# Prescription Drugs Suicide Link (detailed)

## Suicide Attempts and Prescription Drugs: Highest in Women Over 50

http://abcnews.go.com/Health/MindMoodNews/suicide-attempts-prescription-drugs-highest-women-50/story?id=13641729 December 09, 2014

Evidence of the troubling increase in prescription drug abuse has reached hospital emergency rooms, which report increasing medication-related suicide ...

Evidence of the troubling increase in prescription drug abuse has reached hospital emergency rooms, which report increasing medication-related suicide attempts among women 50 and older.

From 2005 to 2009, suicide attempts in which drugs played some role rose from 11,235 to 16,757 among women ages 50 and up, a federal survey found. The increase, driven in part by the last of the Baby Boomers entering their sixth decade, provides a new example of the toll wrought by the nation's prescription painkiller epidemic. In 2009, 16 million Americans age 12 and up had taken a prescription pain reliever, tranquilizer, stimulant or sedative for non-medical reasons in the previous year, according to the National Survey on Drug Use and Health.

The trends involving women and suicide appeared in a Drug Abuse Warning Network (DAWN) report dated May 12, 2011, but released Thursday to coincide with a meeting of the public-private Action Alliance for Suicide Prevention. The report, prepared by the Substance Abuse and Mental Health Services Administration, wasn't limited to suicide attempts involving deliberate overdoses; its authors counted any suicide attempt in which drugs were involved, such as a woman slashing her wrists while smoking marijuana.

Among women of all ages, emergency hospital visits for attempted suicide involving alcohol or illicit drug use remained "relatively stable" from 2005 to 2009, but increased for particular drugs. Drilling deeper into the report reveals that:

ER visits for suicide attempts associated with women taking drugs intended to counter anxiety and insomnia rose 56 percent, from 32,426 to 50,548. Hospital visits for attempted suicides involving a class of anxiety drugs known as benzodiazepines rose 67 percent. Those involving alprazolam (Xanax) went up 74 percent. Hospital visits for suicide attempts in which the insomnia drug zolpidem (Ambien) played a role rose 158 percent, from 2,177 visits to 8,190 visits, for all women, but only were statistically significant among women 35 to 49.

ER visits for women's suicide attempts associated with pain relievers grew more than 30 percent, from 36,563 to 47,838. Suicide attempts involving narcotic pain relievers remained relatively stable overall, but climbed 67 percent among women who took hydrocodone (Vicodin), from 4,613 to 7,715. They soared 210 percent for suicide attempts involving oxycodone (Oxycontin), from 1,895 to 5,875. A closer analysis found statistically significant increases in ER visits for attempted suicide involving oxycodone for women 21 to 34, and attempted suicide involving hydrocodone for women 35 to 49. Those age ranges span the years during which women typically marry, have children, build careers and reach menopause, all of which can contribute to stress.

Adult addiction specialist Dr. Elizabeth F. Howell, a past president of the American Society of Addiction Medicine and associate professor of clinical psychiatry at the University of Utah School of Medicine in Salt Lake City, said the report findings reflected higher overall

rates of prescription abuse and addiction. They weren't surprising, she said, because as doctors spend less time with their patients, they rely more on pharmaceutical treatments for physical and psychological problems.

"When you go to the physician, there's not as much time to talk to the doctor. If I'm not sleeping very well, the doctor is more likely to give me a prescription, rather than talk to me for 5 minutes about sleep hygiene," she said. "There are not as many psychiatrists as we need. Even suicidal patients have trouble getting to see a psychiatrist."

## Study Links Prescription Drug Abuse and Depression, Suicidal Thoughts in College Students

http://www.drugfree.org/join-together/study-links-prescription-drug-abuse-and-depression-suicidal-thoughts-in-college-students/ December 09, 2014

A new study finds college students who use prescription drugs for non-medical purposes are at increased risk of depression and thoughts of suicide.

A new study finds college students who use prescription drugs for non-medical purposes are at increased risk of depression and thoughts of suicide.

The researchers analyzed the answers of 26,600 college students who participated in a national research survey by the American College Health Association. They were asked about their non-medical prescription drug use, including painkillers, antidepressants, sedatives and stimulants, as well as their mental health symptoms in the past year.

About 13 percent of students reported non-medical prescription drug use, Science Daily reports. Those who reported feeling sad, hopeless, depressed or considered suicide were significantly more likely to report non-medical use of any prescription drug. The link between these feelings and prescription drug abuse was more pronounced in females, the researchers report in Addictive Behaviors. The researchers conclude that students may be inappropriately self-medicating psychological distress with prescription medications.

“Because prescription drugs are tested by the U.S. Food and Drug Administration and prescribed by a doctor, most people perceive them as ‘safe’ and don’t see the harm in sharing with friends or family if they have a few extra pills left over,” researcher Amanda Divin of Western Illinois University said in a news release. “Unfortunately, all drugs potentially have dangerous side effects. As our study demonstrates, use of prescription drugs — particularly painkillers like Vicodin and OxyContin — is related to depressive symptoms and suicidal thoughts and behaviors in college students. This is why use of such drugs need to be monitored by a doctor and why mental health outreach on college campuses is particularly important.”

## Suicides due to alcohol and/or drug overdose

http://www.cdc.gov/ViolencePrevention/pdf/NVDRS_Data_Brief-a.pdf December 09, 2014

7 Implications & Recommendations Drug and alcohol overdose account for a substantial number of suicides, and many of these deaths can be prevented by limiting access to

```
Suicides Due to Alcohol
 and/or Drug Overdose

A Data Brief from the National
Violent Death Reporting System
```

National Center for Injury Prevention and Control
Division of Violence Prevention

## Background

Suicide occurs when a person ends his or her own life. It is the 11th leading cause of death among Americans, and every year more than 33,000 people end their own lives. Suicide is found in every age, racial, and ethnic group to differing degrees (1).

There are a number of factors that increase the likelihood a person will take his or her own life; one of these is abusing substances such as alcohol and drugs (1). Alcohol and drug abuse are second only to depression and other mood disorders as the most frequent risk factors for suicidal behavior (2, 3). Alcohol and some drugs can result in a loss of inhibition, may increase impulsive behavior, can lead to changes in the brain that result in depression over time, and can be disruptive to relationships—resulting in alienation and a loss of social connection (4). Furthermore, excessive acute drug and/or alcohol ingestion could result in death. According to data from a recent National Violent Death Reporting System (NVDRS) report, in 2007 alcohol was a factor in approximately one-third of the reported suicides, and 62% of these decedents had a Blood Alcohol Content (BAC) of >0.08 g/dL at the time of death (5).

This data brief summarizes suicide deaths reported in the NVDRS due to poisoning by alcohol and/or other drugs (illicit, prescription, and over-the-counter) ingestion as indicated by the cause of death on the death certificate. The brief contains data from 16 states implementing NVDRS from 2005-2007.

NVDRS is a state-based system for providing detailed information about when, where, and how they happen and other possible contributing factors. This information can be used to monitor homicides and suicides and design and evaluate prevention strategies. Benefits of NVDRS include the following:

- Linked records describing the detailed circumstances that may contribute to a violent death
- Identification of violent deaths occurring together to help describe the circumstance or homicide-suicides
- Timely preliminary information on violent deaths
- Better characterization of the relationship of the victim to the suspect

In NVDRS, suicide is defined as a death resulting from the use of force against oneself when the evidence indicates that the death was intentional (5). Unintentional poisonings or deaths caused by chronic or acute substance abuse without the intent to die are not classified as suicides and are not included in this report.

Results

From 2005-2007, there were a total of 26,902 of individuals who died by suicide due to suicides in NVDRS-funded states. Poisoning was the third-leading method of suicide, following substance overdose had more types of drugs firearm and hanging/strangulation. Seventy-five percent (n=3,706) of suicides by poisoning were due to alcohol and/or drug overdose versus other types of poison such as carbon monoxide. Less than half (47%) of those who died by alcohol and/or drug overdose were known to have an alcohol or more than one substance abuse problem. occur due to a prescription drug.

Poisoning is a leading method in suicide deaths, and drugs and/or alcohol make up 75% of suicide deaths due to poisoning.

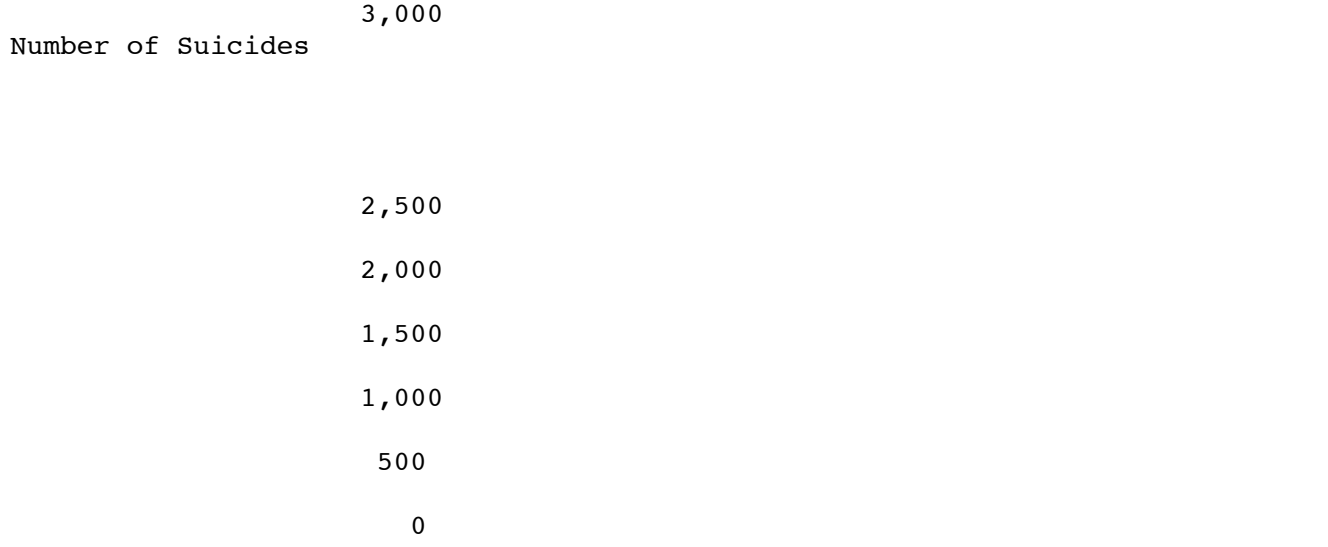
2

Substances Used in Suicides

- Sixty-nine percent third are due to a single drug type and counter drugs and one-third ingested two or more types of drugs (n=974) (Figure 1).

In suicides resulting from substance, about one-third combination of alcohol and drugs. Almost another combination of over-the-prescription drugs.

Figure 1. Number of Suicide Deaths by Number of Drug Type—16 U.S. States, 2005-2007




3

Of those who consumed a single drug type:

- Prescription drugs such as those in the

Of those who consumed more than one type of drug:

opioid, benzodiazepine, and antidepressant prescription drugs were ingested
class (e.g.- oxycodone, diazepam, and to multiple substance
fluoxetine) were the leading type used in suicide deaths. From 2005 to 2007, 79% of
suicides due to substance overdose were due and over-the-counter drugs
to prescription drugs only (n=2165). of cases (n=294).

- Over-the-counter drugs such as (unspecified) combinations of
acetaminophen were the second leading ingested in 24% of cases
substance type used in suicides. They represented 10% of suicides due to substance
overdose (n=279). drugs and prescription

12% of cases (n=119).
- Street/recreational drugs and alcohol made up
the smallest proportion of these suicides (2% street/recreational drugs, and
and less than 1% respectively) (Figure 2). were ingested in 2% of

The vast majority (79%) of substance recreational drugs were
overdose suicides are related to prescription cases (n=5) (Figure 3).
drugs. The second most common
substance used is acetaminophen.

- Alcohol and

in 31% of suicides due

overdose (n=298).
- Prescription drugs

were ingested in 30%

- Other

substances were

(n=236).
- Street/recreational

drugs were ingested in

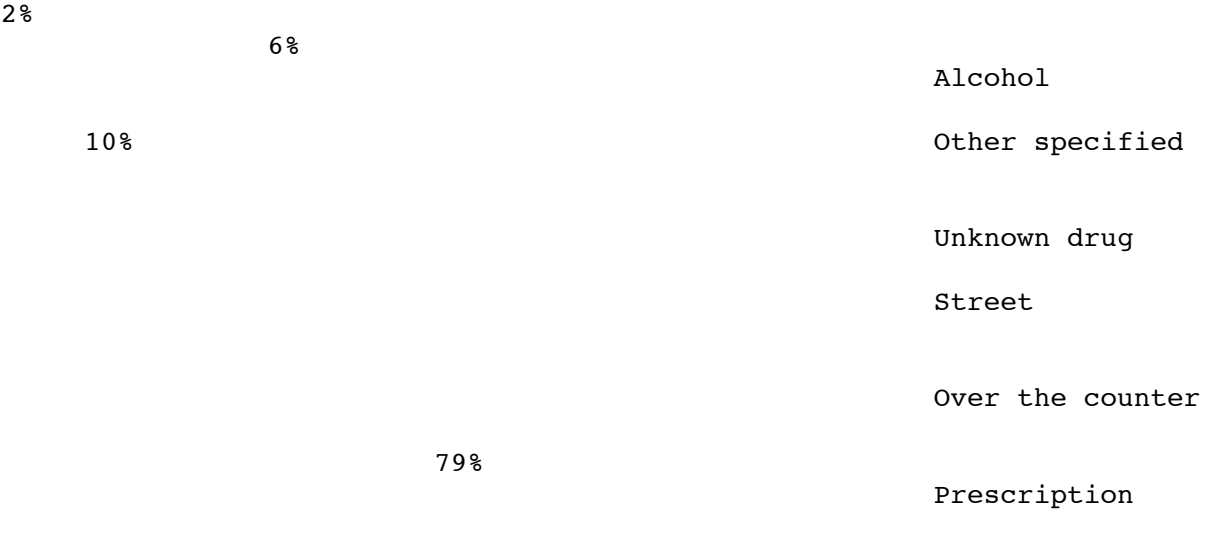
- Alcohol,

prescription drugs

cases (n=22).
- Alcohol and street

ingested in < 1% of

Figure 2. Major Drug Types in Suicide Deaths Due to Single Substance Overdose—16 U.S. States 2005-2007 (n=2732)




4

Distribution by Demographic Group
- Females die in disproportionate numbers
- 18% of suicide

decedents between ages

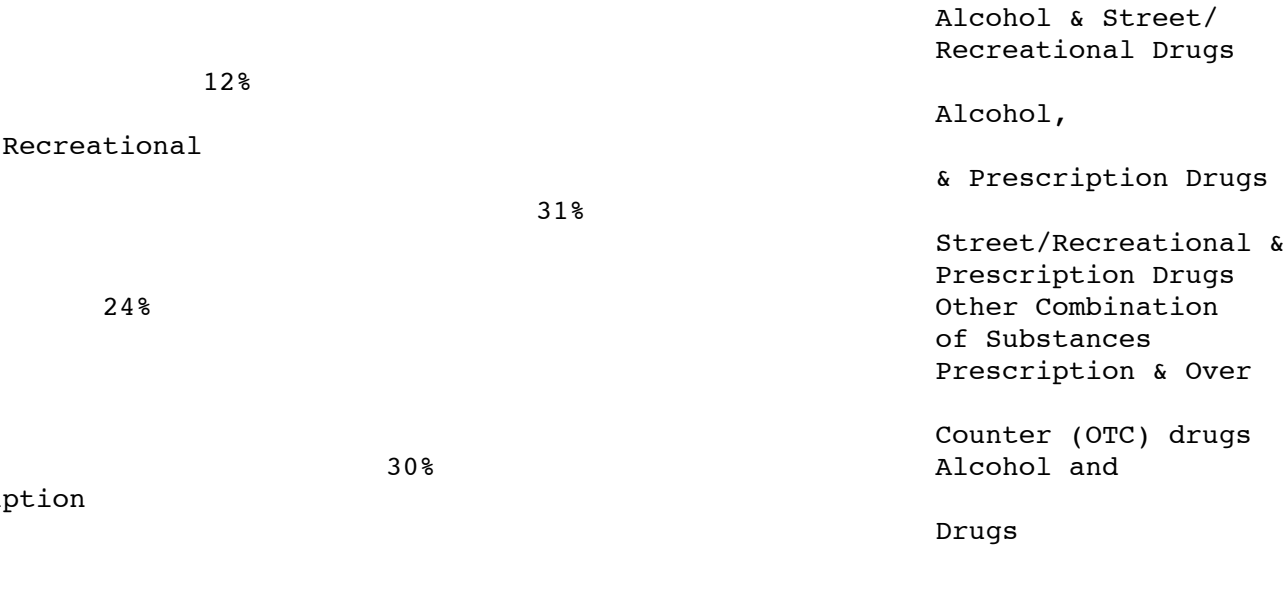
from suicide due to alcohol and/or drug overdose. From 2005-2007, 34% of female suicides were due to alcohol and/or drug overdose, versus 8% of males (Table 1).

- 15% of suicides among white non-Hispanics were due to alcohol and/or drug overdose; this equals almost two times the percentage of black non-Hispanics in the same category (8%) (Table 1).

40 and 64 died from alcohol and/or drug overdose; this equals more than four times the percentage of those aged 17 years and younger in the same category (Table 1).

- The percent of total suicides due to alcohol and/or drugs in NVDRS-funded states range from 5.8% to 19.8% (Table 2).

Figure 3. Major Drug Types in Suicide Deaths Due to Multiple Substance Overdose—16 U.S. States 2005-2007 (n=974)




5

Table 1. Number and percent of suicides due to drug and/or alcohol ingestion, by decedent sex, race/ethnicity, and age group, 16 NVDRS states, 2005-2007

| Characteristic | No. | % of Total Suicides Due to Poisoning by Drugs/Alcohol |
|---|---|---|
| Sex | | |
| Male | 1698 | 8 |
| Female | 2008 | 34 |
| Race/Ethnicity | | |
| Hispanic | 131 | 10 |
| White, non-Hispanic | 3322 | 15 |
| Black, non-Hispanic | 138 | 8 |
| American Indian/Alaska Native, non-Hispanic | 50 | 10 |
| Asian/Pacific Islander, non-Hispanic | 45 | 11 |
| Unknown/Other | 20 | 10 |
| Age Group (years) | | |
| <17 | 31 | 4 |
| 18-39 | 1079 | 11 |

| | | |
|---|---|---|
| 40-64 | 2313 | 18 |
| >65 | 282 | 7 |
| Unknown | 1 | 10 |

Table 2. Number and percent of suicides due to drug and/or alcohol ingestion, by state, 2005-2007

| State | No. | % of Total Suicides in State Due to Poisoning by Drugs/Alcohol |
|---|---|---|
| Alaska | 25 | 6 |
| Colorado | 368 | 17 |
| Georgia | 205 | 7 |
| Kentucky | 125 | 7 |
| Maryland | 179 | 13 |
| Massachusetts | 280 | 20 |
| New Jersey | 304 | 17 |
| New Mexico | 118 | 11 |
| North Carolina | 490 | 15 |
| Oklahoma | 231 | 15 |
| Oregon | 275 | 16 |
| Rhode Island | 42 | 17 |
| South Carolina | 173 | 11 |
| Utah | 170 | 16 |
| Virginia | 407 | 16 |
| Wisconsin | 314 | 16 |
| TOTAL | 3706 | 14 |



## Implications & Recommendations

Drug and alcohol overdose account for a substantial number of suicides, and many of these deaths can be prevented by limiting access to substances. If lethal substances are not available when people are under psychological or emotional stress and despair, the ability to commit suicide is limited (6). Many of the substances used in suicides are either easily available, as in the case of over-the-counter drugs such as acetaminophen, or, over-the- counter analgesics, like opioids, antidepressants, and benzodiazepines, are commonly prescribed to treat various physical and mental health conditions. Effective mental health treatment, which often includes pharmacologic therapy, is important to prevent depression and death.

suicide, however to adequately promote the safety and well-being of individuals at risk of suicide, consumers, family members, and others should

Teach families of suicidal individuals the importance of limiting access to substances in the home.

Educational and skill-building interventions shown to be effective in reducing access to lethal substances should be implemented broadly in high-risk populations (9). Examples include educating parents and other family members in emergency departments, hospitals, and other clinical settings. Families should be educated on strategies to limit access at home to prescription drugs, over-the- counter analgesics, and alcohol. They should be educated about the potential dangers of alcohol in suicidal individuals and its ability to amplify the harmful effects of medications and other substances that can result in severe respiratory depression and death.

Promote connectedness between health, mental health, and substance

abuse providers and
be aware of the associated risk these substances
pose. There are actions that state and local
communities, policy-makers, and family members
can take to reduce the number of suicides due to
substance overdose.

Develop guidelines for safer prescribing and
dispensing of medications. The National Strategy
for Suicide Prevention calls for the development
of guidelines for safer dispensing of medications
for individuals at heightened risk of suicide.
Policymakers should initiate strategies shown to
be effective in preventing suicide. These include
requiring bubble/blister packaging of analgesic pills
instead of bottle packaging; limiting the number
of pills pharmaceutical and nonpharmaceutical
outlets can sell at one time, and providing printed
warnings about the dangers of overdose with each
sale of analgesics (7). Physicians and other clinicians
should be educated about safe prescribing practices
for suicidal individuals. Related efforts to address
unintentional poisoning may also address suicide (8).
For example, many states are developing statewide
electronic databases to collect information on
substances dispensed. This effort can provide valuable
information on substance use and abuse trends that
can affect drug policy and overdose prevention.

other community-based
support organizations
to build a safety net
for suicidal individuals.
Increasing linkages
between primary care, mental
health, and substance
abuse service providers and
other community-based
support organizations
may allow for better
identification, assessment,
management, and
treatment of at-risk individuals.
A “team approach” can
help ensure that those likely
to work with suicidal
individuals know appropriate
actions to take to see
that needed services are
actually delivered and
appropriate standards of care,
monitoring, and
follow-up are provided.

Build social support
networks for persons
who are suicidal.
Individuals who have regular
interactions with
social support networks that
may include family,
friends, teachers and school
administrators, and a
faith community can be
protected from many of
the factors that increase
suicide risk such as
alcohol and drug abuse
(10,11,12). Families,
friends, spiritual leaders,
and other advisors of
suicidal individuals can be
instrumental in
preventing suicide by maintaining
open channels of
communication about feelings of
despair. They can
encourage suicidal individuals to
seek professional help
and support them in other
actions to save their
life.



If you or someone you know is struggling with
feelings of hopelessness and /or thinking about
suicide, call the National Suicide Prevention
Lifeline, 1-800-273-TALK, to speak with a trained
counselor and be connected with helpful resources

4. Institute of Medicine. Reducing suicide: a national imperative. Washington D.C.: National Academies of Science; 2002.

5. Karch DL, Dahleberg LL, Patel N.

in your area.

Violent Deaths-National

Reporting System, 16 States,

Surveillance Summaries, May 14,

(No SS-4).

Recommendations to help states, communities, policy-makers, and family members reduce the number of suicides due to substance overdose include:

- Develop guidelines for safer prescribing and dispensing of medications.
- Teach families of suicidal individuals the importance of limiting access to substances in the home.
- Promote connectedness between health, mental health, and substance abuse providers and other community-based support organizations to build a safety net for suicidal individuals.
- Build social support networks for persons who are suicidal.

Strategy for Suicide Prevention: Goals and Objectives for Action. Washington D.C. 2001.

Resource Center: Best Practice Registry. Limits on Analgesic Packaging

http://www.sprc.org/featured_resources/bpr/ebpp_PDF/analgesic_limits.pdf (25 August 2010 date last accessed).

Control and Prevention. Unintentional Drug Poisoning in the United States. http://www.cdc.gov/homeandrecreationalsafety/poisoning/brief.htm (23 July 2010, date last accessed).

Resource Center: Best Practice Registry. Emergency Department Means Restriction Education. http://www.sprc.org/featured_resources/bpr/ebpp_PDF/emer_dept.pdf (25 August 2010 date last accessed).

## References


1. Centers for Disease Control and Prevention. Understanding Suicide. http://www.cdc.gov/ViolencePrevention/suicide/index.html (23 July 2010, date last accessed).
2. Borges G, Walters EE, Kessler RC. Associations of substance use, abuse and Connectedness: Strategies for

Surveillance for Violent Death 2007. CDC 2010, MMWR 2010:59

6. The National

7. Suicide Prevention

8. Centers for Disease Control and Prevention. CDC Issue Brief: Connectedness as a Strategic Direction for the Prevention of Suicidal Behavior. http://www.cdc.gov/violenceprevention/pdf/Suicide_Strategic_Direction_Full_Version-a.pdf (15 August 2010 date last accessed).

9. Suicide Prevention

10. Centers for Disease

11. School

dependence with subsequent suicidal behavior. Increasing Protective Factors Among
Am J Epidemiol 2000;15;781-9. Youth. http://www.cdc.gov/HealthyYouth/

AdolescentHealth/connectedness.htm (25
3. Tondo L, Baldessarini RJ, Hennen J, et al. August 2010 date last accessed).
Suicide attempts in major affective disorder
patients with comorbid substance use disorders. 12. Gearing R.E., Lizardi D. Religion and Suicide.
J Clin Psychiatry 1999;60 (Suppl 2):S63-9. Journal of Relig Health 2009:48;332-341.



## Drugs that treat epilepsy, depression linked to suicide

http://www.cnn.com/2010/HEALTH/04/13/depression.drugs.suicide.risk/index.html December 09, 2014

Some antiseizure drugs used to treat epilepsy as well as depression, chronic pain, migraine, bipolar disorder, and other conditions are associated with a ...

(Health.com) -- Some antiseizure drugs used to treat epilepsy as well as depression, chronic pain, migraine, bipolar disorder, and other conditions are associated with a higher risk of suicide and violent death than other drugs in the same class, according to a new study.

Experts caution that patients should not stop taking the drugs -- gabapentin (Neurontin), lamotrigine (Lamictal), oxcarbazepine (Trileptal), tiagabine (Gabitril), and valproate (Depakote) -- without their doctor's permission.

It's still not clear whether these risks are related to the drugs themselves or to underlying mood problems.

Suicidal thinking and acts are "very, very rare," says Carl Bazil, MD, a professor of clinical neurology and the director of the Columbia Comprehensive Epilepsy Center, in New York City.

"The vast majority of patients do not have anything like that." Dr. Bazil was not involved in the research.

The study, published this week in the Journal of the American Medical Association, echoes a 2008 review by the U.S. Food and Drug Administration (FDA) that found that taking anticonvulsants (as this class of drugs is known) roughly doubled the risk of suicidal thoughts and suicide attempts, although the absolute risk remained small -- less than half of 1 percent.

According to the FDA analysis, which included 11 anticonvulsants, the risk that a person taking those drugs would exhibit suicidal behavior or have suicidal thoughts was about 1 in 230, compared to about 1 in 450 in people taking a placebo, the FDA found.

As a result, the FDA required that the label of all anticonvulsants carry a warning about this increased risk. (The agency stopped short of requiring a so-called black box warning similar to those found on the labels of other antidepressant drugs, however.)

The use of anticonvulsants has risen in recent years, among adults as well as children and

teens. Doctors are increasingly prescribing the drugs off-label, meaning the drugs are not officially approved by the FDA for that condition.

In the new study, a team of researchers led by Elisabetta Patorno, MD, a research fellow at Brigham and Women's Hospital, in Boston, looked at prescription data for 13 different anticonvulsants from health plans across the country and compared them to federal death records and data on emergency room visits and hospitalizations.

Of more than 2 million prescriptions filled in the five-year study period, the researchers looked at 297,620 new prescriptions. Among people who received the drugs, there were 801 suicide attempts, 26 suicides, and 41 violent deaths. (The researchers did not track suicidal thoughts, as did many of the trials considered by the FDA.)

Unlike the FDA report, which looked at the class of drugs as a whole, Dr. Patorno and her colleagues analyzed the risk of suicidal behavior associated with specific drugs. They compared the drugs to one in the class -- topiramate (Topamax) -- because it is widely used and prescribed for a range of conditions.

The risk of completed or attempted suicide among people taking tiagabine was 2.5 times greater than it was among those taking topiramate, while the risk among people taking oxcarbazepine was twice as great, the study found. The risk of completed or attempted suicide was also higher among people taking lamotrigine, valproate, or gabapentin, compared to topiramate.

In all, 5 of the 12 drugs compared with topiramate were found to increase the risk of suicidal behavior.

Although they are often considered as a class, anticonvulsants in fact have varied mechanisms and effects, says Andres M. Kanner, MD, a professor of neurological sciences and psychiatry at Rush Medical College, in Chicago. Valproate and lamotrigine tend to stabilize mood, for instance, while pregabalin (Lyrica) -- which was not found to increase suicide risk in the study -- has antianxiety effects, he says.

"These drugs definitely are being used more and more by psychiatrists to treat patients with a variety of psychiatric disorders, but primarily mood and anxiety disorders," says Dr. Kanner.

Because having a mental illness such as bipolar disorder or depression is, by far, the biggest predictor of suicide, Dr. Patorno and her colleagues factored the patient's diagnosis (and a range of other health variables) into their analysis. The results "argue that the risk was derived from the specific drug that the patient was taking and not their underlying conditions," Dr. Patorno says.

If she were taking one of the riskier medications herself, Dr. Patorno adds, she "would probably re-evaluate the therapy" in consultation with her physician.

But the study has some important limitations, Dr. Kanner says. For one thing, he explains, topiramate -- which is most commonly prescribed for migraine -- is known to worsen some psychiatric conditions and many doctors won't prescribe it to patients with a personal or family history of mental illness.

Therefore, the comparison group may have already been at lower risk of suicidal thoughts or attempts, he says.

Dr. Kanner also notes that health conditions such as depression and epilepsy, which

sometimes overlap, can combine to affect suicide risk in ways that may have eluded the researchers' models. "You're dealing with a very complex interaction," he says. "To just attribute [the increased risk] to antiepileptic medication doesn't explain the facts properly."

Pinpointing whether anticonvulsants boost suicide risk in and of themselves will likely require a study that follows people over time, rather than one that looks back at previous treatment, as the current investigation did, Dr. Kanner adds.

According to Dr. Bazil, another limitation of the study is that Dr. Patorno and her team used standardized insurance-billing codes to determine a patient's diagnosis.

These codes can be imprecise, Dr. Bazil says, and doctors who suspect that a patient has (or is at risk for) depression may decide to prescribe one anticonvulsant versus another for that reason, without necessarily listing the billing code for depression in the patient's file.

Dr. Kanner emphasizes that patients who are currently taking the drugs for any reason should not stop taking them without consulting their doctor, and that patients should also tell their doctor if they have a history of mental illness or if it runs in their family. "Very often clinicians will not inquire about these issues, and that's where things get lost," he says.

People taking the drugs should tell their doctor if they begin to feel depressed, or have thoughts of suicide, says Dr. Bazil, but patients should not be overly alarmed by the study.

"The main thing is to be cautious about the risks versus the benefits," he says. "In my mind, you have to keep it in perspective. There may be an increased risk of suicidal ideation, [but] most of these patients have tremendous benefits from the drugs."

The study was funded by the Harvard School of Public Health and HealthCore, a research subsidiary of WellPoint, a health benefits company that serves the Blue Cross Blue Shield network.

## Suicide Link to Acne Drug Officially Established

http://www.naturalnews.com/022316_acne_drugs_dangerous.html December 09, 2014

(NaturalNews) A clear chemical link has been established between the acne drug Roaccutane and the history of depression and suicide associated with its usage ...

(NaturalNews) A clear chemical link has been established between the acne drug Roaccutane and the history of depression and suicide associated with its usage, according to researchers at the University of Bath.Writing in the journal Experimental Biology and Medicine a team of scientists, lead by Dr. Sarah Bailey of the Department of Pharmacy & Pharmacology, reported on their discovery that the drug, also known as Accutane, reduced the availability of the neurotransmitter serotonin; low levels of which have consistently been linked to a number of psychiatric symptoms including aggression, anxiety disorders, and suicidal ideation."Serotonin is an important chemical that relays signals from nerve cells to other cells in the body", said Dr. Bailey, "our findings suggest that Roaccutane might disrupt the way serotonin is produced and made available to cellsthis could result in problems associated with low levels of serotonin, which might include depression".Previous research by the same scientists, and reported on by NaturalNews last year ( http://www.NaturalNews.com/020463.html ), suggested that the drug caused depressive behaviour in mice; but until now an underlying reason for the link has remained elusive, despite a history of tragic suicide deaths associated with its use.In 2002, 15-year-old student pilot Charles Bishop crashed a Cessna plane into the Bank of America building in Tampa, Florida prompting a $70 million wrongful death lawsuit, filed by relatives who believed that Accutane had induced Bishop to commit suicide Similarly, in 2004 Jason

Spiller, a teenager from Devon in the UK, was found hanging in a barn at his family home two weeks after beginning a course of acne treatment, despite having had no previous history of depression.Since 2000, Accutane has consistently appeared in the FDA's adverse events database as one of the top ten drugs reported as having been linked to psychological side effects. The drug remains the only non-psychiatric medication to have been in the top ten; ranking as high as 4, 5 and 10 in number of reports related to depression, serious depression and suicide respectively, according to a 2001 review published in the Journal of the American Academy of Dermatology.Following these reports, Congressman Bart Stupak, whose son committed suicide using a firearm while taking Accutane, forced a 2002 House Oversight and Investigation Subcommittee hearing on safety issues related to the medication. "Accutane is a dangerous drug that causes birth defects and adverse psychiatric reactions", said Congressman Stupak at the time.Roaccutane was first licensed by the FDA for the treatment of acne in 1982, but was plagued by reports of adverse side effects from the very beginning of its being available for prescription. 1983 saw the first reports of the drug being associated with birth defects, while by 1985 its package insert warned physicians of its possible inducement of depression.A 1990 report from the FDA stated that around 12,000 Accutane-related abortions and more than 1000 related birth defects had occurred since the drug had gone to market eight years earlier. Other side effects associated with using the drug since then include hepatitis, rectal bleeding, osteoporosis, high cholesterol and hearing loss; in addition to more than 180 reports of suicide. According to the FDA, only 1% of suicide adverse events are reported, suggesting that the actual figure could be as high as 18,000. Likewise, the World Health Organisation database contains around 1000 reports ofattempted or committed suicide, thus worldwide adverse event figures have been estimated to be as high as 100,000.Despite this, manufacturer Hoffman-La Roche has up until now denied any link between the use of Roaccutane and serious behavioural side effects, citing a lack of scientific proof as to how the drug could cause depression or suicide.Michael Jolliffe is a freelance writer based in Oxford, UK.

## Depression drug suicide link challenged

http://www.abc.net.au/science/news/health/HealthRepublish_1662666.htm December 09, 2014

Newer antidepressant drugs may not raise the risk of suicide as previously suggested, say researchers, who document a drop in suicide rates in the US since the drugs ...

Newer antidepressant drugs may not raise the risk of suicide as previously suggested, say researchers, who document a drop in suicide rates in the US since the drugs were introduced.

Dr Julio Licinio of the University of Miami and colleagues report in the June issue of the journal Public Library of Science Medicine that the new SSRI antidepressants could have saved more than 30,000 lives.

"Our findings certainly suggest that the introduction of SSRIs has contributed to reduction of suicide rates in the United States," says Licinio who did the study while at the University of California Los Angeles.

"However, the findings do not preclude the possibility of increased risk of suicide among small populations of individuals."

Millions of people use SSRIs (selective serotonin reuptake inhibitors), including Pfizer's Zoloft, GlaxoSmithKline's Paxil and the first drug of this type, Eli Lilly's Prozac, or fluoxetine.

Warnings

The US Food and Drug Administration introduced "black box warnings" on the most popular SSRIs in 2004 after studies in the US and Britain suggested the drugs may raise the risk of suicidality in children and adults.

"Although the current issue concerning antidepressants and suicidality requires further examination, we believe that many more lives have been saved than lost since the advent of these drugs," say Licinio and team.

Suicidality is defined by feelings, thoughts, and behaviours related to suicide, but the researchers say actual deaths caused by suicide are a better measure of whether there is a benefit from antidepressants.

Licinio's team studied federal data to show the US suicide rate held steady for 15 years prior to the introduction of Prozac in 1988, then dropped steadily over 14 years as sales of the antidepressant rose. The research team found the strongest effect among women.

Mathematical modelling of probable suicide rates from 1988 to 2002, based on pre-1988 data, suggests 33,600 fewer people have committed suicide since Prozac hit the market, Licinio says.

The actual suicide rates fluctuated between 12.2 and 13.7 suicides per 100,000 people until 1988, and then gradually fell to the lowest 10.4 per 100,000 in 2000, Licinio's team reports.

During that time prescriptions of fluoxetine ballooned from about 2.5 million in 1988 to more than 33 million in 2002.

Study does not prove benefit

In a commentary on the new study, Associate Professor Bernhard Baune and Professor Philippa Hay of James Cook University in Australia say the type of study performed by Lucinio and colleagues cannot prove for certain "whether antidepressants do harm or good at a population level."

But they say that the study "does not support an association between increased suicide and increased fluoxetine prescription rates."

Licinio's team acknowledges there may have been other reasons why the suicide rate declined.

Their research was funded by the National Institutes of Health and the Dana Foundation and did not have any pharmaceutical company funding.

The researchers declare no competing interests. Licinio accepted an offer to consult for Eli Lilly after the research was accepted for publication.

## Concerns raised about growing link between prescription drug abuse and suicide

http://www.nashuatelegraph.com/news/974776-196/concerns-raised-about-growing-link-between-prescription.html December 09, 2014

The growing link between prescription drug abuse and suicide brought experts from both fields together

The growing link between prescription drug abuse and suicide brought experts from both fields together in Concord on Monday, where they highlighted the combined resources that

will be needed to combat the problem.

“This is a big issue that needs to be addressed,” said Dr. Karene Simone, director of the Northern New England Poison Center. “The reason we’re all crossing over with each other is that a lot of these things are related.”

A growing number of suicides, and to a greater extent suicide attempts, involve powerful prescription drugs often found in medicine cabinets. Simone said a quarter of the calls her center receives relating to poisonings of people age 13 and older involve suicide attempts.

Intentional poisonings are “by far the most frequent method of suicide attempt in New Hampshire,” according to Linda Paquette, director of New Futures in Concord.

The issue is exacerbated because of broad cuts to substance abuse treatment and prevention programs. Already fewer than 6 percent of New Hampshire residents in need of substance abuse treatment can get it, the second-lowest rate in the country, she said.

“It’s kind of scary because it makes you wonder what’s going to happen now,” Simone said.

A large part of the lack of access is because New Hampshire is one of the few states that does not provide Medicaid coverage for substance abuse disorders, Paquette said.

The press conference Monday coincided with World Suicide Prevention Awareness Day. Suicide is the second-leading cause of death among young adults, ages 15-34, in New Hampshire, and 87 percent of hospital stays related to suicide attempts from 2004-08 were from overdoses. Anti-depressants and benzodiazepines, which are sedatives, made up the most used drugs in suicide attempts, according to the New Hampshire Department of Health and Human Services.

Simone said organizers hoped to raise awareness about suicide prevention, as well as the growing role that prescription drugs play.

Officials from the state’s Division of Public Health Services and Bureaus of Behavioral Health and Drug and Alcohol Services also participated.

“It underscores the need for us to join forces with our colleagues in the drug and alcohol field to maximize our resources in an effort to reduce deaths by suicide, particularly of this nature,” said Dr. Jose Montero, the state’s public health director.

Dr. Thomas Andrew, New Hampshire’s chief medical examiner, also spoke at the press conference and said suicide is one of the factors in the 475 percent increase in New Hampshire drug deaths since 1977. Carroll County has the highest suicide rates in the country, followed by Coos and Belknap counties.

An important part of the state’s prevention efforts is the prescription drug monitoring system being developed after being authorized during the last legislative session. Simone and New Futures advocacy director Tricia Lucas testified before the state Legislature supporting the bill. Simone said many of the drugs taken during attempted suicides would be tracked and people’s access to them limited by the monitoring program.

Of the 11,446 calls for poisonings that the Northern New England Poison Center received from New Hampshire residents last year, 1,368 were for suspected suicide attempts. For poisoning calls involving people older than 13, 1,351 of the 5,448 calls involved suspected suicide attempts, according to data provided by the center.

A massive increase in the availability of drugs – 83 million more opioids, such as morphine and oxycodone, were prescribed in 2009 than in 2000, according to Paquette – has mirrored the increase in their use in suicide and suicide attempts. The number of different drugs in people's systems after suicides or suicide attempts has also skyrocketed, Simone said.

She said common sense measures in the home also can help limit people's access to drugs, an important part of suicide prevention. She recommended keeping potentially dangerous prescription drugs locked up, getting rid of unneeded drugs and not buying over-the-counter medications, including acetaminophen, in bulk.

Joseph G. Cote can be reached at 594-6415 or jcote@nashuatelegraph.com. Also follow Cote on Twitter (@Telegraph_JoeC).

## Connection Between Prescription Drugs, Suicide Studied

http://www.foxnews.com/story/2008/09/02/connection-between-prescription-drugs-suicide-studied/
December 09, 2014

Connection Between Prescription Drugs, Suicide Studied. ... Drug companies say no cause-and-effect link has been established that would tie the medications ...

Cody Miller was a high school football player who was allergic to ragweed. Douglas Briggs was a doctor coping with pain from an old back injury.

Both are now dead, hanging victims driven to suicide, their families believe, when drugs prescribed to relieve physical symptoms upset their mental and emotional balance.

Federal drug regulators are investigating to see if the families could be right.

Until now, the Food and Drug Administration's attention to the suicide risks of medications has focused on psychiatric drugs, such as antidepressants prescribed to youngsters. But this year, officials unexpectedly broadened their concerns to include a medication for asthma, drugs for controlling seizures and even one for quitting smoking. Those are medical conditions not usually associated with psychiatric disorders.

Several independent experts say the safety alarms point to a gap in the FDA's knowledge of how drugs affect the brain. Even if medications are intended for physical conditions, some drugs can have unforeseen consequences if they are able to enter the brain. A group at Columbia University has developed a method for assessing the suicide risks of drugs, possibly helping identify risks before a medication goes on the market. But the FDA only requires use of such assessments on a case-by-case basis.

Drug companies say no cause-and-effect link has been established that would tie the medications under scrutiny to suicides. Also, some doctors worry that the talk of suicide may scare patients with serious illnesses away from drugs that could help. For example, depression —a major risk factor for suicide — is associated with physical illness, they note.

The Miller and Briggs families say their lives were turned upside down without warning.

Cody Miller, 15, began using Singulair for his allergies in the summer of 2007. He switched from a different drug after a new doctor assured his mother that once-a-day Singulair was better.

When the teenager became moody and anxious, his parents were surprised. He had no history of emotional problems. But they did not connect it to the drug. Physical reactions

such as a rash or indigestion are easy to recognize; mental health side effects can be confused with everyday ups and downs.

About two weeks after he started taking his new medication, he hanged himself in an upstairs closet of the family home in Queensbury, N.Y., about 50 miles north of Albany.

Some two months later, the company that makes Singulair updated its prescribing literature to report that some patients had experienced suicidal thinking and behavior. But Merck & Co. said that only may be a coincidence because there were no such reports during controlled clinical trials with the drug.

"Singulair is a really effective drug that has been on the market 10 years and has been taken by millions of patients," said Dr. Alan Ezekowitz, an asthma expert with Merck. "In over 40 placebo-controlled trials, no reports of suicide in Singulair-treated groups have been found."

An independent study by the American Lung Association supports Merck's conclusion without completely answering the question. The research looked at measures of emotional well-being in three clinical trials sponsored by the association and found a positive effect on emotional outlook in patients taking Singulair.

But the study, set to appear Monday in the Journal of Allergy and Clinical Immunology, was not designed specifically to look for suicidal thinking or actions. "The evidence is good, but we couldn't call it perfect," said Dr. Norman Edelman, the group's chief medical officer.

Cody's mother said that if she had had any inkling of a problem, she would not have allowed her son to take Singulair. Merck and the FDA should have warned parents more forcefully, Kate Miller said. Cody was her only child. "When you don't know what to look for, it's pretty sad," Miller said.

Briggs, 54, was a family doctor practicing near Charlotte, N.C. In his 30s, Briggs had injured his back in a car crash. Three surgeries over the years failed to completely resolve his problem. But Briggs stayed active, playing tennis and basketball. In February 2004, he began taking Neurontin, an epilepsy drug also prescribed for nerve-related pain and used for chronic back trouble.

His wife and two sons noticed a change.

"He started developing uncharacteristic mood swings and irritability," said son Andrew Briggs, who works as a consultant in Washington. "He began talking about losing the desire to practice medicine, even though it was a great passion of his."

Briggs' family wondered what was going on. They did not connect the changes to Neurontin.

On Christmas Day in 2004, Briggs wanted to be alone. He urged his family to go see a movie. They picked a zany comedy. When they returned, they found he had hanged himself in the foyer of their home.

"For a guy who was such a family man to do that in a way that would basically ensure his family would be the first to find him was completely baffling," Andrew Briggs said.

Pfizer Inc., which makes Neurontin, said that since the drug was first marketed in the 1990s, the prescribing literature had listed "suicidal" and "suicidal gesture" as rarely reported adverse events seen in clinical trials. But Pfizer does not believe such reactions

were connected to taking Neurontin and the company remains confident in the drug.

"Neurontin is an important medicine that has helped millions of patients with serious conditions," Pfizer said in a statement. "Based on an extensive review of our clinical trial data for Neurontin, we see no evidence to support the claim that Neurontin causes an increased risk of suicide-related events."

After Briggs' killed himself, the family started hearing about other Neurontin patients who had committed suicide, Andrew Briggs said. The family is suing Pfizer; their lawyer said there are about 250 such lawsuits.

This summer, the FDA convened a panel of scientific advisers to evaluate the suicide risks of 11 anti-seizure drugs, including Neurontin. Crunching data from 210 clinical trials, the agency found a small increased risk: two of 1,000 patients taking the medications experienced suicidal thoughts or behavior. When millions of people are taking a drug, even such slim odds can have significant consequences.

The advisory panel accepted the FDA's findings, but voted against imposing the government's strongest warning on the drugs, saying that could do more harm than good. The FDA is considering how to communicate the risks to patients.

"Even though a drug is identified as a drug for weight control, or smoking cessation, or asthma, these drugs often also get into the brain, so there is always the potential for having psychiatric side effects," said Dr. Thomas Laughren, head of the FDA's division of psychiatric products. "But we don't have any unifying hypothesis as to why very different classes of drugs have psychiatric side effects."

With mental health side effects, one of the first questions scientists ask is whether a drug can affect the brain. Not all do, because the brain is protected by a cellular barrier that keeps out many substances circulating in the blood. Neurontin does work in the human brain. With Singulair, Merck said tests on rats showed that minimal amounts enter the brain, and there is no data on humans.

The FDA has other tools to assess the suicide risks of medications. Researchers at Columbia University have developed a system for collecting and analyzing data about suicidal thoughts and actions among people who enroll in drug trials. The FDA helped pay for the research, but the agency does not require drug makers to use the system, a puzzling oversight to independent experts.

"I can't see any reason why it should not be widely and regularly used during drug development," said Larry Sasich, a professor of pharmacy practice at the Lake Erie School of Osteopathic Medicine in Erie, Pa. "It has been validated and appears to be a technique that is not expensive."

But Laughren, the FDA official, said that while many drugs can get into the brain, "there is no compelling reason to think that more than a few are associated with suicidality." With the FDA reluctant to issue a mandate for suicide screening, families who find themselves in the same predicament as the Millers and the Briggs may be left with unresolved questions.

"Whether or not any of these drugs cause suicidal thoughts and behavior is the critical question we need to answer; up to now, we have not answered that," said Kelly Posner, a Columbia researcher who led the effort to develop the screening system. "Debunking false notions of risk is just as important to the public health as knowing about risks that exist."

A list of some prescription medications for which concerns have been raised involving

suicidal thoughts and actions:

— All antidepressants. Drugs such as Prozac, Paxil, Wellbutrin and Zoloft carry required warnings that the medications can increase suicidal thinking and behavior in some children, adolescents and young adults.

— Anticonvulsives. Drugs such as Depakote, Lyrica and Neurontin are used to treat seizures and other conditions. A recent FDA analysis found a small increased risk of suicidal thinking and behavior. An advisory panel recommended against applying the agency's strongest warning to the drugs.

— Chantix. The FDA is investigating whether the smoking cessation drug triggers psychiatric symptoms.

— Singulair. The FDA is investigating whether the drug for asthma and allergies can prompt suicidal thoughts.

— Accutane. The acne drug carries a warning that it may cause suicidal thoughts and behavior in rare cases.

## Suicide Prevention Australia

http://suicidepreventionaust.org/statement/alcohol-drugs-and-suicide-prevention/ December 09, 2014

Suicide Prevention Australia is pleased to announce the release of its latest position statementAlcohol, Drugs and Suicide Prevention. The paper sheds light on the ...

Suicide Prevention Australia is pleased to announce the release of its latest position statementAlcohol, Drugs and Suicide Prevention.

The paper sheds light on the disturbing role that alcohol and drug abuse play with suicidal behaviour. A link between drug and alcohol abuse is strongly established People who abuse alcohol may be at up to 6 times greater risk of suicide than the general population, while cannabis users may be at 10 times greater risk of suicide.

Youth programs addressing the social determinants of drug use and promoting alternative pathways are essential. Dr. Michael Dudley AM, Chair of Suicide Prevention Australia commented ‘The key message from the paper is the need for so much more to be done around alcohol and drug abuse. The link between drug and alcohol abuse has been identified as a significant risk factor in suicide, this is particularly unsettling for a country battling with alcohol binge drinking and recreational and prescription drug abuse problems.’

Studies show that alcohol disorders are the second most commonly diagnosed disorder among those who die by suicide; such studies indicate a six-fold risk of suicidality among those with alcohol dependence compared to their peers.

Ryan McGlaughlin, CEO of Suicide Prevention Australia added ‘The research suggests that the risk of suicide among drug users is between four and fourteen times that of the general population; due to the effects of drug abuse on psychological, social and health factors.’

‘To prevent suicide, training is recommended for alcohol and other drug workers so that they can recognise and respond to suicide risks, while reciprocal training is needed for suicide prevention professionals to respond to substance abuse’ he concluded.

The paper calls for more to be done with young people including raising their awareness of suicide prevention and establishing protective factors. It found a focus on treating people

whose substance abuse is already established missed the opportunity to intervene before either substance abuse or suicidality becomes a problem.

Social inclusion, early childhood programs and life-stage support show much promise for reducing the vulnerabilities experienced by the cohort of people who are at risk of both substance abuse and suicidality.

To access the statement click here: Suicide Prevention Australia – Alcohol, Drugs and Suicide Prevention 2011

## Prescription Drugs and Suicide

http://www.sober-solutions.com/prescription-drugs-suicide/ December 09, 2014

Prescription drugs and suicide, how are they linked together? Did this play a major role in Robin Williams' suicide?

According to RxISK's 2013 interview with Dr. David Healy, it is well-known that anti-depressants come with the boxed warning about the trigger of suicidal thoughts. What is less well-known is that anti-tremblers, anti-psychotics, mood alleviators, anti- acne, weight loss, anti-smoking and asthma drugs can trigger suicidal thoughts as well. The same article states that the suicidal thoughts can be triggered within only two weeks of beginning anti-depressants, with a change of dosage or when another medication is added. With the mood balancers and anti-convulsants on the contrary, it takes an average of a couple of months.

According to The Daily Beast's statistics of prescription drugs and suicide, nationally, over 100 individuals pass away due to complications resulting from abuse of prescription drugs annually. The U.S. makes up over 75% of abuses of prescription drugs, 52 million U.S. citizens over the age of 12 have taken prescription drugs recreationally and over half of the painkillers are borrowed from a family member or friend.

According to the Center for Disease Control's statistics of prescription drugs and suicide, every day in the U.S., approximately 113 people pass away due to complications from prescription drug abuse with another over 6,000 being admitted to the emergency room for poisoning. As of 2011, it has been considered to be the leading cause of death among those between the ages of 25 and 64. Between 1999 and 2011, deaths due to overdosage on drugs has increased up to 118%. Men were 60% more likely to pass away than women.

According to the WebMD, it is still not known how those drugs trigger suicidal thoughts but it is known that they do alter the chemicals of the brain in some very significant way. The elderly seem to be especially at risk.

There's no surefire way to be positive as to exactly why Robin Williams committed suicide. However, comedian, Rob Schneider has publicly stated that he has personally suspected that the anti-convulsants that Robin Williams was on for Parkinson's Disease may have triggered the thoughts.

## What Are Mass Murder Pills? Alex Jones' Infowars: There's a war on for your mind!

http://www.infowars.com/what-are-mass-murder-pills/ December 09, 2014

I want to blame the real culprit — suicide pills! Mass murder ... So is there a link between mass shootings ... Of the top ten prescription drugs linked to ...

Following his debate with CNN's Piers Morgan this week, Alex Jones became the number one trend on Twitter. The quote above was seized upon and retweeted by many insinuating that Alex is "crazy" for referring to prescription antidepressants and other psychotropic medications as âsuicide pillsâ and âmass murder pills.â

CNN even mocked the line in an article the outlet posted yesterday.

But can Alex's comment be so easily dismissed?

Americans consume more psychotropic drugs than any other country in the world.

According to the Centers for Disease Control and Prevention (CDC), prescriptions for antidepressants had risen in this country by 400 percent since 1988. New research was based on old research which showed that 11 percent of Americans over the age of 12 take antidepressants, otherwise known asÂ Selective Serotonin Reuptake Inhibitors (SSRIs). Antidepressants were ranked the number one most common prescription for all adults age 18-44, and 60 percent of Americans who take SSRIs stay on them for more than two years. At the start of the decade, the fasting growing class of antidepressant users was preschoolers.

Antidepressants and other psychotropics are prescribed âon-labelâ â or uses approved by the Food and Drug Administration (FDA) â for psychiatric issues such as depression, anxiety and personality disorders (âoff-labelâ use for issues like hyperactivity and sexual disorders is obviously not regulated). Side effects of these drugs can include confusion, hallucinations, anxiety, agitation, mood swings, impulse-control disorder, paranoia, psychosis and hostility.

A Canadian judge even ruled that SSRIs can cause children to commit murder when he found that Prozac was largely responsible for a 15-year-old stabbing one of his closest friends.

Dr. Moira Dolan, an internal medicine physician with the Medical Accountability Network, discusses the connection between antidepressant medications, violence, suicide and homicide in the video below:

Another well-established side effect of antidepressants is suicide.

This has become such a well-known fact that in 2007 the FDA voted to update the required âblack box warningâ on all prescription antidepressants âto include warnings about increased risks of suicidal thinking and behavior, known as suicidality, in young adults ages 18 to 24 during initial treatment.â

According to the FDA labeling revisions:

A black box warning is the most serious warning the FDA can place on a prescription medication.

The FDA has also admitted that adverse reactions to pharmaceuticals kill over 100,000 Americans each year, and in 2009, the LA Times reported drug deaths â primarily due to overdoses on prescription pain and anxiety medications â even outnumbered traffic accidents in the U.S.

Scientific studies abound. The number one cause of death by injury in America is suicide according to one, just as Alex told Piers Morgan. Military use of psychiatric drugs skyrocketed to one in six according to another. Suicide is now officially the number one

cause of U.S. active-duty soldier death, with three times as many soldiers dying from suicide since 2001 than have died in the Afghanistan war. This fact prompted veteran and clinical psychologist Bart Billings to ask Congress for long-term studies into a possible connection between the spike in military SSRI prescriptions and troops committing suicide in record numbers.

It should also be noted that Associated Press conducted a five-month investigation and found the drinking water of at least 46 million Americans in 24 major metropolitan areas was already tainted with pharmaceuticals. The report advises, âThe federal government does not regulate prescription drugs in the water.â A 2010 study showed that shrimp living in antidepressant-tainted coastal waters were exhibiting suicidal tendencies.

There is no way to even speculate the full psychological effects of these drugs being widespread ingested in unknown amounts by an unknowing population in addition to the prescription drugs many people are already taking.

So is there a link between mass shootings and psychotropic medications?

The website SSRI Stories.com has compiled a horrifically long list of violent episodes including school shootings, murders and suicides, and linked each event to what anti-psychotic medication(s) the perpetrator was on or withdrawing from.

According to a data set of U.S. mass shootings from 1982-2012 prepared by news website Mother Jones, of 62 mass shootings carried out by 64 shooters, the majority of the shooters (41) were noted to have signs of possible mental illness â the precise kinds of mental illnesses that psychotropic medications are prescribed for. Seven more were listed as âunclearâ on mental illness status, but many in this group reportedly family members or neighbors who worried about mental health issues.

Infowars reported yesterday that, not only was suspected Aurora mass shooter James Holmes under psychiatric care, but police seized four prescription medication bottles from his home after the shooting. The odds at least one of these drugs was an antidepressant cannot be overlooked.

As David Kupelian reported for WND, there’s a “giant, gaping hole” in the media’s reporting of the Sandy Hook shooting: discussion of mass killers on psychotropics.

âIt is simply indisputable that most perpetrators of school shootings and similar mass murders in our modern era were either on â or just recently coming off of â psychiatric medications,â Kupelian wrote.

Newtown school shooting suspect Adam Lanza has also been described as having a âpersonality disorderâ and a âmental illness,â phrases Mike Adams of Natural News points out are typically used to describe people who are prescribed psychotropic drugs.

So it should not surprise anyone that reports surfaced shortly following the Newtown school shooting that Lanza had been taking Fanapt, an anti-psychotic medication that the FDA did not approve at first because among other reasons, rather than inhibit psychotic behavior, the drug was actually found to induce it. (The reference to Fanapt was later withdrawn altogether by the news outlet that first reported it, citing the man who claimed to be Lanza’s uncle and supplied the tip might be an imposter.)

Natural News also reported on the untimely death of prominent gun manufacturer John Noveske on January 4, 2013. Just days before he died in a car wreck, Noveske posted a lengthy list on his Facebook page of over 40 incidents where primarily young people

committed mass murder and/or suicide; almost all of them were on psychiatric medications.

Many of the killers Noveske listed were under the age of 24; recall, young people fall in the category of increased risk of antidepressant-induced suicidal tendencies which prompted the FDA to require the updated black box warning.

Noveske's last post in its entirety is included at the bottom of this article.

Pharmaceutical commercials dominate the airwaves, imploring us that if we are âfeeling downâ we might have depression and there are a wide array of prescription medications we could all take to help us feel better. The announcers in these commercials urge us to, âAsk your doctor todayâ if these drugs can help us.

Of the top ten prescription drugs linked to violence toward others, a 2010 study based on FDA adverse reaction data show that five were antidepressants and two were for the treatment of attention deficit hyperactivity disorder (ADHD).

Perhaps we should be asking our pharmaceutical manufacturers and FDA why no long-term independent studies have been done on whether or not these psychiatric medications can influence violent behavior, homicidal tendencies and ultimately, mass murder.

Why is the mainstream media so quick to attack and demonize the Second Amendment and lawful gun owners full-force in the wake of the Newtown school shooting without even discussing the potential role pharmaceuticals play in these kinds of horrific events?

Here is Noveske's last Facebook post:

âEric Harris age 17 (first on Zoloft then Luvox) and Dylan Klebold aged 18 (Columbine school shooting in Littleton, Colorado), killed 12 students and 1 teacher, and wounded 23 others, before killing themselves. Klebold's medical records have never been made available to the public. Jeff Weise, age 16, had been prescribed 60 mg/day of Prozac (three times the average starting dose for adults!) when he shot his grandfather, his grandfather's girlfriend and many fellow students at Red Lake, Minnesota. He then shot himself. 10 dead, 12 wounded. Cory Baadsgaard, age 16, Wahluke (Washington state) High School, was on Paxil (which caused him to have hallucinations) when he took a rifle to his high school and held 23 classmates hostage. He has no memory of the event. Christopher Pittman, age 12, murdered both his grandparents while taking Zoloft. Mathew Miller, age 13, hung himself in his bedroom closet after taking Zoloft for 6 days. Kip Kinkel, age 15, (on Prozac and Ritalin) shot his parents while they slept then went to school and opened fire killing 2 classmates and injuring 22 shortly after beginning Prozac treatment. Luke Woodham, age 16 (Prozac) killed his mother and then killed two students, wounding six others. A boy in Pocatello, ID (Zoloft) in 1998 had a Zoloft-induced seizure that caused an armed stand off at his school. Michael Carneal (Ritalin), age 14, opened fire on students at a high school prayer meeting in West Paducah, Kentucky. Three teenagers were killed, five others were wounded.. A young man in Huntsville, Alabama (Ritalin) went psychotic chopping up his parents with an ax and also killing one sibling and almost murdering another. Andrew Golden, age 11, (Ritalin) and Mitchell Johnson, aged 14, (Ritalin) shot 15 people, killing four students, one teacher, and wounding 10 others. TJ Solomon, age 15, (Ritalin) high school student in Conyers, Georgia opened fire on and wounded six of his class mates. James Wilson, age 19, (various psychiatric drugs) from Breenwood, South Carolina, took a .22 caliber revolver into an elementary school killing two young girls, and wounding seven other children and two teachers. Elizabeth Bush, age 13, (Paxil) was responsible for a school shooting in Pennsylvania Jarred Viktor, age 15, (Paxil), after five days on Paxil he stabbed his grandmother 61 times. Chris Shanahan, age 15 (Paxil) in Rigby, ID who out of the blue killed

a woman. Jeff Franklin (Prozac and Ritalin), Huntsville, AL, killed his parents as they came home from work using a sledge hammer, hatchet, butcher knife and mechanic's file, then attacked his younger brothers and sister. Neal Furrow (Prozac) in LA Jewish school shooting reported to have been court-ordered to be on Prozac along with several other medications. Kevin Rider, age 14, was withdrawing from Prozac when he died from a gunshot wound to his head. Initially it was ruled a suicide, but two years later, the investigation into his death was opened as a possible homicide. The prime suspect, also age 14, had been taking Zoloft and other SSRI antidepressants. Alex Kim, age 13, hung himself shortly after his Lexapro prescription had been doubled. Diane Routhier was prescribed Welbutrin for gallstone problems. Six days later, after suffering many adverse effects of the drug, she shot herself. Billy Willkomm, an accomplished wrestler and a University of Florida student, was prescribed Prozac at the age of 17. His family found him dead of suicide â hanging from a tall ladder at the family's Gulf Shore Boulevard home in July 2002. Kara Jaye Anne Fuller-Otter, age 12, was on Paxil when she hung herself from a hook in her closet. Kara's parents said "…. the damn doctor wouldn't take her off it and I asked him to when we went in on the second visit. I told him I thought she was having some sort of reaction to Paxil…") Gareth Christian, Vancouver, age 18, was on Paxil when he committed suicide in 2002, (Gareth's father could not accept his son's death and killed himself.) Julie Woodward, age 17, was on Zoloft when she hung herself in her family's detached garage. Matthew Miller was 13 when he saw a psychiatrist because he was having difficulty at school. The psychiatrist gave him samples of Zoloft. Seven days later his mother found him dead, hanging by a belt from a laundry hook in his closet. Kurt Danysh, age 18, and on Prozac, killed his father with a shotgun. He is now behind prison bars, and writes letters, trying to warn the world that SSRI drugs can kill. Woody ____, age 37, committed suicide while in his 5th week of taking Zoloft. Shortly before his death his physician suggested doubling the dose of the drug. He had seen his physician only for insomnia. He had never been depressed, nor did he have any history of any mental illness symptoms. A boy from Houston, age 10, shot and killed his father after his Prozac dosage was increased. Hammad Memon, age 15, shot and killed a fellow middle school student. He had been diagnosed with ADHD and depression and was taking Zoloft and "other drugs for the conditions." Matti Saari, a 22-year-old culinary student, shot and killed 9 students and a teacher, and wounded another student, before killing himself. Saari was taking an SSRI and a benzodiazapine. Steven Kazmierczak, age 27, shot and killed five people and wounded 21 others before killing himself in a Northern Illinois University auditorium. According to his girlfriend, he had recently been taking Prozac, Xanax and Ambien. Toxicology results showed that he still had trace amounts of Xanax in his system. Finnish gunman Pekka-Eric Auvinen, age 18, had been taking antidepressants before he killed eight people and wounded a dozen more at Jokela High School â then he committed suicide. Asa Coon from Cleveland, age 14, shot and wounded four before taking his own life. Court records show Coon was on Trazodone. Jon Romano, age 16, on medication for depression, fired a shotgun at a teacher in his New York high school. Missing from list… 3 of 4 known to have taken these same meds…. What drugs was Jared Lee Loughner on, age 21…… killed 6 people and injuring 14 others in Tuscon, Az What drugs was James Eagan Holmes on, age 24….. killed 12 people and injuring 59 others in Aurora Colorado What drugs was Jacob Tyler Roberts on, age 22, killed 2 injured 1, Clackamas Or What drugs was Adam Peter Lanza on, age 20, Killed 26 and wounded 2 in Newtown Ct Roberts is the only one that I haven't heard about being on drugs of some kind.â

## ER Visits for Drug-Related Suicide Attempts Up in Men

http://www.webmd.com/mental-health/news/20110617/er-visits-drug-related-suicide-attempts-up-men
December 09, 2014

New data highlight a 55% increase in emergency room visits for drug-related suicide attempts among men aged 21 to 34 from 2005 to 2009.

Increase Related to Use of Pain Medication, Antidepressants, Anti-anxiety and Insomnia Pills

June 17, 2011 -- New data highlight a 55% increase in emergency room visits for drug-related suicide attempts among men aged 21 to 34 from 2005 to 2009.

“This study shows an increase in the number of people using prescription medications for suicide attempts,” says researcher Peter J. Delany, PhD, director of the Center for Behavioral Health Statistics and Quality at the Substance Abuse and Mental Health Services Administration (SAMHSA) in Rockville, Md. “This is not showing an increase in suicide attempts, just an increase in emergency room visits for drug-related suicide attempts.”

There were 77,971 ER visits for drug-related suicide attempts by males of all ages in 2009.

In 2005, there were 19,024 ER visits for drug-related suicide attempts among men aged 21 to 34. That number jumped to 29,407 visits in 2009, according to a new SAMHSA report.

The number of ER visits for suicide attempts involving antidepressants increased by 155% among men aged 21 to 34, from 1,519 in 2005 to 3,876 in 2009. The number of ER visits for suicide attempts involving anti-anxiety and insomnia medications increased by 93.4% from 2005 to 2009, the data show.

ER visits for suicide attempts among males aged 35 to 49 that involved narcotic pain relievers nearly doubled from 2005 to 2009, and these numbers almost tripled among men aged 50 and older, the study showed.

Researchers classified the ER visits as a drug-related suicide attempt if the hospital ER staff labeled it as a suicide attempt, and the person was admitted for a drug-related suicide attempt, not an unintentional overdose, and the visit involved a drug as either the direct cause of the ER visit or as a contributing factor.

There have been several high-profile deaths in the media where the cause of death or injury is an accidental overdose, suicide attempt, or suicide, so the line can sometimes be blurred.

“There is a difference between taking two Xanax and drinking wine and taking 50 Xanax,” Delany says.

The article highlights the growing problem of prescription drug abuse of painkillers, antidepressants, anti-anxiety drugs, and sleep aids, he says.

## The mystery of medications linked to suicide - Health - Mental health

http://www.nbcnews.com/id/24262690/ns/health-mental_health/t/mystery-medications-linked-suicide/
December 09, 2014

The mystery of medications linked to suicide As number of drug warnings rise, investigators search for reasons why Below: x Jump to discuss comments below

When Kate Miller of Queensbury, N.Y., filled a new allergy drug prescription for her 15-year-old son, Cody, last July, she hoped it would improve his bothersome allergy symptoms. Now, Miller is wondering whether a possible side effect of the drug, Singulair, caused Cody — who she describes as a happy, athletic teenager — to take his own life about a month later.

Miller isn't alone. Physicians or patients have filed anecdotal reports with drug companies or the Food and Drug Administration on at least six drugs or drug classes that may have been linked to episodes of suicidal thoughts or actions. In just the past few months, the FDA has released several advisory notices to both doctors and the public about drugs linked to suicidal thoughts or actions, including Singulair , epilepsy drugs and the smoking-cessation drug Chantix . Reports have also been filed on antidepressants, the influenza drug Tamiflu and the acne medicine Accutane.

It's a medical quandary that has doctors, drugmakers, federal health officials and patients confused and understandably concerned. Are the links between these medications and the risk of suicide real? And if so, how can drugs that are intended to help people instead potentially prompt them to end their lives?

Experts say there aren't many clear answers but medication links to suicide, if in fact real, could possibly result from the drug itself, an underlying disease or condition that predisposes someone to depression, or a combination of factors.

"The brain is a complex organ, and most of the drugs are complex as well,'' says Dr. Thomas Laughren, head of the division of psychiatric products at the FDA. "It's not unreasonable to think that a drug that gets into the brain may have effects other than you hope they would have … but in some cases, it's just a background event. That's why it's so important to follow up with an analysis of the clinical trials.''

After concerns were first raised about possible links between antidepressants and suicide about four years ago, the FDA commissioned researcher Kelly Posner, the principal investigator at the Center for Suicide Risk Assessment at Columbia University in New York, to help determine any suicidal risk posed by medications. Her quantitative tools and questionnaires to assess suicide risk are being applied to drugs already on the market and those still in testing.

"We know that whether or not these drugs actually cause suicidal thought or action is a question we have to answer, but up until now, none of the clinical trials for the drugs were set up to address the question,'' says Posner. "Either way we have to get the right answers. It's critical to know about drugs that pose risk, but debunking false notions of risk is equally important to the public health.''

Finding a link can present other issues. This became evident when the FDA, based on a review of antidepressant clinical trials, found a slight increase in suicidal thinking among children and young adults taking antidepressants such as Paxil and Prozac. The rate in those taking antidepressants was 4 percent, twice the rate of those taking a placebo. The information was added to the label of antidepressants within the last few years, pushing many doctors to stop prescribing the drugs for many of their patients.

"Use of antidepressants went down, and the suicide rate went up,'' says Dr. Paula Clayton, medical director of the American Foundation for Suicide Prevention in New York.

The drug? The diagnosis? Neither?

Laughren says the FDA hopes that by using Posner's methods, they may be able to find categories of people who might be at risk for suicide on a particular drug and more carefully determine who should stay clear of the drug and in whom it can safely be prescribed.

At least in theory, there are some possible explanations for why some of the drugs in question might be associated with suicidal thoughts or action, says Jason Noel, director of clinical pharmacy services at Rosewood Center in Owings Mills, Md., a residential facility

for people with developmental disabilities. Singulair, for example, has a similar chemical pathway to steroids, which are drugs that can affect behavior and mood.

The FDA is conducting a safety review of Singulair, which is also used to treat asthma, that is expected to take about another eight months. Last week, Kate Miller and her husband, David, met with FDA officials in the office of Congresswoman Kirsten Gillibrand (D-N.Y.), who is pushing to help find answers on Singulair and other drugs that have been linked to suicide.

In the meantime, says Ron Rogers, a spokesperson for Merck, which makes the drug, a cause-and-effect link between Singulair and suicide has not been proven, and patients on the drug who are worried should consult their doctors. "If patients have any concerns about Singulair, the most appropriate course of action to take is to speak with their physician, not to stop taking their medicine," he says. "Each patient's doctor is in the best position to determine whether or not a person should continue to take the medicine.''

Regarding antidepressants, Laughren and other experts say one possible explanation for the link may be that fatigue is one of the symptoms of depression and that the initial benefit of an antidepressant is increased energy. Improving depression symptoms can take a few weeks, but in the meantime, some patients may use their extra energy to act on their suicidal thoughts.

While some patients can take a drug and have no risk of suicide, in others, chemical factors in the drug combined with specific factors in the patient, or an underlying disease they have, may combine to influence depression or suicidal thinking or behavior, Noel says.Suicidal thoughts in patients taking epilepsy drugs, for example, have been reported in patients on the drugs for epilepsy, depression or other psychiatric conditions, but generally not in patients taking the drug for migraine headaches, for which they are sometimes also prescribed, says Noel.

"In some cases, the conditions being treated, even asthma, can be its own risk factor for suicidal thinking — confounding the impact a drug may have," says Posner. Asthma symptoms can impair daily living, such as being unable to walk far because of difficulty breathing, or having to cart oxygen around. Having your life hampered in this way can make some people with asthma think about suicide, experts say.

When it comes to Chantix,one theory is that the smoking-cessation drug, which works to block the pleasure pathways in the brain that make nicotine so satisfying, also suppresses other types of pleasure and happiness, leading to depression. But at the same time, stopping smoking, the goal for patients taking Chantix, can itself be a risk factor for depression, says Posner, and smoking itself is a risk factor for suicide.

A spokesperson for Pfizer, the maker of Chantix, says the company is continuing to investigate the association between the drug and suicide risk, and urges patients considering Chantix to talk frankly with a doctor about what to expect when getting off cigarettes.

A representative of the Pharmaceutical Research and Manufacturers of America in Washington, D.C., says the trade group is hoping for more answers soon.

"We looked at this with SSRIs [antidepressants] and the other drugs that have received warnings," says Alan Goldhammer, deputy vice president of scientific and regulatory affairs. "We're keenly interested to move forward and better understand what is the number being observed in the case of true suicides and how does that relate to the age group and population at large.''

'A common background event'

Adding to the confusion of how to determine the possibility that a drug can cause suicidal thinking or action is the fact that suicide and suicidal thinking is, sadly, fairly common in the United States. Suicide is the fourth leading cause of death for adults between the ages of 18 and 65, according to the most recent data from the National Center for Health Statistics, accounting for about 26,500 deaths in that age group in 2005. For those ages 15 to 24, suicide is the third leading cause of death.

For all ages, suicide rates increased just under 1 percent between 2000 and 2005, but children and young adults ages 10 to 24 experienced an 8 percent increase between 2000 and 2004, following a decrease in the 15 years prior to 2000, according to the Centers for Disease Control and Prevention in Atlanta. Ileana Arias, head of the CDC's National Center for Injury Prevention and Control, says the agency doesn't have an explanation for the increase.

"What makes this so difficult is that suicidal thinking is a common background event,'' says Laughren, citing data from the CDC which found that one out of five young adults ages 13 to 19 admits to thinking about suicide.

Experts say recent increases in the reporting of medication side effects may be bringing attention to the issue of drugs possibly linked to suicide, but that doesn't prove a connection.

"Whenever an alert is issued by the FDA, the notice reminds patients and doctors to report side effects to the agency or drug company, and so we are getting more reports, which are then dispatched to health care professionals and consumers. That's a good thing, but it doesn't tell us enough,'' says Michael Cohen, head of the Institute for Safe Medication Practices in Horsham, Pa. "It's only after the reports have been investigated, which takes time, that we can know for sure if a reported side effect is actually related to the drug.''

## The Link Between Substance Abuse and Suicide

http://www.narcononfreedomcenter.org/blog/the-link-between-substance-abuse-and-suicide December 09, 2014

The Link Between Substance Abuse And Suicide. It is a widely documented and proven fact that substance abuse leads to suicide and accidental deaths.

It is a widely documented and proven fact that substance abuse leads to suicide and accidental deaths. Quite simply, the use of any drug substance whether prescription or illicit causes physical changes in the user's body, the impairment of normal body energies and communications, and undesirable mood changes.  There is not a single drug in use today that does not create undesirable side effects, and not a single drug in use today is entirely risk-free.

The FDA requires pharmaceutical companies to place "black box" warning labels on prescription drugs, outlining their dangerous and often deadly side effects.  Labels on antidepressant medications, such as Paxil, Prozac and Zoloft, warn of the increased risk of suicidal tendencies, and labels on the prescription medication Chantix, which is used to treat smoking addiction, warns of the risk of depression, suicidal thoughts and suicidal actions.

Some of the current illegal street drugs were, in fact, prescription drugs at one time in the past – like LSD and MDMA, which were used in analytical psychotherapy.  Other illegal street drugs can be illegally-obtained prescription drugs like Ritalin, Prozac or Oxycontin.

Any addictive drug, including most prescription and all illicit drugs, can cause symptoms of depression or suicidal ideation when the user is experiencing the post-high withdrawal from and severe cravings for that drug.

Use of chemical substances can create a vicious cycle that is seemingly inescapable. An individual may turn to a prescription or illicit drug in order to escape from some undesirable mental or physical situation in their life. The drug's side effects may include depression or suicidal thoughts and tendencies, or it may cause the user to experience other unpleasant side effects that make them want to withdraw from the drug. However, many drugs cause physical and mental cravings and discomforts when withdrawn from, which can further the individual's discomfort and depression. Their solution may be to either obtain more of the drug, continuing the cycle, or to end their apparent permanent suffering by ending their life. Of further concern when studying this dwindling spiral effect is the fact that there are no studies that prove beyond doubt that prescription medications actually treat the condition they are prescribed for, and they simply tend to suppress or mask the symptoms of the condition.

According to the Centers for Disease Control and Prevention, there were 80,000 drug and alcohol overdose deaths in 2010, which includes accidental and intentional self-poisoning with alcohol, prescription or illicit drugs. This is more than double the reported drug and alcohol overdose deaths that occurred in 1999. Approximately 50% of the overdose deaths were due to prescription pharmaceuticals, about three-quarters of which were opioid painkillers like Vicodin and Oxycontin. There were over 200,000 prescription-drug related suicide attempts treated in emergency rooms in 2010, and 33,000 of these attempts were made with opioid painkillers.

With all of the above in mind, it naturally follows that effectively preventing and treating substance abuse will also prevent suicides and accidental deaths. Prevention through drug education and education in life skills that can be used to address problems like stress, discomfort, upsetting situations or relationships and so on have proven very effective. There are also some effective substance abuse treatment programs available. However, substance abuse treatment programs that rely on alternative drugs for their efficacy (like taking morphine to stop heroin addiction) are not proven to be as successful as programs that rely on detoxifying all drugs from the body, educating the individual in the effects of drugs, and arming the individual with workable life tools that can help them address the difficulties that caused them to turn to drugs in the first place.

## FDA Sat on Report Linking Suicide, Drugs

http://antidepressantsfacts.com/2004-04-06-FDA-suicide-children-SSRI.htm December 09, 2014

WASHINGTON — Ten months ago, when concerns arose about a possible link between children taking antidepressant drugs and suicide attempts, senior officials at the ...

Officials ordered more studies after their own expert found children on antidepressants were twice as likely to show suicidal behavior.

Officials ordered more studies after their own expert found children on antidepressants were twice as likely to show suicidal behavior. No Way to Stop 9/11, Rice Says

Clean Water Act Now Protects Some Canals and Ditches Too

When the government scientist filed his report last winter, however, his bosses decided to keep it secret even though it found that children who took the drugs were twice as likely to be involved in serious suicide-related behavior as those who did not.

Instead of revealing the findings, senior FDA officials ordered more studies, which were not expected to be completed until summer. They also squelched plans to have the author, Dr. Andrew Mosholder, present his conclusions to an FDA advisory committee when it took up the issue in February.

And in March, when the agency issued a warning about the possibility of problems for young patients taking the drugs, FDA officials said no conclusive scientific evidence existed on the link between antidepressants and potentially suicidal behavior by children. Officials said they based their action on anecdotal complaints from physicians and families that had been presented to the advisory committee.

They gave no hint that their own chief expert on the subject had examined the results of more than two dozen clinical trials conducted by antidepressant manufacturers, and that he had found an unusually high correlation between their use and potentially suicidal behavior in young patients.

The report still has not been made public, but news of Mosholder's conclusions first surfaced in a CBS News report last week. His findings were detailed in an internal FDA document obtained by the Los Angeles Times and authenticated by government officials.

In defending their decision to hold back Mosholder's report, his superiors questioned the reliability of the data on which he based his conclusions. They suggested drug companies, which manufacture antidepressant drugs and conducted the clinical trials in order to market them, might have been too quick to count some behavior as potentially related to suicide that is, too quick to raise questions about their products.

Among the kinds of actions the officials said should not necessarily have been counted as potentially suicide-related were instances of children who deliberately cut themselves.

Some FDA officials defended the decision to sit on the report and seek more analysis of the data, but some psychiatrists and congressional leaders were angered that the agency had kept Mosholder silent.

"Evidence that they're suppressing a report like this is an outrage, given the public health and safety issues at stake," said Dr. Joseph Glenmullen, a Harvard psychiatrist who wrote a book on problems with the drugs known as serotonin reuptake inhibitors, which alter brain chemistry to manage depression. "They've been claiming that there's no evidence. Here's the evidence."

*

Congress Asks for Data

Senate and House committees have ordered the FDA to hand over documents  such as the ones obtained by The Times  that might illuminate what the agency knew about the possible link between the drugs and suicidal behavior. They specifically asked for any of Mosholder's reports, e-mails, correspondence or notes on pediatric or adolescent antidepressant trials.

These members of Congress are concerned that the FDA may be keeping information from Americans that would help them better assess the possible risks of taking antidepressants or giving them to children.

"It would have been very wrong for the FDA to withhold any information it had about unintended consequences that might result from the use of antidepressants, especially for

children and adolescents," Sen. Charles E. Grassley (R-Iowa), chairman of the Senate Finance Committee, said in a statement.

"The public deserves to know of every possible risk so that family members can closely monitor any changes in behavior," he said.

Suicide is the third leading cause of death in teenagers ages 15 to 19. From 1980 to 1997, the rate of suicide among this group increased by 11%. Suicide is rare but growing among younger children. The suicide rate for those 10 to 14 years old increased by 109% between 1980 and 1997, according to the Centers for Disease Control and Prevention.

Since peaking in the late 1990s, suicide rates appear to be declining among teenagers, but remain a serious problem. Experts say depression is the leading factor in suicide.

Depression affects 1 in every 33 children and 1 in every 8 adolescents, according to the National Mental Health Assn. Although only one antidepressant, Prozac, is explicitly approved by the FDA for children, doctors routinely prescribe others to their young patients, and the use of these drugs by children has been steadily rising.

The antidepressant drugs  Prozac, Zoloft, Paxil, Luvox, Celexa, Lexapro, Effexor, Wellbutrin, Serzone and Remeron  are taken by 30 million Americans, according to some estimates. The first seven are serotonin reuptake inhibitors, and their sales in 2003 exceeded those of any other drug class except the group of painkillers that includes codeine.

An estimated 7% of the Americans taking the medications are children. Drug use is tracked by the number of prescriptions written. A total of 2.7 million antidepressant prescriptions were dispensed for children younger than 12 and 8.1 million were written for adolescents in 2002, according to the FDA, although some individuals received more than one prescription a year.

In studying reports from 28 clinical trials, most of them unpublished and thus not open to public inspection, Mosholder concluded the data showed a "statistically significant" risk of serious suicidal events among children taking the drugs. And he stressed that what he acknowledged were limitations in the data he was analyzing would not change his conclusion.

"Finding a statistical association despite these limitations makes the finding difficult to dismiss," he wrote in one of the documents, which was authenticated by government officials familiar with the document. FDA officials would not comment directly on the documents.

Dr. Robert Temple, associate director for medical policy at the FDA's center for drug evaluation, said Mosholder "thought those data were persuasive just as they were." But his superiors believed that it was "premature" to come to the conclusion that the drugs were linked to suicide, he said.

Temple and other senior FDA officials think that some of the data from the drug companies were flawed because they were based on the firms' own decisions about what constituted serious suicide-related events.

For instance, there were several cases of teenagers who cut themselves but were not planning to kill themselves. Still, those cases were counted as serious suicide-related events by the drug companies; senior FDA officials decided they should not have been counted. The FDA is having suicide experts at Columbia University reexamine the data.

"We would be doing something bad if we made them look like they are more dangerous than they are, just as we would be doing something bad to make them look much less dangerous than they are," Temple said. "It's important to do this right."

Although drug trials have yet to show efficacy for most of the drugs in children, many doctors and patients think that they help depressed kids, FDA officials said.

*

Expert's Results Differ

Mosholder was assigned in June to head up the FDA's assessment of a possible association between Paxil and suicidal behavior in children, but his mandate was broadened to include other antidepressants. By January he had come up with conclusions that did not jibe with the FDA's official position, according to internal FDA e-mails and interviews with FDA officials other than Mosholder.

The FDA's official public position was that there was not adequate data to support a link between antidepressants and possible suicide.

At first, FDA officials had planned to have Mosholder tell the advisory panel about his conclusions. One of the internal documents was a trial question-and-answer session, rehearsing what Mosholder would tell the committee. In italic type, Mosholder was asked questions about his analyses and coached on how he should handle them.

Mosholder's answers, summarizing his findings, appeared in normal type.

Mosholder wrote that trials of eight antidepressant drugs, involving 4,100 pediatric patients, showed 108 suicide-related events  74 on drugs and 34 on placebo.

About a quarter of the events could be classified as serious; and most of the suicide-related events were among children suffering major depressive disorder, not from the other diseases treated with the medications, such as obsessive-compulsive disorder. In these seriously depressed patients, there was one serious suicide-related event per five patient years on the drug, compared with one per 10 patient years on the drug for placebos. Patient years are a statistical measure of the frequency of drug side effects.

Mosholder also wrote that the risk was most evident for paroxetine, or Paxil, and venlafaxin, or Effexor. His findings also suggested that patients should not quickly stop taking the drugs. About a quarter of the suicide-related events on paroxetine occurred within four days of discontinuing the drug, he wrote.

In italics, Mosholder was advised not to give any recommendations to the panel and to acknowledge the limitations of his analyses "relative to the definitive analyses being prepared."

Later, senior officials decided Mosholder should not appear before the advisory committee, and it was not told of his work

During the panel session, FDA officials explained that the Columbia University experts would analyze the data from the drug company trials, and their results would be published this summer.

One of the reasons that some senators and representatives decided to investigate the FDA's approach to regulating antidepressants was that the British government  faced with the same information  took a much more protective action, warning doctors not to prescribe

any of the drugs to children except Prozac, or fluoxetine, according to congressional staffers.

Mosholder wrote that his conclusion "essentially mirrors the conclusions" of the Medicines and Healthcare products Regulatory Agency, the FDA's British counterpart.

Glenmullen said that given Mosholder's findings, the FDA should have given a stronger warning to Americans about the possible risks of using the drugs.

"For the FDA to issue an ambiguous warning when they had unambiguous data like this is an outrage," Glenmullen said. WASHINGTON  Ten months ago, when concerns arose about a possible link between children taking antidepressant drugs and suicide attempts, senior officials at the Food and Drug Administration ordered their leading expert to head up an examination of the evidence.When the government scientist filed his report last winter, however, his bosses decided to keep it secret  even though it found that children who took the drugs were twice as likely to be involved in serious suicide-related behavior as those who did not.Instead of revealing the findings, senior FDA officials ordered more studies, which were not expected to be completed until summer. They also squelched plans to have the author, Dr. Andrew Mosholder, present his conclusions to an FDA advisory committee when it took up the issue in February.And in March, when the agency issued a warning about the possibility of problems for young patients taking the drugs, FDA officials said no conclusive scientific evidence existed on the link between antidepressants and potentially suicidal behavior by children. Officials said they based their action on anecdotal complaints from physicians and families that had been presented to the advisory committee.They gave no hint that their own chief expert on the subject had examined the results of more than two dozen clinical trials conducted by antidepressant manufacturers, and that he had found an unusually high correlation between their use and potentially suicidal behavior in young patients.The report still has not been made public, but news of Mosholder's conclusions first surfaced in a CBS News report last week. His findings were detailed in an internal FDA document obtained by the Los Angeles Times and authenticated by government officials.In defending their decision to hold back Mosholder's report, his superiors questioned the reliability of the data on which he based his conclusions. They suggested drug companies, which manufacture antidepressant drugs and conducted the clinical trials in order to market them, might have been too quick to count some behavior as potentially related to suicide that is, too quick to raise questions about their products.Among the kinds of actions the officials said should not necessarily have been counted as potentially suicide-related were instances of children who deliberately cut themselves.Some FDA officials defended the decision to sit on the report and seek more analysis of the data, but some psychiatrists and congressional leaders were angered that the agency had kept Mosholder silent."Evidence that they're suppressing a report like this is an outrage, given the public health and safety issues at stake," said Dr. Joseph Glenmullen, a Harvard psychiatrist who wrote a book on problems with the drugs known as serotonin reuptake inhibitors, which alter brain chemistry to manage depression. "They've been claiming that there's no evidence. Here's the evidence."Senate and House committees have ordered the FDA to hand over documents such as the ones obtained by The Times  that might illuminate what the agency knew about the possible link between the drugs and suicidal behavior. They specifically asked for any of Mosholder's reports, e-mails, correspondence or notes on pediatric or adolescent antidepressant trials.These members of Congress are concerned that the FDA may be keeping information from Americans that would help them better assess the possible risks of taking antidepressants or giving them to children."It would have been very wrong for the FDA to withhold any information it had about unintended consequences that might result from the use of antidepressants, especially for children and adolescents," Sen. Charles E. Grassley (R-Iowa), chairman of the Senate Finance Committee, said in a statement."The public deserves to know of every possible risk so that family members can closely monitor

any changes in behavior," he said.Suicide is the third leading cause of death in teenagers ages 15 to 19. From 1980 to 1997, the rate of suicide among this group increased by 11%. Suicide is rare but growing among younger children. The suicide rate for those 10 to 14 years old increased by 109% between 1980 and 1997, according to the Centers for Disease Control and Prevention.Since peaking in the late 1990s, suicide rates appear to be declining among teenagers, but remain a serious problem. Experts say depression is the leading factor in suicide.Depression affects 1 in every 33 children and 1 in every 8 adolescents, according to the National Mental Health Assn. Although only one antidepressant, Prozac, is explicitly approved by the FDA for children, doctors routinely prescribe others to their young patients, and the use of these drugs by children has been steadily rising.The antidepressant drugs  Prozac, Zoloft, Paxil, Luvox, Celexa, Lexapro, Effexor, Wellbutrin, Serzone and Remeron  are taken by 30 million Americans, according to some estimates. The first seven are serotonin reuptake inhibitors, and their sales in 2003 exceeded those of any other drug class except the group of painkillers that includes codeine.An estimated 7% of the Americans taking the medications are children. Drug use is tracked by the number of prescriptions written. A total of 2.7 million antidepressant prescriptions were dispensed for children younger than 12 and 8.1 million were written for adolescents in 2002, according to the FDA, although some individuals received more than one prescription a year.In studying reports from 28 clinical trials, most of them unpublished and thus not open to public inspection, Mosholder concluded the data showed a "statistically significant" risk of serious suicidal events among children taking the drugs. And he stressed that what he acknowledged were limitations in the data he was analyzing would not change his conclusion."Finding a statistical association despite these limitations makes the finding difficult to dismiss," he wrote in one of the documents, which was authenticated by government officials familiar with the document. FDA officials would not comment directly on the documents.Dr. Robert Temple, associate director for medical policy at the FDA's center for drug evaluation, said Mosholder "thought those data were persuasive just as they were." But his superiors believed that it was "premature" to come to the conclusion that the drugs were linked to suicide, he said.Temple and other senior FDA officials think that some of the data from the drug companies were flawed because they were based on the firms' own decisions about what constituted serious suicide-related events.For instance, there were several cases of teenagers who cut themselves but were not planning to kill themselves. Still, those cases were counted as serious suicide-related events by the drug companies; senior FDA officials decided they should not have been counted. The FDA is having suicide experts at Columbia University reexamine the data."We would be doing something bad if we made them look like they are more dangerous than they are, just as we would be doing something bad to make them look much less dangerous than they are," Temple said. "It's important to do this right."Although drug trials have yet to show efficacy for most of the drugs in children, many doctors and patients think that they help depressed kids, FDA officials said.Mosholder was assigned in June to head up the FDA's assessment of a possible association between Paxil and suicidal behavior in children, but his mandate was broadened to include other antidepressants. By January he had come up with conclusions that did not jibe with the FDA's official position, according to internal FDA e-mails and interviews with FDA officials other than Mosholder.The FDA's official public position was that there was not adequate data to support a link between antidepressants and possible suicide.At first, FDA officials had planned to have Mosholder tell the advisory panel about his conclusions. One of the internal documents was a trial question-and-answer session, rehearsing what Mosholder would tell the committee. In italic type, Mosholder was asked questions about his analyses and coached on how he should handle them.Mosholder's answers, summarizing his findings, appeared in normal type.Mosholder wrote that trials of eight antidepressant drugs, involving 4,100 pediatric patients, showed 108 suicide-related events  74 on drugs and 34 on placebo.About a quarter of the events could be classified as serious; and most of the suicide-related events were among children suffering major depressive disorder, not from the other diseases treated with the

medications, such as obsessive-compulsive disorder. In these seriously depressed patients, there was one serious suicide-related event per five patient years on the drug, compared with one per 10 patient years on the drug for placebos. Patient years are a statistical measure of the frequency of drug side effects.Mosholder also wrote that the risk was most evident for paroxetine, or Paxil, and venlafaxin, or Effexor. His findings also suggested that patients should not quickly stop taking the drugs. About a quarter of the suicide-related events on paroxetine occurred within four days of discontinuing the drug, he wrote.In italics, Mosholder was advised not to give any recommendations to the panel and to acknowledge the limitations of his analyses "relative to the definitive analyses being prepared."Later, senior officials decided Mosholder should not appear before the advisory committee, and it was not told of his workDuring the panel session, FDA officials explained that the Columbia University experts would analyze the data from the drug company trials, and their results would be published this summer.One of the reasons that some senators and representatives decided to investigate the FDA's approach to regulating antidepressants was that the British government  faced with the same information  took a much more protective action, warning doctors not to prescribe any of the drugs to children except Prozac, or fluoxetine, according to congressional staffers.Mosholder wrote that his conclusion "essentially mirrors the conclusions" of the Medicines and Healthcare products Regulatory Agency, the FDA's British counterpart.Glenmullen said that given Mosholder's findings, the FDA should have given a stronger warning to Americans about the possible risks of using the drugs."For the FDA to issue an ambiguous warning when they had unambiguous data like this is an outrage," Glenmullen said.

Article licensing and reprint options If you want other stories on this topic, search the Archives at latimes.com/archives

## Increased suicide rate in military blamed on conditions other than combat and prescription drug abuse

http://www.naturalnews.com/041740_suicide_rate_military_combat_prescription_drugs.html December 09, 2014

Increased suicide rate in military blamed on conditions other than combat and prescription drug abuse

(NaturalNews) As Natural News has reported in the past, there has been a tragic side effect tied to more than a decade of combat in Iraq and Afghanistan on the U.S. military, and that is the increased instance of suicide.It took the military a while to figure out it had a problem, but once it became apparent, the services launched a number of initiatives aimed at figuring out why so many of America's military men and women are taking their own lives once they rotate back home.In the past, it was thought that successive combat deployments were primarily responsible for the increased number of suicides; the need to keep sizeable forces in two separate theaters of operation meant a high operational tempo, forcing the same units to return to war zones frequently. And with America's all-volunteer force, that meant many of the same soldiers, Marines, sailors and airmen were deployed multiple times.But a new study conducted in conjunction with the Veterans Affairs Puget Sound Health Care System in Seattle found mental disorders, which include alcoholism and depression, were linked to increased risks of suicide among current and former military personnel, while combat exposure and the number of times personnel were deployed were not.Per"It was suspected of course that the stresses of combat exposure would lead to bad outcomes such as suicide," Dr. Edward Boyko, of the VA Puget Sound Health Care System, who worked on the study, told. "We suspected that there would be an association between combat and suicide, given that there's been a reported increase in suicide rates."The study included 151,560 veterans and currently serving personnel who were assessed in three separate waves, beginning in 2001, the year of al Qaeda's 9/11 attack. Every three years

thereafter, study participants took a survey which asked them about their experiences in combat. The assessments included questions about depression, manic-depressive disorder and alcohol abuse and misuse.PerAccording to the data, researchers could find no difference between the risk of suicide among personnel who had been deployed and those who had not. Also, more cumulative days deployed was not tied to a peak in suicide risk. In fact, researchers found that suicides were about as common among study participants of differing military service branches, occupations and ranks.But, the study team wrote in the, male service members were twice as likely to commit suicide as women, an occurrence that is duplicable in the civilian world as well "I don't think (the results) are surprising, in the broader sense," Michael Anestis, a clinical psychologist from the University of Southern Mississippi who has studied suicide in the military, told. "They're saying that the risk factors in soldiers are not that dissimilar to the risk factors in civilians."Earlier we reported that data suggested a dramatic increase in military suicides was linked to multiple concussions suffered by troops involved in successive roadside bombings and other combat actions in Iraq and Afghanistan [ http://www.naturalnews.com ]. But we quantified that by noting previous data at least hinted that other causes - pharmaceutical drug use including anti-depressants - could have played a much larger role than was realized."All of a sudden the likelihood of being suicidal increased dramatically once you had the second head injury," Craig Bryan, who was an Air Force psychologist in Iraq in 2009, said of a study he conducted regarding TBI - traumatic brain injury - and the incidence of suicide.But, asreported in 2011, too much combat exposure and an increase in post-traumatic stress has also led to "and personal financial problems."Many of those prescription medications are dangerous, noted for causing the exact opposite effect of what they were intended to do.

## The mystery of medications linked to suicide

http://www.nbcnews.com/id/24262690/print/1/displaymode/1098/ December 09, 2014

... a cause-and-effect link between Singulair and suicide has not been ... and timeliness of the information consumers receive with their prescription drugs, ...

The mystery of medications linked to suicide

As number of drug warnings rise, investigators search for reasons why

When Kate Miller of Queensbury, N.Y., filled a new allergy drug prescription for her 15-year-old son, Cody, last July, she hoped it would improve his bothersome allergy symptoms. Now, Miller is wondering whether a possible side effect of the drug, Singulair, caused Cody — who she describes as a happy, athletic teenager — to take his own life about a month later.

Miller isn’t alone. Physicians or patients have filed anecdotal reports with drug companies or the Food and Drug Administration on at least six drugs or drug classes that may have been linked to episodes of suicidal thoughts or actions. In just the past few months, the FDA has released several advisory notices to both doctors and the public about drugs linked to suicidal thoughts or actions, including Singulair , epilepsy drugs and the smoking-cessation drug Chantix . Reports have also been filed on antidepressants, the influenza drug Tamiflu and the acne medicine Accutane.

It's a medical quandary that has doctors, drugmakers, federal health officials and patients confused and understandably concerned. Are the links between these medications and the risk of suicide real? And if so, how can drugs that are intended to help people instead potentially prompt them to end their lives?

Experts say there aren't many clear answers but medication links to suicide, if in fact real,

could possibly result from the drug itself, an underlying disease or condition that predisposes someone to depression, or a combination of factors.

"The brain is a complex organ, and most of the drugs are complex as well,'' says Dr. Thomas Laughren, head of the division of psychiatric products at the FDA. "It's not unreasonable to think that a drug that gets into the brain may have effects other than you hope they would have … but in some cases, it's just a background event. That's why it's so important to follow up with an analysis of the clinical trials.''

After concerns were first raised about possible links between antidepressants and suicide about four years ago, the FDA commissioned researcher Kelly Posner, the principal investigator at the Center for Suicide Risk Assessment at Columbia University in New York, to help determine any suicidal risk posed by medications. Her quantitative tools and questionnaires to assess suicide risk are being applied to drugs already on the market and those still in testing.

"We know that whether or not these drugs actually cause suicidal thought or action is a question we have to answer, but up until now, none of the clinical trials for the drugs were set up to address the question,'' says Posner. "Either way we have to get the right answers. It's critical to know about drugs that pose risk, but debunking false notions of risk is equally important to the public health.''

Finding a link can present other issues. This became evident when the FDA, based on a review of antidepressant clinical trials, found a slight increase in suicidal thinking among children and young adults taking antidepressants such as Paxil and Prozac. The rate in those taking antidepressants was 4 percent, twice the rate of those taking a placebo. The information was added to the label of antidepressants within the last few years, pushing many doctors to stop prescribing the drugs for many of their patients.

"Use of antidepressants went down, and the suicide rate went up,'' says Dr. Paula Clayton, medical director of the American Foundation for Suicide Prevention in New York.

The drug? The diagnosis? Neither?

Laughren says the FDA hopes that by using Posner's methods, they may be able to find categories of people who might be at risk for suicide on a particular drug and more carefully determine who should stay clear of the drug and in whom it can safely be prescribed.

At least in theory, there are some possible explanations for why some of the drugs in question might be associated with suicidal thoughts or action, says Jason Noel, director of clinical pharmacy services at Rosewood Center in Owings Mills, Md., a residential facility for people with developmental disabilities. Singulair, for example, has a similar chemical pathway to steroids, which are drugs that can affect behavior and mood.

The FDA is conducting a safety review of Singulair, which is also used to treat asthma, that is expected to take about another eight months. Last week, Kate Miller and her husband, David, met with FDA officials in the office of Congresswoman Kirsten Gillibrand (D-N.Y.), who is pushing to help find answers on Singulair and other drugs that have been linked to suicide.

In the meantime, says Ron Rogers, a spokesperson for Merck, which makes the drug, a cause-and-effect link between Singulair and suicide has not been proven, and patients on the drug who are worried should consult their doctors. "If patients have any concerns about Singulair, the most appropriate course of action to take is to speak with their physician, not to stop taking their medicine," he says. "Each patient's doctor is in the best position to

determine whether or not a person should continue to take the medicine.''

Regarding antidepressants, Laughren and other experts say one possible explanation for the link may be that fatigue is one of the symptoms of depression and that the initial benefit of an antidepressant is increased energy. Improving depression symptoms can take a few weeks, but in the meantime, some patients may use their extra energy to act on their suicidal thoughts.

While some patients can take a drug and have no risk of suicide, in others, chemical factors in the drug combined with specific factors in the patient, or an underlying disease they have, may combine to influence depression or suicidal thinking or behavior, Noel says.Suicidal thoughts in patients taking epilepsy drugs, for example, have been reported in patients on the drugs for epilepsy, depression or other psychiatric conditions, but generally not in patients taking the drug for migraine headaches, for which they are sometimes also prescribed, says Noel.

"In some cases, the conditions being treated, even asthma, can be its own risk factor for suicidal thinking — confounding the impact a drug may have," says Posner. Asthma symptoms can impair daily living, such as being unable to walk far because of difficulty breathing, or having to cart oxygen around. Having your life hampered in this way can make some people with asthma think about suicide, experts say.

When it comes to Chantix,one theory is that the smoking-cessation drug, which works to block the pleasure pathways in the brain that make nicotine so satisfying, also suppresses other types of pleasure and happiness, leading to depression. But at the same time, stopping smoking, the goal for patients taking Chantix, can itself be a risk factor for depression, says Posner, and smoking itself is a risk factor for suicide.

A spokesperson for Pfizer, the maker of Chantix, says the company is continuing to investigate the association between the drug and suicide risk, and urges patients considering Chantix to talk frankly with a doctor about what to expect when getting off cigarettes.

A representative of the Pharmaceutical Research and Manufacturers of America in Washington, D.C., says the trade group is hoping for more answers soon.

"We looked at this with SSRIs [antidepressants] and the other drugs that have received warnings," says Alan Goldhammer, deputy vice president of scientific and regulatory affairs. "We're keenly interested to move forward and better understand what is the number being observed in the case of true suicides and how does that relate to the age group and population at large.''

'A common background event'

Adding to the confusion of how to determine the possibility that a drug can cause suicidal thinking or action is the fact that suicide and suicidal thinking is, sadly, fairly common in the United States. Suicide is the fourth leading cause of death for adults between the ages of 18 and 65, according to the most recent data from the National Center for Health Statistics, accounting for about 26,500 deaths in that age group in 2005. For those ages 15 to 24, suicide is the third leading cause of death.

For all ages, suicide rates increased just under 1 percent between 2000 and 2005, but children and young adults ages 10 to 24 experienced an 8 percent increase between 2000 and 2004, following a decrease in the 15 years prior to 2000, according to the Centers for Disease Control and Prevention in Atlanta. Ileana Arias, head of the CDC's National Center

for Injury Prevention and Control, says the agency doesn't have an explanation for the increase.

"What makes this so difficult is that suicidal thinking is a common background event,'' says Laughren, citing data from the CDC which found that one out of five young adults ages 13 to 19 admits to thinking about suicide.

Experts say recent increases in the reporting of medication side effects may be bringing attention to the issue of drugs possibly linked to suicide, but that doesn't prove a connection.

"Whenever an alert is issued by the FDA, the notice reminds patients and doctors to report side effects to the agency or drug company, and so we are getting more reports, which are then dispatched to health care professionals and consumers. That's a good thing, but it doesn't tell us enough,'' says Michael Cohen, head of the Institute for Safe Medication Practices in Horsham, Pa. "It's only after the reports have been investigated, which takes time, that we can know for sure if a reported side effect is actually related to the drug.''

When a suicide occurs, says Clayton, families and friends look for answers, and because prescription medications are so prevalent, they may well find that their friend or loved one was taking one or more medications and often make the connection. "But that doesn't mean that the drug was a factor in the death,'' Clayton says.

Clayton and other psychiatric experts worry about listing suicidal thinking as a possible side effect on medications because, understandably, patients or their families are likely to see that and decide not to take a drug that could be beneficial for a medical condition.

Insufficient information

While investigators try to sort out the data and reports, family members of people who have committed suicide have said they didn't have enough information when choosing a drug to determine whether it was a safe choice.

Although Cody Miller had no history of depression or suicidal thinking, his mother says that if she had known that Singulair was linked to feelings of sadness, she might not have let him take the drug.

In fact, Merck voluntarily added depression to the drug's label in April 2007, three months before Cody's doctor prescribed the drug, because a number of doctors and patients reported the side effect to the company or the FDA. But Miller says her doctor did not tell them the drug could cause depression, nor was depression listed as a side effect of the drug on the company Web site, which she checked when the drug was first prescribed, and wasn't in the information that came stapled to the prescription from the pharmacy.

Insufficient patient and doctor information on side effects of prescription drugs is hardly a new issue. At a 2002 Congressional hearing, Congressman Bart Stupak (D-Mich.) reported a similar lack of information on the acne drug Accutane that his teenage son B.J. was taking. B.J. killed himself in 1999, after several months on Accutane, and his parents have linked his death with the drug.

At the hearing, Stupak said that in 1998 the FDA publicly noted reports of depression, psychosis and suicidal thoughts and actions with the drug, but a year later when B.J. got the drug their doctor had not informed them of the risk, and the patient information that came with the medication did not include it. A spokesman for Stupak says the congressman is looking into current drugs that have been linked to suicidal thoughts and

actions.

Consumer advocacy groups such as Public Citizen in Washington, D.C., say there can be lags in getting information to consumers about new warnings on drugs. Refill prescriptions don't necessarily highlight new information, and patient information that pharmacies staple to the prescription bag don't always include all necessary information, says Ray Bullman, head of the National Council on Patient Information and Education in Bethesda, Md., which educates consumers and health professionals on safe medication use.

The FDA is looking into the quality and timeliness of the information consumers receive with their prescription drugs, and Congresswoman Gillibrand would like to see a mechanism put in place by the FDA to alert physicians directly whenever a serious drug side effect is announced.

Ask questions, follow up

Medication experts including Cohen, of the Institute for Safe Medication Practices, says that asking whether any medication might cause suicidal thinking or action is a reasonable question when a drug is prescribed, and if the answer is yes, that should be weighed, with your doctors, against the benefits of the drug.

Posner and other experts say a drug should not be dismissed out of hand because it has suicidal thinking and/or behavior as a side effect, without thoroughly discussing the risk-benefit profile of the drug.

Cohen urges family members to monitor children and young adults for behavior changes when any new drug is started and to contact the doctor immediately if they are concerned. He suggests that adults who are taking a drug that has been linked to behavior changes let a friend or family know about the prescription and ask them to stay attuned to any changes.

"Suicide ideation is incredibly common, and is addressable, if needed,'' says Posner. "In almost all cases when you measure the risk against the benefit, it almost always favors treatment with the drug in question for conditions ranging from asthma to depression."

Fran Kritz is a freelance healthcare reporter in Silver Spring, Md., who also writes for the Washington Post and Los Angeles Times.

## Depression drug suicide link challenged › News in Science (ABC Science)

http://www.abc.net.au/science/articles/2006/06/14/1662666.htm December 09, 2014

Newer antidepressant drugs may not raise the risk of suicide as previously suggested, say researchers, who document a drop in suicide rates in the US since the drugs ...

Newer antidepressant drugs may not raise the risk of suicide as previously suggested, say researchers, who document a drop in suicide rates in the US since the drugs were introduced.

Dr Julio Licinio of the University of Miami and colleagues report in the June issue of the journal Public Library of Science Medicine that the new SSRI antidepressants could have saved more than 30,000 lives.

"Our findings certainly suggest that the introduction of SSRIs has contributed to reduction of suicide rates in the United States," says Licinio who did the study while at the University of California Los Angeles.

"However, the findings do not preclude the possibility of increased risk of suicide among small populations of individuals."

Millions of people use SSRIs (selective serotonin reuptake inhibitors), including Pfizer's Zoloft, GlaxoSmithKline's Paxil and the first drug of this type, Eli Lilly's Prozac, or fluoxetine.

The US Food and Drug Administration introduced "black box warnings" on the most popular SSRIs in 2004 after studies in the US and Britain suggested the drugs may raise the risk of suicidality in children and adults.

"Although the current issue concerning antidepressants and suicidality requires further examination, we believe that many more lives have been saved than lost since the advent of these drugs," say Licinio and team.

Suicidality is defined by feelings, thoughts, and behaviours related to suicide, but the researchers say actual deaths caused by suicide are a better measure of whether there is a benefit from antidepressants.

Licinio's team studied federal data to show the US suicide rate held steady for 15 years prior to the introduction of Prozac in 1988, then dropped steadily over 14 years as sales of the antidepressant rose. The research team found the strongest effect among women.

Mathematical modelling of probable suicide rates from 1988 to 2002, based on pre-1988 data, suggests 33,600 fewer people have committed suicide since Prozac hit the market, Licinio says.

The actual suicide rates fluctuated between 12.2 and 13.7 suicides per 100,000 people until 1988, and then gradually fell to the lowest 10.4 per 100,000 in 2000, Licinio's team reports.

During that time prescriptions of fluoxetine ballooned from about 2.5 million in 1988 to more than 33 million in 2002.

In a commentary on the new study, Associate Professor Bernhard Baune and Professor Philippa Hay of James Cook University in Australia say the type of study performed by Lucinio and colleagues cannot prove for certain "whether antidepressants do harm or good at a population level."

But they say that the study "does not support an association between increased suicide and increased fluoxetine prescription rates."

Licinio's team acknowledges there may have been other reasons why the suicide rate declined.

Their research was funded by the National Institutes of Health and the Dana Foundation and did not have any pharmaceutical company funding.

The researchers declare no competing interests. Licinio accepted an offer to consult for Eli Lilly after the research was accepted for publication.

## Senator: Study prescriptions-suicide link

http://www.airforcetimes.com/article/20090723/NEWS/907230323/Senator-Study-prescriptions-suicide-link
December 09, 2014

Senator: Study prescriptions-suicide link. Jul. 23, 2009 - 11:32AM ... said he does not know whether there is a link, but he believes prescription drug use, ...

The Senate on Wednesday ordered an independent study to determine whether an increase in military suicides could be the result of sending troops into combat while they are taking antidepressants or sleeping pills.

Sen. Benjamin Cardin, D-Md., who pushed for the study, said he does not know whether there is a link, but he believes prescription drug use, especially when it is not closely supervised by medical personnel, needs a closer look.

"One thing we should all be concerned about is that there are more and more of our soldiers who are using prescription antidepressant drugs ... and we are not clear as to whether they are under appropriate medical supervision," Cardin said.

The problem, he said, is that some antidepressants "take several weeks before they reach their full potential," and during that time there is a risk of increased suicidal thoughts among 18- to 24-year-olds  an age group that includes many service members.

When people taking antidepressants are deployed, they may not be under close medical supervision, especially if they are in a unit that is on the move in combat, Cardin said.

"Surveys ... have shown that as many as 12 percent of those who are serving in Iraq and 17 percent of those who are serving in Afghanistan are using some form of prescribed antidepressant or sleeping pills," Cardin said. "That would equal 20,000 of our service members."

By voice vote, the Senate approved a Cardin-sponsored amendment to the 2010 defense authorization bill that would order an independent study by the National Institute of Mental Health on the potential relationship between suicide or suicide attempts and the use of antidepressants, anti-anxiety and other behavior-modifying prescription drugs.

That study is expected to take two years. In the meantime, Cardin's amendment also would require a report every June from 2010 through 2015 giving the number and percentages of troops who are serving or have served in Iraq or Afghanistan who had prescriptions for antidepressants or similar drugs.

The reports would not include names or any specifics that would identify the service members, Cardin said. "We protect their individual privacy," he said. "There is no stigma attached at all to this survey."

## Prescription Drugs and Suicide

http://www.overcomedepression.co.uk/prescription-drugs-and-suicide.html December 09, 2014

Prescription drugs help millions of people live their lives each year and in the right hands can be life-saving, but in the hands of a depressed and suicidal person ...

Although there are many different methods of a person taking their own life, suicide by overdose remains in the most common few. To overdose on tablets other than prescription drugs is still very possible but most people do seem to opt for those available on prescription.

The list for this issue might be described as endless as each person will have their own rationale behind their decision to take their life, with some people understanding the roots of the problem whilst others will never be able to comprehend how this is achievable.

One of the most common causes is depression which can develop for many different reasons including an inability in being able to cope, being overcome with negative thoughts

or anxiety, or some even believing that those around them would benefit from their life not existing any longer.

Mental health experts have spent years trying to get to the roots of depression and there are several possible treatments that can help the individual overcome the illness which may include the use of medications, specialised treatments, therapies and often a combination of some or all of these. All of these options have been researched and implemented as methods of overcoming depression and anxiety and also to help in suicide prevention.

The spectrum of prescription drugs that can cause long term damage or be fatal if taken incorrectly is vast with painkillers often being the most commonly seen drug used in suicide attempts.These can work on the body in lots of ways and may not always be fatal but can cause severe long term problems for the suicidal person if they are not successful.

Painkillers are often seen as the best option as people often and sometimes mistakenly believe that they simply cause the person to drift off to sleep and that is all they will know about it. This is not always the case and as mentioned, may cause them problems for the rest of their life if not successful.

When a person is not thinking rationally or is actually experiencing a lot of pain, it is possible that can take an accidental overdose that may be misinterpreted as a suicide attempt.

Taking any drugs in any way other than how it has been prescribed and directed has the potential to cause damage, sometimes unknown to the person. People often falsely believe that they have built up a tolerance to certain drugs and take more than has been prescribed. Perhaps they take a cocktail of drugs to try and overcome their individual problem it might even be that they have mixed the correctly prescribed drugs with alcohol which can be lethal.

Whatever the reason for someoneâs actual suicide, attempted suicide or accidental overdose, prescription drug are dangerous if not taken correctly which is why they are only available on prescription in the first instance.

If you know anyone, or are thinking yourself that you are not safe to manage your prescription drugs or even those available over-the-counter, please do tell someone immediately as you may not be thinking clearly, or might be able to save another personâs life who may otherwise overcome the problem with professional help and input.

As adults we are supposed to be responsible for our own health and be able to take medications safely. The long term side-effects of taking too many medications incorrectly can be catastrophic for health in the event of drug abuse or failed suicide attempts.

You might also like...

## Teen Suicide Risk

http://www.drugs.com/forum/latest-drug-related-news/antidepressants-teen-suicide-risk-21530.html
December 09, 2014

Noting that depression itself elevates suicide ... slow to recognize the link between the drugs and suicidal ... States can put on prescription drugs.

US Orders New Youth Warnings on Antidepressants

Fri Oct 15, 2004 06:10 PM ET

By Lisa Richwine

WASHINGTON (Reuters) - The U.S. government ordered antidepressant makers on Friday to put tough warnings on the drugs to alert doctors, parents and patients the medicines increase risks of suicidal behavior among children and teens.

The Food and Drug Administration said the information, to be written in bold letters and highlighted in a black box, must also state whether the drug has been cleared for use by children. Only Eli Lilly and Co.'s Prozac is FDA-approved for treating pediatric depression.

The new warning labels should appear in the next month or two, the FDA said.

Some mental health groups and drug makers expressed reservations about using a black box, the strongest warning the United States can put on prescription drugs.

Noting that depression itself elevates suicide risk, the American Psychiatric Association worried the boxed warning "may have a chilling effect" for patients who could benefit from the drugs.

"This would put seriously ill patients at great risk," the group said in a statement.

The warning will stress the need to monitor the behavior of youths who start taking the medications. The chances of suicidal behavior appear greater during the first few months of treatment, the FDA said in a statement.

"The new warning language does not prohibit the use of antidepressants in children and adolescents. Rather, it warns of the risk of suicidal (behavior) and encourages prescribers to balance this risk with clinical need," the FDA said.

The warnings will apply to all antidepressants "because the currently available data are not adequate to exclude any single medication from the increased risk," the FDA said.

The agency is developing a pamphlet explaining the safety risks in patient-friendly language for distribution with each antidepressant prescription or refill.

To make sure patients receive the pamphlet, the FDA told manufacturers to devise special packaging that contains only one course of therapy, rather than distributing the drugs in bulk. Patients will get a container sealed by the drug maker with the pamphlet included.

Drug companies will need to convey the information in the black box in television and print advertisements. They also will be forbidden from running "reminder ads" for the drugs that mention the product name but do not explain benefits and risks, FDA officials said.

More than 10 million antidepressant prescriptions were written in 2002 for children ages 1 through 17, the FDA estimates.

In clinical trials of nine antidepressants, none of the more than 4,400 children or teens actually committed suicide. But 4 percent reported suicidal thoughts or behaviors, compared with 2 percent of those who were given a placebo.

In the event of unusual behavior, patients or their parents should contact their physicians, the FDA advised. Treatment should not be abruptly halted, officials said.

The FDA has been criticized for being slow to recognize the link between the drugs and suicidal thoughts and actions. One agency reviewer warned about the danger months ago, but top officials did not acknowledge a connection until September.

The new safeguards closely follow the recommendations of a committee of outside experts that urged the FDA to require prominent warnings.

Top-selling antidepressants include Prozac, Pfizer Inc.'s Zoloft, Wyeth's Effexor and GlaxoSmithKline Plc's Paxil. Prozac also is sold generically under the name fluoxetine.

(Additional reporting by Susan Heavey in Washington and Kim Dixon in Chicago) US Orders New Youth Warnings on Antidepressants

Fri Oct 15, 2004 06:10 PM ET

By Lisa Richwine

WASHINGTON (Reuters) - The U.S. government ordered antidepressant makers on Friday to put tough warnings on the drugs to alert doctors, parents and patients the medicines increase risks of suicidal behavior among children and teens.

The Food and Drug Administration said the information, to be written in bold letters and highlighted in a black box, must also state whether the drug has been cleared for use by children. Only Eli Lilly and Co.'s Prozac is FDA-approved for treating pediatric depression.

The new warning labels should appear in the next month or two, the FDA said.

Some mental health groups and drug makers expressed reservations about using a black box, the strongest warning the United States can put on prescription drugs.

Noting that depression itself elevates suicide risk, the American Psychiatric Association worried the boxed warning "may have a chilling effect" for patients who could benefit from the drugs.

"This would put seriously ill patients at great risk," the group said in a statement.

The warning will stress the need to monitor the behavior of youths who start taking the medications. The chances of suicidal behavior appear greater during the first few months of treatment, the FDA said in a statement.

"The new warning language does not prohibit the use of antidepressants in children and adolescents. Rather, it warns of the risk of suicidal (behavior) and encourages prescribers to balance this risk with clinical need," the FDA said.

The warnings will apply to all antidepressants "because the currently available data are not adequate to exclude any single medication from the increased risk," the FDA said.

The agency is developing a pamphlet explaining the safety risks in patient-friendly language for distribution with each antidepressant prescription or refill.

To make sure patients receive the pamphlet, the FDA told manufacturers to devise special packaging that contains only one course of therapy, rather than distributing the drugs in bulk. Patients will get a container sealed by the drug maker with the pamphlet included.

Drug companies will need to convey the information in the black box in television and print advertisements. They also will be forbidden from running "reminder ads" for the drugs that mention the product name but do not explain benefits and risks, FDA officials said.

More than 10 million antidepressant prescriptions were written in 2002 for children ages 1 through 17, the FDA estimates.

In clinical trials of nine antidepressants, none of the more than 4,400 children or teens actually committed suicide. But 4 percent reported suicidal thoughts or behaviors, compared with 2 percent of those who were given a placebo.

In the event of unusual behavior, patients or their parents should contact their physicians, the FDA advised. Treatment should not be abruptly halted, officials said.

The FDA has been criticized for being slow to recognize the link between the drugs and suicidal thoughts and actions. One agency reviewer warned about the danger months ago, but top officials did not acknowledge a connection until September.

The new safeguards closely follow the recommendations of a committee of outside experts that urged the FDA to require prominent warnings.

Top-selling antidepressants include Prozac, Pfizer Inc.'s Zoloft, Wyeth's Effexor and GlaxoSmithKline Plc's Paxil. Prozac also is sold generically under the name fluoxetine.

(Additional reporting by Susan Heavey in Washington and Kim Dixon in Chicago)

Medications is just an easy way to get out of depression but for awhile and will still be there. And when you take meds, still be seeking for more just to get out of misery. Years had past when this thread has been posted and I could say that until now this has till been also a problem by most teen they thought that everything can be cured by medicine alone but not at all. Some survive but there are another complication arises.

Medications is just an easy way to get out of depression but for awhile and will still be there. And when you take meds, still be seeking for more just to get out of misery. Last edited by ddcmod; 04-24-2012 at . My thoughts exactly. Not every person is the same and not everyone with depression can be cured by medication. I agree with amaliajiff that everyone person is not same and their reason for depression will not be same.so how can they treat depression with medication.you should know that how to solve a depression problem. « day 5 changing from methadone to subutex help needed | Diabetes Type 2...Anybody taking Byetta » You may not post new threads You may not post replies You may not post attachments You may not edit your posts

## Government Addresses Suicides Without Looking at Suicide-Linked Drugs

http://www.getoffmeds.com/2012/09/14/government-addresses-suicides-without-looking-at-suicide-linked-drugs/ December 09, 2014

International Drug Abuse; Prescription and ... reports link antidepressants to suicide, ... the still-in-use malaria drug Lariam, are also linked to suicide.

It would be laughable if it weren’t tragic. This week Surgeon General Regina Benjamin introduced a plan to stem the nation’s growing suicide rate without addressing the nation’s growing use of suicide-linked drugs.

Antidepressants like Prozac and Paxil, antipsychotics like Seroquel and Zyprexa and anti-seizure drugs like Lyrica and Neurontin are all linked to suicide in published reports and in FDA warnings. (Almost 5,000 newspaper reports link antidepressants to suicide, homicide and bizarre behavior.) Asthma drugs like Singulair, antismoking drugs like Chantix, acne drugs like Accutane and the still-in-use malaria drug Lariam, are also linked to suicide.

The US’s suicide rate has risen to 38,000 a year, says USA Today, after falling in the 1990s. The rise correlates with the debut of direct-to-consumer drug advertising in the late 1990s,

the approval of many drugs with suicide links and more people taking psychoactive drugs for lifestyle problems.

Dr. Benjamin announced that federal grants totaling $55 million will save 20,000 lives in the next five years through suicide hotlines, more mental health workers in the VA, better depression screening and Facebook tracking of suicidal messages. Nowhere, including in the suicide-racked military, does she suggest looking at the overmedication which has gone hand-in-hand with the deaths. And on which the government is spending a lot more than $55 million.

Suicide increased more than 150 percent in the Army and more than 50 percent in the Marine Corps between 2001 to 2009, reported Military Times displaying graphs of the suicide and prescription drug increases, in a print edition, that are similar enough to be laid over one another. One in six service members was on a psychoactive drug in 2010 and "many troops are taking more than one kind, mixing

several pills in daily 'cocktails' for example, an antidepressant with an antipsychotic to prevent nightmares, plus an anti-epileptic to reduce headaches–despite minimal clinical research testing such combinations," said Military Times.

Eighty-nine percent of troops with posttraumatic stress disorder (PTSD) are now given psychoactive drugs and between 2005 and 2009, half of all TRICARE (the military health plan) prescriptions for people between 18 and 34 were for antidepressants. During the same time period, epilepsy drugs like Topamax and Neurontin, increasingly given off-label for mental conditions, increased 56 percent, reports Military Times. In 2008, 578,000 epilepsy pills and 89,000 antipsychotics were prescribed to deploying troops. What?

Nor is the suicide rate going down as troops withdraw from Iraq and Afghanistan. In July, 2012, there were 38 Army suicides says USA Today and in July of 2011, there were 32. According to the Army's in-depth Health Promotion, Risk Reduction and Suicide Prevention Report in 2010, 36 percent of the troops who killed themselves had never even deployed.

Why are such drugs, which affect reaction time, motor skills, coordination, attention and memory even allowed during active duty? And why are they prescribed to soldiers who are at the exact age–young adults–that is most at risk for suicide according to warning labels?

Nor are troops the only cash cows for Big Pharma. One in four women are on psychoactive drugs according to published reports and millions of children are on psychoactive drugs, especially poor children and those with disability status.

When the FDA first put suicide warnings on antidepressants for young people in the mid 2000s, Big Pharma linked psychiatrists like Charles Nemeroff argued that suicides would go up if doctors and patients were scared off by the black box warnings. Though the argument was absurd–is the nation fat because fen-phen was withdrawn?–the theory got play in the mainstream and medical press until it was proven wrong.

Yet as the Surgeon General and HHS proved this week, the government is still in denial about suicide and the elephant in the room called Big Pharma. Instead of spending millions on counselors, crisis lines, and "awareness campaigns" why doesn't it look at the millions it's spending on suicide-linked drugs?

More information about overmedication of troops and suicide-linked drugs is found in Martha Rosenberg's recently published Born With A Junk Food Deficiency: How Flaks, Quacks and Hacks Pimp The Public Health.

Martha Rosenberg's  is an investigative health reporter. Her first book, Born With a Junk Food Deficiency: How Flaks, Quacks, and Hacks Pimp the Public Health , has just been released by Prometheus books.

## Suicide Rates Overtake Car Accident Rates

http://articles.mercola.com/sites/articles/archive/2012/10/11/suicide-and-poisoning-rate-increased.aspx
December 09, 2014

The primary risk factor for suicide is depression in combination with substance abuse, and this could include alcohol, illicit drugs, and prescription drugs.

A recent report on causes of death shows that suicide has now overtaken traffic accidents as the leading cause of injury-related death in the US. One reason for that is because car accident occurrences are down. But even so, the rate of suicide rose by an unhealthy 15 percent between 2000 and 2009, and poisoning (the number one cause of which is prescription drugs) rose by a whopping 128 percent. Fatal prescription drug overdoses surpassed car crashes as the leading cause of accidental death in 2007, according to the Department of Health. Many of the overdoses (36 percent) involve prescription opioid painkillers, which were actually the cause of more overdose deaths than heroin and cocaine combined. Some authorities believe many of these drug poisonings may actually be intentional suicides, even though they may have been classified as accidental. According to the study's author: "Suicides are terribly undercounted; I think the problem is much worse than official data would lead us to believe. There may be 20 percent or more unrecognized suicides." If his estimation is correct, we may be looking at upwards of a 35 percent rise in suicide between the years of 2000-2009... It's estimated that a person commits suicide every 15 minutes in the United States. For each of these suicide deaths, an estimated 8-25 people made suicide attempts.1 Taken together, the latest preliminary 2010 data from the U.S. Centers for Disease Control and Prevention (CDC) lists intentional self-harm, or suicide, as the 10th leading cause of all death in the United States. Whatever means they use to commit suicide, the rapid increase of people reaching that level of desperation leave us wondering: Why? There's clearly evidence suggesting that economic recessions and financial hardships can be a significant contributing factor.2 According to the Center for Disease Control and Prevention (CDC), suicide rates tend to rise and fall along with recessions and economic booms. For example, during the 1932 Great Depression, as many as 22 people per 100,000 committed suicide. The current economic collapse has also led to a well-documented rash of suicides across Europe. According to the New York Times:3 "Especially in the most fragile nations like Greece, Ireland and Italy, small-business owners and entrepreneurs are increasingly taking their own lives in a phenomenon some European newspapers have started calling 'suicide by economic crisis.' ...In Greece, the suicide rate among men increased more than 24 percent from 2007 to 2009, government statistics show. In Ireland during the same period, suicides among men rose more than 16 percent. In Italy, suicides motivated by economic difficulties have increased 52 percent, to 187 in 2010 – the most recent year for which statistics were available – from 123 in 2005. ...In Ireland, the phenomenon has been linked to what some therapists call Celtic Tiger depression, the period after 2008 characterized by an influx of middle-aged male patients who complained about sleeplessness and a lack of appetite in the aftermath of that nation's destructive boom-and-bust real estate market." As one person is quoted as saying in the New York Times, people don't kill themselves because they have debts, rather it's a combination of factors that lead to desperation. If you have a family history of suicide, have been exposed to suicidal behavior (such as from other family members or friends) or have suffered/witnessed physical or sexual abuse or domestic violence, your risk of suicidal behavior increases. However, the primary risk factor for suicide is depression in combination with substance abuse, and this could include alcohol, illicit drugs, and prescription drugs. It's estimated that more than 90 percent of those who end up taking

their own lives fit into this category.4 Another important factor that cannot be overlooked is poor health, which can stretch already strained finances, family and living conditions to the very limit. And then there's the factor of taking too many different drugs simultaneously. While this certainly increases your risk of accidental overdose, polypharmacy in and of itself can have a devastating effect on both physical and mental health, including increased risk of depression, physical accidents like falls, and/or self-harm, along with symptoms that may otherwise exacerbate depression. Common signs and symptoms that may be indicative of a detrimental interaction between two or more drugs include: Depression or lack of interest in your usual activities Antidepressants May Be Fueling the Problem Sadly, the knee-jerk conventional treatment for depression and suicidal tendencies is almost exclusively prescription antidepressants. Every year, more than 253 million prescriptions for antidepressants are filled in the United States, making them the second most prescribed drug class in the United States (second only to cholesterol-lowering drugs).5 But how effective are antidepressants in alleviating the symptoms of depression? Studies have repeatedly demonstrated that antidepressants are no more effective than a placebo, and in some case less effective. A study published in the January 2010 issue of JAMA concluded there is little evidence that SSRIs (a popular group of antidepressants that includes Prozac, Paxil, and Zoloft) have any benefit to people with mild to moderate depression.6 "The magnitude of benefit of antidepressant medication compared with placebo... may be minimal or nonexistent, on average, in patients with mild or moderate symptoms." SSRIs were found to be 33 percent effective, just like a sugar pill – but with far more adverse effects, including violence and suicidal thoughts and actions. Exercise actually outperforms antidepressants, but many still overlook this option. There is much evidence that antidepressants intensify violent thoughts and behaviors, both suicidal and homicidal, especially among children. And, since the late 1980s, there have been frequent reports of increased violent behavior, including homicides and suicides, among individuals taking antidepressant drugs. Add to this a faltering economy and many literally feeling like they're "fighting for their livelihoods" and the safety of their family, and the use of antidepressants may very well be pushing people over the edge rather than keeping them from it... It all depends on how you react to them. Red Flags: Is Someone You Know Teetering on the Edge? If someone close to you has recently endured a hardship, or you have noticed a change in their behavior, how can you tell when ordinary stress or sadness has progressed to a potentially suicidal level? Besides straightforward or "sideways" comments about not wanting to live any longer, some of the red flags that a person has a high risk for self-harm include: No plan for the future If you think someone is suicidal, do not leave him or her alone. Most suicide attempts are expressions of extreme distress, not harmless bids for attention. A person who appears suicidal needs immediate professional help. Help the person to seek immediate assistance from their doctor or the nearest hospital emergency room, or call 911. Eliminate access to firearms or other potential suicide aids, including unsupervised access to medications. Are You, or Someone You Know Currently Struggling With Depression or Feeling Suicidal? If you are feeling desperate or have any thoughts of suicide, call the National Suicide Prevention Lifeline, a toll-free number 1-800-273-TALK (8255), or call 911, or simply go to your nearest Hospital Emergency Department. I know firsthand that depression and suicide is devastating. It takes a toll on the healthiest of families and can destroy lifelong friendships. Few things are harder in life than losing someone you love, especially to suicide. It's impossible to impart the will to live to somebody who no longer possesses it. No amount of logic, reasoning, or reminders about all they have to live for will put a smile back on the face of a loved one who is seriously contemplating suicide. If you are currently the one struggling in a dark place, realize that oftentimes you cannot change your circumstances. You can, however, change your response to them. I encourage you to be balanced in your life. Don't ignore your body's warning signs that something needs to change. Sometimes people are so busy taking care of everybody else that they lose sight of taking care of themselves. Know that it's okay to take care of yourself. Putting yourself last is a serious mistake, as you need to find ways to

"refill" and replenish your own energy stores or else you'll eventually burn out. There really are no easy answers – especially when the troubles are related to crumbling finances, joblessness, or tumultuous family and living situations. So many seem to be suffering these days; emotional and mental pain really is epidemic. Knowing that others are suffering as well can be helpful to a degree, but overall, it may only add to the sum total of ones misery and adding to the feeling that there's no hope... One of the most effective ways of being supportive is perhaps to simply allow yourself to reach out and try to truly connect with the person who is suffering – even if it's a virtual stranger. Sometimes, having someone look you in the eye and asking you how you are, really meaning it, can be the lifeline needed in that moment... You can't make long-term plans for lifestyle changes when you are in a crisis, so clearly, the following recommendations are not meant to get you out of an acute situation. Rather, I invite you to take these lifestyle recommendations to heart as a preventive measure, before depression and other troubles set in. Optimizing your health may actually be one of the most important things you can do to help you make it safely through financially hard times, as faltering health in combination with poverty can lead even the most level-headed people to the limit of what they can endure. My top tips to support positive mental health are as follows: Energy psychology is one of the most powerful tools for resolving emotional issues – specifically a technique called EFT. For serious problems like depression you do NOT want to perform EFT on yourself, you need to seek guidance from a skilled professional, ideally someone who is also trained in conventional methods. The effectiveness of any energy psychology technique will be significantly improved if you combine it with the tips that follow. Dramatically decrease your consumption of sugar (particularly fructose), grains, and processed foods. (In addition to being high in sugar and grains, processed foods also contain a variety of additives that can affect your brain function and mental state, especially artificial sweeteners.) Adequate vitamin B12. Vitamin B12 deficiency can contribute to depression and affects one in four people. Optimize your vitamin D levels, ideally through regular sun exposure. Vitamin D is very important for your mood. One study found that people with the lowest levels of vitamin D were 11 times more prone to be depressed than those who had normal levels. The best way to get vitamin D is through exposure to SUNSHINE, not swallowing a capsule. Remember, SAD (Seasonal Affective Disorder) is a type of depression that we know is related to sunshine deficiency, so it would make sense that the perfect way to optimize your vitamin D is through sun exposure, or a safe tanning bed if you don't have regular access to the sun. Get plenty of high quality animal-based omega-3 fats. Omega-3 fats are crucial for optimal brain function and mental health, and most people don't get enough from diet alone. So make sure you take a high-quality omega-3 fat, such as krill oil. Evaluate your salt intake. Sodium deficiency actually creates symptoms that are very much like those of depression. Make sure you do NOT use processed salt (regular table salt) however. You'll want to use an all natural, unprocessed salt like Himalayan salt, which contains more than 80 different micronutrients. Adequate daily exercise. Exercise is one of the best-kept secrets to preventing and treating depression. Make sure your cholesterol levels aren't too low for optimal mental health. I have been educating the public about the underreported, adverse effects associated with lowering cholesterol through drugs like statins for many years, but what many still do not know is that low cholesterol is linked to dramatically increased rates of suicide and parasuicide, as well as aggression towards others. This increased expression of violence towards self and others may be due to the fact that low membrane cholesterol decreases the number of serotonin receptors in the brain (which is approximately 30% cholesterol by weight). Lower serum cholesterol concentrations therefore may contribute to decreasing brain serotonin, which not only contributes to suicidal-associated depression, but prevents the suppression of aggressive behavior and violence towards self and others.7

This week we launch Fluoride Awareness Week. We set aside an entire week dedicated to ending the practice of fluoridation. There's no doubt about it: fluoride should not be ingested. Even scientists from the EPA's National Health and Environmental Effects

Research Laboratory have classified fluoride as a "chemical having substantial evidence of developmental neurotoxicity." Furthermore, according to the Centers for Disease Control and Prevention (CDC), 41 percent of American adolescents now have dental fluorosis—unattractive discoloration and mottling of the teeth that indicate overexposure to fluoride. Clearly, children are being overexposed, and their health and development put in jeopardy. Why? The only real solution is to stop the archaic practice of water fluoridation in the first place. Fortunately, the Fluoride Action Network has a game plan to END water fluoridation worldwide. Clean pure water is a prerequisite to optimal health. Industrial chemicals, drugs, and other toxic additives really have no place in our water supplies. So, please, protect your drinking water and support the fluoride-free movement by making a tax-deductible donation to the Fluoride Action Network today. Internet Resources Where You Can Learn More I encourage you to visit the website of the Fluoride Action Network (FAN) and visit the links below: Like FAN on Facebook, follow on Twitter, and sign up for campaign alerts. 10 Facts About Fluoride: Attorney Michael Connett summarizes 10 basic facts about fluoride that should be considered in any discussion about whether to fluoridate water. Also see 10 Facts Handout (PDF). 50 Reasons to Oppose Fluoridation: Learn why fluoridation is a bad medical practice that is unnecessary and ineffective. Download PDF. Health Effects Database: FAN's database sets forth the scientific basis for concerns regarding the safety and effectiveness of ingesting fluorides. They also have a Study Tracker with the most up-to-date and comprehensive source for studies on fluoride's effects on human health. Together, Let's Help FAN Get to the Finish Line This is the week we can get FAN the funding it deserves. I have found few NGOs as effective, and none as efficient, as FAN. Its small team has led the charge to end fluoridation and will continue to do so with our help! So I am stepping up with the challenge. For the fourth year in a row, I will match the funds you give. This year, I believe a $25,000 match is the right thing to do. Please give, and all dollars received up to $25,000 will be matched by Natural Health Research Foundation, which I founded. On Sunday, December 14th at 5pm (EST), the entire Fluoride Action Network team will be featured on this month's International Fluoride Free Teleconference. The call is free and will provide a year-in-review of the fluoride issue, as well as provide an opportunity for supporters to ask the FAN team questions. So please register today to interact with fellow campaigners from around the world and have your questions about fluoride answered by the experts. Also please watch the documentary Professional Perspectives on Water Fluoridation from now until December 19th, that outlines the science behind fluoridation and the effects it has had on entire generations, a select panel of experts show conclusively why there is no logical or rational reason to continue fluoridating our water supply.

This week we launch Fluoride Awareness Week. We set aside an entire week dedicated to ending the practice of fluoridation. There's no doubt about it: fluoride should not be ingested. Even scientists from the EPA's National Health and Environmental Effects Research Laboratory have classified fluoride as a "chemical having substantial evidence of developmental neurotoxicity." Furthermore, according to the Centers for Disease Control and Prevention (CDC), 41 percent of American adolescents now have dental fluorosis—unattractive discoloration and mottling of the teeth that indicate overexposure to fluoride. Clearly, children are being overexposed, and their health and development put in jeopardy. Why? The only real solution is to stop the archaic practice of water fluoridation in the first place. Fortunately, the Fluoride Action Network has a game plan to END water fluoridation worldwide. Clean pure water is a prerequisite to optimal health. Industrial chemicals, drugs, and other toxic additives really have no place in our water supplies. So, please, protect your drinking water and support the fluoride-free movement by making a tax-deductible donation to the Fluoride Action Network today. Internet Resources Where You Can Learn More I encourage you to visit the website of the Fluoride Action Network (FAN) and visit the links below: Like FAN on Facebook, follow on Twitter, and sign up for campaign alerts. 10 Facts About Fluoride: Attorney Michael Connett summarizes 10 basic facts about fluoride

that should be considered in any discussion about whether to fluoridate water. Also see 10 Facts Handout (PDF). 50 Reasons to Oppose Fluoridation: Learn why fluoridation is a bad medical practice that is unnecessary and ineffective. Download PDF. Health Effects Database: FAN's database sets forth the scientific basis for concerns regarding the safety and effectiveness of ingesting fluorides. They also have a Study Tracker with the most up-to-date and comprehensive source for studies on fluoride's effects on human health. Together, Let's Help FAN Get to the Finish Line This is the week we can get FAN the funding it deserves. I have found few NGOs as effective, and none as efficient, as FAN. Its small team has led the charge to end fluoridation and will continue to do so with our help! So I am stepping up with the challenge. For the fourth year in a row, I will match the funds you give. This year, I believe a $25,000 match is the right thing to do. Please give, and all dollars received up to $25,000 will be matched by Natural Health Research Foundation, which I founded. On Sunday, December 14th at 5pm (EST), the entire Fluoride Action Network team will be featured on this month's International Fluoride Free Teleconference. The call is free and will provide a year-in-review of the fluoride issue, as well as provide an opportunity for supporters to ask the FAN team questions. So please register today to interact with fellow campaigners from around the world and have your questions about fluoride answered by the experts. Also please watch the documentary Professional Perspectives on Water Fluoridation from now until December 19th, that outlines the science behind fluoridation and the effects it has had on entire generations, a select panel of experts show conclusively why there is no logical or rational reason to continue fluoridating our water supply.

## InsidersHealth.com

http://www.insidershealth.com/article/suicide_linked_to_popular_asthma_and_allergy_drug/1176 December 09, 2014

An InsidersHealth.com article regarding allergies - Suicide Linked to Popular Asthma and Allergy Drug by Sylvia Anderson. Do you suffer from allergies or asthma? If ...

Do you suffer from allergies or asthma? If so, you may have heard of the prescription drug, Singulair. You may have even taken the drug to address your asthma or allergy issues, or know someone who does. If so, you'll definitely want to keep reading. The Food and Drug Administration (FDA) has announced that they will be conducting an investigation examining a link between suicide and Singulair. Read on to learn more . . .

Do you suffer from allergies or asthma? If so, you may have heard of the prescription drug, Singulair. You may have even taken the drug to address your asthma or allergy issues, or know someone who does - such as a child, grandchild or friend.

If so, you'll definitely want to keep reading. The Food and Drug Administration (FDA) has announced that they will be conducting an investigation examining a link between suicide and Singulair, which is manufactured by the drug company, Merck.

Apparently there have been concerns surrounding behavioral issues that have developed with this drug over the past year.

So – how could this happen?

According to Susan Cruzan, an FDA spokesperson, suicides of four people who were taking Singulair prompted Merck to put suicide warnings on their labels informing patients in October 2007. Prior to this, Merck had updated the drug's label to include warnings of tremors, depression and anxiety.

One of the suicides was 15 year old Cody Miller of New York. In 2007, he switched from

another allergy medicine to Singulair.

The FDA is prompted to take a better look into a drug when that company updates their own warning labels. "We are going back to review all of the data to determine whether there is a cause-and-effect relationship," said Cruzan.

According to Ronald Rogers, who is a spokesperson for Merck, the company did update its labels as a precaution after receiving reports of suicide among consumers that were taking this drug. However, it cannot be determined whether there really is a link between this drug and suicide.

Will Singulair be taken off the market?

Singulair has helped many people in their fight against seasonal allergies and asthma. Therefore, neither the FDA nor Merck are recommending that patients stop using Singulair at this time. Doctors also do not feel there is a cause for concern. However, if you experience a change in your behavior or feelings, tell your doctor immediately. Never stop a medication without consulting your doctor first, as these feelings could become worse.

If you have had a bad reaction to a drug, there is a place on the FDA website where you can post your experience.

"We have hundreds of children on Singulair and have never heard parents make complaints about psychiatric side effects," said Leslie Hendeles, professor of pharmacy and pediatrics at the University of Florida Colleges of Pharmacy and Medicine. "Moreover, there is no mechanism for this reaction . . . we will be telling our patients not to worry about this."

How popular is Singulair?

Singulair is a multi-billion dollar drug. IMS Health, which is a website that tracks the sales of drugs, reported that 28 million prescriptions were filled for Singulair in 2006. The generic drug, montelukast sodium, increased sales to $3.4 billion last year. This is up from $3.0 billion in 2006.

Could other drugs have the same effect?

The FDA has been taking an increased interest in suicide and drug use as of late and more drugs are being linked to suicide all the time. Since January, the FDA has asked makers of drugs for depression, obesity and epilepsy to include suicide in their clinical trial reports. Sadly, now this warning is starting to extend out to other drugs as well.

Obviously such action is alarming and tragic for those expecting to feel better with their medicine, only to consider ending their lives because of another unrelated condition. More needs to be done for these patients in terms of warnings of side effects, and the FDA is looking to make sure that happens.

In the meantime, if you or someone you know is taking Singulair, you might want to discuss all possible options with your family physician, including any all-natural remedies such as the following:

• Butterbur, a shrub that has been used to treat headaches, has anti-inflammatory properties that decrease histamine and other chemicals released by the immune system when an allergic reaction takes place. Also known as Exwort and bog rhubarb, butterbur is available in teas, extracts and pills.

• Another homeopathic remedy to consider is grapeseed extract, a natural antioxidant with additional antihistamine effects that can be consumed in liquid or capsule form.

• Licorice root has been used for centuries to cure allergies. It encourages the adrenal glands to produce hormones that fight allergens and reduce inflammation throughout the body. Licorice root is most commonly served in hot tea.

• Capsicum is an herb that is rich in Vitamin C and Quercetin, a natural antihistamine. Capsicum has been proven to aid in the reduction of allergy effects and is often taken in capsule form.

• Coenzyme Q-10 is a great overall supplement that has many health benefits. It works to boost immunity and works as an antihistamine. It is most commonly taken in a tablet form.

• Quercetin is a popular bioflavonoid that is used to treat allergies. It helps to reduce inflammation and prevents cells from dumping their allergy symptom fluids into the blood stream. Quercetin is taken as a supplement, but is also commonly found in blue-green algae.

• Stinging nettle is a time-honored herb that has been used to treat allergies in both children and adults. It is available as dried leaves, teas, root tinctures and capsules for addition into the daily diet. There are some side effects, so pregnant women in particular should not take stinging nettle.

Luckily, there are options besides prescription medications such as Singulair. Again, it’s always best to talk to your doctor before drastically changing any medications you are currently taking.

If you have had a bad reaction to a drug, you can report it on the FDA website here: http://www.fda.gov/opacom/backgrounders/problem.html

## No Antidepressant Link?

http://www.webmd.com/mental-health/news/20061101/child-suicide-no-antidepressant-link?page=%0d%0a%09%09%09%09%09%09%09%09%091 December 09, 2014

Get information and reviews on prescription drugs ... Gibbons is quick to add that the study merely points to a link between decreased child suicide rates ...

Study Links Low Child Suicide Rate to High Overall Antidepressant Use

Nov. 1, 2006 -- A new study questions whether giving antidepressant drugs to children really increases their risk of suicide.

The FDA in 2004 put its strongest warning label -- the "black box" -- on antidepressants. It warns that children and teens who take the medications may be at higher risk of suicide.

A new study questions whether this warning is needed for the class of antidepressants known as selective serotonin uptake inhibitors (SSRIs). SSRI drugs include Prozac, Celexa, Zoloft, and Paxil.

The study's methods are controversial. It doesn't look at whether children who did or didn't kill themselves actually took antidepressants. It simply looks at the number of SSRI prescriptions written for every outpatient -- regardless of age -- in every county in the U.S. Then it compares this prescription rate to the number of child suicides in each county.

The result: There are fewer suicides among children aged 5-14 in U.S. counties where doctors prescribe the most antidepressants. An earlier study showed the same is true for adults.

It's not proof. But it's reassuring all the same, says study researcher Robert D. Gibbons, PhD, professor of psychiatry and director of the Center for Health Statistics at the University of Illinois at Chicago.

"In the general population, there is not an increase in suicide completions in children as you go to higher and higher levels of exposure to SSRIs," Gibbons tells WebMD. "In fact, you have the opposite relation. It looks as if SSRIs are treating depressiondepression and decreasing the rate of suicide in children."

Gibbons and colleagues report their findings in the November issue of the American Journal of Psychiatry.

Gibbons is quick to add that the study merely points to a link between decreased child suicide rates in U.S. counties with increased rates of antidepressant use. He stresses that the study does not offer any information on whether an antidepressant can cause a particular child to commit suicide.

Psychiatrist Gregory E. Simon, MD, MPH, a researcher at Seattle's Group Health Cooperative, also finds the study reassuring -- especially as other recent studies fail to link antidepressants to suicide.

"These studies don't prove to us that prescribing more antidepressants reduces suicide risk -- but as rates of antidepressant use have gone up, we don't see that rates of suicide have gone up at the same time," Simon tells WebMD. "So there is some reassurance, at least, that we are not creating a big suicide problem by prescribing these drugs."

## Senator: Study prescriptions-suicide link

http://archive.armytimes.com/article/20090723/NEWS/907230323/Senator-Study-prescriptions-suicide-link
December 09, 2014

The Senate on Wednesday ordered an independent study to determine whether an increase in military suicides could be the result of sending troops into combat while ...

The Senate on Wednesday ordered an independent study to determine whether an increase in military suicides could be the result of sending troops into combat while they are taking antidepressants or sleeping pills.

Sen. Benjamin Cardin, D-Md., who pushed for the study, said he does not know whether there is a link, but he believes prescription drug use, especially when it is not closely supervised by medical personnel, needs a closer look.

"One thing we should all be concerned about is that there are more and more of our soldiers who are using prescription antidepressant drugs ... and we are not clear as to whether they are under appropriate medical supervision," Cardin said.

The problem, he said, is that some antidepressants "take several weeks before they reach their full potential," and during that time there is a risk of increased suicidal thoughts among 18- to 24-year-olds  an age group that includes many service members.

When people taking antidepressants are deployed, they may not be under close medical supervision, especially if they are in a unit that is on the move in combat, Cardin said.

"Surveys ... have shown that as many as 12 percent of those who are serving in Iraq and 17 percent of those who are serving in Afghanistan are using some form of prescribed antidepressant or sleeping pills," Cardin said. "That would equal 20,000 of our service members."

By voice vote, the Senate approved a Cardin-sponsored amendment to the 2010 defense authorization bill that would order an independent study by the National Institute of Mental Health on the potential relationship between suicide or suicide attempts and the use of antidepressants, anti-anxiety and other behavior-modifying prescription drugs.

That study is expected to take two years. In the meantime, Cardin's amendment also would require a report every June from 2010 through 2015 giving the number and percentages of troops who are serving or have served in Iraq or Afghanistan who had prescriptions for antidepressants or similar drugs.

The reports would not include names or any specifics that would identify the service members, Cardin said. "We protect their individual privacy," he said. "There is no stigma attached at all to this survey."

## Suicide and Acne: Does Popular Drug Explain Link?

http://www.cbsnews.com/news/suicide-and-acne-does-popular-drug-explain-link/ December 09, 2014

(CBS/AP) Can acne drugs cause suicide? New research suggests that people receiving treatment for severe acne are at higher risk of attempting suicide, but it's ...

Prescription drug abuse is a huge problem in the U.S. The CDC says one in five teens experiments with prescription drugs at some point, and most teens obtain the drugs not from drug dealers or the Internet but from friends and family. Be sure to keep track of all drugs in your home. If you no longer need pills, get rid of them. And pay attention to other substances around the house that have the potential for abuse, including solvents, aerosols, etc. istockphoto

New research suggests that people receiving treatment for severe acne are at higher risk of attempting suicide, but it's unclear whether that's caused by the condition or a commonly prescribed drug.

Scientists at Sweden's Karolinska Institute studied data from nearly 6,000 people who were prescribed the drug, isotretinoin, from 1980 to 1989. They compared the patient information to hospital discharge records and death registers from 1980 to 2000. According to the records, 128 of the people surveyed were admitted to a hospital after a suicide attempt.

Anders Sundstrom and colleagues say "severe acne is not a trivial condition" but emphasize that acne-related suicide attempts are rare. There was about one suicide attempt for every 2,300 people taking the acne drug.

The study was paid for by the Swedish Research Council and was published today in the medical journal BMJ.

## New study links Chantix with suicide and depression

http://www.consumerreports.org/cro/news/2011/11/new-study-links-chantix-with-suicide-and-depression/index.htm December 09, 2014

The popular anti-smoking drug varenicline, which is sold under the brand names Chantix and Champix, is more strongly linked to suicide, suicide attempts, and ...

The popular anti-smoking drug varenicline, which is sold under the brand names Chantix and Champix, is more strongly linked to suicide, suicide attempts, and depression than some other common smoking-cessation aids, according to a study out today in the online medical journal PLoS One.

Researchers looked at adverse drug events reported by doctors, patients, and other people to the Food and Drug Administration's MedWatch database between 1998 and September 2010. It found 2,925 submissions suggesting a connection between varenicline and depression, suicide attempt, and suicide. That compared with 229 reports for bupropion, an antidepressant also used to help people stop smoking that's sold under the brand name Zyban and as a generic; and 95 reports for nicotine-replacement products, which include patches, gum, or lozenges that you can buy over the counter, and prescription nasal sprays or inhalers.

It's difficult to calculate precisely how common the problems are from reports to the MedWatch database, says Thomas Moore, lead author of the report and a senior scientist at the Institute for Safe Medication Practices as well as a paid consultant to Consumer Reports Best Buy Drugs. But estimates suggest less than 10 percent of adverse drug events are reported to the FDA, so the actual number of problems is likely much higher than the amount found in the study.

An announcement last week about two other FDA-supported studies—one from the Department of Veterans Affairs and another from the Department of Defense—appeared to offer reassuring news about varenicline. Neither found a link between the drug and psychosis severe enough to require hospitalization. But the FDA said both studies were too small to detect rare events. So the drug will still carry a black box warning—the strongest warning the FDA can issue—about those risks, which include changes in behavior, hostility, agitation, depressed mood, and suicidal thoughts or actions. And a Medication Guide that details the possible side effects must accompany every varenicline prescription. The FDA has also ordered Pfizer, the manufacturer of Chantix, to conduct a trial focusing on the safety of the drug, though results won't be available until 2017.

Besides those risks, last summer the FDA reported that a 700-person trial found that varenicline might also increase the risk of heart attack and other cardiovascular events in people who have cardiovascular disease.

Bottom line: Although varenicline, as well as bupropion, can help some people quit smoking, our medical consultants continue to suggest trying safer alternatives first. For most people, that means counseling, nicotine-replacement products, or both. Those products are most helpful for the first two to three months of quitting, when the risk of relapse is greatest. Taking them for longer than that should only be done under the supervision of your doctor since there is a risk of becoming addicted to the replacements themselves.

Varenicline and bupropion should generally be considered only if you've tried and failed with other measures. If you do take either drug, stop immediately and contact your doctor if you become agitated, hostile, or depressed, or if you experience changes in behavior or thinking, especially regarding suicide.

For details on other available options, see our advice on how to quit smoking.

Sources

Suicidal Behavior and Depression in Smoking Cessation Treatments [PLoS One]

FDA Drug Safety Communication: Chantix Safety Review: Risks of Psychosis [FDA]

FDA Drug Safety Communication: Chantix May Increase the Rate of Certain Cardiovascular Events [FDA]

These materials are made possible by a grant from the state Attorney General Consumer and Prescriber Education Grant Program, which is funded by the multi-state settlement of consumer-fraud claims regarding the marketing of the prescription drug Neurontin (gabapentin).

## Drug Abuse and Suicide

http://www.teendrugaddiction.com/content/drug-abuse-and-suicide.html December 09, 2014

Substance abuse statistics and suicide stats among teens within the US continue to rise. Coincidence? This article discusses drug abuse and suicide, as well as ...

Substance abuse statistics and suicide stats among teens within the US continue to rise. Coincidence? This article discusses drug abuse and suicide, as well as suicide prevention, teens, sleep, depression, drug abuse, and suicide. Learn about the connection on drugs and suicide today.

In the United States, ninety people take their own lives every day, and yet as often as suicide happens, it is little understood. One thing that has been growing in people's understanding recently, however, is interconnections between drug abuse and suicide. That is the topic of this article.

In 2001, the National Strategy for Suicide Prevention came out. Interestingly, out of 11 goals set to help prevent suicide, three focused on the relationship between substance abuse and suicide. Goal Three called for reducing the sense of stigma for those who receive services for mental health issues, substance abuse, and teen suicide prevention. Goal Seven, pointed out the need for health care providers in the area of substance abuse treatment to be trained in effective suicide prevention practices. Goal Eight encourages links between substance abuse services and mental health services.

Where did this focus on the link between substance abuse and suicide in suicide prevention come from? It came from data. The two greatest risk factors for suicide are mental disorders and substance abuse. The data suggests that up to 90 percent of individuals who take their lives by suicide have either a mental health disorder or a history of substance abuse or the combination. Turning back to the three goals, if the stigma were removed from mental health and substance abuse counseling, more people would be treated and fewer would go on to suicide. If health care providers would changed, they might recognize the incipient signs in their mental health and substance abuse clients of those who might be inclined to commit suicide. If there were links between substance abuse and mental health treatment, there might be better tracking of people and signs of escalating issues leading towards a suicide attempt might have a better chance of being recognized.

These links may be particularly important when speaking of teens. Although substance abuse in teens has long been associated with defiant behavior and poor choices, there is another is another link that fits squarely with the connections outlined above. Some teens respond to depression - probably especially undiagnosed depression - by seeking release from feelings of hopelessness through substance abuse.

This means that what may manifest as "only" substance abuse in a teen may already be due to an underlying mental health issue, and what this means is that from the very onset, the teen in this situation may be more at risk for suicide than one would "expect" from

someone who has tried a drug once or twice. Even when the teen's substance abuse is identified and treated, concerns have been raised that the underlying depression, which is the foundational issue, will not be looked for or recognized or treated.

Reports from researchers in January 2010 revealed that teens who went to sleep earlier were less likely both to become depressed and to have thoughts of suicide. In addition, those teens who averaged five or less hours of sleep each night identified themselves as depressed 71 percent more often and admitted to suicidal thoughts 48 percent more often than their peers who were getting 8 hours of sleep per night.

Put the information about drugs into the mix, and it can be extrapolated (although this has not been shown by research), that the teen who gets enough sleep not to be depressed also is getting enough sleep not to feel the desire to turn to drugs to cope with his or her teen depression, and in this way is avoiding not just one, but two, risk factors for suicide, in addition to avoiding the thoughts of suicide that often accompany consistently reduced sleep for teens.

Depression in Children and Adolescents: A Fact Sheet for Physicians - Written by National Institute of Mental Health (NIMH)

## Painkiller abuse linked to depression, suicide in college students -- ScienceDaily

http://www.sciencedaily.com/releases/2012/06/120611122253.htm December 09, 2014

Medical researchers have recently conducted and published a study that explores non-medical prescription drug use and depressive symptoms in college students.

Non-medical prescription drug use by college students is a growing trend on most campuses, according to the U.S. Department of Education's Higher Education Center for Alcohol, Drug Abuse and Violence Prevention. Due to this trend, Western Illinois University Department of Health Sciences Assistant Professor Amanda Divin and her colleague, Keith Zullig, an associate professor in the West Virginia University School of Public Health, recently conducted and published a study that explores non-medical prescription drug use and depressive symptoms in college students.

Divin and Zullig utilized data from the fall 2008 American College Health Association National College Health Assessment (ACHA-NCHA), a national research survey that addresses seven areas of health and behavior of college students, one of which is alcohol, tobacco and other drug use. The sample used for the study (from the ACHA-NCHA data) contained 26,600 randomly selected college students from 40 campuses in the U.S. The student respondents were asked about their non-medical prescription drug use (including painkillers, stimulants, sedatives and antidepressants) and mental health symptoms within the last year.

According to Divin's and Zullig's results, approximately 13 percent of the college-student respondents reported non-medical prescription drug use, with those who reported feeling hopeless, sad, depressed or considered suicide being significantly more likely to report non-medical use of any prescription drug. The results also showed this relationship was more pronounced for females who reported painkiller use. The study -- which is titled, "The association between non-medical prescription drug use, depressive symptoms, and suicidality among college students" -- will appear in the August 2012 issue of Addictive Behaviors: An International Journal.

"Because prescription drugs are tested by the U.S. Food and Drug Administration and

prescribed by a doctor, most people perceive them as 'safe' and don't see the harm in sharing with friends or family if they have a few extra pills left over," Divin explained. "Unfortunately, all drugs potentially have dangerous side effects. As our study demonstrates, use of prescription drugs -- particularly painkillers like Vicodin and Oxycontin -- is related to depressive symptoms and suicidal thoughts and behaviors in college students. This is why use of such drugs need to be monitored by a doctor and why mental health outreach on college campuses is particularly important."

Divin and Zullig believe the results suggest that students are self-medicating their psychological distress with prescription medications.

"Considering how common prescription sharing is on college campuses and the prevalence of mental health issues during the college years, more investigation in this area is definitely warranted," Divin added. "Our study is just one of the many first steps in exploring the relationship between non-medical prescription drug use and mental health."

## Antidepressants and Suicide

http://www.antidepressantadversereactions.com/side_effects/suicide.php December 09, 2014

ANTIDEPRESSANTS AND SUICIDE . On March 22, 2004, the FDA asked the makers of antidepressants to place in the “Warnings” section of their drug’s label a ...

On March 22, 2004, the FDA asked the makers of antidepressants to place in the “Warnings” section of their drug’s label a statement that both children and adults should be monitored closely at the beginning of drug therapy, or when a patient’s dosage is increased or decreased, for signs of “worsening depression,” or “emergent suicidality [that] is severe, abrupt in onset, or was not part of the presenting symptoms.” The FDA also stated that health care providers, patients and their families should be warned about the association between these specific antidepressant drugs and: “anxiety, agitation, panic attacks, insomnia, irritability, hostility, impulsivity, akathisia (extreme restlessness), hypomania, and mania[.]” "Quasi-Experimental" Study Data Does Not Support Conclusion that FDA Warnings May Have Led to More Suicide Attempts On October 15, 2004, the FDA issued a Public Health Advisory announcing that it had directed antidepressant drug manufacturers to revise the labeling of their respective antidepressants to include a black box warning that would alert health care providers to an increased risk of suicidality caused by antidepressants in children and adolescents. The FDA acknowledged that: “A causal role for antidepressants in inducing suicidality has been established in pediatric patients.” After considerable pressure from and negotiations with antidepressant manufacturers, the language for the new black box warnings was finalized in January 2005 and incorporated into antidepressant labels thereafter. The black box warning for antidepressants currently states, inter alia: Suicidality in Children and Adolescents

Antidepressants increased the risk of suicidal thinking and behavior (suicidality) in short-term studies in children and adolescents with Major Depressive Disorder (MDD) and other psychiatric disorders. Anyone considering the use of Paxil or any other antidepressant in a child or adolescent must balance this risk with the clinical need. Patients who are started on therapy should be observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with prescriber. ... Pooled analyses of short-term (4 to 16 weeks) placebo-controlled trials ... have revealed a greater risk of adverse events representing suicidal thinking or behavior (suicidality) during the first few months of treatment in those receiving antidepressants ... This labeling change came over a year and a half after the issue was first raised in the UK; over a year after the UK all but banned the drugs for children and adolescents following its review of the clinical trial data, which found a link between the

drugs and increased suicidality; several months after one of FDA's own medical officers observed an association between the drugs and suicidality in clinical trials (all of which had been conducted between 1983 and 2001); after a several-month independent review of the clinical trials by the FDA-contracted "Columbia group"; after two FDA advisory committee meetings spanning over a 3-day period at which 25 of the experts on the FDA advisory panel voted that the data demonstrated a causal relationship between the antidepressants and increased suicidality. (One voted to abstain and one voted against.) According to one of the FDA advisory panel members (Dr. Thomas B. Newman), the data analyses from the antidepressant clinical trials were "striking" and "such a dramatic result would be expected to occur by chance only 1 time in 20,000 ... The fact that an association emerged from the meta-analysis ... for an outcome that the sponsors of the trials were not looking for, and presumably did not wish to find, was quite convincing." The catalyst that led both UK and US regulators to examine the risk of suicidality with antidepressants began with Paxil. While examining Paxil clinical trial data in 2003, FDA safety officers noticed that substantially more children on Paxil suffered "emotional lability" compared to placebo. When FDA inquired further into what "emotional lability" meant, it discovered that "almost all of these events related to suicidality" according to an FDA email that would later become part of a congressional investigation of the matter. An FDA official stated in another email that GSK (Paxil's manufacturer) "has not proposed labeling changes [on Paxil to reflect the discovery], and makes a feeble attempt to dismiss the finding." This is what began the massive inquiry into antidepressant-induced suicidality, which eventually led to black box warnings. The FDA is in the process of conducting a similar review of the adult clinical trial database, however, on June 30, 2005, the FDA issued a Public Health Advisory stating: Several recent scientific publications suggest the possibility of an increased risk for suicidal behavior in adults who are being treated with antidepressant medications ... Adults being treated with antidepressant medications, particularly those being treated for depression, should be watched closely for worsening of depression and for increased suicidal thinking or behavior. Close watching may be especially important early in treatment, or when the dose is changed, either increased or decreased. Adults whose symptoms worsen while being treated with antidepressant drugs, including an increase in suicidal thinking or behavior, should be evaluated by their health care professional. Medical Literature related to SSRIs and suicidality

The medical literature is replete with peer-reviewed medical journal articles concerning the relationship between SSRIs, beginning in the early 1990s with Prozac, and an increased risk of suicidality. (For example, Fisher et al. "Postmarketing surveillance by patient self-monitoring: trazadone versus fluoxetine" Journal of Clinical Psychopharmacology 13, 235-242 (1993), which found "a higher incidence of various psychologic/psychiatric adverse clinical events, including delusions and hallucinations, aggression, and suicidal ideation" with Prozac; Jick et al., "Antidepressants and suicide," British Medical Journal 1995;310:215-218, which found that Prozac was associated with a higher relative risk of suicidality than the other non-SSRI antidepressants studied; an epidemiological study by Donovan et al., "Deliberate Self-Harm and Antidepressant Drugs: Investigation of a Possible Link," 177 British Journal of Psychiatry, 551, 554 (2000), which found a statistically significant relative risk of 5.5 for all SSRI antidepressants; also by Donovan et al., "The occurrence of suicide following the prescription of antidepressant drugs," Archives of Suicide Research 5, 181-192, in which the authors reported: "The ratio between the occurrence of suicide and prescription of different classes of antidepressants, particularly tricyclic antidepressants (TCAs) and selective serotonin reuptake inhibitors (SSRIs), indicated that suicide by any method (violence, gassing, poisoning by ingestion of any substance) was more likely to occur following the prescription of SSRIs than of TCAs.") According to an article published in 1998 by a Dr. M Marsalek, titled "Do antidepressants increase risk of suicide?" Ceska A Slovenska Psychiatrie 94 (5): 272-81: Suicidal ideation and behavior can sometimes emerge in persons with obsessive or panic features who take

antidepressants or neuroleptics. Typical for such state is rapid development, impulsive and/or obsessive characteristic of suicidal ideation, an independence of the course of depression, severe tension and anxiety, an intense violence of suicidal fantasies and attempts, and their prompt disappearance after the discontinuation of the antidepressant. . . . There is clinical evidence of the link between akathisia and suicidal tendencies. . . . A 1998 article in European Psychiatry titled “A case of paroxetine-induced akathisia and a review of SSRI-induced akathisia” by Drs. Bonnet-Brilhault, Thibaut and Petit states: [T]here have been several reports of akathisia associated with other selective serotonin reuptake inhibitors (SSRIs) such as sertraline [Zoloft], and, lately, paroxetine [Paxil]. In addition to the discomfort felt by patients, the most notable secondary complications are non compliance and suicidal ideation or behavior. The last two editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM), the so-called “bible” of psychiatric diagnoses, even acknowledge the relationship between akathisia and suicidality: The subjective distress resulting from akathisia is significant and can lead to noncompliance with neuroleptic treatment. Akathisia may be associated with dysphoria, irritability, aggression, or suicide attempts. The latest version of the DSM, DSM IV TR, discusses the fact that SSRIs, not just neuroleptic drugs, can induce akathisia which, in turn, can induce suicidality. One of the most extensive studies on the link between SSRIs and the risk of suicide, published recently by Ferguson et al. in the British Medical Journal, involves an analysis of all 702 published SSRI clinical trials. Fergusson et al. “Association between suicide attempts and selective serotonin reuptake inhibitors: systematic review of randomized controlled trials,” British Medical Journal, Vol. 330, 19 February 2005. The authors found a 2.28 times greater risk of suicidal acts on SSRIs compared to placebo, an excess of suicidality that has been apparent since 1988. The authors conclude: “... A significant increase in the odds of suicide attempts ... was observed for patients receiving SSRIs compared with placebo. ... Our systematic review, which included a total of 87,650 patients, documented an association between suicide attempts and the use of SSRIs. We also observed several major methodological limitations in the published trials. A more accurate estimation of risks of suicide could be garnered from investigators fully disclosing all events.” According to a 2005 Paxil study conducted by researchers at the University of Oslo: “[T]he data strongly suggest that the use of SSRIs is connected with an increased intensity of suicide attempts per year. The two meta-analyses and our contribution taken together make a strong case for the conclusion, at least with a short time perspective, that adults taking antidepressants have an increased risk of suicide attempts.” Aursnes et al., “Suicide attempts in clinical trials with paroxetine randomised against placebo,” BMC Medicine 2005, 3:14, August 22, 2005. Testimony from experts for antidepressant makers in lawsuits involving antidepressants and suicide acknowledge the relationship between SSRIs and suicidality

Even the drug industry’s own experts do not disagree that SSRIs are associated with suicidality. For instance, Dr. Michael Thase, one of GSK’s experts, testified as follows: A. There is a relationship between starting antidepressants with a higher risk at least with some subclass of reuptake inhibitors with a broader domain of behavior observation of which suicidality is one of the dimensions; agitation, irritability, hostility are others. My understanding is that the composite pooled across studies establishes this risk at about 2 to 3 percent over and above that of the placebo.

Q. Okay. And is that consistent with your clinical practice? 1

A. Yes, it is. . . . Likewise, another GSK expert, Dr. Charles O’Brien, stated at his deposition: “Any given SSRI might be associated with an activation that maybe, there has been an allegation that it increases suicidality. And I can’t say that doesn’t occur in individual cases because this is something that we’ve known since the 1960s about tricyclics [another class of antidepressants].” According to a GSK expert, Dr. John Mann, who testified in the Tobin v. SmithKline Beecham trial (a case involving a man who, while taking Paxil, killed his wife,

daughter, infant granddaughter and then committed suicide. The jury awarded over $6 million dollars to the plaintiff): “I still think that akathisia has the potential when it is severe of contributing to suicidality and aggression.”

_____ 1 Dr. Thase is an expert in adult psychiatry.

If you, or someone you know, have been the unfortunate victim of this kind of side effect from an antidepressant, please report it immediately to the Federal Food and Drug Administration (“FDA”). This is very important as this is one way pressure can be put on drug companies to fully disclose the adverse side effects of their antidepressants.

## Suicide & Suicide Attempts: Do Substance Use & Alcohol Play a Role?

http://www.juliaassante.com/suicide-suicide-attempts-do-substance-use-alcohol-play-a-role/ December 09, 2014

A Link Between Suicide and High Altitudes; Suicide & Suicide Attempts: Do Substance Use & Alcohol Play a Role? Conscious Dying or Suicide: What is the Difference?

The following is a guest post by Brenda Abbott, Executive Assistant at Saint Jude Retreats. Saint Jude Retreats is an alternative to traditional alcohol and drug treatment centers and rehabs. They offer a non-treatment, non-12 step and non-religious, educational program. Their curriculum and methods present an opportunity for an individual to take control of his/her own thoughts, choices and actions, learn more productive behavioral patterns, build an envisioned future, and accomplish goals and dreams.

Many have questioned if drugs and alcohol have any correlation with the reasons behind suicides and suicide attempts. According to Michael Bohn’s article “Suicide and Substance Abuse,” illicit drugs and alcohol have a connection in about 50% of all suicide attempts, and about 25% of the individuals who committed suicide had shown signs of heavy substance use.

What does this really mean? Does it mean that people who are substance users are at higher risk to commit a suicide or does it simply state the fact that substances were present in the reported cases in the study, regardless of previous substance use history of the individuals? Or does it mean that people use substances to commit suicide more often? Does a person reach for a bottle of prescription drugs because they have a previous history of prescription drug abuse or does this person rely on “common knowledge” that prescription drugs are one way to commit suicide? If it’s the former, how often are accidental overdoses considered a suicide? What we know is that approximately 33% of the individuals who committed suicide tested positive for alcohol, 23% for antidepressants, and 20.8% for opiates (in which heroin and painkillers were included). Are these substances the reason for a suicide or just vehicles to carry it out?

According to Brady, “acute alcohol use can also precipitate suicidal behaviors through induction of negative affect and impairment of problem-solving skills, as well as aggravation of impulsive personality traits, possibly through effects on serotonergic neurotransmission.” (Brady 2006). There is also evidence that suggest expectations formed by the individual guide the extent to which they feel “out of control” while under the influence. The same article also states that “alcohol has a biphasic effect on emotion, with low doses often ameliorating negative effect, but higher doses producing central nervous system depressant effects” (Hufford 2001).

In simpler terms that means that individuals are more likely to feel better as their blood alcohol concentration (BAC) gets to about .05, which is the first stage of the biphasic effect. If the individual continues to drink, their BAC rises and that is when an individual hits

the second stage of the biphasic effect, where some individuals might feel worse after drinking. Making the choice not to drink at all or drink in moderation might make all the difference in these cases. Once again, we see that the individual's choices guide this spiral.

In suicide and suicide attempts, gender can be a significant factor as well. InterventionStrategies.com presents the following information from 2010; the segment of suicides divided by gender that represented the male population, was about 78.8% in the United States. The reasons behind this can be many. Women tend to be more emotional, speak more openly and are able to communicate more clearly which makes them feel relieved to a degree. In comparison, men are raised not to show emotion and deal with their problems more privately.

It is true that consuming alcohol or drugs does correlate to suicidal behavior. But when we are discussing such a complex issue, we have to consider other factors besides the obvious as well. A large number of individuals who actually follow through with suicide, may have mental disorders for example (InterventionStrategies.com). The same research states that violence may be held partly responsible for the link between suicide risk and substance use along with individuals having a history of major depression, social isolation, serious physical or mental illnesses, abuse and neglect, not having access to proper mental health resources and at the same time having easy access to substances.

Having said that, it is worth mentioning that based on the information from The National Violent Death Reporting System (NVDRS) the top substances used in suicide and suicide attempts are as follows:

In general, individuals who take in large amounts of alcohol carry a higher suicide risk than those who have a lower alcohol intake, when comparing the two. However, people who never drank or drugged in their life can very well commit suicide through substance use, and they do. Suicide risks could increase in individuals who use more than one drug at the same time, and those who use both drugs, and alcohol at the same time. The reason for this is not only because of adverse effects from the substances, but also because this factor increases the chances of accidental overdose. However, the majority of suicides and suicidal attempts that involve substances do not indicate a long term substance use problem or any substance use problem at all. It could be that the substances have been used as a way to carry out the suicide, because of ease of access alone. Prescription medications are a good example.

As the most common method for suicide, prescription medications are surprisingly easy to get access to:

Many people are aware of the danger of inappropriate use of prescription medication; however, some do not realize the danger of over-the-counter medications as well. Over-the-counter medications can be as lethal as prescription medication when used inappropriately. Examples of such medications are Tylenol, Motrin (Advil), etc.

The reasons behind a suicide attempt or a suicide are highly complex and deeply personal. The truth is that in some cases (history of substance use or not) there might not be a way to prevent them. Humans are born with autonomous thought and free will: two natural traits that allow for complete control over one's actions – including, unfortunately, suicide. However, there are many individuals who could have been saved, provided they had the right information and help at the right time. It is important to remember that at the end it doesn't matter what life hands us, good or bad. What matters is how we react to it, through the choices we make. It is easier said than done. But by learning from our mistakes, by gaining self-respect and confidence, and by following the lessons of our life experience, based on our choices and courage, we can move in the right direction to have happy, long

and fulfilling lives. No matter how alone a person may feel, ultimately the individual can still choose life over death.

Bohn, M. (2001) “Suicide and Substance Abuse.” Encyclopedia of Drugs, Alcohol, and Addictive Behavior. Retrieved from Encyclopedia.com: http://www.encyclopedia.com/doc/1G2-3403100435.html

Brady J. (2006) The Association Between Alcohol Misuse And Suicidal Behavior. Oxford University Press Vol. 41, No.5,pp. 473-478. Retrieved from http://www.elementsbehavioralhealth.com/mental-health/substance-abuse-and-suicide/

Ilgen, M and Kleinberg, F.(2011) The Link Between Substance Abuse Suicides Due to Alcohol and or Drug Overdose 2005-2007. Psychiatric Times. Retrieved from http://www.psychiatrictimes.com/substance-use-disorder/link-between-substance-abuse-vi

National Center for Injury Prevention and Control. (2007). Suicides due to alcohol and/or drug overdose. Retrieved from http://www.cdc.gov/violenceprevention/pdf/NVDS_Data_Brief-a.pdf

## NIMH · Antidepressant Medications for Children and Adolescents

http://www.nimh.nih.gov/health/topics/child-and-adolescent-mental-health/antidepressant-medications-for-children-and-adolescents-information-for-parents-and-caregivers.shtml December 09, 2014

NIMH examination of antidepressant medicine for children and adolescents, to inform parents and caregivers about suicide risk and an examination of SSRI antidepressants.

Depression is a serious disorder that can cause significant problems in mood, thinking, and behavior at home, in school, and with peers. It is estimated that major depressive disorder (MDD) affects about 5 percent of adolescents.

Research has shown that, as in adults, depression in children and adolescents is treatable. Certain antidepressant medications, called selective serotonin reuptake inhibitors (SSRIs), can be beneficial to children and adolescents with MDD. Certain types of psychological therapies also have been shown to be effective. However, our knowledge of antidepressant treatments in youth, though growing substantially, is limited compared to what we know about treating depression in adults.

Recently, there has been some concern that the use of antidepressant medications themselves may induce suicidal behavior in youths. Following a thorough and comprehensive review of all the available published and unpublished controlled clinical trials of antidepressants in children and adolescents, the U.S. Food and Drug Administration (FDA) issued a public warning in October 2004 about an increased risk of suicidal thoughts or behavior (suicidality) in children and adolescents treated with SSRI antidepressant medications. In 2006, an advisory committee to the FDA recommended that the agency extend the warning to include young adults up to age 25.

More recently, results of a comprehensive review of pediatric trials conducted between 1988 and 2006 suggested that the benefits of antidepressant medications likely outweigh their risks to children and adolescents with major depression and anxiety disorders. The study, partially funded by NIMH, was published in the April 18, 2007, issue of the Journal of the American Medical Association.1

In the FDA review, no completed suicides occurred among nearly 2,200 children treated with SSRI medications. However, about 4 percent of those taking SSRI medications

experienced suicidal thinking or behavior, including actual suicide attempts—twice the rate of those taking placebo, or sugar pills.

In response, the FDA adopted a "black box" label warning indicating that antidepressants may increase the risk of suicidal thinking and behavior in some children and adolescents with MDD. A black-box warning is the most serious type of warning in prescription drug labeling.

The warning also notes that children and adolescents taking SSRI medications should be closely monitored for any worsening in depression, emergence of suicidal thinking or behavior, or unusual changes in behavior, such as sleeplessness, agitation, or withdrawal from normal social situations. Close monitoring is especially important during the first four weeks of treatment. SSRI medications usually have few side effects in children and adolescents, but for unknown reasons, they may trigger agitation and abnormal behavior in certain individuals.

Another antidepressant medication, venlafaxine (Effexor), is not an SSRI but is closely related.

SSRI medications are considered an improvement over older antidepressant medications because they have fewer side effects and are less likely to be harmful if taken in an overdose, which is an issue for patients with depression already at risk for suicide. They have been shown to be safe and effective for adults.

However, use of SSRI medications among children and adolescents ages 10 to 19 has risen dramatically in the past several years. Fluoxetine (Prozac) is the only medication approved by the FDA for use in treating depression in children ages 8 and older. The other SSRI medications and the SSRI-related antidepressant venlafaxine have not been approved for treatment of depression in children or adolescents, but doctors still sometimes prescribe them to children on an "off-label" basis. In June 2003, however, the FDA recommended that paroxetine not be used in children and adolescents for treating MDD.

Fluoxetine can be helpful in treating childhood depression, and can lead to significant improvement of depression overall. However, it may increase the risk for suicidal behaviors in a small subset of adolescents. As with all medical decisions, doctors and families should weigh the risks and benefits of treatment for each individual patient.

A child or adolescent with MDD should be carefully and thoroughly evaluated by a doctor to determine if medication is appropriate. Psychotherapy often is tried as an initial treatment for mild depression. Psychotherapy may help to determine the severity and persistence of the depression and whether antidepressant medications may be warranted. Types of psychotherapies include "cognitive behavioral therapy," which helps people learn new ways of thinking and behaving, and "interpersonal therapy," which helps people understand and work through troubled personal relationships.

Those who are prescribed an SSRI medication should receive ongoing medical monitoring. Children already taking an SSRI medication should remain on the medication if it has been helpful, but should be carefully monitored by a doctor for side effects. Parents should promptly seek medical advice and evaluation if their child or adolescent experiences suicidal thinking or behavior, nervousness, agitation, irritability, mood instability, or sleeplessness that either emerges or worsens during treatment with SSRI medications.

Once started, treatment with these medications should not be abruptly stopped. Although they are not habit-forming or addictive, abruptly ending an antidepressant can cause withdrawal symptoms or lead to a relapse. Families should not discontinue treatment

without consulting their doctor.

All treatments can be associated with side effects. Families and doctors should carefully weigh the risks and benefits, and maintain appropriate follow-up and monitoring to help control for the risks.

An individual's response to a medication cannot be predicted with certainty. It is extremely difficult to determine whether SSRI medications increase the risk for completed suicide, especially because depression itself increases the risk for suicide and because completed suicides, especially among children and adolescents, are rare. Most controlled trials are too small to detect for rare events such as suicide (thousands of participants are needed). In addition, controlled trials typically exclude patients considered at high risk for suicide.

One major clinical trial, the NIMH-funded Treatment for Adolescents with Depression Study (TADS)2, has indicated that a combination of medication and psychotherapy is the most effective treatment for adolescents with depression. The clinical trial of 439 adolescents ages 12 to 17 with MDD compared four treatment groups—one that received a combination of fluoxetine and CBT, one that received fluoxetine only, one that received CBT only, and one that received a placebo only. After the first 12 weeks, 71 percent responded to the combination treatment of fluoxetine and CBT, 61 percent responded to the fluoxetine only treatment, 43 percent responded to the CBT only treatment, and 35 percent responded to the placebo treatment.

At the beginning of the study, 29 percent of the TADS participants were having clinically significant suicidal thoughts. Although the rate of suicidal thinking decreased among all the treatment groups, those in the fluoxetine/CBT combination treatment group showed the greatest reduction in suicidal thinking.

Researchers are working to better understand the relationship between antidepressant medications and suicide. So far, results are mixed. One study, using national Medicaid files, found that among adults, the use of antidepressants does not seem to be related to suicide attempts or deaths. However, the analysis found that the use of antidepressant medications may be related to suicide attempts and deaths among children and adolescents.3

Another study analyzed health plan records for 65,103 patients treated for depression.4 It found no significant increase among adults and young people in the risk for suicide after starting treatment with newer antidepressant medications.

A third study analyzed suicide data from the National Vital Statistics and commercial prescription data. It found that among children ages five to 14, suicide rates from 1996 to 1998 were actually lower in areas of the country with higher rates of SSRI antidepressant prescriptions. The relationship between the suicide rates and the SSRI use rates, however, is unclear.5

New NIMH-funded research will help clarify the complex interplay between suicide and antidepressant medications. In addition, the NIMH-funded Treatment of Resistant Depression in Adolescents (TORDIA ) study, will investigate how best to treat adolescents whose depression is resistant to the first SSRI medication they have tried. Finally, NIMH also is supporting the Treatment of Adolescent Suicide Attempters (TASA ) study, which is investigating the treatment of adolescents who have attempted suicide. Treatments include antidepressant medications, CBT or both.

## Suicide linked to Anti-depressant drugs.

http://www.advancedhealthplan.com/prozac.html December 09, 2014

FDA Warns of Possible Drug-Suicide Link ... WASHINGTON - Some anti-depressant drugs undergoing ... We need to outlaw the prescription medications that are ...

WASHINGTON - Some anti-depressant drugs undergoing trials in children may be associated with suicides, the Food and Drug Administration (news - web sites) said Monday. The agency said reports in the press and medical journals describe suicide attempts and suicides in children receiving antidepressants. Many such reports also have been submitted to the FDA. While the data do not clearly establish an association between the use of the drugs on trials and increased suicidal thoughts or actions by pediatric patients, FDA said it also is impossible to rule out an association. Determining if the drug was at fault is a problem, as suicide attempts also occur in patients with depression who are untreated. Nevertheless, the FDA said it is issuing a public health advisory to alert physicians to reports of suicidal thinking and suicide attempts in clinical studies of various anti-depressant drugs in pediatric patients. Currently only Prozac is approved for use in major depressive disorder among children, but physicians sometimes use other drugs approved for adults. The FDA said it has completed a preliminary review of reports for eight anti-depressant drugs citalopram, fluoxetine, fluvoxamine, mirtazapine, nefazodone, paroxetine, sertraline, and venlafaxine in tests in children. In addition to the advisory, the agency scheduled a meeting next February of its Psychopharmacologic Drugs Advisory Committee and the Pediatric Subcommittee of the Anti-Infective Drugs Advisory Committee to discuss the question.

It was January 30, 2001, I lost my baby girl to Prozac. Anny Belle was 15 years old. She had never been depressed and would not have been prescribed the drug, as her doctor told me later. Anny self diagnosed her PMS from a television ad, and self prescribed someone else's Prozac, just to see if it would help her PMS. I didn't know, until the day of her funeral. I verified it with a friend of her's that she had been taking one a day for the last 4 days and we confirmed that only 4 pills were missing from the bottle.

January 30th, she appeared ever so normal through out the day, but within a few minutes, something changed. She came home from next door, stopped in the living room, greeted me, shook the snow from her hair, walked through the house, talked to our dog on the way. Nothing seemed out of the ordinary. Moments later I heard a pop and called to her. No answer. As I went out the backdoor, she was already gone.

Some would want to say it was a gun that killed her, but we don't need to outlaw guns. We need to outlaw the prescription medications that are killing hundreds of 1000's of our innocent family members each year. We need to outlaw the misrepresented television commercials that continue to promote these pharmaceutical drugs that cause short and long term side-effects, suffering and death.

We need to outlaw the FDA who, under the cover, protection and funding of the pharmaceutical cartels, continue to utilize their power in allowing the continued testing of chemicals on humans.

Money, power and greed have come before human life, liberty and freedom of good health. It was only 2 years ago the Prozac alone was a 5 BILLION dollar industry. Why is there so much depression that would constitute any medication being in such demand?

A bigger question we should be asking is

"WHO REALLY IS THE FDA?"

CLICK HERE TO GET AN IDEA AND WAKE UP.

I had to wake-up, don't wait for a wake-up call like the one our family had.

Prozac's House of Horrors

PROZAC: PANACEA OR PANDORA?

Heads Up!!!

## Side effects include suicide and heart attacks. So why are we being prescribed these drugs?

http://www.dailymail.co.uk/health/article-1033132/Side-effects-include-suicide-heart-attacks-So-prescribed-drugs.html December 09, 2014

Few of us would think to question the safety of our prescription drugs. ... ( GlaxoSmithKline), issued assurances that there was no suicide link. Then, ...

Few of us would think to question the safety of our prescription drugs. After all, they've been developed to make us better.

But just how safe are they really — and is the official drug watchdog doing enough to protect us?

Last month, for instance, it was revealed that the number of powerful anti-psychotic drugs being prescribed to children had almost doubled in past six years.

Yet despite the growing evidence that these drugs can seriously harm children — causing excessive weight gain, a rise in blood pressure, severe lethargy and even lactation — the Medicines and Healthcare Products Regulatory Agency is powerless to limit their use.

The problem is that these drugs aren't officially licensed for use on children — they are given on doctors' own authority and the MHRA is not able to interfere.

In other areas where the MHRA does have power to act, it turns out to be a watchdog with rubber teeth. Critics say it simply isn't robust enough.

Over the past four years, there has been a string of disturbing reports suggesting that, with some major drugs, the watchdog and doctors were not told the whole story.

As a result, patients were prescribed medicine thought to be safe and effective but which actually put them at risk of dangerous side effects, including heart attack and suicide.

Information about these risks simply hadn't been passed on to the regulators.

This has prompted some experts to ask if our drug watchdog is up to the task. The best-known of these drugs is the antidepressant Seroxat.

Specialists had been warning for years that it raised the risk of suicide in children.

But the MHRA, relying on evidence it had from the manufacturer ( GlaxoSmithKline), issued assurances that there was no suicide link.

Then, in 2003, following two BBC Panorama programmes, the drug watchdog mounted its own investigation and discovered the company had hidden information about the suicide link.

More recently, an American academic who looked at more than 60 trials found that other

manufacturers had concealed data about the effects of their antidepressant drugs on adults.

Half of the studies were positive and all of these had been published; virtually none of the negative ones had.

When the results of both the published and ‘concealed’ trials were combined, the drugs were shown to be no better than a placebo for mild to moderate depression.

There were similar revelations about theanti-inflammatory drug Vioxx. This was withdrawn from the market in the UK four years ago after a U.S. study found it doubled the risk of heart disease.

Leading cardiologists had been flagging up the risks for years. After Vioxx’s withdrawal it emerged that data from clinical trials had been ‘fudged’. An article published in the prestigious Journal of the American Medical Association recently revealed how this was done.

The conclusion for one study was that the drug was ‘well tolerated’; in fact the study’s raw data (which emerged during a court case) showed that twice as many people who took Vioxx died compared with the placebo.

And yet the study was used to promote the drug. It was also said that the company used ‘ghost-writing’ — paying top academics to put their names to favourable articles written by the drug company’s employees — to make Vioxx appear more effective.

‘The manipulation is disgusting,’ wrote the journal editor. (The manufacturer, Merck, has since dismissed the journal’s article as ‘false and misleading’.)

Given drug companies’ readiness to produce evidence that puts their products in a good light, it seems curious our drug watchdog should be willing to rely so heavily on them. And yet it continued to do so.

Take the case of Strattera, the drug used to treat hyperactivity in children.

There have been concerns it could cause psychosis — hallucinations, delusional thinking, or mania — in some children. Three years ago, the American drug watchdog, the Food and Drug Administration, highlighted the risks and, as a result, the warnings on the

label were changed. Instead of issuing a similar warning, the UK drug watchdog contacted Eli Lilly and asked them to review the evidence.

The drug firm came to a rather different conclusion, including doubting whether the reports of hallucinations in children were genuine.

‘Asking a drug company to review its own product is crazy, but it goes on quite a lot,’ says Andrew Herxheimer, editor of the Drug And Therapeutics Bulletin, and emeritus fellow of the Cochrane Centre (the organisation which gathers and assesses information about drug effectiveness and safety).

‘The problem is that the MHRA has always been far too trusting of drug companies. They almost never look at the raw data from trials when licensing drugs. Instead, they rely on summaries provided by the companies.’

Critics also say our drug watchdog isn’t robust enough about investigating drugs when problems come up. Last year, a study linked the diabetes drug Avandia to a raised risk of

heart problems.

The drug watchdog's reaction has been to point out that the link between the drug and heart disease has been in the list of side effects since the drug was first licensed.

'That kind of advice is just useless,' says Dr Aubrey Blumsohn, a researcher at Sheffield University until he became embroiled in a very public dispute with a drug company when it refused to allow him to see all the data from his research.

'It doesn't tell you anything useful about who is likely to get it, how high the risk is and so on.'

So is our drug watchdog really up to the business of protecting us?

Labour MP Paul Flynn believes it's not. He was one of the members of the Parliamentary committee which produced a report on pharmaceutical drugs and the drug watchdog in 2005, just after Vioxx had been withdrawn.

It called for investigations; it said the drug watchdog 'lacked competence', and criticised it for a 'passive process of drug surveillance'.

Professor Kent Woods, the chief executive of the drug watchdog, says at the time it was still a new agency. 'It had only been set up in

2004. Much of the criticism was directed at the UK's previous medicine sanctioning body, the Medicine's Control Agency.

'Today's MHRA is very different; we have been much expanded and have new responsibilities.'

Evidence of this more robust approach is seen in the Agency's lengthy investigation into the way evidence about Seroxat had been concealed.

This included pursuing interviews with employees of GlaxoSmithKline. The MHRA made more than 100 requests, but not one employee would talk.

So how confident is Professor Woods now that the Agency won't be lied to again?

'There have been positive gains from the exercise on both sides,' he says. 'We have learnt there needs to be greater clarity about the laws — and loopholes will be closed.'

Indeed, in March ministers announced that the laws requiring drug firms to release data from clinical trials would be tightened.

As for the question of whether we can be sure we're told the truth about a drug's safety, he says: 'You are certainly being told the truth. But it is important to realise there aren't any safe medicines.

'There is always the potential for adverse side effects in a minority of patients. It is a matter of balancing risks and benefits. Our job is to give people the most up-to-date information about that balance.'

Paul Flynn is not convinced that the MHRA is doing enough. 'For too long the British authorities have just followed the American lead in issuing warnings about drug safety.

'When there is clear evidence that data about a drug has been concealed, there is never a

full investigation. Other regulators like Ofwat fine companies for failing to meet targets and giving false information.

## Inquest probes link between medication and teen's suicide

http://www.theglobeandmail.com/news/toronto/inquest-probes-link-between-medication-and-teens-suicide/article1368062/ December 09, 2014

To Sara Carlin's family, a prescription drug meant to cure her anxiety triggered a deep depression that led her to hang herself. To the company that makes the drug ...

To Sara Carlin's family, a prescription drug meant to cure her anxiety triggered a deep depression that led her to hang herself. To the company that makes the drug, the Oakville teen was already troubled and her medication was working.

These were the competing narratives at the close of a coroner's inquest into Ms. Carlin's death.

Ms. Carlin, who had just finished her first year at the University of Western Ontario, hanged herself with an electrical cable in the basement of the family home in May, 2007.

A lawyer for Ms. Carlin's family attempted to draw a strong link between her death and Paxil, a selective serotonin reuptake inhibitor (SSRI) medication that the young woman had been taking for over a year when she died.

"Paxil put Sara Carlin on a downward spiral, starting almost as soon as she was on it," Gary Will told the inquest jury. Before she was prescribed the drug in February, 2006, he said Ms. Carlin was a happy, athletic woman with ambitions of becoming a doctor.

Over the months after she began taking Paxil, he said, she told friends she was suicidal, wrote a note in which she said she was tired of life and later landed in hospital after a session of drinking and cocaine use.

Mr. Will also presented a Health Canada report that showed 26 people between ages 12 and 19 had committed suicide while taking an SSRI between 1993 and 2009 and cited federal government warnings that such drugs could cause suicidal thoughts for teens.

A lawyer for Paxil manufacturer GlaxoSmithKline, however, argued that Ms. Carlin had been depressed before she was given the drug.

The teen told one doctor she had been sad and anxious since mid-2004 and sometimes experienced three panic attacks a day by February, 2006, said Teresa Walsh. Over the months after Ms. Carlin began taking Paxil, Ms. Walsh said, her doctors testified that she reported sleeping better and was more engaged with school.

"On each occasion, she talked about the fact that she was feeling some better, in some cases, much better," Ms. Walsh said.

She suggested several other possible reasons for Ms. Carlin's depression, including pressure at school and the death of her brother, who suffered a drug overdose on New Years' Eve 2000, which continued to haunt her.

Outside court, her father disputed this characterization. "All through high school, this kid was at the top of her class," said Neil Carlin. "We never saw her as depressed."

While the inquest cannot assign blame in her death, it can make recommendations to

prevent similar deaths in the future.

Mr. Will asked the jury make several such recommendations, including that doctors be forced to inform patients about the possible side-effects of prescription drugs; that pharmaceutical companies be compelled to publish the results of every study into the efficacy of a drug and that the government set up a new agency to regulate prescription drugs.

Michael Blain, counsel to the coroner, presented jurors with recommendations calling for better monitoring of patients taking prescription drugs and that Health Canada work harder to inform doctors of the risks associated with such drugs.

The inquest is the culmination of a three-year fight by Ms. Carlin's parents to shine a spotlight on their contention that her death was caused by Paxil.

"I am feeling much more hopeful about the future than I was before the inquest," said Rhonda Carlin after the proceedings. "I feel more hopeful for other families and that helps just a little bit."

## The New York Times > Health > F.D.A. Links Drugs to Being Suicidal

http://www.nytimes.com/2004/09/14/health/14depress.html December 09, 2014

... Dr. Andrew Mosholder, who first found a link between the drugs and suicide in teenagers and children.

ETHESDA, Md., Sept. 13 - Top officials of the Food and Drug Administration acknowledged for the first time on Monday that antidepressants appeared to lead some children and teenagers to become suicidal.

Dr. Robert Temple, director of the F.D.A.'s office of medical policy, said after an emotional public hearing here that analyses of 15 clinical trials, some of which were hidden for years from the public by the drug companies that sponsored them, showed a consistent link with suicidal behavior.

"I think that we now all believe that there is an increase in suicidal thinking and action that is consistent across all the drugs,'' Dr. Temple said, summarizing the agency's presentation to a special advisory committee. "This looks like it's a true bill.''

The acknowledgement, made after the hearing, comes a year after the agency suppressed the conclusions of its own drug-safety analyst, Dr. Andrew Mosholder, who first found a link between the drugs and suicide in teenagers and children. Agency officials wrote in internal memorandums that Dr. Mosholder's analysis was unreliable, and they hired researchers at Columbia University to re-analyze the same data. That study recently reached conclusions nearly identical to Dr. Mosholder's.

The testimony came before an advisory committee of 31 independent experts that the F.D.A. has charged with making a recommendation about the labeling and use of antidepressants in children and teenagers.

Family members of suicide victims at the hearing angrily denounced agency officials for the delay in admitting the risk of antidepressants in children. The British health authorities decided in December to ban the use of most antidepressants in children and teenagers.

Mathy Milling Downing of Laytonsville, Md., whose 12-year-old daughter hanged herself in January, said: "Candace's death was entirely avoidable had we been given the appropriate

warnings. "The blood of these children is on your hands.''

Agency officials said that they had no regrets about the months of study. "I don't think the data were at that time reliable,'' Dr. Temple said. "Scaring people needlessly" or overdoing a warning is worrisome, he added.

The most popular pills are Zoloft, made by Pfizer; Paxil, made by GlaxoSmithKline; and Prozac, made by Eli Lilly & Company. In 2002, nearly 11 million children and teenagers were prescribed antidepressants.

The risk of suicide among patients given the pills is very small. If 100 children and teenagers are given antidepressants, 2 or 3 will become suicidal who otherwise would not have had they been given placebos, agency officials said. None of the children in the trials committed suicide, but some thought about or attempted suicide, researchers found.

In March, the agency required antidepressant manufacturers to include on labels a warning that therapy with antidepressants could lead some patients, both adults and children, to become suicidal. The committee must decide whether this warning is strong enough or whether the drugs should be banned for children. The advisory committee is expected to make a decision on Tuesday. The F.D.A. normally follows recommendations of its advisory committees.

It is a complex task. Most studies of the drugs have failed to show that they have any effect on depression in children and teenagers. But the drugs have proven effective in adults, and studies suggest that teenage suicide rates have dropped in countries where use of antidepressants is widespread. A large study of depressed teenagers conducted by the National Institute of Mental Health recently found that Prozac was far more effective in treating depression in children and teenagers than was talk therapy.

Several speakers noted that clinicians would have almost nothing to offer depressed teenagers and children if antidepressants were banned. Suicide is the third leading cause of death among teenagers, trailing only homicide and accidents. Without treatment, many more teenagers will die, several experts said. If the committee suggests an even stronger warning, some patients will resist therapy and could perhaps die, some speakers said.

## MANIA

http://www.wnd.com/2007/07/42434/ December 09, 2014

MANIA The shocking link ... The shocking truth about psychiatric drugs and their link to suicide, ... reportedly found “prescription drugs” for the ...

From Columbine to Virginia Tech, every time another headline-making mass murderer is discovered to have taken antidepressants or other psychiatric drugs, rumors and speculation abound regarding the possible connection between the medications and the violence.

Now, reports the July 2007 edition of WND’s elite monthly Whistleblower magazine, the time for speculation and guessing is over. The evidence is overwhelming and irrefutable, says Whistleblower’s groundbreaking investigative report: Mood-altering psychiatric drugs – taken every day by tens of millions of Americans, including millions of children – actually can push some users over the edge into mania, suicide and horrific violence.

The issue is titled “MANIA: The shocking truth about psychiatric drugs and their link to suicide, violence and mass murder.”

To begin with, many of the most notorious mass killers in recent memory have been on, or just coming off, prescription mood-altering drugs. Remember these headline names?

Andrea Yates, in one of the most heartbreaking crimes in modern history, drowned all five of her children – aged 7 years down to 6 months – in a bathtub. Insisting inner voices commanded her to kill her kids, she had become increasingly psychotic over the course of several years. Yates had been taking the antidepressant Effexor. In November 2005, more than four years after Yates drowned her children, Effexor manufacturer Wyeth Pharmaceuticals quietly added "homicidal ideation" to the drug's list of "rare adverse events." But "rare" is defined by the FDA as occurring in less than one in 1,000 people. And since, according to an Associated Press report, about 19.2 million prescriptions for Effexor were filled in the U.S. alone in 2005, that means statistically almost 20,000 Americans could experience "homicidal ideation" – that is, murderous thoughts – as a result of taking just this one antidepressant drug.

Columbine mass-killer Eric Harris was taking the widely prescribed antidepressant Luvox when he and fellow student Dylan Klebold went on a hellish school shooting rampage in 1999, killing 12 students and a teacher and wounding 24 others before turning their guns on themselves. Luvox manufacturer Solvay Pharmaceuticals concedes that 4 percent of children and youth taking Luvox developed "mania" – a serious mental derangement characterized by extreme excitement and delusion – during short-term controlled clinical trials. Authorities investigating Cho Seung-Hui, who murdered 32 at Virginia Tech in April, reportedly found "prescription drugs" for the treatment of psychological problems among his possessions. Joseph Aust, Cho's roommate, told the Richmond Times-Dispatch Cho's routine each morning had included taking prescription drugs. So what kind of meds had Cho been taking? Strangely, his medical records have yet to be released to the public – authorities claiming it's because an investigation is still ongoing, although critics suggest the purpose may be to protect the drug companies from liability claims.

Meanwhile, the list of killers who happened to be taking psychiatric medications is long and chilling. Remember these headline names?

All very interesting, you may be thinking, but what do the drug companies say in their defense?

One of the most widely prescribed antidepressants today is Paxil, manufactured by GlaxoSmithKline.

Paxil's known "adverse drug reactions" – according to the drug's own 2001 FDA-approved label – include "mania," "insomnia," "anxiety," "agitation," "confusion," "amnesia," "depression," "paranoid reaction," "psychosis," "hostility," "delirium," "hallucinations," "abnormal thinking," "depersonalization" and "lack of emotion," among others.

With a rap sheet like that, no wonder pharmaceutical companies are nervous about liability lawsuits over the "rare adverse effects" of their medications. In 1998, for example, GlaxoSmithKline was ordered to pay $6.4 million to Donald Schnell's surviving family members after the 60-year-old man, just two days after taking Paxil, murdered his wife, daughter and granddaughter in a fit of rage.

But reporting the truth about the relationship between psychiatric medications and mass murderers is just the beginning. "MANIA" also reveals clear and compelling evidence that psychiatric drugs hurt children physically – causing shrinkage of their brains, damage to their hearts and other significant effects.

Perhaps even more disconcerting, "MANIA" exposes the federal government's bizarre

preoccupation with screening all American school kids to see if they're mentally ill – a process that often leads directly to a prescription for mood-altering drugs for the child who didn't answer the questions properly.

"The problem," said David Kupelian, managing editor of WND and Whistleblower, "is that many Americans don't exactly trust the federal government to determine what constitutes 'mental health.'" Incredibly, as this issue reveals, there is even a government effort to proclaim an infant-and-toddler mental health crisis!

With the numbers of people taking prescription psychiatric medications in the tens of millions and growing every day, this issue will touch virtually every reader in a profound way.

"I think this is one of the most important and frankly mind-boggling editions of Whistleblower we've ever produced," said Kupelian. "The information in it could very well be life-changing – or even life-saving."

SPECIAL OFFER: For a limited time, when you subscribe, renew or give a gift Whistleblower subscription for one year, get a FREE copy of one of the most essential books in WND's famed online store, "The Patriot's Handbook: A Citizenship Primer for a New Generation of Americans."

A thorough presentation of the foundational ideas, documents, events, and personalities of American freedom, it is an ideal resource for citizens contemplating the direction they wish the nation to take during the pivotal years to come.

This incredible, 480-page work is divided into four sections:

This anthology of historical and citizenship resources is offered in the hope that the ideas that made America both great and good may once again become the common currency of our national life. It is offered in the hope that the secret of our genius and power might be broadcast far and wide – and thus, essentially, cease to be a secret.

ALSO, with your one-year subscription, we'll also send you a 13th issue FREE – our powerful and timely expose of the federal government titled "NATIONAL SUICIDE: How the government's immigration policies are destroying America."

EVEN BETTER! Subscribe, renew or give a gift Whistleblower subscription for two years and in addition to the FREE copy of "The Patriot's Handbook," you'll also receive FREE copies of SIX special Whistleblower blockbusters. They are:

This is an awesome offer, but it will end soon. Please act now, so you don't miss out. Offer good in the U.S. only.

NOTE: When shopping in WND's online store you have the option of paying with either a credit card or a check.

If you wish to order by phone, call our toll-free order line at 1-800-4WND-COM (1-800-496-3266).