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Facsimile Transmittal Sheet

TO: Scott Allen FROM: Andrea Tenbroek

COMPANY: Tenbroek NUMBER OF PAGES INCLUDING COVER: 6

PHONE: 909-2019 DATE: 4/11

FAX: _____

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY

Notes:

Hi Scott,

Larry Capran asked me to forward his information to you.

617-354-6760

w/My - Eli Lilly →
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 if above

Travis -

Andrea

Boston / New York / Stamford

MEMORANDUM

[→ LA Times] [929-2019]

TO: Steve Kurkjian

FR: Larry Carpman

RE: Prozac Backlash

DT: 4/11/00

495-4414
Glenmullen → HVMS →

724-2206
More
Gustafson
724-6425

Steve, thanks for taking a minute to discuss this idea - here is some of the information on the author of Prozac Backlash that I had mentioned, which throws his credibility and expertise into question:

In addition to the fact that Dr. Glenmullen has never been published in any academic or medical journals, here are a few comments from local experts on mental illness questioning his credentials. I have also included some commentary on the book's findings from doctors across the country.

724-3482
Rosenbaum

Comments from a Harvard Medical School professor/MGH doc on Prozac Backlash, as reported in the Indianapolis Star:

Mainline psychiatry might not be happy with *Prozac Backlash*, either.

"It's a dishonest book, it's manipulative, it's mischievous," said Dr. Jerrold F. Rosenbaum, professor of psychiatry at Harvard Medical School.

And that's an opinion he reached after reading only the first 80 pages, said Rosenbaum, who faulted Glenmullen's first chapter for saying Prozac can cause severe facial tics.

"It's not a side effect of the drug that occurs at a frequency where you should even inform patients," Rosenbaum said.

Rosenbaum also questioned a book-jacket mention of Glenmullen as a clinical instructor at Harvard Medical School. "I've been at Harvard Medical School 25 years and I've never seen, heard or met the guy."

Excerpt of a statement from:
Anthony J. Rothschild, M.D.
Professor of Psychiatry
University of Massachusetts Medical School
Worcester, MA

@consultant

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"I am also disheartened that Dr. Glenmullen bolsters many of his arguments and proves his hypotheses by borrowing liberally from others' work, including my own. In cases where Dr. Glenmullen quoted studies published by me, (pp. 124-125, 152-153) he tended to quote from the work out of context to fit his needs. At no point did Dr. Glenmullen consult me directly to question my studies, two of which he conveniently uses to prove his argument."

MEMORANDUM

TO: Doug Bailey
FR: Joseph Baerlein
DT: 4/12/00
RE: Prozac Backlash

Doug, here is a little more follow up information on our "doc":

- Dr. Glenmullen's office is located in the basement of the Harvard Law building at 1563 Mass Ave - nearly four miles away from the Harvard Medical School in Longwood.
- In addition to the fact that long-time professors at Harvard Medical School have never heard of him, and he admits he has been away for at least the last four years writing his book, he is also only listed as a clinical instructor. Instructors are on the lowest possible rung of the ladder - and the clinical part means that he is just teaching, and not conducting research.

Here is some contact information for people who can provide more information from doctor, patient, and advocate viewpoints:

Dr. Anthony Rothschild
Professor of psychiatry at U Mass Medical
(508) 856-5928
pager 888-895-2754
(unavailable from 3-4:00 pm)

Dr. Jerrold Rosenbaum
Professor of psychiatry at Harvard Medical School
726-3482
966-3363 cell 724-0842

Bernie Carey
Tim O'Leary
Massachusetts Association for Mental Health
742-7452

*psychiatrist at Law School +
+ Sep. clinic +
+ administrator +*

Commentary on Prozac Backlash

Glenmullen is a master of textual exegesis, quoting fragments from other physicians that distort their larger meanings. Use of his and others' personal testimonials is a reminder of medicine's authoritarian past, where the long and dishonorable tradition of "In my experience" means one patient, "In my series" stands for 2 patients and "In patient after patient after patient" equals 3 patients. The alternative is the scientific method, where hypotheses tested in randomized controlled trials lead to incremental advances in knowledge.

SSRIs have beneficial effects on many well-defined psychiatric disorders other than depression (bulimia, OCD, panic disorder, social anxiety disorder, PTSD all have FDA approvals). Glenmullen diminishes these severe disorders and his hyperbole risks great harm to those who suffer their ravages, implying that other treatments are better and safer. His cant is at odds with present knowledge in many areas. Except for exposure therapy for anxiety disorders, alternative treatments he advocates have not been subjected to the same systematic scientific scrutiny that SSRIs have undergone and continue to experience.

While St John's Wort appears to be effective for some depressions, much more study is needed to define its strengths and limitations. NIMH is funding a large multicenter trial because past research failed to answer important questions. And the very after-marketing adverse effects reporting system that Glenmullen excoriates is identifying significant enzyme-inducing properties of St John's Wort that decrease the effectiveness of anticoagulants, protease inhibitors used to treat AIDS and the immune suppressant cyclosporine (Lancet. 355: 548-549, 2000).

As one who has done randomized controlled trials of exercise as a treatment for depression, I would be far more cautious in describing its benefits. As any effective treatment, exercise causes side effects, often musculoskeletal but sometimes compulsive exercise and even sudden death, in those with cardiovascular disease.

Glenmullen's emphasis on discontinuing antidepressant medications will encourage discontinuation by some who are best served by continuing their SSRI maintenance medication. Relapse will follow discontinuation, sometimes into severe depressions, some of which will likely lead to suicide. Glenmullen's misrepresentations and distortions are dangerous and violate one of medicine's oldest dictums: *Primum nil nocere* (First, do no harm).

John Greist, M.D.
CEO Healthcare Technologies Systems, LLC
Clinical Professor, Department of Psychiatry
University of Wisconsin Medical School
Co-director and Senior Scientist, Madison Institute of Medicine

Commentary on Prozac Backlash

The title of this book appears appropriate as the term "backlash" has the connotation of over reaction to an event. This book presents a highly unbalanced view of a variety of areas of the treatment of depression and the use of SSRIs. Selected components of research studies, case vignettes, investigative reporting and personal opinion are used to present a slanted view of the status of antidepressant treatment. The boundaries between these sources of information are often unclear and much of the apparent "data" presented is in fact incorrect or quoted out of context.

While it is clear that more balanced point of view would probably not sell as well in book form it is a disservice to people with mental illness to present such unbalanced information. Many of the points presented are not new or even controversial. Patients should be adequately diagnosed, treated appropriately following accepted guidelines and adequately informed of the risks and benefits of treatment.

The comments with regards to children deserve some mention as they highlight some of the problems with the book. The author states (page 128) that "more than half a million children are on serotonin boosters" but provides no reference. There is a report that, the author does not quote, that about 500,000 prescriptions for SSRI's are being written annually, but that is not the same as the number of patients. Also what percentage of the child population in the US is half a million? In epidemiological studies approximately 10% of children with major depression actually get any treatment. This book was published this year and some of the references quoted were from 1999, yet controlled data that has been available on treatment of children and adolescents since 1997 is ignored in favor of inflated statements from earlier reviews.

SSRI's have been shown to be effective in children and adolescents for both depression and obsessive compulsive disorder (OCD) and side effects are generally comparable with placebo.

Finally, I would heartily agree with the author that "antidepressants can have an important place in balanced comprehensive psychiatric treatment" and that "judicious use of medication can be invaluable, even life-saving" (page 355). However this is not a new idea proposed by the author but a standard of psychiatric treatment aimed for by most competent psychiatrists.

Graham J. Emslie, M.D.
Professor, Department of Psychiatry
The University of Texas Southwestern Medical Center
Emslie@utsw.swmed.edu

Commentary on Prozac Backlash

Dr. Glenmullen's book "Prozac Backlash" is introduced at a time when psychiatric research documents the devastating effects of mental depression. The large body of accumulated research on depression also notes the development of treatments that have been demonstrated to be effective and safe for the alleviation of depression. Continued use of treatments for depression reduces depression-related pain and suffering for those who experience depression. Even the Surgeon General of the United States has made adequate treatment of depression a priority.

Dr. Glenmullen is critical of this research, the diagnostic criteria developed by the American Psychiatric Association, the Food and Drug Administration, the pharmaceutical industry, and clinical investigators. He recommends treatments that for the most part are not adequately studied as alternatives to established methods of treating depression.

I am concerned that individuals who suffer from depression and who would likely benefit from established and well researched treatments might opt instead for the remedies suggested by Dr. Glenmullen. I acknowledge that we do not know the cause(s) of depression or how treatments work. Answers to these important questions, however, can only come from further research.

David L. Dunner, M.D.
Director, Center for Anxiety and Depression
Professor, Department of Psychiatry and Behavioral Sciences
University of Washington

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