Rethinking Psychiatric Drugs

How well do they work? What are the safety components?

Recent sharp increases in antidepressant use have been accompanied by an increased prevalence and duration of depressive episodes and rising level of sickness and absence. Studies have also shown that depressive episodes are more frequent and last longer among antidepressant users than among nonusers and that sickness absence is more prolonged. Follow-up studies of people treated for depression indicate high levels of non-recovery or relapse according to Joanna Moncrieff, University College London, and David Cohen, Florida International University.

Antidepressants are assumed to work on the specific neurobiology of depressive disorders according to a "disease-centered" model of drug action. However, little evidence supports this idea. An alternative, "drug-centered" model suggests that psychotropic drugs create abnormal states that may coincidentally relieve symptoms. Drug-induced effects of antidepressants vary widely according to their chemical class – from sedation and cognitive impairment to mild stimulation and occasionally frank agitation. Results of clinical trials may be explained by drug-induced effects and placebo amplification. No evidence shows that antidepressants or any other drugs produce long-term elevation of mood or other effects that are particularly useful in treating depression.

Meds are not helping in the long run many cases, according to Grace Jackson, PhD. In fact, sometimes suicidal attempts are induced. But are they harming or making people worse? "The standard of care is a standard of harm," she says, and asks, "success by what terms?" Is it extending the chronicity and creating patients dependent on psychiatric meds, or the empowerment of a person so they are liberated from dependence on an industry.

Illusion of objective research – publication biases; process through which journals delay or refuse to disseminate trial states that are not supportive of alleged benefits of the drugs.
Extending the chronicity and creating dependent patients. Flawed data bases can be created by placebo wash-out where it takes awhile to citrate off the previous neuroleptic.

After a period of about six weeks a noted honeymoon with SSRIs occurs. After the drug has waned, she noted, Zyprexia, a neuroleptic accelerates the shrinkage of frontal lobes up to 8 –10%. This class of drugs rewire the brain to make it difficult to live without them.

Neurofeedback for the neuro-rehabilitation may be necessary to repair damage by psychiatric drugs. How are they damaging the brain? Neuroleptics lead to scaring of glial cells, killing brain cell tissue – the neurons are harmed. Poor abilities is the frontal lobe, executive functions.

Methamphetamines lead to neurotoxicity, stimulants like Aderal for ADHD.. A reduction in dopamine has correlations with Parkinson's syndromes. How enduring will they be in the basil ganglia: will there be an epidemic of Parkinsonian symptoms in people who are now on Aderal? Nobody knows what depleting dopamine in children will do to the long term ability to release dopamine or reduce temporary dysfunction.

Children who remain unmedicated receive the best outcomes. Children on stimulants and SSRIs have a decrease in growth rate, leading to enzymes increasing to make cartilage. Stimulants: shrinkage in frontal-temporal lobes. Impairing the proper development or continued maturation of the brain. Stimulants may be reducing blood flow either globally or regionally – frontal lobe impairment.

Homeostasis – regards an organism trying to stay in a stable equilibrium. Alastatic load is a little more complicated. There are times when the healthy organism will depart from the homeostatic standard because the environment requires another response – it's an adaptation. Noxious stimuli that promotes a problematic physical response. For example Haldol – every time it is taken it produces toxic effects that kill cells in the basil ganglia. Tolerance or habituation: the brain will adapt to a substance, put out more receptors or rewire so that there are diminished effects. Sensitization: opposite of tolerance, over time the same dose produces a much larger impact – problems that strain thyroid, kidney, liver, skin and heart.