way. These episodes are absolutely paralyzing. By this, I do not mean physical paralysis of one's functions. Instead, I mean that the combined effect of electric akathisia, dysphoria, frontal lobe dysfunction, eye tics, nerve twitches, eye aches, forehead aches and other symptoms can be so debilitating that I become, in essence, "paralyzed" and incapable of functioning like a normal human being. Sometimes I can "fake it" for a little while if necessary, but it requires an extraordinary effort. Sleeping at night can also be a nightmarish experience. During bad episodes, it is hard to fall asleep and, if able to finally do so, I am often awakened by "electric" surges through my mind and body. These surges invariably trigger the need to urinate, sometimes as many as four times in a night. This is the primary reason I quit outdoor tent camping, one of my favorite activities, about 15 years ago. For a better understanding of what I am talking about, I would refer the reader to the graphic descriptions in my ebook, particularly in *Part I: The Prozac Tapes: 1991-1996*, pages 22-130.

So, January of 2011 began much the same as the last 15 years: taking extremely small dosages of tianeptine (Stablon) to ameliorate and attempt to control the chronic symptoms and exacerbated episodes described above and in my ebook. During the year, I periodically had to stop my tianeptine regimen because of the invariable anticholinergic adverse side-effects it causes in me. Every month of my 2011 wall calendar is filled with my contemporaneous writings detailing bad episodes and tianeptine usage. Sometimes I wonder how on earth I have managed to tolerate such misery for so many years. I suppose I have come to accept it as my life and, not unlike millions of other human beings who live with their own personal hells, I just have to deal with it. That is what I have done to the utmost of my ability.

In May, I suffered from an unusually intense and lengthy episode of my chronic symptoms, lasting about a week. During this time, I attended a family wedding and was exposed to a lot of sick people. Sure enough, several days later I became ill with a virulent strain of influenza, which had been rampant in the school systems. Just my luck. I tried desperately to recover without antibiotics for 10 days, but to no avail. I hate taking antibiotics because experience has taught me that they can exacerbate my symptoms and trigger gout attacks. However, I had a persistent cough and an apparent upper respiratory infection, along with discomfort and excessive pressure in my right ear. So, I took a course of azithromycin, the one antibiotic I had best been able to tolerate over the last 20 years. Unfortunately, it did not seem to be very effective. My right ear still felt clogged and I had lost over 50% of my hearing in that ear. I was becoming very concerned about a right-ear infection and permanent loss of hearing. Moreover, it was driving me up a wall.

I contacted a doctor, who then discussed my situation with an infectious disease specialist. They concluded that I should take a strong regimen of the penicillin group antibiotic Augmentin, a combination of amoxicillin and clavulanate potassium (the potassium salt and most common form of clavulanic acid). Clavulanate potassium is combined with amoxicillin to help overcome certain types of antibiotic resistance, particularly bacteria that secrete beta-lactamase, which interferes with the efficacy of penicillin group drugs. I got a prescription for very powerful Augmentin, and was directed to take it for a minimum of 10 days, and perhaps as long as three weeks. I was concerned about Augmentin because I vaguely recollected that it had caused me problems many years ago. However, I was desperate, so I felt I had no option.

About five days into my Augmentin regimen, I fortuitously discovered that my right ear hearing problems were caused by a large plug of wax. The instant I removed it I could hear perfectly normal again. What an incredible relief that was! I realized that my concerns about hearing loss due to infection were most likely unfounded. I then recalled that a doctor had removed a similar wax plug from the same ear some 20 years ago. I believed the current one had probably been accumulating for many years until it finally and substantially interfered with my hearing. Infection may have had something to do with it, but I doubt it. In any event, it seemed apparent that I was recovering from my respiratory infection and cough. I had been cautioned to take Augmentin for a minimum of 10 days, regardless of how I felt.

I kept waiting for intestinal side-effects to develop (like diarrhea). Instead, my chronic Prozac-induced symptoms seemed to be exacerbated. It was stuck in my mind that diarrhea was the primary problem to watch for when taking Augmentin. When no such problem materialized, I began to wonder if my recollection was incorrect. It would not have been the first time my memory had played tricks on me since I was devastated by Prozac. I then vaguely recalled that I had written something in *ZAPPED BY PROZAC* about previous experiences with Augmentin. Sure enough, there it was on pages 127-128. In late 1995, I took amoxicillin for a sinus infection. It did not seem to be very effective, so I was prescribed Augmentin. I had to stop before I finished a 10-day regimen because it caused nerve twitches. In January of 1996, I asked Dr. Pharmacology about this. He told me that amoxicillin is an amine that causes the release of histamine. I already knew that histamine and serotonin are intimately connected and modulate each other. Thus, amoxicillin can trigger and/or exacerbate some of the chronic symptoms I have been suffering from for over 20 years. That is why I have always used azithromycin since 1995, because it is not an amine like amoxicillin (and many other antibiotics). However, Dr. Pharmacology told me nothing about the clavulanic acid in Augmentin. At that time in 1996, I had no idea what it was or why it was combined with amoxicillin. I still had no idea in June of 2011.

It only took a few minutes on the internet to discover that clavulanic acid is a powerful serotonin and dopamine enhancer. In fact, at that very moment it was in a phase IIb clinical trial as an antidepressant, under the brand name Serdaxin. Serdaxin is manufactured by Rexahn Pharmaceuticals. Phase II clinical trials are generally performed with groups of 100-300 human subjects, and are designed to assess the efficacy of a drug, as well as to continue Phase I safety assessments. New drug failures generally occur during Phase II trials. Phase II studies are sometimes divided into Phase IIa and Phase IIb. Phase IIa is specifically designed to assess dosing requirements, while Phase IIb is specifically designed to study efficacy.

About five months later, in November of 2011, the results of the Serdaxin clinical trial were released. It was an utter failure. That was certainly no surprise to me. In the randomized double-blind, placebo-controlled study, Serdaxin showed no efficacy in treating depression compared to placebo. Rexahn Pharmaceuticals is a publicly traded "penny stock" (symbol: RNN) on the American Stock Exchange (Amex). The day of the announced results, its stock lost one third of its value, dropping from $1.02 to $.68 a share. However, don't be shocked if sometime in the future Serdaxin rises from the dead and is marketed to the general public with an FDA stamp of approval. The process for such approval of psychiatric drugs, particularly antidepressants, is corrupt to its core. It is broken beyond measure. I refer the reader to pages 170-172 and 209-211 of my ebook, and to the discussion of the *Vanity Fair* article regarding the use of foreign clinical trials to obtain FDA approval of a drug in my above 2010 Update. As a Rexahn press release aptly pointed out: "The history of drug development in depression has one dominant theme - a notoriously high placebo effect. Six of the blockbuster antidepressant drugs approved between 1987 and 1999 had altogether undergone forty-two clinical trials, many of which were negative. With only one larger clinical trial completed, it may be premature to discount Serdaxin's potential clinical value."

As soon as I found out the clavulanic acid in Augmentin was a potent serotonergic agent, I knew that, once again, I had been dumped from the frying pan into the fire. The reason I had to stop taking Augmentin in 1995 was because its serotonergic properties caused nerve twitches. Nerve twitches in me have been caused by serotonin toxicity for more than 20 years. This is a graphic example of the box I am in with no way out when it comes to the necessity of using therapeutic drugs like antibiotics. The same would hold true for general anesthetics and opioid pain killers. I have been aware of this for many years. It has been suggested to me that my body and mind would probably "adjust" to such drugs if I needed them for surgery or illness. I sincerely hope this is true, but I do not believe it for one second. More than 20 years of bitter personal experiences indicate otherwise. It is like telling someone they will "adjust" to taking arsenic. Likewise, drugs with potent serotonergic and/or anticholinergic properties are toxic to me. It is only by sheer luck that I have not needed general anesthetics or opioid pain killers since I was first poisoned by Prozac in 1989. It is inevitable that my luck will run out sooner or later.

I only had a couple of days left on my Augmentin 10-day minimum regimen, so I made the decision that I should finish it. However, I was very apprehensive about what was in store for me after I quit taking it. I was all too familiar with my devastating withdrawal and rebound reactions to serotonergic drugs. Unfortunately, I was right on the money. Within a week after stopping Augmentin, I was "zapped" with yet another electric "explosion" inside my mind and body. Such electric episodes continued for several months, along with the exacerbation of many of my chronic symptoms. I have already described similar electric episodes in great detail in my ebook, so I won't reiterate those discussions here. Although these new episodes were very disruptive and disturbing, they were not as bad as those I experienced in 1989 and the early 1990s. One factor is probably that the serotonergic properties of Augmentin are not as profound as those of Prozac and the other antidepressants I was prescribed. Another factor is probably that the diminished episodes are attributable, at least in part, to the ameliorating effect of tianeptine on the toxic side-effects and withdrawal/rebound reactions produced by serotonergic drugs. I tend to believe that even the miniscule amounts of tianeptine I have been able to tolerate over the last 15 years saved me this time from being debilitated by the serotonergic properties of Augmentin, like I was over 20 years ago by Prozac. However, I still felt the residual adverse effects, particularly "electric" akathisia, through the end of 2011 and into 2012. This Augmentin debacle served as a reminder and wake-up call that I have to do my own research and be self-reliant when it comes to the use of prescription drugs. I cannot rely on anyone in the medical profession to understand my situation and protect my health.

National Epidemic of Antidepressant Drug Use

The pervasive influence and unchecked power of the psycho-pharmaceutical cartel in the United States is graphically illustrated by a report from the Centers for Disease Control and Prevention (CDC) released in October of 2011. The report delineates the startling fact that the use of antidepressant drugs increased by 400% from 1988 to 2008. During the 2005-2008 study period, antidepressants were the

most frequently used prescription drugs by people aged 18-44, and the third most used by all ages. The report found that 11% of Americans aged 12 and older used antidepressants. About 8% with no current depressive symptoms used them. About 1 in 25 adolescents (ages 12-17) used them. About 1 in 10 adults used them. More than 60% of the people using them have been doing so for two years or longer, while 14% have been using them for 10 years or longer. Overall, females are 2 1/2 times as likely to use antidepressant drugs as males.

These statistics reveal the magnitude of the epidemic of antidepressant drug use in America. I would be shocked if the numbers for the three years since the CDC study ended in 2008 have not further skyrocketed. Americans are binging on antidepressant drugs. The relentless barrage of deceptive advertising, disinformation, halt-truths and outright lies from Big Pharma, the psychiatric profession, and the general medical profession is slowly but surely producing a nation of antidepressant junkies. It is a national tragedy and disgrace.

Robert Whitaker's insightful book, *Anatomy of an Epidemic* (referenced above in my 2010 Update), sets forth convincing scientific corroboration of the tragic national epidemic of not only antidepressant drugs, but also antipsychotic and other psychiatric drugs. Whitaker and his book provided an impetus for a gathering of 54 mental health experts at a symposium in Portland, Oregon in February of 2011. The symposium included 22 psychiatrists, and experts from 13 different states. The purpose of the symposium was to begin developing protocols and reforms for better mental health care outcomes for patients. It was divided into a number of "workshops," including one for depression and the use of antidepressant drugs. Bearing in mind that the antidepressant workshop was composed of psychiatrists and other mental health experts predisposed to the use of antidepressant drugs to treat depression, its conclusions were quite refreshing and offer some hope in curbing the epidemic use of antidepressants. As recounted by Whitaker in a subsequent article: **"The depression workshop concluded that the prescribing of antidepressants as a first response to 'mild depression' was not recommended (but rather alternative treatments should be tried first), and that there was a lack of evidence showing that antidepressants provided a long-term benefit (beyond 12 months)."**

Later in the same article, Whitaker goes on to say: "**As I wrote in *Anatomy of an Epidemic*, I think that this corner of medicine suffers from a lack of honest storytelling. The public has been led to believe that psychiatric medications fix chemical imbalances in the brain and thus are like 'insulin for diabetes,' even though research has repeatedly failed to show that this is so. In addition, the results from long-term outcome studies, which time and again have told of better outcomes for the unmedicated cohort, have been kept hidden from the public."**

Dr. Allen Frances is a psychiatry professor emeritus and former chairman of psychiatry at Duke University who chaired the revision of psychiatry's "bible," the DSM-IV (*Diagnostic and Statistical Manual of Mental Disorders-4th ed.*). He has also become an outspoken critic of the epidemic of antidepressant and other psychiatric drug use that

has swept America. Dr. Frances published an article addressing the overuse of psychotropic drugs, with tragic overdose consequences, among our returning war veterans and active duty personnel in February and March, 2011 issues of *Psychology Today* and *Psychiatric Times*, respectively. In his article entitled "Polypharmacy, PTSD, and Accidental Death from Prescription Medication," he points out the following:

". . .The usual scenario is a diagnosis of PTSD (often accompanied by a pain syndrome) unsuccessfully treated with a wide array of psychotropic drugs, which in their aggregate wind up killing the patient--often at a very young age. Autopsy reveals significant blood levels of prescribed medication reflecting the heavy drug cocktail and no other apparent cause of death.

PTSD/pain patients are often prescribed a combination of psychotropics that may include--one antidepressant, one antipsychotic, one antianxiety, one sleep, and one pain medicine. Sometimes, the enormous medication burden is worsened even further--either by the simultaneous prescription of more than one drug from a given class or the additional self medication effected by the sharing of pills among patients."

Dr. Frances goes on to identify eight factors contributing to the increase in military deaths, and sets forth six corrective steps that can immediately be taken. Factor No. 2 of those contributing to deaths states that there are no effective drug treatments for PTSD, and the "scatter shot approach" of treating individual symptoms with its own drug is extremely dangerous. Factor No. 8 is particularly powerful and familiar to me:

"8. Forgetting, the Hippocratic injunction of 'FIRST DO NO HARM.' This evolved in ancient Greece specifically to discourage practitioners from being overly aggressive in using dangerous treatments for conditions that are not responding (and may not respond well) to existing interventions. It is important to recognize that sometimes the treatment becomes worse than the disease.

This is exactly our modern dilemma with some cases of PTSD where restraint is safer and saner than unreasonable treatment perfectionism and optimism--which can be costly and sometimes even lethal."

This is exactly what happened to me. I have recounted my experiences with doctors in great detail in *ZAPPED BY PR0ZAC*, so I won't reiterate them here. All of the doctors who attempted to treat me for chronic pain and depression, with perhaps one or two exceptions, violated what Dr. Frances refers to as the "Hippocratic injunction." Whatever it is called, it is the primary directive that should govern all medical practitioners. If it had been heeded by the doctors I saw, I would not have suffered the misery and frustration I have had to endure for the past 22+ years, and I would not be in the untenable position I find myself in now in regard to the inability to use therapeutic drugs that may one day be necessary to save my life.

Likewise, in the cruelest of ironies, our brave young men and women who have voluntarily and heroically served our country in two wars are right now in grave danger of irreparable harm and even death, not from our enemies, but from our own medical practitioners who they turn to for desperately needed help. Big Pharma and the psychiatric profession are primarily to blame, with complicity from the FDA and the general medical profession. I get so upset when I think about it that it adversely affects my health. It is fundamentally unfair and just plain wrong. As with our civilian population, it is a national tragedy and disgrace--only more so. Our brave young men and women deserve much better.

Still More Debunking of the Antidepressant Safety Myth

Two more studies concluding that antidepressant drugs, particularly SSRIs and other new-generation antidepressants, pose significant safety risks to patients were published in prestigious medical journals in August of 2011. One of them is a pioneering study published in the following peer-reviewed journal: Y. Lucire and C. Crotty, "Antidepressant-induced akathisia-related homicides associated with diminishing mutations in metabolizing genes of the CYP450 family," *Pharmacogenomics and Personalized Medicine* 2011(4) (2011): 65-81. This nerdy scientific title may seem somewhat incomprehensible to us laypeople, but the conclusions reached in the study are not that difficult to understand. More than 120 subjects were diagnosed with akathisia/serotonin toxicity after taking antidepressant drugs that had been prescribed for psychosocial distress. Eight had committed homicide and many more became extremely violent while on antidepressants. **The authors established the cause/effect relationship between antidepressant drugs, akathisia, and violent aggressive behavior, including homicide.** As the reader may recall from my ebook, akathisia is a nightmarish neurological condition characterized by objective motor manifestations of an inability to sit still, and/or a strong subjective psychological component of feelings of inner restlessness, agitation, impatience, general unease, apprehension and dysphoria. Electric-shock sensations are also not uncommon. Akathisia is so mind numbing and intolerable that it can drive people to commit suicide and violence against others. I know all about akathisia. I have battled Prozac-induced akathisia for over 20 years.

The authors, a forensic psychiatrist and a phrmacogeneticist, reached the following conclusions: **"In all of the cases presented here, the subjects were prescribed antidepressants that failed to mitigate distress emerging from their predicaments, which encompassed psychosocial stressors such as bereavement, marital and relationship difficulties, and work-related stress. Every subject's emotional reaction worsened while their prescribing physicians continued the 'trial and error' approach, increasing from standard to higher dose and/or switching to other antidepressants, with disastrous consequences. In some cases the violence ensued from changes occasioned by withdrawal and polypharmacy.**

. . . .

In all of these cases, the subjects were put into a state of drug induced toxicity manifesting as akathisia, which resolved only upon discontinuation of the antidepressant drugs."

The other study was published in the prestigious *British Medical Journal* (BMJ) in August of 2011: C. Copeland, et al., "Antidepressant use and risk of adverse outcomes in older people: population based cohort study," *British Medical Journal* 343:d4551 (2011). The *BMJ* study investigated the association between antidepressant treatment and the risk of adverse outcomes in people aged 65 and over diagnosed with depression from 1996-2007. A total of 60,746 patients were included, and followed up until the end of 2008.

As stated by the authors: **"This observational study found significant associations between use of antidepressant drugs and several severe adverse outcomes in people aged 65 and older with depression. . . .To our knowledge, this is the first published systematic assessment of the safety of commonly used antidepressants in older patients across a range of serious adverse outcomes."**

The study further specifically concluded the following: **"All classes of antidepressant drug were associated with significantly increased risks of all cause mortality, attempted suicide/self harm, falls, fractures, and upper gastrointestinal bleeding compared with when these drugs were not being used. Selective serotonin reuptake inhibitors and the group of other antidepressant drugs were associated with increased risks of stroke/transient ischaemic attack and epilepsy/seizures; selective serotonin reuptake inhibitors were also associated with increased risks of myocardial infarction and hyponatraemia."**

An immense body of medical and scientific evidence has now been published that establishes that antidepressant drugs, particularly SSRIs and other new-generation antidepressants, are not safe. In fact, the evidence proves that they are extremely dangerous, causing irreparable harm to unsuspecting victims who are desperate for help. I have included brief summaries of only four of many studies: the Swedish suicidality study and *PLoS One* violence study discussed above in my 2010 Update; and the antidepressant/akathisia homicide study and *BMJ* antidepressant/elderly study in this 2011 Update. **When viewed in conjunction with all of the recent studies concluding that new-generation antidepressant drugs, particularly SSRIs and SNRIs, are no more effective than placebo, these studies present more irrefutable evidence in support of my own conclusions that resonate throughout *ZAPPED BY PROZAC*: antidepressant drugs are dangerous, toxic, addictive stimulants that should be relegated to the pharmaceutical trash heap of history.**

Still More Psychobabble and Reprehensible Conduct from Psychiatry

A very illuminating article by Gary Greenberg, a book author and practicing psychotherapist, was published in the January, 2011 issue of *Wired* magazine (published online December 27, 2010). In the article, entitled "Inside the Battle to Define Mental Illness," Greenberg recounts his interviews with Dr. Allen Frances (the same Dr. Allen Frances mentioned above in regard to America's epidemic of antidepressant drug use). **Greenberg describes how Dr. Frances, "who wrote the book on mental illness" (he chaired the revision of DSM-IV), has come out of retirement to publicly criticize his former psychiatric colleagues and the new DSM-5 (no Roman numerals any more)**

due out in 2013, with statements like "there is no definition of a mental disorder. It's bullshit. I mean, you just can't define it. . . . We made mistakes (in DSM-IV) that had terrible consequences." Dr. Frances was referring to the fact that diagnoses of autism, attention-deficit hyperactivity disorder (ADHD), and bipolar disorder skyrocketed, and that DSM-IV facilitated these epidemics and helped push psychiatry to diagnose virtually all of life's problems as some form of mental illness that can be treated with psychiatric drugs. Greenberg points out that a growing number of psychiatrists agree with Dr. Frances that the preliminary version of the new DSM-5, with its incredible amount of unscientific psychobabble and newly-created mental disorders, is poised "to take psychiatry off a cliff."

Greenberg goes on to say that the DSM "is as important to psychiatrists as the Constitution is to the US government or the Bible is to Christians." It is the basis for psychiatrists' mental health authority, for billing insurance companies and government programs, and for government grants. Outside the psychiatric profession, it is relied upon by other mental health workers, the legal profession, and school systems. Thus, "If, as Frances warns, the new volume is an 'absolute disaster,' it could cause a seismic shift in the way mental health care is practiced in this country. It could cause the APA to lose its franchise on our psychic suffering, the naming rights to our pain."

Greenberg further states that many psychiatrists privately believe the new DSM-5 "will create 'monumental screwups' that will turn the field into a 'laughingstock.'" However, they are unwilling to go public with their concerns because they fear reprisals and retaliation from the powers that be. In his concluding remarks, Greenberg opines the following: "What the battle over *DSM*-5 should make clear to all of us—professional and layman alike—is that psychiatric diagnosis will probably always be laden with uncertainty, that the labels doctors give us for our suffering will forever be at least as much the product of negotiations around a conference table as investigations at a lab bench."

It should be noted that Dr. Frances' apparent *mea culpa* and conversion to outspoken critic of the DSM-IV and new DSM-5 come after a rather sordid past relationship with at least one Big Pharma member, according to an 86-page expert witness report filed in a huge $1 billion civil lawsuit by a whistleblower and the State of Texas against Johnson & Johnson (J&J) for fraud in the marketing of its antipsychotic drug, Risperdal, in the 1990s. The lawsuit is one of dozens of pending state and federal cases alleging illegal marketing practices and kickbacks by J&J to increase sales of Risperdal over other drugs. J&J has already lost two other suits in South Carolina and Louisiana, and been ordered to pay hundreds of millions of dollars in damages.

The exert witness report is authored by Dr. David J. Rothman, a noted professor of social medicine at the Columbia College of Physicians & Surgeons, the medical school of Columbia University. He also holds other prominent positions at Columbia. In his report, Dr. Rothman points out the following:

"[I]n disregard of professional medical ethics and principles of conflict of interest, in 1995 J&J funded a project led by three psychiatrists at three medical centers (Duke, Cornell, and Columbia) to formulate Schizophrenia Practice Guidelines. From the start the project subverted scientific integrity, appearing to be a purely scientific venture when it was at its core, a marketing venture for Risperdal."

Dr. Frances, then Chairman of the Department of Psychiatry at Duke University, was one of the three psychiatrists. According to the report, Dr. Frances negotiated the agreement with J&J in 1995 to set forth the Schizophrenia Practice Guidelines. The team promised wide dissemination of the guidelines, shared drafts with J&J, and cooperated with J&J in actual marketing activities. They created a business entity to use J&J money to market the guidelines and reap financial benefits for themselves. J&J used the guidelines as a powerful marketing tool to convince its customers to make Risperdal the drug of choice. The guidelines were published in the *Journal of Clinical Psychiatry* in 1996.

I bring all of this to the attention of the reader so you can make your own judgment about Dr. Frances' apparent conversion to outspoken critic of psychiatry, particularly the new DSM-5. He would not be the first psychiatrist to come over from the dark side. There are quite a few others who have also done so, including the authors of many books and articles. In fact, it could be argued that such psychiatrists offer a unique perspective and act as whistleblowers themselves, as they come from the belly of the beast.

I am sure that many of my readers are aware, as I am, of the immoral and unethical explosion in the prescribing of psychiatric drugs, particularly antipsychotics, for children, some as young as two years old. I have not included much about this in *ZAPPED BY PROZAC* because it is not my area of expertise. I have never used antipsychotic drugs and thus lack the personal experiences that form the basis for my ebook. However, that does not mean that I am not painfully aware of this war against children being waged by the psycho-pharmaceutical cartel (Big Pharma and the psychiatric profession). It is one of the most tragic and despicable things I have ever seen in my lifetime. There are a number of books and articles available to the public by various medical experts that expose the magnitude of the fraud perpetrated by the cartel, and the irreparable damage being done to millions of children. These books can easily be found by conducting an internet search with Google or another powerful search engine. As far as I am concerned, those responsible for young children using antipsychotic drugs are guilty of criminal acts against the most innocent and defenseless members of our society, and should be subject to criminal prosecution.

The reason I bring all of this up is because there are a handful of psychiatrists, bought and paid for by Big Pharma, who are primarily responsible for the meteoric rise of diagnoses of pediatric mental disorders, especially bipolar disorder, and the resulting use of antipsychotic drugs by children. In an article published online on the website Pharmalot (http://www.pharmalot.com) in July of 2011, the author, Ed Silverman, pointed out that three of these psychiatrists were sanctioned by the Harvard Medical School and Massachusetts General Hospital for violating conflict of interest rules and failing to

report the extent of payments received from Big Pharma in regard to their involvement in the explosive use of antipsychotic drugs to treat pediatric bipolar disorder. For more than a decade, these three psychiatrists shamelessly promoted unfounded diagnoses of bipolar disorder in children, and the use of Big Pharma's antipsychotic drugs to treat them. Studies authored by one of them, Dr. Joseph Biederman, in particular were instrumental in fueling a 40-fold increase in such diagnoses from 1994 to 2003. All three failed to properly disclose that they had each received payments totaling over a million dollars from drug companies.

Shortly after reading about the sanctions against Dr. Biederman, a clinical psychologist, Jacob Azerrad PhD, wrote an essay entitled "The Real Biederman Scandal." It was posted on the website of the Alliance for Human Resource Protection (AHRP) (http://www.ahrp.org). Dr. Azerrad wrote the following:

"The real scandal perpetrated by Biederman has nothing to do with his consulting fee shenanigans and everything to do with the real life (and death) consequences of the methods now used by modern pediatric psychiatry to tag normal childhood behaviors with diagnoses – like 'childhood bipolar' -- and the pediatric medical profession's complicit acquiescence to such malarkey. It has been nothing short [of] an epic assault on our children by those who prescribe antipsychotic medications as an antidote to normal childhood behavior."

Dr. Azerrad concluded his essay: **"The real scandal isn't Biederman's failure to report potential conflict. Let him keep his money. The real scandal is that once reputable institutions are now linked to the enabler whose imprimatur and pills have bailed out the failed theories of child behavior which do more harm than good."**

Litigation Update

Although I have not been practicing law for quite a few years, I am still a lawyer and I like to keep track of big cases involving pharmaceutical drugs, particularly antidepressants and other psychiatric drugs. I am not going to attempt to discuss all of them that came to the forefront with some kind of relevant decisions in 2010 and 2011--there are far too many. I will briefly discuss two of them. I refer the reader to the following websites for information about many of the rest of these cases: http://www.ssristories.com and http://www.baumhedlundlaw.com (website of the national law firm of Baum, Hedlund, Arestei & Goldman, PC).

The first case I will discuss is *Pliva, Inc. v. Mensing*, decided by the United States Supreme Court on June 23, 2011. This is a disturbing decision by the Court that contradicts the precedent set in its 2009 decision of *Wyeth v. Levine* (see page 182 of my ebook). In *Wyeth*, the Court ruled 6-3 that the so-called "federal preemption doctrine," based upon approval of a drug by the FDA, does not prohibit legal actions against drug makers in state courts. The Court upheld the decision of the Vermont Supreme Court, which had upheld a $7 million award to a musician who lost her arm after being injected

with the drug Phenergan, manufactured and marketed for the treatment of nausea by the pharmaceutical giant Wyeth. The Court's opinion stated that suits in state courts against pharmaceutical companies "uncover unknown drug hazards and provide incentives for drug manufacturers to disclose safety risks promptly." The ruling was a great victory for Diana Levine, a former guitar player, who's right arm developed gangrene caused by Wyeth's Phenergan.

However, in *Pliva*, a 5-4 decision split along ideological lines, the Court emasculated its previous decision in *Wyeth* by holding that manufacturers of <u>generic</u> drugs, which account for 75% of all prescription drugs dispensed in America, cannot be sued in state courts for failing to warn consumers of the risks associated with their drugs. In other words, only <u>brand-name</u> drugs are governed by the *Wyeth* decision.

I would be hard pressed to find another Supreme Court decision full of such nonsensical and ideologically-driven legal mumbo jumbo. The five Republican-appointed, right-wing justices really crossed the line this time in protecting Big Pharma. They must have received an earful for the *Wyeth* decision, and the two who had jumped ship were brought back on board for the *Pliva* decision. Even Justice Thomas, who wrote the opinion for the majority, acknowledged the following after all the legal mumbo jumbo:

"We recognize that from the perspective of Mensing and Demahy, finding pre-emption here but not in *Wyeth* makes little sense. Had Mensing and Demahy taken Reglan, the brand-name drug prescribed by their doctors, *Wyeth* would control and their lawsuits would not be pre-empted. But because pharmacists, acting in full accord with state law, substituted generic metoclopramide instead, federal law pre-empts these lawsuits. . . .We acknowledge the unfortunate hand that federal drug regulation has dealt Mensing, Demahy, and others similarly situated."

Justice Sotomayor wrote the dissenting opinion for the four-justice minority. She astutely and correctly pointed out the following:

"[The majority opinion] invents new principles of pre-emption law out of thin air to justify its dilution of the impossibility standard. It effectively rewrites our decision in *Wyeth v. Levine*, . . . which holds that federal law does not pre-empt failure-to-warn claims against brand-name drug manufacturers. . . . As a result of today's decision, whether a consumer harmed by inadequate warnings can obtain relief turns solely on the happenstance of whether her pharmacist filled her prescription with a brand-name or generic drug. The Court gets one thing right: This outcome 'makes little sense.'"

The absurd and tragic result of the majority decision in *Pliva* is that the right of every drug consumer in America to seek redress in state courts for compensation for inadequate warnings by drug manufacturers now depends solely on whether a pharmacist fills his or her prescription with a brand-name or a generic drug. This ridiculous distinction is extremely hard to swallow. The vast majority of people cannot afford brand-name drugs compared to their generic equivalents, which are far less expensive. Moreover,

government and private health insurance programs often require generics to be substituted for brand-name drugs when they are available. The end result is that the consumer, once again, gets crushed between a rock and a hard place by Big Pharma**. I urge my readers to contact your senators and representatives, and demand that federal law be changed to give all drug consumers the same rights to seek redress in state courts for inadequate warnings by drug manufacturers, regardless of whether they are injured by brand-name or generic drugs.**

The second case I will discuss is a Canadian criminal case involving a 16-year-old boy, on Prozac for three months, who suddenly and inexplicably stabbed one of two friends to death while they were all chatting in the boy's home. While taking Prozac, his behavior had significantly deteriorated to the point that his parents said he seemed like a different person. He had become impulsive, unpredictable, suicidal, and fantasized about violence. His parents reported his deteriorating behavior to the psychiatric clinic treating him, and their response was to double his Prozac dose. 17 days later, he killed his friend.

The official title of the case is "Her Majesty the Queen and C.J.P" (Citation #2011 MBPC 62), in the Provincial Court of Manitoba, Canada**. In September of 2011, the provincial court judge presiding over the case, after considering all the evidence, including an expert report and testimony by Dr. Peter R. Breggin and other expert witnesses, ruled, in essence, that Prozac had turned the boy into a killer.** Therefore, he was to be sentenced as a minor rather than an adult. If sentenced as an adult, he would have received a mandatory life sentence, with no chance of parole for at least seven years. As the judge stated in his opinion: **"His basic normalcy now further confirms he no longer poses a risk of violence to anyone and that his mental deterioration and resulting violence would not have taken place without exposure to Prozac."** The judge also concluded: **"Dr. Breggin's explanation of the effect Prozac was having on C.J.P.'s behaviour both before that day and in committing an impulsive, inexplicable violent act that day corresponds with the evidence; as Dr. Breggin states in his report, there was no significant deliberation or organization by C.J.P. that afternoon."**

Dr. Breggin, who I have referenced a number of times in my ebook, states the following on his website, http://www.breggin.com: **"This was the first criminal case in North America where a judge has specifically found that an antidepressant was the cause of a murder."** On another website, Dr. Breggin is quoted as saying**: "This is a landmark legal confirmation of the scientific fact that the newer antidepressants like Prozac, including the SSRI and SNRI antidepressants, can cause violence and even murder."** See Dr. Breggin's website for more information and a link to the complete opinion of the Canadian provincial court.

In November of 2011, the judge sentenced the teen to three years incarceration, less the 26 months he had already served, plus community supervision for four years. Thus, he is scheduled to be released in 10 months from the date of the sentence.

Resistance is Not Futile

As 2011 came to a close, I paused to reflect on my struggle for the past 20+ years to expose the dangers and dark sides of antidepressant drugs and psychiatry. Often times it seems so hopeless, given the immense power and influence wielded by Big Pharma, the psychiatric profession, the medical profession in general, the FDA, the NIMH (National Institute of Mental Health), and all the other forces allied with them. They constitute a runaway freight train that appears to be impossible to stop--capitalism run amok or, as I like to say, capitalism gone mad. The amount of money at stake staggers the imagination, let alone the reality of it all. There are literally hundreds of billions of dollars to be divvied up by the powers that be. Perhaps the efforts by myself and all the others who have spoken out to expose the monumental fraud that has been perpetrated on the general public are a wasted exercise in futility.

However, I do not believe that. I cannot accept that. In point of fact, substantial progress has been made since Prozac exploded on the scene in 1988. Many books and journal articles have been published by medical practitioners, scientists and others, challenging the safety and efficacy of not only antidepressant drugs, but also other psychiatric drugs like antipsychotics. Many other books and articles have been published that expose the sham science and corrupt practices underlying the psychiatric profession. Unethical conflicts of interest by psychiatrists have been exposed by senate subcommittees, public-interest organizations, medical practitioners, journalists and authors. The FDA has been forced, kicking and screaming all the way, to require "black-box" warnings for antidepressant drugs. The full spectrum of potentially debilitating adverse side-effects caused by new-generation antidepressants, particularly SSRIs and SNRIs, has been recognized in medical and scientific literature. Big Pharma members have been found guilty of fraudulent and criminal conduct in regard to their marketing of psychiatric drugs, and forced to pay billions of dollars in fines, penalties and damages. Thousands of civil lawsuits have been filed, resulting in judgments and potential pending judgments that may alter the way Big Pharma does business in the future. Even my small website and ebook may have an impact. Perhaps I will inspire some billionaire or brilliant neuroscientist to have the appropriate research conducted to prove that I am right about what I have said regarding antidepressant drugs. Anything could happen in the future. The history of human civilization is replete with seemingly insignificant events that dramatically altered the course of history.

For all of these reasons, I must conclude that there is hope. That is why my new year's resolution for 2012 is still the same as it has been for many years: keep fighting and never give up. That is why I wrote *ZAPPED BY PROZAC*, this 2010-2011 Update, and have made both available to everyone in the world for free on my own website. Resistance is not futile. Long live all Prozac survivors!

END OF 2010-2011 UPDATE