COUNCIL FOR EVIDENCE-BASED PSYCHIATRY

There has been little research on the long-term outcomes of people taking psychiatric drugs. The available studies suggest that all the major classes of psychiatric drugs add little additional long-term benefit, and for some patients they may lead to significantly worse long-term outcomes.

Today, biological psychiatry works on the premise that its medications fix a physical problem and that, in many cases, psychiatric drugs should be taken indefinitely by patients. However, as we still do not understand the biology of mental disorders, the validity of both of these beliefs is highly uncertain. The following series of studies throw into serious doubt the value of long-term drug treatment and the belief, still held by many psychiatrists, that mental disorders are usually lifelong, chronic conditions.

Between 1945 and 1955, prior to the introduction of Thorazine (chlorpromazine), three studies in the USA and one in the UK provide insight into the unmedicated outcome of patients diagnosed with schizophrenia.

In an NIMH study of patients newly diagnosed with schizophrenia, 62% of first-episode psychotic patients admitted to Warren State Hospital from 1946 to 1950 were discharged within 12 months. At end of three years, 73% were living in the community.[1] A further study of 216 schizophrenia patients admitted to Delaware State Hospital from 1948 to 1950, reported that 70% were successfully living in the community six years after initial hospitalisation.[2]

Hillside Hospital in Queens, New York, also reported that of the 87 patients discharged in 1950, just over half did not relapse in the following four years.[3] In studies of schizophrenia patients in England, 33% enjoyed a complete recovery, and another 20% a social recovery, which meant they could support themselves and live independently.[4]

Following the introduction of Thorazine in 1955, the California Department of Mental Hygiene conducted the only large scale study that compared discharge rates for first episode patients treated with and without drugs. In 1961 they reported that of the 1,413 first-episode schizophrenia patients hospitalized in California in 1956, 88% of those who weren't medicated were discharged within 18 months, compared to 74% of those treated with a neuroleptic. Researchers concluded, 'Drug-treated patients tend to have longer periods of hospitalization… The untreated patients consistently show a somewhat lower retention rate.'[5]

In 1956 the NIMH established the Psychopharmacology Service Centre which developed a trial design for testing psychotropic drugs. Psychiatrists and nurses would use this trial to measure numerically the characteristics of the disorder to be studied. The severity of all the symptoms would be also measured to achieve a total 'symptom' score. A drug would be counted as 'effective' if it reduced the score significantly over a six-week period. Some concerns were raised about this method at the 1956 NIMH conference. Here the researcher Joseph Zubin warned, 'It would be foolhardy to claim a definite advantage for a specified therapy without a two to five year follow-up. A two year follow-up would seem to be the very minimum for the long-term effects.'

Following the Psychopharmacology Service Centre's nine-hospital trial of neuroleptics in 1961, hundreds of smaller trials were conducted and produced evidence that the drugs reduce symptoms over the short-term better than a placebo. The NIMH conducted a one year follow-up study of their nine hospital trial and at the end of one year, patients who were treated with placebo upon initial admission to hospital, 'were less likely to be rehospitalised than those who received any of the three active phenothiazines'. This was the first indication that whilst the drugs were effective over the short-term they might make people more vulnerable to psychosis over the long-term. For example, only 7% of those on a placebo at the start of the study relapsed, while a full 65% of those taking more than 500 milligrams of chlorpromazine relapsed, before the drugs were withdrawn.[6]

Psychiatrists J. Sanbourne Bockoven and Harry Solomon of Boston Psychopathic Hospital compared the outcomes in the pre-Thorazine era and the post-Thorazine era in a retrospective study. It showed that 45% of the patients treated at Boston Psychopathic Hospital in 1947 did not relapse in the five years following discharge; 76% were successfully living in the community at the end of that follow-up period. In contrast, only 31% of patients treated in 1967 with drugs at a Boston Community Health Center remained relapse-free for the next five years, and as a group they were much more 'socially dependent' than those in 1947. Bockoven and Solomon wrote, 'Rather unexpectedly, these data suggest that psychotropic drugs may not be indispensible. Their extended use in aftercare may prolong the social dependency of many discharge patients.'[7]

With this in mind the NIMH funded further studies in the 1970s. In the first, conducted by William Carpenter and Thomas McGlashshan, 35% of the non-medicated patients relapsed within a year after discharge, compared to 45% of drug-treated patients. Medicated patients suffered more from depression, blunted emotions, and retarded movements.[8]

The results of the three year study in 1978 by Maurice Rappaport of the University of California in San Francisco found 27% of newly diagnosed schizophrenia patients treated initially without drugs in the hospital relapsed in the three years following discharge, compared to 62% of the medicated group. Of the 41 patients initially treated without antipsychotics, 24 remained unexposed to antipsychotics at end of three years, and this group had by far the best overall outcomes. Rappaport wrote, 'Are there schizophrenics for whom drugs may be unnecessary or contraindicated? Our findings suggest that antipsychotic medication is not the treatment of choice, at least for certain patients, if one is interested in clinical long-term improvement.'[9] As Rappaport and Bola continued, 'We think that the balance of risks and benefits associated with the common practice of medicating nearly all early episodes of psychosis should be re-examined.'[10]

Loren Mosher's Soteria project in the late 1970s treated 82 patients over 12 years. The treatment was in a homelike environment (Soteria), where antipsychotics were minimally used and the idea was to treat patients as individuals, with dignity and respect (42% were never exposed to antipsychotics; 39% only on a temporary basis; 19% on a continual basis). At the end of two years, the Soteria patients had 'lower psychopathology scores, fewer (hospital) re-admissions, and better global adjustment' than those treated conventionally with antipsychotics.[11]

In the late 1950s and early 1960s Vermont State Hospital discharged 269 chronic schizophrenics into the community. During the 1980s, Courtenay Harding interviewed 168 of these patients. She found 34% of schizophrenia patients were completely off medications and had recovered; she wrote it was a 'myth' that schizophrenia patients 'must be on medication all their lives' and 'it may be a small percentage who need medication indefinitely'.[12]

In two studies, in 1969 and 1978, the World Health Organisation outcomes for schizophrenia patients in developing countries were much better than outcomes in the U.S. and other developed countries. In developing countries, 15.9% of patients were continuously maintained on neuroleptics, compared to 61% of patients in the developed countries. In this cross-cultural study, the best outcomes were associated with low medication use. In 1997 patients from the first two studies were interviewed again and researchers concluded that in countries where patients hadn't been maintained on antipsychotics earlier in their illness, the majority had recovered and were doing well fifteen to twenty five years later.[13]

Between 1974 and 1983 Martin Harrow, a psychologist at the University of Illinois College of Medicine, enrolled sixty-four schizophrenia patients in a long-term study. He then periodically assessed them, producing the most up-to–date study we have today. His report was published in 2007. Outcomes for schizophrenia patients at the end of 15 years were as follows: 40% of unmedicated patients were classed as 'recovered' compared with 5% of medicated patients; 44% of unmedicated patients were classed as 'fair' compared with 46% of those medicated; while 16% of patients who were off medication were classed as 'poor' compared with 49% of medicated patients.

This finding was further reinforced by a study released in 2013 by the Dutch researcher Lex Wunderlink. Wunderlink tracked 103 patients who, after a first episode of psychosis, were given an antipsychotic for six months and then randomly assigned to one of two groups. Patients in the first group discontinued or reduced the dose of their antipsychotic drug, while those in the second group continued with a standard maintenance dose. After seven years the first group (which stopped or reduced the drug) had a 40.4% recovery rate while the second group (those who continued taking the antipsychotic) had a rate of only 17.6%.

In the pre-drug era, natural recovery rates from depressive episodes were also high. In the 1960s and early 1970s prominent psychiatrists described unipolar depression as fairly rare and having a good long-term course.

However, though patients taking antidepressants were getting better they were not improving significantly beyond patients treated with a placebo, and in the 1960s some European psychiatrists reported that the long-term course of depression in their drug-treated patients was actually worsening. Dutch physician J. D. Van Scheyen looked at the two groups over five years. He wrote, 'more systematic long-term antidepressant medication, with or without ECT, exerts a paradoxical effect on the recurrent nature of the vital depression. In other words, this therapeutic approach was associated with an increase in recurrent rate and a decrease in cycle duration… Should [this increase] be regarded as an untoward long-term side effect of treatment with tricyclic antidepressants?'[14]

In 1990 a long-term NIMH study compared imipramine (a tricyclic antidepressant) with psychotherapy and a placebo. The 'stay well' rate was highest for cognitive therapy group (30%), and was lowest for the imipramine group (19%).[15] In 1994, Dr. Giovanna Fava alerted psychiatry to the possibility that antidepressants were turning depression into a chronic disorder and were as problematic over the long-term as neuroleptics and benzodiazepines. He wrote, 'I wonder if the time has come for debating and initiating research into the likelihood that psychotropic drugs actually worsen, at least in some cases, the progression of the illness which they are supposed to treat.'[16]

Ross Baldessarini at Harvard Medical School, through a meta-analysis conducted in 1997, reported that 50% of patients withdrawn from antidepressants relapse within 14 months. He concluded that the longer the exposure to the drug, the greater the relapse rate.[17]

In 2008, researchers at Ottowa University discovered that no good quality randomized trials exist comparing long-term outcomes in antidepressant-treated patients and never-medicated patients and therefore, randomised trials, 'provide no guidance for longer treatment.'[18]

A Dutch study published in 2000 looked at the outcomes after ten years of 222 people who suffered a first episode of depression. This showed that 76% of those who were not treated with a drug recovered, vs 50% who were prescribed medication.[19]

A six-year NIMH funded study at the University of Iowa where researchers found depressed people who were medicated were three times more likely to suffer a cessation of their principal social role, and seven times more likely to become incapacitated than those who didn't get treated.[20]

In 2006, Michael Posternak, a psychiatrist at Brown University studied what untreated major depression might look today. His findings showed that old epidemiological studies were not so inaccurate at all and considered why the six-week trials of the drugs had been misleading. He reported that 22% of non-medicated patients recovered after one month; 67% within six months; and 85% within a year. He wrote, 'If as many as 85% of depressed individuals who go without somatic treatment spontaneously recover within one year, it would be extremely difficult for any intervention to demonstrate a superior result to this'.[21]

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These studies together throw into serious doubt the belief that the long-term use of psychiatric drugs is good for the individual and society. Since the chronic nature of mental illness has yet to be established, there is no scientific justification for the lifelong use of psychiatric medications. Indeed there is now compelling evidence that such long-term use may be highly disadvantageous. This in turn leads to a more troubling possibility: that if there is any 'chronicity' in mental disorders then this may actually be an artifact of the medications themselves.

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