

4-year old Rebecca Riley, a Casualty of Psychiatric "Treatment" _BostonGlobe_NYT

Thursday, 15 February 2007

"To me one of the miracle of children's brains is that we don't see more harm from these treatments."

Boston residents are jolted by news reports detailing the drug-induced death of 4 year old Rebecca Riley who had been "diagnosed" as suffering from both ADHD and Bipolar disorder at the tender age of 28 months. She was prescribed three powerful psychotropic drugs whose toxic effects have never been shown to be safe or appropriate. Her two older siblings were likewise "diagnosed" and prescribed the same drug regimen by a licensed child psychiatrist at Tufts-New England Medical Center.

Dr. Gabrielle Carlson, a professor of psychiatry and pediatrics at Stony Brook University School of Medicine on Long Island, told The New York Times: "To me one of the miracle of children's brains is that we don't see more harm from these treatments."

Neither the ADHD/ Bipolar diagnosis nor the toxic drug cocktail which the child was prescribed -- Seroquel, an antipsychotic drug; Depakote, an equally powerful mood medication; and Clonidine, a blood pressure drug--are backed by medical-scientific evidence. However, the four year old's treatment reflects the prevailing practice in U.S. psychiatry, the pharmaceutical industry's most lucrative specialty.

Indeed, the Boston Globe reports (below) that Dr. Jennifer Harris, a clinical instructor at Harvard University (and supervisor at Cambridge Health Alliance) acknowledges: "I think clinical practice got way ahead of the science. . . . There are so many pressures -- some conscious, some unconscious -- to medicate these kids that I think clinicians jumped on this diagnosis way ahead of the evidence."

The New York Times reports (below) that "the practice of aggressive drug treatment for young children labeled bipolar has become common across the country. In just the last decade, the rate of bipolar diagnosis in children under 13 has increased almost sevenfold, according to a study based on hospital discharge records. And a typical treatment includes multiple medications."

However, the most influential child psychiatrists have endorsed such medically unsupportable "aggressive" prescribing of toxic drugs for children on the basis of vague faith-based assumptions: "We support early diagnosis and treatment because the symptoms of this disorder are extremely debilitating and impairing," said Dr. Janet Wozniak, director of the Pediatric Bipolar Program at Mass. General. "it's incumbent on us as a field to understand more which preschoolers need to be identified and treated in an aggressive way."

The Pediatric Bipolar Program at Mass General has been in the forefront of aggressive recruitment campaigns for manic-depression studies. A television ad (November, 2001), MGH sought 4 to 18 year old child subjects is an example of disease mongering. The MGH ad made false claims suggesting:

"Your child may be facing a chemical problem that you can't manage without help."

"We're Mass General, and we can help."

The number given to call is 617-724-4 MGH.

What scientific basis suggests a chemical rather than a behavioral problem?

The truth about these drugs' lethal effects is finally breaking through the carefully crafted layers of false claims about their safety and effectiveness.

The Boston Globe reports: "Evidence has been mounting, however, that antipsychotic drugs can cause health problems, such as diabetes and significant weight gain."

Even Dr. S. Nassir Ghaemi, director of the Bipolar Disorder Research Program at Emory University, who has been a booster of the new antipsychotic drugs, now acknowledges: "the concern is that if you have kids on these medications for extensive

periods of time, then they may develop major medical problems as adults."

Dr. Carson states: "Bipolar is absolutely being overdiagnosed in children, and the major downside is that people then think they have a solution and are not amenable to listening to alternatives, which may not include drugs."

The Boston Globe notes that one of the factors that have led to a spiraling increase of the bipolar diagnosis is the growing awareness among psychiatrists that SSRI antidepressants "could make the child dangerously worse, possibly even suicidal and psychotic."

"Similarly, if a child has underlying bipolar disorder but is diagnosed as having attention deficit hyperactivity disorder and prescribed a stimulant, the symptoms could worsen," said Cambridge Health Alliance psychiatrist Nancy Rappaport.

Like the myth of "chemical imbalances" the suggestion that treatment emergent manic symptoms are an indication of an "underlying bipolar disorder" is entirely speculative without scientific evidence to back it up. The more plausible, direct trigger for such manic symptoms in children taking a psychotropic drug--psychostimulant or antidepressant--is that these drugs have a propensity to induce mania. See any of these drugs' FDA-approved labels.

The Globe reports: "the bipolar label has proliferated to the point that some psychiatrists now suspect the diagnosis may be sometimes misused, placing some children at unnecessary risk from the serious medications that usually follow."

A diagnosis of bipolar disorder is highly profitable: A bipolar diagnosis opens the insurance cash flow and increases the use of antipsychotics-

"As the diagnosis gained popularity in recent years, so did prescriptions for powerful anti psychotic drugs such as Risperdal and Zyprexa -- which have been approved for use in adults, but are prescribed for children."

Mental health professionals are beginning to acknowledge that:

"It's a tail-wagging-the-dog kind of thing. The treatments affect our observations and our labeling as well. "

Antipsychotics have proven to be industry's most profitable blockbusters because psychiatrists and its professional institutions have been close collaborators with drug manufacturers. Indeed, they are industry's most effective sales promoters.

The tragedy is, we have not yet begun to count the human casualties that these treatments have caused.

Unless this irresponsible profession is reined, we are a party to child sacrifice.

Below is a response we received to the Infomail about the tragic preventable death--a human sacrifice--of a four year old child who was prescribed a toxic psychotropic drug regimen. <http://ahrp.blogspot.com/2007/02/4-year-old-rebecca-riley-casualty-of.html>

The doctor (who wishes not to disclose her identity for fear of professional retaliation) is frustrated by the fact that parents and teachers are ignorant about the magnitude of harm these powerful drugs are causing children.

Contact: Vera Hassner Sharav
212-595-8974
veracare@ahrp.org

~~~~~

Sent: Thursday, February 15, 2007 3:49 PM

To: [veracare@ahrp.org](mailto:veracare@ahrp.org)

Subject: Re: 4-year old Rebecca Riley, a Casualty of Psychiatric "Treatment"\_BostonGlobe\_NYT

Dear Vera,

I am not surprised this happened to this child. I am surprised it does not happen to many more children. I do fear for many of my patients who are on four and five different psychotropic agents and at dosages that far exceed the recommendations. I find myself taking over the prescribing of some of these medications in order to wean the child down and eventually get them off the medications.

I have successfully done so in many children. However, I have received lots of criticism from the teachers who complain that the children are not focusing and not "succeeding." I have also received criticism from the other side because they say I should "never at any time prescribe these medications." I feel frustrated.

How to help these children? When is this information going to make it into the popular media?

No one is picking up this information in the local newspapers. Why not?

How can we get this into the popular media so the parents and teachers are more aware of the risks they are taking by demanding more medication for these children?

When I speak against this locally, people can dismiss what I say because they already know where I stand. They expect me to say this. I am eagerly awaiting a great awakening in our country about what we are doing to our children.

\_\_\_\_, MD, FAAP

Contact: Vera Hassner Sharav

212-595-8974

[veracare@ahrp.org](mailto:veracare@ahrp.org) < >; document.write( " "); document.write( addy\_text69543 ); document.write( '<\/a>' ); /-->\n >

[http://www.boston.com/news/local/massachusetts/articles/2007/02/15/bipolar\\_labels\\_for\\_children\\_stir\\_concern/](http://www.boston.com/news/local/massachusetts/articles/2007/02/15/bipolar_labels_for_children_stir_concern/) THE BOSTON GLOBE

Bipolar labels for children stir concern

Hull case highlights debate on diagnosis

Rebecca Riley's parents are accused of deliberately poisoning her with her prescription medication.

By Carey Goldberg

February 15, 2007

The case of Rebecca Riley highlights a hot debate in psychiatric circles over the growing number of children who are diagnosed with bipolar disorder -- a battle centered largely in Boston but affecting the treatment of young patients nationwide.

Riley, the Hull 4-year-old who died of an overdose of psychiatric medications, was exceptionally young when she was diagnosed, just 2 1/2. But among somewhat older children, the bipolar label has proliferated to the point that some psychiatrists now suspect the diagnosis may be sometimes misused, placing some children at unnecessary risk from the serious medications that usually follow.

Others argue that many children are given different diagnoses, such as depression, when they should really be considered bipolar, a disorder that involves intense mood swings and hitting, biting, kicking, and screaming rages.

One thing is clear: In the past decade or so, the number of children diagnosed with bipolar disorder has risen dramatically. A study of mentally ill children in community hospitals, published last month in the Archives of General Psychiatry, found the proportion of children diagnosed as bipolar shot up from less than 3 percent in 1990 to 15 percent in 2000. Psychiatrists say the rate has continued to climb.

Why the increase? Psychiatrists at Massachusetts General Hospital were among those who spurred it. In 1995, they published research that contradicted the prevailing notion that bipolar disorder was exceedingly rare in children. Rather, they said, 16 percent of the children referred to their psychopharmacology clinic fit the diagnosis. Overall, that would mean perhaps 1 percent of all children may be affected.

"We support early diagnosis and treatment because the symptoms of this disorder are extremely debilitating and impairing," said Dr. Janet Wozniak, director of the Pediatric Bipolar Program at Mass. General. They "bring reckless and impulsive behaviors here and now and a long-term risk" for suicide, drug abuse, and crime, she said.

The psychiatric controversy is over diagnosing children before their teen years. There is virtually no scientific research on children younger than 6.

"Diagnosing and treating preschoolers is what I would call uncharted waters," Wozniak said, but research suggests the disorder often begins that early, and "it's incumbent on us as a field to understand more which preschoolers need to be identified and treated in an aggressive way."

Rebecca was prescribed an antipsychotic medication, a drug used to treat bipolar disorder in adults, and a blood pressure medication that is sometimes used to help hyperactive children sleep. She died in December. Her parents are charged with murder, and the Board of Registration in Medicine is investigating the role played by her psychiatrist, Dr. Kayoko Kifuji of Tufts-New England Medical Center.

Recent studies document a steep increase in prescriptions of anti psychotic drugs to children of all ages. That probably stems from the increasing diagnosis of bipolar disorder, said Wozniak, who gets about 90 percent of her research funding from the federal government, 5 percent from philanthropies, and 5 percent from companies that make psychiatric drugs.

"Still," she said, "the overall number of prescriptions is probably small relative to the number of children who need help."

The opposing camp, psychiatrists who want to define bipolar disorder more narrowly and sparingly, questions whether the disorder really affects so many children and whether the benefits of the diagnosis outweigh the risks of the drugs in many cases.

"Particularly over the last five to eight years, people like myself have become more alarmed at what we see as the misdiagnosis and the over use of medications," said Dr. Jennifer Harris, a clinical instructor at Harvard University and supervisor at Cambridge Health Alliance. "I think clinical practice got way ahead of the science. . . . There are so many pressures -- some conscious, some unconscious -- to medicate these kids that I think clinicians jumped on this diagnosis way ahead of the evidence."

Harris and others point out that a diagnosis of bipolar disorder is considered more serious than attention deficit hyperactivity disorder or post traumatic stress disorder. A child diagnosed as bipolar thus tends to have much easier access to a range of help, from a spot in a therapeutic school to insurance coverage for hospitalization.

Another factor in the increased use of the diagnosis is the availability of new, potentially effective drugs, particularly anti psychotics and mood stabilizers. As the diagnosis gained popularity in recent years, so did prescriptions for powerful anti psychotic drugs such as Risperdal and Zyprexa -- which have been approved for use in adults, but are prescribed for children.

If there's a chance that a drug may calm down a dangerously out-of-control child and the drug is indicated for bipolar disorder, then it may make sense to diagnose the child with bipolar disorder, said Dr. George Dominiak, medical director of Westwood Lodge, a private psychiatric hospital in Massachusetts.

"It's a tail-wagging-the-dog kind of thing," he said. "The treatments affect our observations and our labeling as well. "

Evidence has been mounting, however, that antipsychotic drugs can cause health problems, such as diabetes and significant

weight gain.

"These are bad enough in themselves, but the concern is that if you have kids on these medications for extensive periods of time, then they may develop major medical problems as adults," said Dr. S. Nassir Ghaemi, director of the Bipolar Disorder Research Program at Emory University. (He has consulted for most of the drug companies that make the anti psychotics.)

Another possible factor in the increase of the bipolar diagnosis is the growing awareness among psychiatrists that if they diagnose a bipolar child as being only depressed and prescribe antidepressants, the drugs could make the child dangerously worse, possibly even suicidal and psychotic.

Similarly, if a child has underlying bipolar disorder but is diagnosed as having attention deficit hyperactivity disorder and prescribed a stimulant, the symptoms could worsen, said Cambridge Health Alliance psychiatrist Nancy Rappaport.

Further complicating the diagnosis: Abused or traumatized children can seem to have bipolar disorder when they are actually reacting to horrors in their lives.

Academic researchers have begun to make progress in refining the outlines of what constitutes bipolar disorder in children. But still, Rappaport said, the question of whether to diagnose a child with bipolar disorder can be "an agonizing clinical decision."

"Still," she said, "the overall number of prescriptions is probably small relative to the number of children who need help."

The opposing camp, psychiatrists who want to define bipolar disorder more narrowly and sparingly, questions whether the disorder really affects so many children and whether the benefits of the diagnosis outweigh the risks of the drugs in many cases.

"Particularly over the last five to eight years, people like myself have become more alarmed at what we see as the misdiagnosis and the over use of medications," said Dr. Jennifer Harris, a clinical instructor at Harvard University and supervisor at Cambridge Health Alliance. "I think clinical practice got way ahead of the science. . . . There are so many pressures -- some conscious, some unconscious -- to medicate these kids that I think clinicians jumped on this diagnosis way ahead of the evidence."

Harris and others point out that a diagnosis of bipolar disorder is considered more serious than attention deficit hyperactivity disorder or post traumatic stress disorder. A child diagnosed as bipolar thus tends to have much easier access to a range of help, from a spot in a therapeutic school to insurance coverage for hospitalization.

Another factor in the increased use of the diagnosis is the availability of new, potentially effective drugs, particularly anti psychotics and mood stabilizers. As the diagnosis gained popularity in recent years, so did prescriptions for powerful anti psychotic drugs such as Risperdal and Zyprexa -- which have been approved for use in adults, but are prescribed for children.

If there's a chance that a drug may calm down a dangerously out-of-control child and the drug is indicated for bipolar disorder, then it may make sense to diagnose the child with bipolar disorder, said Dr. George Dominiak, medical director of Westwood Lodge, a private psychiatric hospital in Massachusetts.

"It's a tail-wagging-the-dog kind of thing," he said. "The treatments affect our observations and our labeling as well. "

Evidence has been mounting, however, that antipsychotic drugs can cause health problems, such as diabetes and significant weight gain.

"These are bad enough in themselves, but the concern is that if you have kids on these medications for extensive periods of time, then they may develop major medical problems as adults," said Dr. S. Nassir Ghaemi, director of the Bipolar Disorder

Research Program at Emory University. (He has consulted for most of the drug companies that make the anti psychotics.)

Another possible factor in the increase of the bipolar diagnosis is the growing awareness among psychiatrists that if they diagnose a bipolar child as being only depressed and prescribe antidepressants, the drugs could make the child dangerously worse, possibly even suicidal and psychotic.

Similarly, if a child has underlying bipolar disorder but is diagnosed as having attention deficit hyperactivity disorder and prescribed a stimulant, the symptoms could worsen, said Cambridge Health Alliance psychiatrist Nancy Rappaport.

Further complicating the diagnosis: Abused or traumatized children can seem to have bipolar disorder when they are actually reacting to horrors in their lives.

Academic researchers have begun to make progress in refining the outlines of what constitutes bipolar disorder in children. But still, Rappaport said, the question of whether to diagnose a child with bipolar disorder can be "an agonizing clinical decision."

Carey Goldberg can be reached at [goldberg@globe.com](mailto:goldberg@globe.com)

© Copyright 2007 Globe Newspaper Company.

~~~~~

<http://www.nytimes.com/2007/02/15/us/15bipolar.html>

THE NEW YORK TIMES

Debate Over Children and Psychiatric Drugs

By BENEDICT CAREY

February 15, 2007

Early on the morning of Dec. 13, police officers responding to a 911 call arrived at a house in Hull, Mass., a seaside town near Boston, and found a 4-year-old girl on the floor of her parents' bedroom, dead.

She was lying on her side, in a pink diaper, the police said, sprawled across some discarded magazines and a stuffed brown bear. Last week, prosecutors in Plymouth County charged the parents, Michael and Carolyn Riley, with deliberately poisoning their daughter Rebecca by giving her overdoses of prescription drugs to sedate her.

The police said the girl had been taking a potent cocktail of psychiatric drugs since age 2, when she was given a diagnosis of attention deficit disorder and bipolar disorder which is characterized by mood swings.

The parents have pleaded not guilty, with their lawyers questioning whether the child should have been prescribed such powerful drugs.

The case has shaken a region known for the excellence of its social and medical services. The director of the state's Department of Social Services has had to defend his agency, which had been investigating the case before the girl's death.

The girl's treating psychiatrist has taken a voluntary, paid leave until the case is resolved. And New Englanders are raising questions that are now hotly debated within psychiatry, and which have broad implications for how young children like Rebecca Riley are cared for.

Tufts-New England Medical Center, where the child was treated, released a statement supporting its doctor and calling the care "appropriate and within responsible professional standards."

Indeed, the practice of aggressive drug treatment for young children labeled bipolar has become common across the country.

In just the last decade, the rate of bipolar diagnosis in children under 13 has increased almost sevenfold, according to a study based on hospital discharge records. And a typical treatment includes multiple medications.

Rebecca was taking Seroquel, an antipsychotic drug; Depakote, an equally powerful mood medication; and Clonidine, a blood pressure drug often prescribed to calm children.

The rising rates of diagnosis and medication use strike some doctors and advocates for patients as a dangerous fad that exposes ever-younger children to powerful drugs. Antipsychotics like Seroquel or Risperdal, which are commonly prescribed for bipolar disorder, can cause weight gain and changes in blood sugar — risk factors for diabetes

Some child psychiatrists say bipolar disorder has become an all-purpose label for aggression.

"Bipolar is absolutely being overdiagnosed in children, and the major downside is that people then think they have a solution and are not amenable to listening to alternatives," which may not include drugs, said Dr. Gabrielle Carlson, a professor of psychiatry and pediatrics at Stony Brook University School of Medicine on Long Island.

Paraphrasing H. L. Mencken, Dr. Carlson added, "Every serious problem has an easy solution that is usually wrong."

Others disagree, insisting that increased awareness of bipolar disorder and use of some medications has benefited many children. "The first thing to say is that the world does not see the kids we see; these are very difficult patients," said Dr. John T. Walkup, a child and adolescent psychiatrist at the Johns Hopkins University School of Medicine.

Dr. Walkup said that when drug treatment was done right, it could turn around the life of a child with a diagnosis of bipolar disorder.

Dr. Jean Frazier, director of child psychopharmacology at Cambridge Health Alliance and an associate professor at Harvard, said that up to three-quarters of children who exhibit bipolar symptoms become suicidal, and that it is important to treat the problem as early as possible. "We're talking about a serious illness with high morbidity, and mortality," Dr. Frazier said, "and for some of these children the medications can be life-giving."

Still, most child psychiatrists agree that there are still questions about applying the diagnosis to very young children. Recent research has found that most children who receive the diagnosis are emotionally explosive but do not go on to develop the classic features of the disorder, like euphoria. They are far more likely to become depressed.

And many therapists have found that some patients referred to them for bipolar disorder are actually suffering from something else. "Most of the patients I see who have been misdiagnosed have been told they have bipolar disorder," said Dr. Bessel van der Kolk, a professor of psychiatry at Boston University who runs a trauma clinic.

"The diagnosis is made with no understanding of the context of their life," Dr. van der Kolk said. "Then they're put on these devastating medications and condemned to a life as a psychiatry patient."

Details about what happened to Rebecca are still emerging. A relative of her mother, Carolyn Riley, 32, told the police that Rebecca seemed "sleepy and drugged" most days, according to the charging documents. One preschool teacher said that at about 2 p.m. every day the girl came to life, "as if the medication Rebecca was on was wearing off," according to the documents.

Defense lawyers are also focusing on the question of medication. "What I want to know," said John Darrell, a lawyer for Mr. Riley, "is how in the world you diagnose a 2-year-old and give her these strong medicines that are not approved for children."

A lawyer for Rebecca's psychiatrist, Dr. Kayoko Kifuji of Tufts-New England Medical Center, did not return calls seeking comment.

Some experts say the temptation to medicate can be powerful. "Parents very often want a quick fix," Dr. Carlson said, "and

doctors rarely have much time to spend with them, and the great appeal of prescribing a medication is that it's simple.”

“To me one of the miracle of children’s brains is that we don’t see more harm from these treatments.”

Katie Zezima contributed reporting from Boston.

copyright 2007 <<http://www.nytimes.com/ref/membercenter/help/copyright.html>> The New York Times Company
<<http://www.nytco.com/>>

FAIR USE NOTICE: This may contain copyrighted (©) material the use of which has not always been specifically authorized by the copyright owner. Such material is made available for educational purposes, to advance understanding of human rights, democracy, scientific, moral, ethical, and social justice issues, etc. It is believed that this constitutes a 'fair use' of any such copyrighted material as provided for in Title 17 U.S.C. section 107 of the US Copyright Law. This material is distributed without profit