

## Antidepressants study shakes up medicine

Prescriptions keep mounting. Power of belief shown to be behind improvement more so than the drug

**SHARON KIRKEY**

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Irving Kirsch shook up the mental-health field this week when he and his team reported "happy pills" swallowed by millions of Canadians every day are virtually no better than dummy drugs at treating depression.

But while critics argue this can't be true, Kirsch and others are moving on to a new view of depression, and drugs, and also about the power of hope and expectancy.

"What does it mean when someone goes to a doctor and asks for treatment, and the power of that, in and of itself?" said Alan Scoboria, Kirsch's co-author and a clinical psychologist at the University of Windsor.

The study provides some of the strongest evidence yet that antidepressants aren't as miraculous as they were held out to be when they hit the market 20 years ago. The drugs appear to benefit only those so severely depressed that they're essentially biologically shut down.

Using unpublished drug company data they had to obtain under the Freedom of Information Act, the researchers found virtually no difference between four of the most widely prescribed antidepressants - fluoxetine (Prozac and generics), paroxetine (Paxil and generics), venlafaxine (Effexor and generics) and nefazodone - and placebo in patients with moderate depression, and only a small difference among the severely depressed.

Even the researchers were unprepared for the astonishing response to the dummy pills, which duplicated more than 82 per cent of the improvement seen in the "real" drug groups.

"Physicians will often say things like, 'But I see these things working, I give them to people and they get better.' I think that's sort of missing the point," Scoboria said.

"We're not saying that the drugs don't work. We're saying that the drugs might work for reasons other than they're thought to work. This power of the person's belief - that something they're doing is going to be effective - is a huge and misunderstood thing that could help people incredibly and save a lot of money if we could harness it better." The study comes as prescriptions for antidepressants keep mounting: More than 30 million were filled in Canada last year, up from 24 million in 2004. The most commonly prescribed are drugs known as SSRIs, which include Prozac and Paxil and together accounted for 70 per cent and \$1 billion worth of all anti-depressant prescriptions dispensed last year, according to IMS Health Canada.

"There is just a huge amount of hype that has kept this thing afloat, this idea that these drugs are useful," says controversial psychiatrist and activist Peter Breggin, author of the 1994 book *Talking Back to Prozac*.

"I think that we have a public health crisis. Drugs are being used en masse that actually do much more harm than good." Drug companies were ordered four years ago to add a warning of an increased risk of suicidal thinking and behaviour. Breggin said the pills cause more subtle things, too, "like general loss of interest in life or love or relationships. They create a numbness over time." The drugs can be difficult to stop, even when the dose is tapered to the point patients are opening capsules and crushing pills. And patients have complained of something not seen with any of the older antidepressants: electric shock-like sensations.

Depression is a serious medical illness caused by imbalances in brain chemicals that regulate mood. But while everyone feels miserable from time to time, and maybe even feel low for a couple of weeks, "there's an important difference between feeling depressed and having clinical depression," Scoboria, of the University of Windsor, said.

He said it takes training and experience to do a proper assessment. But a chronic shortage of psychiatrists means an "extraordinary" number of prescriptions for antidepressants are written by family doctors.

Time pressures makes it easier to order a pill.

"Often then, what happens is that a patient is given one to try, they try it for six weeks or two months, the drug often doesn't work on the first try so they'll switch to another one, and maybe even a third one and then it looks like, 'Here's the one that worked,' " Scoboria said.

But he said many episodes of depression have a natural course of 12 weeks. "So these (drugs) look like they're working deceptively." "One of the core features of depression is a feeling of hopelessness, and if you asked depressed people, what is it you're hopeless about, many will tell you the worst thing is the sense they will never get out of this terrible condition they're in," Kirsch said. In other words, "depression is depressing." "If you give anything that offers the promise of improvement, that perhaps this is not an endless nightmare, that in and of itself" could make them better, Kirsch said.

The only patients who seemed to benefit in any meaningful way from the drugs were those who were the most extremely depressed to begin with - people so sick they begin to show vegetative symptoms. "They stop moving. They're extremely hopeless. They have no motivation. They can't get out of bed," Scoboria said.

Even then, the researchers say it's not that the drug affect improves with the severity of depression, but rather that the placebo response decreases.

"Being told, 'Here's a pill that will help you' just doesn't have the same power for someone who has that extreme a level of hopelessness," Scoboria said.

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