

Seroxat User Group Meeting with The Prime Minister Gordon Brown
On 29th November 2007 at 3.00p.m.

Meeting attended by:

The Prime Minister Gordon Brown
PA to Gordon Brown

MP for Huntingdon Jonathan Djanogly
Janice Simmons
Dr Paul Duckett

Prime Minister said he was pleased to meet with the Seroxat User Group. It was our meeting and he was there to listen to us.

Janice introduced Dr Paul Duckett from Manchester University.

Janice then read from the following statement:

We have met with quite a few Health Ministers now and it would seem that we are listened to but no changes take place. We have been waiting 5 months for the DoH to inform us as to whether or not the commitments made to the SUG are going to be honoured. We hope that you may be able to give us a more positive response.

Gordon Brown asked if we had received any reply from the DoH at all. Janice said they did receive a reply but it was just a standard letter which did not answer the points raised.

Gordon Brown said he was unable to intervene in this respect with his Ministers.

We are very concerned that it has been found that these drugs do have a withdrawal syndrome which is greatly underestimated by the medical profession.

Many people have grave concerns regarding the safety of the drugs and strong links have been made with suicide and heightened aggression. Many patients find withdrawal symptoms unbearable and therefore are unable to withdraw from the drugs. We have over 10,000 personal experiences that detail these problems. I think you will agree this is a significant number.

The Health Select Committee Report of 2005 made certain recommendations which have not yet been implemented. The main one concerning us is that it was recommended that the MHRA should be made into an independent body. At the moment it is funded by the pharmaceutical industry. We, and many others would like to see a totally independent body with no attachments to the pharma industry. It would seem that the MHRA has relied on information about Seroxat from GSK rather than looking at the raw data which should surely be part of their job to protect the general public. How can the MHRA act as impartial judge of whether or not a drug is safe when members of the organization have past/present interests in GSK? This surely amounts to double standards.

I believe the MHRA state there have been 198 suicides linked to Seroxat but we believe there are many more that have been overlooked. One of the points raised with Lord Hunt back in June this year was that Coroner's are not sent information regarding side effects/withdrawal from the drugs as GPs are. In May 2006 GSK sent a letter to all health professionals stating that patients taking Seroxat were at 6 times higher risk of suicide on the drug than off.

The new guidelines by NICE and the MHRA recommend that SSRIs should not be used as firstline treatment for 'mild depression' but two thirds of prescriptions are written for 'mild depression' and only one third for 'severe depression.'

Gordon Brown stated 'the new guidelines state that GPs should monitor patients carefully when initially prescribed these drugs.'

Janice said 'yes, that's true, but do they know what they are monitoring for?'

Gordon Brown then stated 'you are obviously concerned about the way the drugs are prescribed – have you written to the BMA regarding this?'

Janice said 'no we haven't but we will consider doing so.'

Gordon Brown said 'I will write to the BMA on your behalf requesting an appointment to discuss this.'

What can be done to instruct more rigorous info/warnings to GPs and health professionals considering that some have never heard of the MHRA or the Yellow Card System.

In 2003 the RAC made recommendations to the DoH and the MHRA that more research was required into driving whilst taking SSRIs but the only research papers on this have been pharmaceutical company funded and therefore cannot be seen to be completely reliable.

We are being contacted by a vast amount of people seeking help as the public are becoming more aware that there is a potential problem with the drug. This is a similar situation that occurred with benzodiazepines a few years back. The drug had been on the market for 13 years before it was found to be addictive.

Why did GSK remove the statement 'this drug is not addictive' from the PIL for Seroxat in 2003? We were told by GSK that it was removed because the general public did not understand it. They used to state that 1 in 100 people may experience withdrawal symptoms but that has been changed to 1 in 4.

I am sure you are aware that GSK are being investigated for withholding information regarding seroxat being dangerous for children in that it caused self harm/suicide, which led to the drug being banned for under 18's in 2003.

Can you please tell us why the MHRA are holding this investigation and why it has not been passed to the CPS? Why it has been 4 years since the investigation was instigated and still no conclusion?

We have in our possession a letter from SmithKline Beecham dated 1995, which reads: 'with regard to behavioural side effects associated with Seroxat, you may be

interested in the following information relating to emergence of aggressive behaviour and also of agitation with Seroxat.’

Gordon Brown said ‘ this investigation is being treated as a very serious investigation and I understand that over 1 million documents are being looked at. If GSK are found guilty prosecutions could be made.’

The Seroxat User Group would like to set up several support groups around the country to help patients suffering from withdrawal symptoms etc but we have no funding to do this. Would the Government be willing to help us with this?

Obviously there is a lot more that could be discussed regarding these drugs but due to the limited amount of time we have tried to convey our points as concisely as possible and we thank you for your time and interest.

The meeting ended at 3.20 p.m.