

From jwb@alumni.stanford.org Sat Sep 19 18:21:39 1998  
Received: (from mailnull@localhost)  
by listserv.acns.nwu.edu (8.8.7/8.8.7) id SAA29436  
for <sscpnet@listserv.acns.nwu.edu>; Sat, 19 Sep 1998 18:21:39 -  
0500 (CDT)  
Received: from raven.prod.itd.earthlink.net(209.178.63.9) by iris.itcs.nwu.edu  
via smap (V2.0)  
id xma029413; Sat, 19 Sep 98 18:20:45 -0500  
Received: from jwb (1Cust26.tnt14.nyc3.da.uu.net [153.37.142.26])  
by raven.prod.itd.earthlink.net (8.8.7/8.8.5) with SMTP id QAA10411;  
Sat, 19 Sep 1998 16:20:04 -0700 (PDT)  
From: "John Winston Bush" <jwb@alumni.stanford.org>  
To: "SSCPNet" <sscpnet@listserv.acns.nwu.edu>,  
"Behavior analysis list" <BEHAV-AN@LISTSERV.NODAK.EDU>  
Subject: FW: The Antidepressant Era  
Date: Sat, 19 Sep 1998 19:20:37 -0400  
Message-ID: <000001bde424\$1d304460\$1a8e2599@jwb>  
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X-Mailer: Microsoft Outlook 8.5, Build 4.71.2173.0  
X-MimeOLE: Produced By Microsoft MimeOLE V4.72.2106.4  
X-IMAPbase: 1114774946 178  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 1

Here's something that might interest people on this list. (haven't read it;  
just passing it along.)

-----Original Message-----

From: List Name PSYCH-CI - Current issues in psychology and psychiatry  
[mailto:PSYCH-CI@MAELSTROM.STJOHNS.EDU] On Behalf Of Human  
Nature  
Sent: Saturday, September 19, 1998 6:03 PM  
To: PSYCH-CI@MAELSTROM.STJOHNS.EDU  
Subject: The Antidepressant Era

This week's recommendation:  
The Antidepressant Era  
by David Healy  
<http://www.amazon.com/exec/obidos/ASIN/0674039572/darwinanddarwin/>

When we stop at the pharmacy to pick up our Prozac, are we simply buying a  
drug? Or are we buying into a disease as well? The first complete account of

the phenomenon of antidepressants, this authoritative, highly readable book relates how depression, a disease only recently deemed too rare to merit study,

has become one of the most common disorders of our day--and a booming business

to boot.

THE ANTIDEPRESSANT ERA chronicles the history of psychopharmacology from its

inception with the discovery of chlorpromazine in 1951 to current battles over

whether these powerful chemical compounds should replace psychotherapy.

An

expert in both the history and the science of neurochemistry and psychopharmacology, David Healy offers a close-up perspective on early research

and clinical trials, the stumbling and successes that have made Prozac and Zoloft household names. The complex story he tells, against a backdrop of changing ideas about medicine, details the origins of the pharmaceutical industry, the pressures for regulation of drug companies, and the emergence of

the idea of a depressive disease. This historical and neurochemical analysis leads to a clear look at what antidepressants reveal about both the workings of

the brain and the sociology of drug marketing.

Most arresting is Healy's insight into the marketing of antidepressants and the

medicalization of the neuroses. Demonstrating that pharmaceutical companies

are

as much in the business of selling psychiatric diagnoses as of selling psychotropic drugs, he raises disturbing questions about how much of medical

science is governed by financial interest.

Human-Nature.Com

<http://www.human-nature.com>

Updates:

<http://www.human-nature.com/whatsnew.htm>

From mbmiller@taxa.psyc.missouri.edu Tue Jan 12 19:12:32 1999

Received: (from mailnull@localhost)

by listserv.acns.nwu.edu (8.8.7/8.8.7) id TAA21257

for <sscpnet@listserv.acns.nwu.edu>; Tue, 12 Jan 1999 19:12:31 -

0600 (CST)

Received: from taxa.psyc.missouri.edu(128.206.45.83) by iris.itcs.nwu.edu via smap (V2.0)

id xma021255; Tue, 12 Jan 99 19:12:21 -0600

Received: from localhost by taxa.psyc.missouri.edu (SMI-8.6/SMI-SVR4)

id TAA24677; Tue, 12 Jan 1999 19:12:12 -0600

Date: Tue, 12 Jan 1999 19:12:12 -0600 (CST)  
From: Mike Miller <mbmiller@taxa.psyc.missouri.edu>  
To: SSCPnet List <sscpnet@listserv.acns.nwu.edu>  
Subject: The Antidepressant Era  
Message-ID: <Pine.S04.4.05.9901121852580.24662-100000@taxa.psyc.missouri.edu>  
MIME-Version: 1.0  
Content-Type: TEXT/PLAIN; charset=US-ASCII  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 2

This is a part of a book review (8 months old) by Myrna Weissman. I snipped out everything except for one interesting paragraph where she writes about psychoanalysis. If you want the whole thing, it's here:

<http://www.nejm.org/content/1998/0338/0020/1475.asp>

I especially liked the quotes from Alan Stone at the end of the paragraph.

--Mike

-----  
The New England Journal of Medicine -- May 14, 1998 -- Volume 338,  
Number 20

Book Review

The Antidepressant Era

By David Healy. 317 pp. Cambridge, Mass., Harvard University Press, 1997.  
\$39.95. ISBN 0-674-03957-2

<snip>

Healy's "nuts-and-berries" approach to human suffering is appealing except when applied to some real patients. This issue comes to a climax in the final chapter on the Osheroff legal case, in which my late husband, Gerald L. Klerman, M.D. (a developer of psychotherapy and an expert in treatment evaluation), argued that a patient had the right to receive treatments that had been demonstrated to be effective for his or her condition. Osheroff's serious psychotic depression had resulted in his hospitalization and damage to his personal life and had not responded to psychotherapy alone. The empirical evidence, Klerman argued, pointed to treatment with antidepressants, with or without psychotherapy, rather than long-term psychoanalytic psychotherapy alone, which had not been

demonstrated to be effective for psychotic depression and had not been effective in this case. The details of the debate with Alan A. Stone, M.D., the Harvard professor who argued that Klerman's view was an inappropriate indictment of psychoanalytic psychiatry, are chronicled by Healy. This debate took place in 1990; Klerman died in 1992. Not described in Healy's book is the 1995 keynote address to the American Academy of Psychoanalysis in which Stone appeared to have changed his views. He stated that psychoanalysis is "an art form that belongs to the humanities and not to the sciences." In reference to the use of narratives as therapeutics he stated that "based on the scientific evidence now available to us, the basic premises may all be incorrect."

<snip>

Myrna M. Weissman, Ph.D.  
College of Physicians and Surgeons, Columbia University  
New York, NY 10032

From jwb@alumni.stanford.org Tue Jan 12 19:33:06 1999  
Received: (from mailnull@localhost)  
by listserv.acns.nwu.edu (8.8.7/8.8.7) id TAA21963  
for <sscpnet@listserv.acns.nwu.edu>; Tue, 12 Jan 1999 19:33:06 -  
0600 (CST)  
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via smap (V2.0)  
id xma021948; Tue, 12 Jan 99 19:32:38 -0600  
Received: from alumni.stanford.org (1Cust3.tnt5.nyc1.da.uu.net  
[208.251.162.3])  
by raven.prod.itd.earthlink.net (8.8.7/8.8.5) with ESMTP id RAA11718;  
Tue, 12 Jan 1999 17:32:29 -0800 (PST)  
Message-ID: <369BF7A0.165DC724@alumni.stanford.org>  
Date: Tue, 12 Jan 1999 20:32:16 -0500  
From: "John W. Bush" <jwb@alumni.stanford.org>  
X-Mailer: Mozilla 4.5 [en] (Win95; U)  
X-Accept-Language: en  
MIME-Version: 1.0  
To: mbmiller@taxa.psyc.missouri.edu  
CC: SSCPnet List <sscpnet@listserv.acns.nwu.edu>  
Subject: Re: The Antidepressant Era  
References: <Pine.SO4.4.05.9901121852580.24662-  
100000@taxa.psyc.missouri.edu>  
Content-Type: text/plain; charset=us-ascii  
Content-Transfer-Encoding: 7bit  
Status: O  
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Mike,

My hat goes off to Alan Stone. It takes real cojones to change one's mind in public like that.

I've said for years that Psa courses belong in humanities, not psychology. Though they're no longer 100% welcome there, either: among the most scathing critics of Psa has been Frederick Crews of the English department at UC/Berkeley.

--John

-----

Mike Miller wrote:

>  
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> as therapeutics he stated that "based on the scientific evidence now  
> available to us, the basic premises may all be incorrect."  
>  
> <snip>  
>  
> Myrna M. Weissman, Ph.D.  
> College of Physicians and Surgeons, Columbia University  
> New York, NY 10032

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John W. Bush  
207 Berkeley Place  
Brooklyn, NY 11217-3801  
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Phone: 718 636-5071  
Fax: 718 636-5166  
Email: jwb@alumni.stanford.org  
Web: <http://www.cognitivetherapy.com>  
-----

From wsanders@rci.rutgers.edu Thu Jan 14 21:17:38 1999  
Received: (from mailnull@localhost)  
by listserv.acns.nwu.edu (8.8.7/8.8.7) id VAA03468  
for <sscpnet@listserv.acns.nwu.edu>; Thu, 14 Jan 1999 21:17:37 -  
0600 (CST)  
Received: from amenti.rutgers.edu(165.230.116.133) by iris.itcs.nwu.edu via  
smap (V2.0)  
id xma003466; Thu, 14 Jan 99 21:17:24 -0600  
Received: (qmail 20425 invoked by uid 2998); 15 Jan 1999 03:17:23 -0000  
Date: Thu, 14 Jan 1999 22:17:22 -0500 (EST)  
From: William Sanderson <wsanders@rci.rutgers.edu>  
X-Sender: wsanders@amenti.rutgers.edu  
Reply-To: William Sanderson <wsanders@rci.rutgers.edu>  
To: sscpnet@listserv.acns.nwu.edu, Division 12 <div12@vm1.nodak.edu>,  
New York State Psychological Association list  
<NYSPA@LISTS.APA.ORG>  
cc: "Bruce, Martha" <mbruce@nyh.med.cornell.edu>,  
carlsonm@child.cpmc.columbia.edu, ess8@columbia.edu,  
"J. Rapoport" <rapoport@helix.nih.gov>, jehelzer@zoo.umv.edu,

Linda Cottler <cottler@epi.wustl.edu>,  
Myrna Weissman <weissman@child.cpmc.columbia.edu>,  
Pat Shrout <shrout@psych.nyu.edu>, schooler@lij.edu,  
skodola@pi.cpmc.columbia.edu, james.barrett@dartmouth.edu,  
Darren Nix <nixd@epi.wustl.edu>

Subject: Am Psychopathological Assoc Mt: March 1999, New York City

Message-ID: <Pine.GSO.3.94.990114215310.20147A-  
100000@amenti.rutgers.edu>

MIME-Version: 1.0

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Status: O

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**\*\*conference announcement: please forward to relevant listservers\*\***

89th Annual Meeting  
American Psychopathological Association

TREATMENT OF DEPRESSION IN THE NEW MILLENIUM  
March 4-6, 1999 at the Crowne Plaza Hotel, New York City

An internationally recognized group of scientists will cover a range of topics related to the care of patients with depression. Topics include:  
the magnitude of depression  
treatment in the new healthcare system  
pharmacotherapy  
alternative treatments (e.g., ECT, rTMS)  
scientific base for developing new treatments  
clinical workshop: interpersonal psychotherapy for depression

Speakers include:

David Brent, Kathleen Clougherty, David Dunner, Ellen Frank, David Healy,  
Robert Hirschfeld, Steven Hyman, Donald Klein, David Kupfer, John  
Markowitz, Robert Michels, Charles Nemeroff, Eugene Paykel, Judith  
Rapoport, John Rush, Harold Sackeim, William Sanderson, Ezra Susser,  
Ming  
Tsuang, T. Ustun, & Myrna Weissman.

To view the entire program or request a copy of the brochure:

[www.psych.nyu.edu/APPA](http://www.psych.nyu.edu/APPA)

To register or to request a brochure contact Darren Nix: 314-286-2252  
email: [nixd@EPI.WUSTL.EDU](mailto:nixd@EPI.WUSTL.EDU)

CME and CE credits available.

-----  
William C. Sanderson, PhD  
Rutgers University  
APPA Conference Publicity Chair  
wsanders@rci.rutgers.edu  
-----

From Oliver2@aol.com Fri Nov 5 10:52:28 1999  
Received: (from mailnull@localhost)  
by listserv.acns.nwu.edu (8.8.7/8.8.7) id KAA12795  
for <sscpnet@listserv.acns.nwu.edu>; Fri, 5 Nov 1999 10:52:27 -0600  
(CST)  
From: Oliver2@aol.com  
Received: from imo-d08.mx.aol.com (imo-d08.mx.aol.com [205.188.157.40])  
by iris.itcs.nwu.edu via smap (V2.0)  
id xma012785; Fri, 5 Nov 99 10:52:12 -0600  
Received: from Oliver2@aol.com  
by imo-d08.mx.aol.com (mail\_out\_v23.6.) id vDFTsn7Gm\_ (3888)  
for <sscpnet@listserv.acns.nwu.edu>; Fri, 5 Nov 1999 11:52:09 -0500  
(EST)  
Message-ID: <0.ee4def6b.25546539@aol.com>  
Date: Fri, 5 Nov 1999 11:52:09 EST  
Subject: Guardian article about Prozac  
To: sscpnet@listserv.acns.nwu.edu  
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Dear All:

Sorry for the long post. This article apparently appeared on Oct. 30 in the Guardian in England. I couldn't find a web page so I decided to post it for those who might be interested. It offers a somewhat different perspective than the published literature on the topic. On the other hand much of the published literature on this topic has been funded by the manufacturer. I don't think this article was.

David Antonuccio

THEY SAID IT WAS SAFE

>

>It was too good to be true. Prozac, the  
>wonderdrug hailed as the answer to the war



>against depression and taken by some 37  
>million people worldwide, is not as  
>>harmless as we've been led to believe.  
>>Disturbing evidence has now emerged,  
>showing that, after the initial relief and  
>>euphoria of the first dose, Prozac can push  
>some patients into so agitated a state of  
>mind that they are a danger not only to  
>>themselves, but to others, too.

>By Sarah Boseley

>>

>Saturday October 30, 1999

>

>Prozac is the late 20th century's miracle drug - a  
>>medicine for a world that wants simple answers to  
>life's complexities. Happiness is pill-shaped.  
>>Depression is soluble. No more worries. No more  
>>wrestling with the gut-wrenching anxieties  
>thrown up by the pressure to succeed and the fact  
>of our mortality. No more wondering whether it  
>would be nobler to end it all. Unsurprising, then,  
>that Prozac has been received across the globe  
>with quasi-religious fervour. More than 38  
>million people have taken it.

>

>And, unlike the old prescription tranquillisers  
>such as Valium and Librium, Prozac is said to be  
>safe. It is almost impossible to kill yourself with  
>an>overdose. That has been its biggest-selling  
>pitch - Prozac is simple, legal and safe. GPs are  
>handing it out to teenagers, even to young  
>>children, in increasing numbers.

>

>But since its launch in January 1988 in the US,  
>and in the UK shortly after, when Prozac was let  
>loose on whole populations rather than on selected  
>>patients in clinical trials, there has been a spate  
>of disturbing accounts of violence and suicide  
>>committed by people prescribed the drug by their  
>>doctors. Some 200 cases have come to court in the  
>US.>Victims and families of killers have sued the  
>>multi-national Eli Lilly, manufacturers of the  
>world's>most commercially successful drug. Until  
>>recently, not one case reached a verdict. Either it  
>was>dropped, or Lilly settled out of court,  
>>sometimes for millions of dollars - Lilly's  
>defence>has always been the same: blame the  
>>disease, not the drug. Depressed people get put on  
>Prozac.>Depressed people are often suicidal. Keep

>on>taking the tablets.

>

>But>earlier this year, for the first time, Lilly  
>came up>against a family in the US who would not  
>settle.>The Forsyths wanted a hearing. Internal  
>>documents belonging to Lilly were produced in  
>court.>And although Lilly won the case - the jury  
>decided>it could not hold it responsible for Bill  
>Forsyth>Sr's death - it may have lost the  
>>argument, for those documents showed that Lilly  
>knew as>long as 20 years ago that Prozac can  
>produce>in some people a strange, agitated state of  
>mind>that can trigger in them an unstoppable urge  
>to>commit suicide or murder.

>

>Dr>David Healy, a leading UK psychiatrist in the  
>field>of anti-depressant medicine and author of  
>The>Antidepressant Era, the only comprehensive  
>history>of such drugs, believes that Lilly is guilty  
>of a>failure to warn doctors and public of the  
>>terrible potential consequences for some people of  
>taking>Prozac. "Based on published data and on  
>Lilly's>internal documents, the only reasonable  
>>estimate for the number of people who have  
>>worldwide, because of Prozac, tried to kill  
>>themselves since it was introduced would be a  
>quarter>of a million - around 25,000 will have  
>>actually succeeded," says Healy.

>

>>Terrifying things happen to a number of people  
>within>the first few weeks of taking the drug, says  
>Healy.>They become agitated, restless and anxious.  
>Out of>the blue, and completely out of character,  
>they>may try to kill themselves in extremely  
>violent>ways, and they may try to take others with  
>them.

>

>What>happened to Bill Forsyth Sr is typical of  
>some>people's catastrophic reaction to the drug,  
>which>hits the susceptible within days of starting  
>on it.>(The first Prozac case to come to litigation  
>>concerned Joseph Wesbecker, a Louisville  
>>printer, who took several automatic weapons to  
>work>one day and killed eight and injured 16 of  
>his>colleagues before turning the gun on himself.)  
>Forsyth>was a man of certainties. He was a  
>>go-getter, the sort of run-of-the-mill success  
>story>that America rejoices in. For 40 years, he'd  
>been in>the car business in California, land of the  
>>freeway, owning a car-rental firm based at Los

>Angeles>airport. When the airport needed his  
>space>for expansion in 1986, it bought him out  
>for big>bucks.

>

>So Bill>retired. He had plenty of money to spend on  
>the>leisure and pleasure he'd never had time to  
>enjoy.>He and his wife spent four more years in  
>>California, where they had brought up their two  
>>children, Susan and Bill Jr. Then they moved to  
>Hawaii,>where their son had made his home with  
>his>wife and children. But life soon began to jar  
>for>Bill Sr. He found it hard to reconcile the  
>simple,>hedonistic life of his son with his own  
>dogged,>lifetime pursuit of ambition and material  
>goals.>And he and June, his wife of 37 years, were  
>falling>out. They had built themselves a luxurious  
>house>on Maui, but were under each other's feet,  
>unused>to being constantly together. Bill walked  
>away a>couple of times, flying back to LA for some  
>space.>Then he and June went to a  
>>marriage-guidance counsellor. They successfully  
>sorted>out their relationship.

>

>But in>December 1992 Bill began to have panic  
>>attacks. His doctor prescribed medication, which  
>worried>him a little: many years earlier, the  
>>self-imposed pressures of his business had led to  
>heavy>drinking, and he had not touched a drop for  
>a very>long time, so did not like the idea of taking  
>>mind-altering drugs. Still, he was the sort of man  
>who>wanted to do what the doctor told him, so he  
>took>his medicine. But it didn't work. Let's try  
>>something else, said the doctor. A new drug,  
>Prozac.>Obediently, Bill Sr took his pills. The  
>very>next day he experienced the Prozac miracle.  
>He felt>wonderful. The clouds had cleared. Bill  
>called>his doctor to tell him he felt 200% better.

>

>The>next day, the doctor got another call. It was  
>from>Bill Jr to tell him that a horrible change had  
>come>over his father. Bill Sr himself, who had  
>rarely>been in hospital in his life, had urgently  
>>demanded to be admitted to a psychiatric hospital.  
>He>spent a week in the Castle Medical Center, on  
>the>neighbouring island of Oahu, where doctors  
>>continued to give him Prozac. On March 3 1993,  
>after>11 days on Prozac, Bill Sr went home at his  
>own>request. Bill Jr went round for dinner. Bill  
>Sr and>June planned to go out whale-watching  
>with>their son the next day. When they didn't turn

>up as>arranged, he went to the house. He found a  
>scene>of carnage: during the night or early in the  
>>morning, his father had stabbed his mother 15  
>times>and had then placed a serrated kitchen knife  
>on a>stool and impaled himself on it.

>  
>Bill Jr>and Susan and were devastated and  
>>disbelieving - never in a thousand years would  
>they>have guessed that their father might one day  
>murder>their mother and then kill himself in so  
>violent>a fashion. As far as they were concerned,  
>there>could be only one answer - that Prozac was  
>>responsible.

>  
>In>March this year, their suit against Eli Lilly  
>finally>came to trial in Honolulu, Hawaii. In the  
>run-up>to the trial, the Forsyth family's lawyers  
>>contacted Dr Healy at his home in Bangor, north  
>Wales.>It was not the first time he had been asked  
>to look>at a case against Lilly that alleged Prozac  
>had>caused balanced individuals with minor  
>>depression to become suicidal killers. Every time,  
>Healy,>who is director of the north Wales  
>>department of psychological medicine, had come to  
>the>conclusion that there was no case to answer,  
>and at>first wasn't inclined to wade through the  
>Forsyth>papers. But he was about to fly to the US,  
>anyway,>so he relented. Okay, he told the lawyers,  
>let me>see the files when I get there.

>  
>Several>boxes of documents arrived in his hotel  
>room.>This case was, to Healy, clearer than any of  
>the>previous ones. Bill Sr had no history of  
>mental>illness. He had never shown any suicidal  
>>leanings. What had happened on the last night of  
>his>life was totally unexpected and out of  
>>character. Nobody would have predicted it, and  
>nobody>could understand it. Healy became  
>>increasingly convinced that Prozac had sent  
>Forsyth>into a homicidal, suicidal frenzy. He  
>agreed>to become an expert witness for the family  
>against>Eli Lilly.

>  
>What  
>Healy has learned during the litigation has  
>>surprised and worried him. He believes, as he  
>always>has, that Prozac is a useful  
>>anti-depressant. But there is now a mound of  
>>evidence that, in a minority of cases, it induces a  
>strange>and disturbing state of mind that can lead

>to>violence and suicide. This state of mind is a  
>>recognised psychiatric phenomenon, called  
>>akathisia. Akathisia was described by the  
>>Forsyths' attorney, Andy Vickery, as a sort of  
>>jitteriness or feeling "wired", like the effects of  
>>drinking too much strong black coffee. But on  
>Prozac,>the experience can be far more severe,  
>>sometimes leading to an inability to keep still and  
>to>restless pacing up and down.

>  
>Vickery>told the jury that it was like the onset of  
>>seasickness within hours or days of feeling  
>>fantastic at the start of a cruise. You try to ignore  
>it. You>tell people you feel fine, hoping it will go  
>away.>You can't stay in one place - you go outside  
>for>air, then back in to try to keep still. Then,  
>just>when you think it's over, you race to the side  
>and>retch your guts up.

>  
>>Akathisia caused by antipsychotic drugs has long  
>been>recognised as leading to suicidal and  
>>homicidal-suicidal feelings. But antipsychotics  
>such as>chlorpromazine, while sometimes  
>>inducing suicidal feelings, take away the will to do  
>>anything about it. Never - before Prozac - had it  
>been>associated with antidepressants, which apply  
>no such>brakes on action. So doctors would not  
>expect>to see it. Lilly had issued no warnings that  
>it>could occur, even though akathisia had been  
>spotted>in some patients during the clinical trials  
>before>Prozac was given its licence.

>  
>Lilly's>own internal documents show it was  
>>identified as early as 1978. On August 2 of that  
>year,>when only three trials were under way,  
>minutes>of a meeting of the Fluoxetine (Prozac)  
>Project>Team run thus: "There have been a fairly  
>large>number of reports of adverse reactions...  
>Another>depressed patient developed psychosis...  
>>Akathisia and restlessness were reported in some  
>>patients." A similar meeting 10 days earlier had  
>noted>that "some patients have converted from  
>severe>depression to agitation within a few days;  
>in one>case the agitation was marked and the  
>patient>had to be taken off [the] drug."

>  
>The>minutes further state that "in future studies  
>the use>of benzodiazepines to control the agitation  
>will be>permitted". So, from that point on, Lilly's  
>trial>subjects would be put on tranquillisers to

>get>them over the akathisia experienced by some  
>in the>early days on the drug. Yet once Prozac was  
>on the>market, there was no warning to doctors  
>that>such action might be necessary.

>

>Those>who developed akathisia or who had any  
>>suicidal tendencies were excluded from the trial  
>data on>the basis that they would otherwise  
>obscure>the results of the drug's success in  
>>treating depression. Yet the German licensing  
>>authority, the Bundes Gesundheit Amt (BGA), on  
>>scrutinising the results, expressed concerns  
>about>the drug's safety. On May 25, 1984,  
>>according to Lilly's internal documents, a letter  
>from>the BGA stated: "During the treatment with  
>the>preparation [Prozac], 16 suicide attempts  
>were>made, two of these with success. As patients  
>with a>risk of suicide were excluded from the  
>>studies, it is probable that this high proportion  
>can be>attributed to an action of the preparation  
>[Prozac]."

>

>In>January 1985, the Germans told Lilly that  
>they>would not license the drug, giving "suicidal  
>risk">as one of the reasons for their decision.  
>Lilly's>scientists continued trying to persuade the  
>BGA to>grant a licence, but focused most of their  
>efforts>on the US. By August 1989, it was clear to  
>Lilly>that the BGA would demand that Prozac carry  
>a>warning to GPs to the effect that they should be  
>aware>of the risk of suicide unless they gave  
>>patients sedation along with their Prozac. Such a  
>>warning, stating that there was a "risk of  
>>suicide", finally went on the German package  
>insert>in 1992. It goes on: "For his/her own  
>safety,>the patient must be sufficiently observed,  
>until>the antidepressive effect of Fluctin [Prozac]  
>sets>in. Taking an additional sedative may be  
>>necessary."

>

>During>the licensing process in the US, however,  
>Lilly>did not tell the Food and Drugs  
>>Administration (FDA) of the German concerns.  
>Indeed,>the firm's papers disclose a long and  
>>successful battle against the idea that Prozac could  
>induce>violence or suicide. They suggest that Lilly  
>had an>explicit strategy to blame the disease and  
>not the>drug, and that some of Lilly's own  
>>scientists had reservations about this.

>

>One of>them, John Heiligenstein, wrote in an  
>>internal memo on September 14, 1990: "We feel  
>caution>should be exercised in a statement that  
>>'suicidality and hostile acts in patients taking  
>Prozac>reflect the patient's disorder and not a  
>causal>relationship to Prozac'. Post-marketing  
>reports>[reports from GPs of suicides and  
>>violence in patients on the drug] are increasingly  
>fuzzy>and we have assigned, 'Yes, reasonably  
>>related', on several reports."

>  
>This>memo was written two years after Prozac  
>was>granted a licence in the US, and just months  
>after>the most dangerous challenge to Lilly's  
>>position so far. Earlier in 1990, Martin Teicher,  
>>Jonathan Cole and Carol Glod, who were linked to  
>Harvard>University, published a study of six  
>>patients on Prozac. They had a history of  
>>depression, but all, while on the drug, became  
>>violently suicidal in a way that surprised  
>>themselves and their doctors. The report noted  
>that>suicidal thoughts occurred within days or  
>weeks>of going on Prozac, or of having the dosage  
>>increased beyond a certain level, and that such  
>>thoughts disappeared when the patient stopped  
>taking>the drug. But Lilly insisted that Prozac did  
>not>cause akathisia. For good measure, the  
>company>asserted that the link between akathisia  
>and>suicide is questionable.

>  
>Lilly's>internal documents of the time show that it  
>was>going through a difficult period. Some of the  
>public>criticism of its blockbuster drug was  
>coming>from the UK. "Anything that happens in  
>the UK>can threaten this drug [Prozac] in the US  
>and>worldwide," ran an internal memo from Leigh  
>>Thompson, one of Lilly's chief scientists. "We are  
>now>expending enormous efforts fending off  
>attacks>because of 1) relationship to murder and  
>2)>inducing suicidal ideation [suicidal  
>>behaviour]."

>  
>Another>memo from Thompson ran: "I am  
>>concerned about reports I get re UK attitude  
>toward>Prozac safety. Leber [Dr Paul Leber of the  
>FDA]>suggested a few minutes ago we use CSM [the  
>British>Committee on Safety of Medicines]  
>>database to compare Prozac aggression and  
>>suicidal ideation with other antidepressants in the  
>UK.>Although he is a fan of Prozac and believes a

>lot of>this is garbage, he is clearly a political  
>>creature and will have to respond to pressures. I  
>hope>Patrick [probably a Lilly employee, but not  
>>identified fully in the memo] realises that Lilly  
>can go>down the tubes if we lose Prozac, and just  
>one>event in the UK can cost us that."

>

>This>was how high the stakes had become. Without  
>Prozac,>Lilly could "go down the tubes". A memo  
>from>the German office to Lilly's US headquarters  
>in that>November indicates that Lilly was keen to  
>root>out the word "suicide" altogether from its  
>>database record of side-effects experienced by  
>>patients on the drug: Claude Bouchy and Hans  
>Weber>in Germany were alarmed by suggestions  
>from>their US superiors that, when GPs reported  
>a>suicide attempt on Prozac to them, they should  
>record>it as "overdose" (even though it is not  
>>possible to kill yourself by overdosing on  
>>Prozac), and that a GP's report of "suicidal  
>>ideation" should be recorded as "depression" -  
>"Hans>has medical problems with these directions  
>and I>have great concerns about it," runs a memo  
>from>Bouchy to Thompson. "I do not think I could  
>explain>to the BGA, to a judge, to a reporter or  
>even to>my family why we would do this,  
>>especially on the sensitive issue of suicide and  
>suicide>ideation."

>

>

>Something had to be done. Lilly finally agreed to  
>>undertake the study suggested by the FDA, and look  
>at the>suicide rate among UK patients on Prozac,  
>but it>didn't. Instead, the company put together a  
>>"meta-analysis" from the clinical trials before  
>the>drug had been licensed (meta-analysis pools  
>all the>data from all available trials, and looks for  
>trends>from that very large sample of patients).  
>The>object was to find out whether more people on  
>Prozac>had become suicidal than those given a  
>placebo>or other treatment without knowing it.  
>Lilly's>own scientists, led by Charles Beasley, did  
>the work.

>

>

>Beasley's study was rejected by the New England  
>Journal>of Medicine, but the British Medical  
>Journal>accepted and published it in 1991. It had  
>"the>appearance of scientific rigour", says Dr  
>Healy,>but it is clear, he says, in the light of the



>>documents that emerged in the Forsyth case, that  
>the>so-called meta-analysis had included only  
>3,065>patients out of around 27,000 involved in  
>the>trials and that it had also included data that the  
>FDA had>rejected during licensing. Among those  
>>excluded from Lilly's study were the 5% of  
>>patients who had shown akathisia-like symptoms  
>during>the clinical trials and had dropped out, and  
>also>the 13 or 15 suicides - "given the  
>>populations being studied and the numbers  
>>involved, there should have been no suicides",  
>says Dr>Healy. Nor was there any mention of the  
>fact>that a considerable number of patients had  
>been>put on benzodiazepines to suppress the very  
>problem>that Lilly was claiming did not occur.  
>Nor did>the study mention any suicides since the  
>>licensing of the drug, which by that time  
>>numbered some 198 in the US and 94 elsewhere.  
>>On the>basis of this material, and on Lilly's  
>>constant reiteration that depression and not the  
>drug>causes suicide, the FDA's  
>>psychopharmacological drugs advisory committee  
>decided>in September 1991 that there was "no  
>>credible evidence of a causal link between the use  
>of>antidepressant drugs, including Prozac, and  
>>suicidality or violent behaviour".

>  
>The FDA>voted six-three against demanding a  
>warning>on the label, but agreed that "more  
>>research is needed to further explore all the  
>>potential implications of these reports, not only  
>for>Prozac but for other antidepressants as well.  
>Some>members also expressed concern that some  
>>physicians may fail to properly monitor patients  
>being>treated with antidepressants." However,  
>none of>those on the panel would have been aware  
>of the>limitations of the Beasley study, because  
>they>would not have seen Lilly's internal  
>documents.

>  
>It is>this FDA conclusion from nine years ago that  
>Lilly>now cites every time questions are raised  
>about>suicides, homicides and its best-selling  
>drug.>The company's spokesman in Indianapolis  
>told me>: "That is more important than an  
>>attorney's selective manipulation of data. You have  
>to take>a look at the patient population. In people  
>with>depression there is probably a 15 per cent  
>suicide>rate. There is no evidence that Prozac  
>causes>suicide."

>  
>Lilly>adds to this the evidence from three small  
>studies>that, Healy argues, are flawed. One, for  
>>instance, was a study of 654 anxious - not  
>>depressed - patients, of whom only 187 were on  
>Prozac.>According to Lilly's argument, none of  
>these>patients should have committed suicide,  
>because>they were not depressed - and yet one of  
>those>on Prozac did.

>  
>The>agitated state of mind that Prozac brings on in  
>a>minority of people who take it (perhaps one in  
>four)>might not have mattered if it had been aimed  
>only at>the seriously clinically depressed in  
>>hospital, where they would be regularly observed  
>and>sedated if they showed signs of acute anxiety.  
>But>Prozac is not that sort of drug. Prozac has  
>always>been aimed at the general population -  
>those>with a less significant depression or anxiety  
>which>did not wreck their lives but simply made  
>them>more difficult. These people get Prozac from  
>their>GP. And that GP is not around to see what  
>effect>the drug has on their behaviour. Nor is the  
>GP>warned that there might be a problem.

>  
>In>1995, new evidence of Prozac's dangers  
>emerged>from just the type of study that the FDA  
>had>requested years earlier, although it was not  
>carried>out for that specific purpose. A  
>>Boston-based scientist, Herschel Jick, carried  
>out a>study of suicides in the UK among people who  
>had>been prescribed antidepressants by their GP.  
>Jick>compared the suicide rates on 10 different  
>>antidepressants, and found that far more killed  
>>themselves on Prozac than on other drugs.

>  
>Jick's>study found that there were 187 sui cides  
>per>100,000 depressed patients per year on  
>Prozac.>Lilly argues, however, that suicide rates  
>among>people with depression run at about 600  
>per>100,000. But those figures, says Healy,  
>apply>only to hospital patients with acute  
>>depression. Among the depressed population in the  
>>community, the published studies show the  
>suicide>rate is only around 30 per 100,000.  
>>So, on>those figures, 157 people prescribed  
>Prozac>by their GP out of every 100,000 will  
>kill>themselves because of it. In fact, says Healy,  
>the>likelihood of someone committing suicide on  
>Prozac>prescribed by their GP during their first

>month>of treatment is 10 times greater than if  
>they>were untreated, which is a level of risk  
>>approaching that of smokers' likelihood of  
>>developing lung cancer.

>  
>Lilly>says that 38 million people worldwide have  
>taken>Prozac. Given that number, says Healy,  
>25,000>will have killed themselves and a quarter  
>of a>million will have tried. In the UK, between  
>1994>and 1999, at least one million people have  
>taken>Prozac, which, claims Healy, must mean  
>1,000>UK suicides and 10,000 attempts.

>  
>Healy>does not want to see Prozac withdrawn,  
>>however. He wants, instead, to see a clear warning  
>on the>label, so that GPs will know they must keep  
>a close>watch on their patients for the first few  
>weeks>of treatment, and to give patients a sedative  
>if they>appear agitated. Left to themselves, with  
>no>doctor to please, patients suffering from  
>>akathisia will usually give up on the drug - they  
>just>feel too bad to continue - but Lilly's guide to  
>the>treatment, and the standard GP advice, is to  
>carry>on taking the medicine. Once a patient is  
>over>the bad patch, it is argued, they will feel  
>>terrific (see box opposite). They may well feel  
>>terrific - or they may be dead.

>>  
>Teenagers in the UK are now being given Prozac  
>by>their doctors on the assumption that it is safe.  
>They>will not necessarily be closely monitored,  
>let>alone taken off it if they start getting agitated.  
>"I have>been notified of four or five cases of kids  
>in>their teens who have committed suicide by  
>hanging>themselves within weeks of going on  
>Prozac>- one of them only 13," said Healy. "It  
>used to>be almost unheard of for teenagers to kill  
>>themselves. They might make gestures and might  
>>overdose, but they usually do not die."

>  
>The>Forsyths are going to appeal their case.  
>>Vickery, Warner and Co, of Houston, Texas, the  
>law>firm that represented the family, cannot  
>believe>that they lost. "I was shocked and  
>>disappointed for months," says Andy Vickery. "In  
>the>final argument, I told the jury that their  
>verdict>could save lives. I'm now representing  
>>families of people who killed themselves after  
>that>verdict."

>

>The>arguments Vickery made in Honolulu may now  
>be used>in the UK: proceedings have recently been  
>issued>in the first British Prozac case. In 1996,  
>10 days>after starting on Prozac, Reginald Payne  
>from>Wadebridge in Cornwall smothered his wife,  
>Sally,>to death and then jumped off a 200ft cliff.

>  
>If>Healy is right, and so many people have died for  
>want of>a warning to GPs who prescribe Prozac, it  
>is an>indictment not just of Eli Lilly but of the  
>>clinical trials system itself. In spite of all the  
>work>involved in these trials, all the volunteers  
>who>take part in the hope of helping themselves  
>and>benefiting mankind, and all the millions that  
>are>spent, they prove only that a drug will not  
>>obviously harm you and that it has some effect on  
>the>medical condition. They do not satisfactorily  
>detect>the side-effects that patients may go on to  
>suffer.>And once the drug is licensed, the  
>>reporting of side-effects by GPs who hear about  
>them>from their patients is notoriously>>unreliable.

>  
>The>difficulty with a drug such as Prozac, which  
>works>on the mind, is that patients may not  
>>spontaneously report problems. During the  
>trials,>for instance, only 5% reported sexual  
>>problems - it is now known that half of those on  
>the>drug may experience changes in sexual  
>>functioning. And how are they supposed to report a  
>side-effect, such as akathisia, that they've  
>>probably never heard of?

>  
>The>answer to this side-effects problem, says  
>Healy,>is to draw up a checklist. Patients in trials  
>should>be asked if they are suffering from any of a  
>range>of possible side-effects. One study has  
>shown>that patients who are asked only to tell the  
>doctor>if they have a problem may underestimate  
>the>side-effects they suffer by a factor of six to  
>one.>"As things stand at present," says Healy,  
>>"individuals entering a company-sponsored trial  
>risk>rendering a disservice both to themselves, to  
>their>fellow patients and to the community at  
>large.>They need, therefore, to consider before  
>>entering such trials. Their relatives and friends  
>need to>consider before letting them enter such  
>trials."

>  
>In>fact, Healy maintains, patients taking part in  
>>clinical trials where the side-effects are not

>>recorded through a checklist may be putting  
>>themselves in legal jeopardy. If they fail to tell  
>the>doctor of any problems they experience -  
>perhaps>because they do not understand what is  
>>happening to them at the time - they may damage  
>their>chances of any compensation if they later  
>suffer>harm.

>  
>Healy>would like the UK ethics committees, which  
>have to>approve all trial protocols, to insist on  
>the>checklist approach to the reporting of  
>>side-effects. If that were to happen in the UK, he  
>argues,>the practice would inevitably spread  
>>worldwide, since virtually all trials are now  
>>international.

>  
>Healy>has identified other problems with the  
>>licensing system, too, where patients' demands  
>>encourage manufacturers to concentrate on  
>finding>single "blockbuster" drugs that may make  
>them>millions, but that may equally break a  
>>company. The stakes are that high. So high, in  
>fact,>that Healy wonders about the legal advice  
>>companies are getting - several tobacco  
>>corporations, for example, have been advised by  
>their>lawyers not to do research into the dangers  
>of>cigarettes for fear of increasing their legal  
>liability.

>  
>>Whatever is going on inside the huge  
>>pharmaceutical multinationals today, all that  
>really>matters is the depressed patient who goes  
>to see>his GP tomorrow. He may be very  
>>miserable, and he may need help. He may think  
>that>his job or his marriage or both, are on the  
>skids.>But he is not so ill with depression that he  
>wants>to kill himself. Prozac may well be the  
>answer,>but it may also be a final solution. A  
>warning>and some close watching could make all  
>the>difference to him between life and death.

From grosen@u.washington.edu Tue Apr 11 15:08:14 2000

Received: (from mailnull@localhost)

by listserv.it.northwestern.edu (8.8.7/8.8.7) id PAA15983

for <:sscpnet@listserv.acns.nwu.edu>; Tue, 11 Apr 2000 15:08:13 -  
0500 (CDT)

Received: from jason04.u.washington.edu (jason04.u.washington.edu  
[140.142.78.5]) by iris.itcs.nwu.edu via smap (V2.0)

id xma015934; Tue, 11 Apr 00 15:07:52 -0500

Received: from homer39.u.washington.edu  
(groesen@homer39.u.washington.edu [140.142.16.5])  
by jason04.u.washington.edu (8.9.3+UW99.09/8.9.3+UW00.01) with  
ESMTP id NAA28338;  
Tue, 11 Apr 2000 13:07:51 -0700  
Received: from localhost (groesen@localhost)  
by homer39.u.washington.edu (8.9.3+UW99.09/8.9.3+UW99.09) with  
ESMTP id NAA117598;  
Tue, 11 Apr 2000 13:07:49 -0700  
Date: Tue, 11 Apr 2000 13:07:49 -0700 (PDT)  
From: Gerald Rosen <groesen@u.washington.edu>  
To: Martin Antony <mantony@stjosham.on.ca>  
cc: ahouts@bigfoot.com, sscpnet@listserv.acns.nwu.edu  
Subject: Re: Social Anxiety Disorder?  
In-Reply-To: <4.2.2.20000411152401.00b67900@email.stjosham.on.ca>  
Message-ID: <Pine.A41.4.21.0004111306180.91262-  
100000@homer39.u.washington.edu>  
MIME-Version: 1.0  
Content-Type: TEXT/PLAIN; charset=US-ASCII  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 6

In line with the notion of drug companies marketing diagnostic categories  
that create niches for their products, those interested can read The  
Anti-depressant Era by David Healy.  
-Jerry Rosen

=====

On Tue, 11 Apr 2000, Martin Antony wrote:

>  
> In DSM-IV social anxiety disorder is listed in parentheses after the name  
> social phobia. This new name was originally suggested by the DSM-IV task  
> force to better reflect the pervasiveness and impairment from this  
> disorder. My own impression is that the name SAD has been gaining  
> popularity lately because of the heavy marketing efforts of Smithkline  
> Beecham. In fact, the first published paper to use that name (that I am  
> aware of) was a large multisite Paxil trial. One of the most effective  
> ways of selling medications is to "sell" the disorder instead. SKB has  
> been doing a lot of education around the nature and treatment of social  
> anxiety disorder. Once the disorder is firmly entrenched in everyone's  
> mind, the need for treatment will follow.  
>  
> Separate from the whole issue of marketing by drug companies, a number  
of  
> prominent psychologists and psychiatrists recently argued in a letter to

> Archives of General Psychiatry (February 2000; Liebowitz et al.) that  
> social anxiety disorder should be the official name of the disorder.  
>  
> Marty  
>  
>  
>  
> At 02:16 PM 04/11/2000 -0500, you wrote:  
> >Does anyone know how social phobia (in DSM-III-R) became Social  
Anxiety  
> >Disorder in DSM-IV? Where did the term "Social Anxiety Disorder"  
originate?  
> >My students have been telling me about a fancy TV commercial for Paxil  
that  
> >also advertises for Social Anxiety Disorder.  
> >  
> >Arthur C. Houts, Ph.D.  
> >Professor of Psychology  
> >Department of Psychology  
> >Campus Box 526400  
> >University of Memphis  
> >Memphis, TN 38152-6400  
> >901-678-4685  
> >901-678-2579 (fax)  
> >ahouts@bigfoot.com  
> >  
>  
>  
>  
>  
> Martin M. Antony, Ph.D.  
> Director, Anxiety Treatment and Research Centre, St. Joseph's Hospital  
> Chief Psychologist, St. Joseph's Hospital  
> Associate Professor, Psychiatry and Behavioural Neurosciences, McMaster  
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> Fax: 905-521-6120  
> E-mail mantony@stjosham.on.ca  
>  
>

From jcoyne@mail.med.upenn.edu Wed May 31 22:59:46 2000  
Received: (from mailnull@localhost)  
by listserv.it.northwestern.edu (8.8.7/8.8.7) id WAA26641

for <sscpnet@listserv.acns.nwu.edu>; Wed, 31 May 2000 22:59:45 -  
0500 (CDT)  
Received: from mail.med.upenn.edu (mail.med.upenn.edu [165.123.128.11])  
by iris.itcs.nwu.edu via smap (V2.0)  
id xma026630; Wed, 31 May 00 22:59:37 -0500  
Received: from [128.91.18.58] (DIALIN1136.UPENN.EDU [128.91.20.112])  
by mail.med.upenn.edu (8.10.0/8.10.0) with ESMTP id e513xaQ30340  
for <sscpnet@listserv.acns.nwu.edu>; Wed, 31 May 2000 23:59:36 -  
0400 (EDT)  
Message-Id: <I03130323b55b82e17a80@[128.91.18.58]>  
Mime-Version: 1.0  
Content-Type: text/plain; charset="us-ascii"  
Date: Wed, 31 May 2000 23:58:56 -0400  
To: sscpnet@listserv.acns.nwu.edu  
From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: all the news that fit: SSRIs and suicide  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 7

here is a balanced, thoughtful, interesting discussion of science, peer  
review, and the media.

<http://www.nejm.org/content/2000/0342/0022/1668.asp>

It stands in sharp contrast to some of the newslinks which are regularly  
posted on SSCPnet. For instance, last week there was a posting of a link to  
a news article concerning SSRIs and suicide. Supposedly a British  
researcher, David Healy, had given an antidepressant to 10 persons and,  
allegedly, 2 became dramatically suicidal as a result. Currently millions  
of persons are taking SSRIs in North America. If there was any validity to  
Healy's report, one would expect the aged would be killing themselves in  
epidemic proportions, just jumping out the windows of elderly housing in  
droves. Reportedly, 11% of the elderly in Ontario have a prescription for  
antidepressants. Whether the high rates of antidepressant use is good or  
bad, worthy of closer scrutiny (I think it deserves close examination) or  
whatever, it has not been the basis of an epidemic of suicide or suicidal  
ideation. In fact, on a population basis, antidepressants do not increase  
suicide. Such deliberate misinformation and obviously bullshit claims  
paradoxically make it harder to stimulate the critical scrutiny and debate  
that such issues deserve.

It so happens that the source quoted in the article for which a link was  
posted, David Healy, will, testify for a hefty fee on behalf of persons  
accused of murder that an antidepressant made them do it. The point  
contained in the SSCPnet posted link is consistent with what Healy is  
currently being paid to say in a high profile case. The SSCPnet regular who  
posted this link had been quite adamant about the conflict of interests



potentially entailed in any ties to the drug industry no matter how above reproach. Why does he not apply such standards to folks who make money purveying junk science for profit, as Healy does? I see a double standad here--I think we should entertain larger questions about the scientology kind of material that frequently gets posted on the SSCPnet.What gives here?

From plaud@behavior.org Thu Jun 1 06:55:48 2000  
Received: (from mailnull@localhost)  
by listserv.it.northwestern.edu (8.8.7/8.8.7) id GAA27269  
for <sscpnet@listserv.acns.nwu.edu>; Thu, 1 Jun 2000 06:55:48 -0500  
(CDT)  
Received: from hawk.prod.itd.earthlink.net (hawk.prod.itd.earthlink.net  
[207.217.120.22]) by iris.itcs.nwu.edu via smap (V2.0)  
id xma027262; Thu, 1 Jun 00 06:55:43 -0500  
Received: from dr.behavior.org (dialup-63.214.66.69.Boston1.Level3.net  
[63.214.66.69])  
by hawk.prod.itd.earthlink.net (8.9.3/8.9.3) with ESMTP id EAA00843;  
Thu, 1 Jun 2000 04:55:14 -0700 (PDT)  
Message-Id: <4.3.2.7.2.20000601074254.00c50940@mail.behavior.org>  
X-Sender: plaud%behavior.org@mail.behavior.org  
X-Mailer: QUALCOMM Windows Eudora Version 4.3.2  
Date: Thu, 01 Jun 2000 07:55:17 -0400  
To: jcoyne@mail.med.upenn.edu  
From: "Joseph J. Plaud" <plaud@behavior.org>  
Subject: Re: all the news that fit: SSRIs and suicide  
Cc: sscpnet@listserv.acns.nwu.edu  
In-Reply-To: <l03130323b55b82e17a80@[128.91.18.58]>  
Mime-Version: 1.0  
Content-Type: text/plain; charset="us-ascii"; format=flowed  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 8

At 11:58 PM 5/31/00 -0400, James Coyne wrote:  
>here is a balanced, thoughtful, interesting discussion of science, peer  
>review, and the media.  
>  
><http://www.nejm.org/content/2000/0342/0022/1668.asp>  
>  
>It stands in sharp contrast to some of the newslinks which are regularly  
>posted on SSCPnet...snip...

Jim, you are right, this is an interesting article, from none other than the New England Journal of Medicine. Interesting though, that you were critical of David's post last week of the SSRI/Healy article link given that in his SSCPnet posting he specifically stated that "if this holds up" regarding the empirical basis of the finding, so I find no "double standard" in David sharing this URL with us--he had no agenda, he was

passing along information from another source.

Let us use your New England Journal of Medicine example, it is very apropos given the timing of an article released today, I believe, by the New England Journal of Medicine that downplays risk of coronary incidents in persons taking Viagra. On the local Boston news last evening there was a very critical report of this study being published since, evidently, it was funded by Pfizer and the same issue of the journal will contain a 2 page add for Viagra from Pfizer. Several other irregularities were also noted pertaining to the NEJM issue with this study. This follows on the heels of a disclosure this week of the incoming editor of the NEJM being paid to basically tout an asthma medication, and having significant financial ties to other pharmaceutical companies. What do you make of this? In contrast to David's passing along a URL last week on this Healy issue, I find much (if not most) of the editorial practices and policies of the New England Journal of Medicine to be highly suspect and very objectionable, even though they do publish interesting articles and significant studies from time to time.

Joe

From jcoyne@mail.med.upenn.edu Thu Jun 1 09:20:46 2000  
Received: (from mailnull@localhost)  
by listserv.it.northwestern.edu (8.8.7/8.8.7) id JAA07547  
for <sscpnet@listserv.acns.nwu.edu>; Thu, 1 Jun 2000 09:20:40 -0500  
(CDT)  
Received: from uphs1.uphs.upenn.edu (uphs1.uphs.upenn.edu  
[165.123.243.3]) by iris.itcs.nwu.edu via smap (V2.0)  
id xma007430; Thu, 1 Jun 00 09:20:17 -0500  
Received: from [170.212.113.65] (node.uphs.upenn.edu [165.123.243.13])  
by uphs1.uphs.upenn.edu (8.9.0/8.9.0) with ESMTP id KAA19638;  
Thu, 1 Jun 2000 10:20:03 -0400 (EDT)  
Mime-Version: 1.0  
X-Sender: jcoyne@uphs1 (Unverified)  
Message-Id: <v04220801b55b6ea39ded@[170.212.113.65]>  
In-Reply-To: <4.3.2.7.2.20000601074254.00c50940@mail.behavior.org>  
References: <4.3.2.7.2.20000601074254.00c50940@mail.behavior.org>  
Date: Thu, 1 Jun 2000 10:22:53 +0800  
To: "Joseph J. Plaud" <plaud@behavior.org>  
From: "James C. Coyne" <jcoyne@mail.med.upenn.edu>  
Subject: Re: all the news that fit: SSRIs and suicide  
Cc: sscpnet@listserv.acns.nwu.edu  
Content-Type: text/plain; charset="us-ascii" ; format="flowed"  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 9

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>and underestimating the benefits of medication. David is extremely

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Even if a manuscript is accepted, a reviewer can take issue and  
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thoroughly this way, the author declined the opportunity to reply.  
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James C. Coyne, Ph.D.  
Co-Director, Behavioral Sciences and Health Services Research  
University of Pennsylvania Comprehensive Cancer Center and  
Professor  
Department of Psychiatry  
University of Pennsylvania Health System  
11 Gates  
3400 Spruce St  
Philadelphia, Pa 19104  
(215) 662-7035

fax: (215) 349-5067

From plaud@behavior.org Thu Jun 1 09:53:17 2000  
Received: (from mailnull@localhost)  
by listserv.it.northwestern.edu (8.8.7/8.8.7) id JAA12390  
for <sscpnet@listserv.acns.nwu.edu>; Thu, 1 Jun 2000 09:53:15 -0500  
(CDT)  
Received: from swan.prod.itd.earthlink.net (swan.prod.itd.earthlink.net  
[207.217.120.123]) by iris.itcs.nwu.edu via smap (V2.0)  
id xma012356; Thu, 1 Jun 00 09:52:55 -0500  
Received: from dr.behavior.org (dialup-63.214.126.220.Boston1.Level3.net  
[63.214.126.220])  
by swan.prod.itd.earthlink.net (8.9.3/8.9.3) with ESMTP id HAA28300;  
Thu, 1 Jun 2000 07:52:45 -0700 (PDT)  
Message-Id: <4.3.2.7.2.20000601103408.00c52c10@mail.behavior.org>  
X-Sender: plaud%behavior.org@mail.behavior.org  
X-Mailer: QUALCOMM Windows Eudora Version 4.3.2  
Date: Thu, 01 Jun 2000 10:53:31 -0400  
To: jcoyne@mail.med.upenn.edu  
From: "Joseph J. Plaud" <plaud@behavior.org>  
Subject: Re: all the news that fit: SSRIs and suicide  
Cc: sscpnet@listserv.acns.nwu.edu  
In-Reply-To: <v04220801b55b6ea39ded@[170.212.113.65]>  
References: <4.3.2.7.2.20000601074254.00c50940@mail.behavior.org>  
<4.3.2.7.2.20000601074254.00c50940@mail.behavior.org>  
Mime-Version: 1.0  
Content-Type: text/plain; charset="us-ascii"; format=flowed  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 10

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Joe Plaud

From headams@arches.uga.edu Thu Jun 1 12:25:58 2000

Received: (from mailnull@localhost)

by listserv.it.northwestern.edu (8.8.7/8.8.7) id MAA07797

for <sscpnet@listserv.acns.nwu.edu>; Thu, 1 Jun 2000 12:25:58 -0500 (CDT)

Received: from mailgw.cc.uga.edu (mailgw.cc.uga.edu [128.192.1.101]) by iris.itcs.nwu.edu via smap (V2.0)

id xma007734; Thu, 1 Jun 00 12:25:41 -0500

Received: from archa7.cc.uga.edu (arch7.cc.uga.edu) by mailgw.cc.uga.edu (LSMTP for Windows NT v1.1b) with SMTP id

<0.01E4F66D@mailgw.cc.uga.edu>; Thu, 1 Jun 2000 13:20:51 -0400

Received: from archa15.cc.uga.edu (arch15.cc.uga.edu [128.192.95.115])

by archa7.cc.uga.edu (8.9.1/8.9.1) with ESMTP id NAA48280;

Thu, 1 Jun 2000 13:24:11 -0400

Received: from localhost (headams@localhost)

by archa15.cc.uga.edu (8.9.1/8.9.1) with ESMTP id NAA122460;

Thu, 1 Jun 2000 13:24:11 -0400  
X-Authentication-Warning: archa15.cc.uga.edu: headams owned process  
doing -bs  
Date: Thu, 1 Jun 2000 13:24:11 -0400 (EDT)  
From: Henry Adams <headams@arches.uga.edu>  
X-Sender: headams@archa15.cc.uga.edu  
To: "Joseph J. Plaud" <plaud@behavior.org>  
cc: jcoyne@mail.med.upenn.edu, sscpnet@listserv.acns.nwu.edu  
Subject: Re: all the news that fit: SSRIs and suicide  
In-Reply-To: <4.3.2.7.2.20000601103408.00c52c10@mail.behavior.org>  
Message-ID: <Pine.A41.4.10.10006011320180.6172-  
100000@archa15.cc.uga.edu>  
MIME-Version: 1.0  
Content-Type: TEXT/PLAIN; charset=US-ASCII  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 11

Joe, As one who has observe you behavior for a number of years (and an admirer of your intellect), I do believe that you could profit from a little treatment. But, aversion therapy not TFT would be my treatment of choice. Just kidding, of course.  
Hank Adams

On Thu, 1 Jun 2000, Joseph J. Plaud wrote:

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 >  
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 >

From Oliver2@aol.com Thu Jun 1 16:30:54 2000  
 Received: (from mailnull@localhost)  
 by listserv.it.northwestern.edu (8.8.7/8.8.7) id QAA16904  
 for <sscpnet@listserv.acns.nwu.edu>; Thu, 1 Jun 2000 16:30:53 -0500  
 (CDT)  
 From: Oliver2@aol.com  
 Received: from imo11.mx.aol.com (imo11.mx.aol.com [152.163.225.1]) by  
 iris.itcs.nwu.edu via smap (V2.0)  
 id xma016886; Thu, 1 Jun 00 16:30:28 -0500  
 Received: from Oliver2@aol.com  
 by imo11.mx.aol.com (mail\_out\_v27.9.) id v.9f.617b3e4 (4367)  
 for <sscpnet@listserv.acns.nwu.edu>; Thu, 1 Jun 2000 17:30:20 -  
 0400 (EDT)  
 Message-ID: <9f.617b3e4.26682feb@aol.com>  
 Date: Thu, 1 Jun 2000 17:30:19 EDT  
 Subject: SSRIs and suicide induction  
 To: sscpnet@listserv.acns.nwu.edu  
 MIME-Version: 1.0

Content-Type: text/plain; charset="US-ASCII"

Content-Transfer-Encoding: 7bit

X-Mailer: AOL 4.0 for Mac sub 189

Status: O

X-Status:

X-Keywords:

X-UID: 12

<Date: Wed, 31 May 2000 23:58:56 -0400

From: James Coyne <jcoyne@mail.med.upenn.edu>

To: sscpnet@listserv.acns.nwu.edu

Subject: all the news that fit: SSRIs and suicide

Message-ID: <I03130323b55b82e17a80@[128.91.18.58]>

Mime-Version: 1.0

Content-Type: text/plain; charset="us-ascii"

here is a balanced, thoughtful, interesting discussion of science, peer review, and the media.

<http://www.nejm.org/content/2000/0342/0022/1668.asp>

It stands in sharp contrast to some of the newslinks which are regularly posted on SSCPnet. For instance, last week there was a posting of a link to a news article concerning SSRIs and suicide. Supposedly a British researcher, David Healy, had given an antidepressant to 10 persons and, allegedly, 2 became dramatically suicidal as a result. Currently millions of persons are taking SSRIs in North America. If there was any validity to Healy's report, one would expect the aged would be killing themselves in epidemic proportions, just jumping out the windows of elderly housing in droves. Reportedly, 11% of the elderly in Ontario have a prescription for antidepressants. Whether the high rates of antidepressant use is good or bad, worthy of closer scrutiny (I think it deserves close examination) or whatever, it has not been the basis of an epidemic of suicide or suicidal ideation. In fact, on a population basis, antidepressants do not increase suicide. Such deliberate misinformation and obviously bullshit claims paradoxically make it harder to stimulate the critical scrutiny and debate that such issues deserve.

It so happens that the source quoted in the article for which a link was posted, David Healy, will, testify for a hefty fee on behalf of persons accused of murder that an antidepressant made them do it. The point contained in the SSCPnet posted link is consistent with what Healy is currently being paid to say in a high profile case. The SSCPnet regular who posted this link had been quite adamant about the conflict of interests potentially entailed in any ties to the drug industry no matter how above reproach. Why does he not apply such standards to folks who make money purveying junk science for profit, as Healy does? I see a double standard here--I think we should entertain larger questions about the scientology

kind of material that frequently gets posted on the SSCPnet. What gives here?>

Jim:

I support disclosure of all conflicts of interest by scientists, no matter what perspective they happen to take. This allows consumers to appropriately consider the source when evaluating such information. I thought the article that quoted Healy appropriately disclosed his work as an expert witness. This fact should be considered along with the data itself. I doubt that you're suggesting that anyone who has worked as an expert witness automatically gives up all their credibility.

You didn't mention the articles by and about Cole or Teicher or others who have raised questions about the possibility of induction of suicidal preoccupation in a small minority of patients. Cole (who has also served as an expert witness) seems to think it happens in about 1 out of 200 patients who take SSRIs which would make it a relatively rare but important phenomenon. If one is not open to the possibility, one may miss it in the rare instance when it does occur.

I agree with you that on a population basis, the preponderance of the evidence does not show that antidepressants raise or lower suicidal risk. The same could be said for giving patients placebo (Kahn et al., 2000). Even though in the Kahn et al. study, placebo had half the suicide rate as SSRIs, this result did not attain statistical significance at least in part because suicide has such a low base rate.

The reason I posted the article featuring Healy is that I had never before seen any information about side effects in healthy patients taking SSRIs (there may be studies out there and I have just not noticed them). Obviously, most studies involve depressed patients and any suicidal ideation is typically attributed to depression. I believe Healy's sample involved 20 healthy patients, 2 of whom became preoccupied with suicide (they didn't actually commit suicide). If these results are replicated on a larger scale and peer reviewed, etc., such data would be troubling. Even on a small scale, assuming the news report is accurate, I'm sure it was troubling for those 2 healthy volunteers.

cordially,

David Antonuccio, Ph.D.  
paid for by the V.A. Medical Center and the University of Nevada School of Medicine

From Oliver2@aol.com Fri Jun 2 11:27:43 2000

Received: (from mailnull@localhost)

by listserv.it.northwestern.edu (8.8.7/8.8.7) id LAA12802

for <sscpnet@listserv.acns.nwu.edu>; Fri, 2 Jun 2000 11:27:41 -0500  
(CDT)  
From: Oliver2@aol.com  
Received: from imo15.mx.aol.com (imo15.mx.aol.com [152.163.225.5]) by  
iris.itcs.nwu.edu via smap (V2.0)  
id xma012771; Fri, 2 Jun 00 11:27:38 -0500  
Received: from Oliver2@aol.com  
by imo15.mx.aol.com (mail\_out\_v27.9.) id v.e1.520cc82 (673)  
for <sscpnet@listserv.acns.nwu.edu>; Fri, 2 Jun 2000 12:27:33 -0400  
(EDT)  
Message-ID: <e1.520cc82.26693a75@aol.com>  
Date: Fri, 2 Jun 2000 12:27:33 EDT  
Subject: bias  
To: sscpnet@listserv.acns.nwu.edu  
MIME-Version: 1.0  
Content-Type: text/plain; charset="US-ASCII"  
Content-Transfer-Encoding: 7bit  
X-Mailer: AOL 4.0 for Mac sub 189  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 13

At 10:22 AM 6/1/00 +0800, James C. Coyne wrote:  
> >>David A is a regular source of posts greatly exaggerating the risks and  
> >>underestimating the benefits of medication. David is extremely selective  
> >>in the information he jsut happens to pass on. These typically are  
> >>not journal article, but newspaper articles with hghly suspect claims  
> >>and agenda. Claims that medications do harm or that they do not work as  
> >>well as intended deserve critical scrutiny. These issues are a key focus  
> >>of the effectiveness trials we run through the NIMH funded intervention  
> >>research center of which I am co-PI. However, I think we need to  
> >>distinguish between responsible and irresponsible claims. And if David  
> >>Healy is offering his services as he does, we should know it. Before the  
> >>Healypost , there were David's posts about Peter Breggin who has been  
> >>publically associated with scientology. This was never brought out.  
> >>Breggin has offered "antidepressants made me do it" for dozens of  
persons  
> >>accused of murder and makes lots of money doing this.

Jim:

I really don't make posts to SSCPnet with the intent of irritating you though  
I will admit that it is sometimes a side benefit. I would like to nominate  
you as the SSCPnet officer who determines all that is balanced. I would also  
like to point out that the list of professionals who are on your "biased"  
list seems to be growing. It obviously includes Breggin, Healy, me, probably  
Fisher & Greenberg. I'm assuming Glenmullen is on the list too. Are Kirsch  
and Sapirstein on the list? What about Cole and Teicher? Any others we  
should know about?

David Antonuccio

From jcoyne@mail.med.upenn.edu Sat Jun 3 07:35:42 2000  
Received: (from mailnull@localhost)  
by listserv.it.northwestern.edu (8.8.7/8.8.7) id HAA17672  
for <sscpnet@listserv.acns.nwu.edu>; Sat, 3 Jun 2000 07:35:39 -0500  
(CDT)  
Received: from mail.med.upenn.edu (mail.med.upenn.edu [165.123.128.11])  
by iris.itcs.nwu.edu via smap (V2.0)  
id xma017551; Sat, 3 Jun 00 07:35:15 -0500  
Received: from [128.91.18.58] (DIALIN0337.UPENN.EDU [128.91.17.81])  
by mail.med.upenn.edu (8.10.0/8.10.0) with ESMTP id e53CZEQ27313  
for <sscpnet@listserv.acns.nwu.edu>; Sat, 3 Jun 2000 08:35:14 -0400  
(EDT)  
Message-Id: <l03130333b55eaa582637@[128.91.18.58]>  
In-Reply-To: <200006030507.AAA01561@listserv.it.northwestern.edu>  
Mime-Version: 1.0  
Content-Type: text/plain; charset="us-ascii"  
Date: Sat, 3 Jun 2000 08:33:26 -0400  
To: sscpnet@listserv.acns.nwu.edu  
From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: Re: prozac made me do it  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 14

David Antonuccio wrote

<<<I really don't make posts to SSCPnet with the intent of irritating you though I will admit that it is sometimes a side benefit. I would like to nominate you as the SSCPnet officer who determines all that is balanced. I would also like to point out that the list of professionals who are on your "biased" list seems to be growing. It obviously includes Breggin, Healy, me, probably Fisher & Greenberg. I'm assuming Glenmullen is on the list too. Are Kirsch and Sapirstein on the list? What about Cole and Teicher? Any others we should know about?>>>>

Arnold Lazarus replied

<<<Whatever you do or strive to do may I recommend that you drop Breggin from your list of admirers?  
Arnold>>>

David, like Arnie, I don't understand how Breggin remains ensconced in your pantheon. Obviously once in not enough, and maybe you see "extremism in pursuit of virtue is no vice". But Breggin has been exposed and discredited

many dozens of times in his efforts to get accused murderers off the hook with his "prozac made me do it" defense that even the most desperate of defense attorneys no longer give him serious consideration. One might argue that only gullible accused murderers who get ripped off are being hurt by his efforts anymore, but some of us still see an ethical issue here. Obviously you have not reached your threshold and still find him praiseworthy.

But there is still money to be made, cashing in on credentials and providing distorted interpretations of the literature for a hefty fee. David Healy is now out pounding the pavement hustling business.

Many of the folks on the SSCPnet will be unfamiliar with the names you bring up. I asked you to share your sources and you declined, but here is one of them.

<http://www.pssg.org/pssg/about.htm>

Fascinating, fascinating. Anyone who wants can go there, see for themselves, and get links to Breggin Healy, and company, direct links to lawyers seeking "porzac made me do it" cases and still more material tied to scientology. I don't understand why you did not want us in on your source. Were we supposed to buy a decoder ring first?

As for Kirsch and Sapirstein, I prefer to let SSCPnetters decide for themselves by going to their article in APA's electronic journal

<http://www.journals.apa.org/prevention/>

They got so thoroughly demolished by the commentators that I do not think there is much more to say about them. Makes interesting reading, though.

From Oliver2@aol.com Sun Jun 4 13:41:48 2000  
Received: (from mailnull@localhost)  
by listserv.it.northwestern.edu (8.8.7/8.8.7) id NAA24619  
for <sscpnet@listserv.acns.nwu.edu>; Sun, 4 Jun 2000 13:41:47 -0500  
(CDT)  
From: Oliver2@aol.com  
Received: from imo11.mx.aol.com (imo11.mx.aol.com [152.163.225.1]) by  
iris.itcs.nwu.edu via smap (V2.0)  
id xma024615; Sun, 4 Jun 00 13:41:38 -0500  
Received: from Oliver2@aol.com  
by imo11.mx.aol.com (mail\_out\_v27.9.) id v.a4.534cb33 (3879)  
for <sscpnet@listserv.acns.nwu.edu>; Sun, 4 Jun 2000 14:41:34 -  
0400 (EDT)  
Message-ID: <a4.534cb33.266bfcde@aol.com>  
Date: Sun, 4 Jun 2000 14:41:34 EDT  
Subject: prozac made me do it  
To: sscpnet@listserv.acns.nwu.edu

MIME-Version: 1.0  
Content-Type: text/plain; charset="US-ASCII"  
Content-Transfer-Encoding: 7bit  
X-Mailer: AOL 4.0 for Mac sub 189  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 15

In a message dated 6/3/0 9:06:46 PM, sscpnet@listserv.acns.nwu.edu writes:

<<David, like Arnie, I don't understand how Breggin remains ensconced in your pantheon. Obviously once in not enough, and maybe you see "extremism in pursuit of virtue is no vice". But Breggin has been exposed and discredited many dozens of times in his efforts to get accused murderers off the hook with his "prozac made me do it" defense that even the most desperate of defense attorneys no longer give him serious consideration. One might argue that only gullible accused murderers who get ripped off are being hurt by his efforts anymore, but some of us still see an ethical issue here. Obviously you have not reached your threshold and still find him praiseworthy.

JIM:

BREGGIN HAS BEEN MENTIONED IN ONLY A COUPLE OF ARTICLES I HAVE POSTED YET YOU REPEATEDLY BRING HIM UP, CERTAINLY MORE THAN I DO. I DON'T UNDERSTAND YOUR FIXATION WITH HIM. REGARDING ADMIRATION, I LIKE TO THINK THAT ADMIRATION IS A COMPLEX PHENOMENON IN THAT I CAN ADMIRE SOME QUALITIES IN AN INDIVIDUAL AND NOT OTHER QUALITIES OR BEHAVIORS. FOR EXAMPLE, I ADMIRE YOUR INTELLECT AND HAVE APPRECIATED SOME OF YOUR MORE INFORMATIVE POSTS BUT I DON'T LIKE YOUR SOMETIMES RUDE AND HOSTILE NET BEHAVIOR OR WHEN YOU RELY ON NAME CALLING AND ATTEMPTS AT CHARACTER ASSASINATION. AS I HAVE SAID IN THE PAST, I ADMIRE DR. BREGGIN'S COURAGE AND STAMINA BUT I DON'T AGREE WITH EVERYTHING HE SAYS NOR HOW HE SOMETIMES SAYS IT. I'M NOT GOING TO DEFEND HIS COURTROOM BEHAVIOR BECAUSE I DON'T KNOW ANY MORE ABOUT HIS COURTROOM BEHAVIOR THAN I KNOW ABOUT YOURS. IN CASE YOU ARE WONDERING, I PERSONALLY BELIEVE THAT MURDERERS SHOULD



BE HELD ACCOUNTABLE FOR THEIR CRIMES.

But there is still money to be made, cashing in on credentials and providing distorted interpretations of the literature for a hefty fee. David Healy is now out pounding the pavement hustling business.

THIS IS A DOUBLE EDGED SWORD. ARE YOU SUGGESTING ANYONE WHO HAS SERVED AS AN EXPERT WITNESS ON ANY TOPIC (HAVEN'T YOU EVER BEEN AN EXPERT WITNESS?) GIVES UP THEIR CREDIBILITY OR ONLY THOSE WHO HAVE TAKEN POSITIONS DIFFERENT FROM YOUR OWN? REMEMBER THAT FOR EVERY EXPERT WITNESS ON ONE SIDE THERE IS TYPICALLY ANOTHER EXPERT ON THE OTHER SIDE. IN FACT, I THINK THERE IS QUITE A BIT MORE MONEY TO BE MADE IF ONE IS ON THE SIDE OF THE PHARMACEUTICAL INDUSTRY IN THIS CASE. AT LEAST IN A COURT ROOM, THERE ARE ALWAYS TWO SIDES REPRESENTED WHICH IS NOT EVEN ALWAYS TRUE IN THE SCIENTIFIC LITERATURE.

Many of the folks on the SSCPnet will be unfamiliar with the names you bring up. I asked you to share your sources and you declined, but here is one of them.

<http://www.pssg.org/pssg/about.htm>

I CAN HONESTLY SAY I DON'T RECALL EVER HAVING VISITED THIS SITE UNTIL TODAY.  
THANK YOU FOR THE REFERENCE.

Fascinating, fascinating. Anyone who wants can go there, see for themselves, and get links to Breggin Healy, and company, direct links to lawyers seeking "porzac made me do it" cases and still more material tied to scientology. I don't understand why you did not want us in on your source. Were we supposed to buy a decoder ring first?

WE'VE BEEN OVER THE SCIENTOLOGY STUFF BEFORE. AS I HAVE TOLD YOU IN THE PAST, I WAS RAISED CATHOLIC, CURRENTLY ATTEND A FIRST UNITED METHODIST CHURCH WITH MY WIFE AND SON ABOUT ABOUT ONCE A MONTH (MOSTLY SO MY 2 YEAR OLD SON WON'T GROW UP TO JOIN A CULT), BUT THINK I COULD BE A BUDHIST AT HEART.

I HAVE A QUESTION FOR YOU. ARE YOU SAYING THAT AKATHISIA CAN NEVER BE A SIDE

EFFECT OF AN SSRI AND IF IT DOES OCCUR IT CAN NEVER LEAD  
SOMEONE TO  
CONTEMPLATE SUICIDE?

As for Kirsch and Sapirstein, I prefer to let SSCPnetters decide for  
themselves by going to their article in APA's electronic journal

<http://www.journals.apa.org/prevention/>

They got so thoroughly demolished by the commentators that I do not think  
there is much more to say about them. Makes interesting reading, though.>>

I GUESS DEMOLISHMENT IS IN THE EYE OF THE BEHOLDER.

I ALSO HAVE A REFERENCE FOR YOU. IT APPEARED IN 1997 IN A  
JOURNAL THAT YOU  
APPARENTLY LIKE. I FOUND THE ARTICLE INFORMATIVE AND EVEN A  
BIT  
INSPIRATIONAL. IT SHOULD BE REQUIRED READING FOR ALL  
CONSUMERS OF SCIENTIFIC  
RESEARCH AND ANYONE WHO CONTEMPLATES CONDUCTING  
RESEARCH ON CONTROVERSIAL  
TOPICS OR RAISING QUESTIONS ABOUT ORTHODOX PRACTICES. IT  
IS A COURAGEOUS  
PIECE IN MY OPINION. I DON'T KNOW IF ANY OF THE AUTHORS ARE  
ON YOUR BLACK  
LIST BUT IF NOT, THE LIST WILL HAVE TO BE EXPANDED I GUESS.

DEYO, RA, PSATY, BM, SIMON, G, WAGNER, EH, OMENN, GS. (1997).  
THE MESSENGER  
UNDER ATTACK--INTIMIDATION OF RESEARCHERS BY SPECIAL-  
INTEREST GROUPS. NEJM,  
336, 1176-1179.

DAVID ANTONUCCIO

From jcoyne@mail.med.upenn.edu Mon Jun 5 06:42:09 2000  
Received: (from mailnull@localhost)  
by listserv.it.northwestern.edu (8.8.7/8.8.7) id GAA28253  
for <sscpnet@listserv.acns.nwu.edu>; Mon, 5 Jun 2000 06:42:09 -  
0500 (CDT)  
Received: from mail.med.upenn.edu (mail.med.upenn.edu [165.123.128.11])  
by iris.itcs.nwu.edu via smap (V2.0)  
id xma028215; Mon, 5 Jun 00 06:41:57 -0500  
Received: from [128.91.19.156] (DIALIN0115.UPENN.EDU [128.91.16.115])  
by mail.med.upenn.edu (8.10.0/8.10.0) with ESMTP id e55BftQ22149  
for <sscpnet@listserv.acns.nwu.edu>; Mon, 5 Jun 2000 07:41:55 -  
0400 (EDT)  
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Content-Type: text/plain; charset="us-ascii"  
Date: Mon, 5 Jun 2000 07:39:23 -0400  
To: sscpnet@listserv.acns.nwu.edu  
From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: Re: prozac and scientific standards  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 16

David Antonuccio wrote

AS I HAVE SAID IN THE PAST, I ADMIRE DR.  
BREGGIN'S COURAGE AND STAMINA

as in his recent testimony that Luvox is like cocaine. I guess it takes  
courage and stamina to say things like that over and over and keep getting  
dismissed by judges and juries.

You also wrote

<<<Dear All:

<<<the headline on this article is a little bit misleading.

<<<David Antonuccio

<<<No Link Found Between 'Ever' Use of Antidepressants And Breast  
<<<Cancer  
Risk"

If you had checked, you would have seen that the Cotterchio et al article  
upon which the newspaper piece is based fails to find a significant  
association between use of antidepressants and breast cancer despite use of  
a large Ontario registry

David, you are certainly diligent in your searches to make your points, but  
not correspondingly careful in your interpretation.

You recently wrote

<<<I believe Healy's sample involved 20 healthy patients, 2 of whom  
<<<became preoccupied with suicide (they didn't actually commit  
<<<suicide). If these results are replicated on a larger scale and peer  
<<<reviewed, etc., such data would be troubling. Even on a small scale,  
<<<assuming the news report is accurate, I'm sure it was troubling for

<<<those 2 healthy volunteers.

These are big "if's" and the burden is on Healy, not skeptics. Your standards for evaluating claims that antidepressants are dangerous are obviously different than what you have previously advocated for clinical trials.

Phase 1 trials of medications which must proceed efficacy trials involve healthy individuals and the Phase 1 trials obviously did not get an effect like the one Healy claims. Also given the documented rate of false positives in primary care physicians' detection of depression, we can assume that hundreds of thousands, perhaps millions of persons who are not depressed have been taking antidepressants and yet reports do not match Healy's claims derived from 20 people. If Healy's claim of 2/20 is supposed to suggest an effect size, then we would be hearing common reports of this phenomenon.

We should ask: what is Healy up to? Apparently he is bypassing experimental design and peer review and running his "experiment" and putting this claim in a newspaper but without key details of his "study"? It fits with his solicitation of business as an expert witness with a predictable position for sale. It does not fit with ethical guidelines that are generally accepted by serious medical researchers, including but not limited to the Ingelfinger rule.

You also recently wrote

<<< Even though in the Kahn et al. study, placebo <<<had half the suicide rate as SSRIs, this result did not attain <<<statistical significance at least in part because suicide has such a <<<low base rate.

The conventional understanding is that "this result did not attain statistical significance" is that it disallows the substantive claim of "half the rate".

When one scrutinizes your posts, one finds some consistent substantive themes, but rules of evidence that are different than most of us accept. We have been here before, and considerable skepticism about the validity of your posts seems warranted. When I have bothered to check I have found the claims in your posts inaccurate, misleading and contradicted by the best available data.(yawn)

From beutler@education.ucsb.edu Mon Jun 5 11:11:35 2000

Received: (from mailnull@localhost)  
by listserv.it.northwestern.edu (8.8.7/8.8.7) id LAA23477  
for <sscpnet@listserv.acns.nwu.edu>; Mon, 5 Jun 2000 11:11:35 -  
0500 (CDT)  
Received: from education.ucsb.edu (education.ucsb.edu [128.111.206.251])  
by iris.itcs.nwu.edu via smap (V2.0)  
id xma023397; Mon, 5 Jun 00 11:11:13 -0500  
Received: from PC134 ([128.111.206.134])  
by education.ucsb.edu (MTA) with SMTP id JAA29691;  
Mon, 5 Jun 2000 09:11:09 -0700 (PDT)  
Message-Id: <3.0.6.32.20000605091130.007a5290@education.ucsb.edu>  
X-Sender: beutler@education.ucsb.edu  
X-Mailer: QUALCOMM Windows Eudora Light Version 3.0.6 (32)  
Date: Mon, 05 Jun 2000 09:11:30 -0700  
To: jcoyne@mail.med.upenn.edu, sscpnet@listserv.acns.nwu.edu  
From: Larry Beutler <beutler@education.ucsb.edu>  
Subject: Re: prozac made me do it  
In-Reply-To: <l03130333b55eaa582637@[128.91.18.58]>  
References: <200006030507.AAA01561@listserv.it.northwestern.edu>  
Mime-Version: 1.0  
Content-Type: text/plain; charset="us-ascii"  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 17

While I share Jim's and Arnie's concerns with Breggin, but perhaps lacking some of their intensity, I will note that not all of the published comments on Kirsch and Sapirstein were negative. In my commentary, I found there ideas innovative and interesting and I also supplied some additional data to support some of their contentions. I've heard many other positive comments as well, in public forums. While I'm sorry that Jim ignores these, I have to remember that I'm on his list too for suggesting that certain findings from EMDR studies might be worthy of more research attention. My Gawd, how unscientific of me.

It is getting to be a long list, Jim.

Larry

At 08:33 AM 06/03/2000 -0400, you wrote:

>David Antonuccio wrote

>

><<<I really don't make posts to SSCPnet with the intent of irritating you  
>though I will admit that it is sometimes a side benefit. I would like to  
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>list too. Are Kirsch and Sapirstein on the list? What about Cole and  
>Teicher? Any others we  
>should know about?>>>>  
>  
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>  
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>Arnold>>>  
>  
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>pursuit of virtue is no vice". But Breggin has been exposed and discredited  
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>praiseworthy.  
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>  
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>  
><http://www.pssg.org/pssg/about.htm>  
>  
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>  
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><http://www.journals.apa.org/prevention/>  
>  
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>there is much more to say about them. Makes interesting reading, though.  
>  
>  
>  
>

From Oliver2@aol.com Tue Jun 6 11:06:26 2000  
Received: (from mailnull@localhost)  
by listserv.it.northwestern.edu (8.8.7/8.8.7) id LAA24775  
for <sscpnet@listserv.acns.nwu.edu>; Tue, 6 Jun 2000 11:06:25 -0500  
(CDT)  
From: Oliver2@aol.com  
Received: from imo-d03.mx.aol.com (imo-d03.mx.aol.com [205.188.157.35])  
by iris.itcs.nwu.edu via smap (V2.0)  
id xma024760; Tue, 6 Jun 00 11:06:14 -0500  
Received: from Oliver2@aol.com  
by imo-d03.mx.aol.com (mail\_out\_v27.9.) id v.8e.5fdb2fa (5726)  
for <sscpnet@listserv.acns.nwu.edu>; Tue, 6 Jun 2000 12:06:03 -  
0400 (EDT)  
Message-ID: <8e.5fdb2fa.266e7b6b@aol.com>  
Date: Tue, 6 Jun 2000 12:06:03 EDT  
Subject: healy and cotterchio  
To: sscpnet@listserv.acns.nwu.edu  
MIME-Version: 1.0  
Content-Type: text/plain; charset="US-ASCII"  
Content-Transfer-Encoding: 7bit  
X-Mailer: AOL 4.0 for Mac sub 189  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 18

Jim:

I applaud your skepticism about media reports and scientific studies. I actually agree with much of your analysis regarding the Healy data and the Cotterchio data. I have ordered but not yet received a copy of the Cottecheria article. One thing that concerned me about the media report was supposedly paroxetine was associated with a 7-fold increase in breast cancer rates and TCA use over 2 years was associated with a 2-fold increase. Of course correlation doesn't mean causation and the Reuters piece may not be accurate here. The reason it caught my attention is that Halbreich et al. (1996) raised a similar concern in the American Journal of Psychiatry regarding long-term use of psychotropic medication.

These articles are in the public domain. They might as well be discussed here. In fact I think this is the best place for them to be discussed and you might be one of the best people to critique them because you are a skeptic. I know we'll never be like this (imagine 2 fingers intertwined) but maybe we can use our conflict to generate a better understanding of the data that are out there.

cordially,

david antonuccio

From jcoyne@mail.med.upenn.edu Tue Jul 4 07:00:52 2000  
Received: (from mailnull@localhost)  
by listserv.it.northwestern.edu (8.8.7/8.8.7) id HAA09658  
for <sscpnet@listserv.acns.nwu.edu>; Tue, 4 Jul 2000 07:00:51 -0500  
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by iris.itcs.nwu.edu via smap (V2.0)  
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Content-Type: text/plain; charset="us-ascii"  
Date: Tue, 4 Jul 2000 07:35:07 -0400  
To: sscpnet@listserv.acns.nwu.edu  
From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: Re: conflicts of interest  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 19

The NEJM article, Uneasy Alliance -- Clinical Investigators and the  
Pharmaceutical Industry is indeed well worth reading

at

<http://www.nejm.org/content/2000/0342/0020/1539.asp>

The author has gathered some interesting impressions and references some  
important empirical analyses of the practices of pharmaceutical companies.  
He raises some issues, puts them in their larger context, and poses  
elements of solutions.

One horn of the dilemma is as the author states "Without industry funding,  
important advances in disease prevention and treatment would not have  
occurred. In the words of Lee Goldman, chairman of the Department of  
Medicine, University of California at San Francisco, 'companies translate  
biologic advances into useable products for patients. They do it for a  
profit motive, but they do it, and it needs to be done.' Investigators  
interviewed for this report confirmed that many collaborations with  
pharmaceutical companies were conducted on a high professional level."

Furthermore



"The average cost of developing one new drug is estimated to be \$300 million to \$600 million. (8) Of the \$6 billion in industry-generated money for clinical trials worldwide yearly, about \$3.3 billion goes to investigators in the United States. (9) Seventy percent of the money for clinical drug trials in the United States comes from industry rather than from the National Institutes of Health (NIH)."

Few of us would want NIH to take over from the pharmaceutical industry, because the \$6 billion would have come from somewhere, undoubtedly to the detriment of non pharmaceutical research.

Yet what do we do?

The author proposes, among other things, greater reliance on academic-industry drug trials.

"An essential ingredient of any solution is increasing the independence of investigators to conduct and publish their research. Some investigators interviewed for this article felt that drug trials should be funded by industry but that design, implementation, data analysis, and publication should be controlled entirely by academic medical centers and investigators."

David Antonuccio, thanks for bringing this article to attention of the rest of SSCPnet. Unfortunately, that you brought it to their attention may discourage many of the folks from considering it. A lot of the links you post contain news releases of dubious validity, for instance, shuck 'n jive promoting those darlings of Scientology, Peter Breggin and David Healy and making false claims about the ineffectiveness dangers of antidepressants. I sincerely hope your credibility gap does not keep others from examining this excellent article. One cannot effectively promote all things, and so you should decide what you want to promote.

From StephensonMB@oki10.med.navy.mil Tue Jul 4 20:26:45 2000  
Received: (from mailnull@localhost)  
by listserv.it.northwestern.edu (8.8.7/8.8.7) id UAA19414  
for <sscpnet@listserv.acns.nwu.edu>; Tue, 4 Jul 2000 20:26:44 -0500  
(CDT)  
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by iris.itcs.nwu.edu via smap (V2.0)  
id xma019403; Tue, 4 Jul 00 20:26:42 -0500  
Received: by oki10.oki.med.navy.mil with Internet Mail Service (5.5.2650.21)  
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From: Stephenson Mack B LT <StephensonMB@oki10.med.navy.mil>  
To: "jcoyne@mail.med.upenn.edu" <jcoyne@mail.med.upenn.edu>,  
sscpnet@listserv.acns.nwu.edu

Subject: RE: conflicts of interest  
Date: Wed, 5 Jul 2000 10:23:18 +0900  
MIME-Version: 1.0  
X-Mailer: Internet Mail Service (5.5.2650.21)  
Content-Type: text/plain;  
charset="iso-8859-1"  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 20

-----Original Message-----

From: James Coyne [mailto:jcoyne@mail.med.upenn.edu]  
Sent: Tuesday, July 04, 2000 8:35 PM  
To: sscpnet@listserv.acns.nwu.edu  
Subject: Re: conflicts of interest

James Coyne Wrote:

[snip]

". . . A lot of the links you post contain news releases of dubious validity, for instance, shuck 'n jive promoting those darlings of Scientology, Peter Breggin and David Healy and making false claims about the ineffectiveness dangers of antidepressants. "

Out of fairness to Breggin, it should be noted that he is NOT associated with Scientology, and is in fact quite hostile to the organization, as he has told me first-hand. Accusations to the contrary are a common smear tactic against him, often used in a self-serving, "poisoning the well" fashion by those who benefit from public and professional credulity. That professionals in good faith promulgate the slur is evidence of that tactic's effectiveness. I confess my ignorance of Healy's background.

Besides, even if he were associated with Scientology, it would have no bearing on the validity of his theses. There is good evidence that the effectiveness claims of antidepressants are exaggerated, at best. Of course, this is a subject that has been beat ad nauseum . . .

Mack Stephenson  
Okinawa, Japan

From jcoyne@mail.med.upenn.edu Wed Jul 5 00:04:27 2000  
Received: (from mailnull@localhost)  
by listserv.it.northwestern.edu (8.8.7/8.8.7) id AAA00290  
for <sscpnet@listserv.acns.nwu.edu>; Wed, 5 Jul 2000 00:04:27 -0500  
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id xma000288; Wed, 5 Jul 00 00:04:20 -0500  
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mil>

Mime-Version: 1.0

Content-Type: text/plain; charset="us-ascii"

Date: Wed, 5 Jul 2000 01:03:49 -0400

To: Stephenson Mack B LT <StephensonMB@oki10.med.navy.mil>

From: James Coyne <jcoyne@mail.med.upenn.edu>

Subject: RE: conflicts of interest

Cc: sscpnet@listserv.acns.nwu.edu

Status: O

X-Status:

X-Keywords:

X-UID: 21

Mr. Stephenson, I am not sure what you mean by "those who benefit from public and professional credulity" or if you know what you are writing about at all, but it is Dr. Breggin, not I who charges persons accused of murder big bucks to solomently proclaim that prozac made them do it. Fortunately, judges and juries uniformly reject this claim, but he keeps collecting his large fee. I suppose that this is evidence of someone's credulity.

Perhaps for those who are skeptical, you could kindly cite some evidence in favor or Breggin's claim.

Dr. Breggin has routinely been applauded by Scientologists for making these kind of claims. Whether or not he now chooses to distance himself from Siceintologists, he certainly was not inclined to do so in the recent past. Breggin's past behavior certainly warrants drawing a connection, even if you and he now find it inconvenient.

The data concerning the effectiveness of antidepressants relative to placebo is significant well beyond 10<sup>-31</sup> power significance. If that nauseates you, perhaps you should obtain some EMDR from Dr De Jongh who professes to have a solution to your problem. Regardless, whether or not you find references to such data nauseating, the data won't go away.

>-----Original Message-----

>From: James Coyne [mailto:jcoyne@mail.med.upenn.edu]

>Sent: Tuesday, July 04, 2000 8:35 PM

>To: sscpnet@listserv.acns.nwu.edu

>Subject: Re: conflicts of interest  
>  
>James Coyne Wrote:  
>[snip]  
>". . . A lot of the links you post contain news releases of dubious  
>validity, for instance, shuck 'n jive promoting those darlings of  
>Scientology, Peter Breggin and David Healy and making false claims about  
>the  
>ineffectiveness dangers of antidepressants. "  
>  
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>professionals in good faith promulgate the slur is evidence of that tactic's  
>effectiveness. I confess my ignorance of Healy's background.  
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>Besides, even if he were associated with Scientology, it would have no  
>bearing on the validity of his theses. There is good evidence that the  
>effectiveness claims of antidepressants are exaggerated, at best. Of course,  
>this is a subject that has been beat ad nauseum . . .  
>  
>Mack Stephenson  
>Okinawa, Japan

From StephensonMB@oki10.med.navy.mil Wed Jul 5 17:25:38 2000  
Received: (from mailnull@localhost)  
by listserv.it.northwestern.edu (8.8.7/8.8.7) id RAA24526  
for <sscpnet@listserv.acns.nwu.edu>; Wed, 5 Jul 2000 17:25:37 -0500  
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id xma024447; Wed, 5 Jul 00 17:25:04 -0500  
Received: by oki10.oki.med.navy.mil with Internet Mail Service (5.5.2650.21)  
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Message-ID:  
<5810A0E4C86AD311A5D600902772C51001BF8B5D@oki10.oki.med.navy.mil>  
From: Stephenson Mack B LT <StephensonMB@oki10.med.navy.mil>  
To: "'jcoyne@mail.med.upenn.edu'" <jcoyne@mail.med.upenn.edu>  
Cc: sscpnet@listserv.acns.nwu.edu  
Subject: RE: conflicts of interest  
Date: Thu, 6 Jul 2000 07:21:30 +0900  
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Status: O  
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Mr. Coyne:

The issue to which I originally responded was not Breggin's testimony in Prozac murder trials, nor was it a defense of other discredited therapies such as EMDR. I responded to what appeared to be an ad hominem attack based solely on Breggin's alleged attachment to Scientology.

Breggin says himself that he is not attached in any way to that group, though he had a brief and rancorous relationship with them several decades ago (not recent, as alleged). In my experience I have had drug reps tell me directly that Breggin is a pawn of the Scientologists, and I think it's safe to assume that they probably get their information from corporate headquarters. I find such smear tactics distasteful.

Second, and more importantly, in a scientific forum, I find little use for attacks of this sort. I don't really care what religion he is or what he does in his spare time. His work should, I believe, be evaluated on its scientific merits, not on an alleged association with a group whose views most of us find inadequate or even repugnant.

As far as the value of antidepressants, I'm obviously less convinced than you are. I think that the reports are rather mixed, with more controlled trials (with an active placebo) producing far smaller effect sizes. My reading of the literature leads me to suspect that the "double blind" used in such studies is at best insufficient to buttress the effectiveness claims, and at worst a facade. Other design factors, such as preliminary placebo wash-out and the choice of certain instruments may also artificially increase the effect size.

Others disagree with this reading of the literature, but perhaps it is fair to say that the issue of antidepressant effectiveness in truly blind conditions hasn't been settled "well beyond 10<sup>-31</sup> power significance." I've been doing some post-doc training recently, and after being away from the subject for a couple years I'd be happy to receive references of new studies that do not have such weaknesses, if you know of any. I am perfectly willing to acknowledge good evidence when I see it.

But I am skeptical of the antidepressant claims, and who can deny that drug companies have historically overstated benefits and understated risks, often in a very self-serving way? Remember when minor tranquilizers were non-addictive and had anti-depressant qualities? When tardive dyskinesia didn't exist? What about the people who relied on the drug company information on tocainide and flecanide (sp?) a decade or so ago? These anti-arrhythmia drugs directly caused a large number of deaths while the drug

consultants and journal editors and FDA officials were selectively interpreting the data and banking their honoraria. (See the book "Deadly Medicine: Why Tens of Thousands of Heart Patients Died in America's Worst Drug Disaster" Thomas J. Moore). I think it's just as important to be skeptical of the drug claims as it is to be skeptical of EMDR, TFT, and other "goofy" therapy claims.

respectfully,

Mack Stephenson

-----Original Message-----

From: James Coyne [mailto:jcoyne@mail.med.upenn.edu]

Sent: Wednesday, July 05, 2000 2:04 PM

To: Stephenson Mack B LT

Cc: sscpnet@listserv.acns.nwu.edu

Subject: RE: conflicts of interest

Mr. Stephenson, I am not sure what you mean by "those who benefit from public and professional credulity" or if you know what you are writing about at all, but it is Dr. Breggin, not I who charges persons accused of murder big bucks to solomently proclaim that prozac made them do it. Fortunately, judges and juries uniformly reject this claim, but he keeps collecting his large fee. I suppose that this is evidence of someone's credulity.

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>-----Original Message-----

>From: James Coyne [mailto:jcoyne@mail.med.upenn.edu]

>Sent: Tuesday, July 04, 2000 8:35 PM

>To: sscpnet@listserv.acns.nwu.edu

>Subject: Re: conflicts of interest

>

>James Coyne Wrote:  
>[snip]  
>" . . . A lot of the links you post contain news releases of dubious  
>validity, for instance, shuck 'n jive promoting those darlings of  
>Scientology, Peter Breggin and David Healy and making false claims about  
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>fashion by those who benefit from public and professional credulity. That  
>professionals in good faith promulgate the slur is evidence of that  
>tactic's  
>effectiveness. I confess my ignorance of Healy's background.  
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>bearing on the validity of his theses. There is good evidence that the  
>effectiveness claims of antidepressants are exaggerated, at best. Of  
>course,  
>this is a subject that has been beat ad nauseum . . .  
>  
>Mack Stephenson  
>Okinawa, Japan

From Oliver2@aol.com Wed Jul 5 18:09:51 2000  
Received: (from mailnull@localhost)  
by listserv.it.northwestern.edu (8.8.7/8.8.7) id SAA28310  
for <sscpnet@listserv.acns.nwu.edu>; Wed, 5 Jul 2000 18:09:50 -0500  
(CDT)  
From: Oliver2@aol.com  
Received: from imo-d04.mx.aol.com (imo-d04.mx.aol.com [205.188.157.36])  
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for <sscpnet@listserv.acns.nwu.edu>; Wed, 5 Jul 2000 19:09:44 -  
0400 (EDT)  
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Date: Wed, 5 Jul 2000 19:09:43 EDT  
Subject: conflicts of interest  
To: sscpnet@listserv.acns.nwu.edu  
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X-Status:

X-Keywords:

X-UID: 23

James Coyne wrote:

<Unfortunately, that you brought it to their attention may discourage many of the folks from considering it. A lot of the links you post contain news releases of dubious validity, for instance, shuck 'n jive promoting those darlings of Scientology, Peter Breggin and David Healy and making false claims about the ineffectiveness dangers of antidepressants. I sincerely hope your credibility gap does not keep others from examining this excellent article. One cannot effectively promote all things, and so you should decide what you want to promote.>

Jim:

>From my perspective (I don't intend to speak for others on this list), your credibility is damaged when you engage in ad hominem attacks like this. I also don't understand your repeatedly mentioning Dr. Breggin. My suggestion is to critique or analyze any post that grabs your interest but leave out the personal attacks. They are not necessary to your argument and I think they detract from it. I invite and encourage you to critique anything I post though I fear you take my posts more seriously than I do. I am just sharing information I find interesting and think that some on the list might find interesting. I don't believe that there is wisdom buried in every one of my posts nor that I am always right. I am quite confident that the people on this list are perfectly capable of separating the wheat from the chaff.

cordially,

David Antonuccio

From jcoyne@mail.med.upenn.edu Thu Jul 6 14:06:13 2000

Received: (from mailnull@localhost)

by listserv.it.northwestern.edu (8.8.7/8.8.7) id OAA12812

for <sscpnet@listserv.acns.nwu.edu>; Thu, 6 Jul 2000 14:06:11 -0500

(CDT)

Received: from uphs1.uphs.upenn.edu (uphs1.uphs.upenn.edu

[165.123.243.3]) by iris.itcs.nwu.edu via smap (V2.0)

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by uphs1.uphs.upenn.edu (8.9.0/8.9.0) with ESMTP id PAA13569

for <sscpnet@listserv.acns.nwu.edu>; Thu, 6 Jul 2000 15:03:02 -0400

(EDT)

Mime-Version: 1.0

X-Sender: jcoyne@uphs1 (Unverified)

Message-Id: <v04220807b589dfa3cbfb@[170.212.113.65]>

Date: Thu, 6 Jul 2000 15:06:50 +0800

To: sscpnet@listserv.acns.nwu.edu

From: "James C. Coyne" <jcoyne@mail.med.upenn.edu>



Subject: correctly misusing "ad hominem"  
Content-Type: multipart/alternative; boundary="===== \_-  
1249255284==\_ma=====  
Status: O  
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Content-Type: text/plain; charset="us-ascii" ; format="flowed"

In the past few days, there have been renewed references to SSCPnet as a "scientific forum" and the (in)appropriateness of "ad hominem" in a scientific forum.

Is SSCPnet a scientific forum? certainly many of the folks participating in it are scientifically minded clinical psychologists. But arguably, that is insufficient to make it a scientific forum. Scientific forums, whether they are in written or oral media, involve standards of evidence and criteria for excluding what does not meet these standards of evidence. One can generally make certain assumptions about the quality of the material being discussed, and, when warranted, present evidence that challenge whether material is worthy of discussion. There are standards, even if fallible ones. Anyone who has looked at a Journal of Abnormal Psychology of late can see ample evidence of standards not being applied, but there is at least some agreements about standards.

One clearly cannot make the same assumptions about SSCPnet postings that one can about Psych Bull articles or AABT symposia, even if they too have their lapses. At this point, there is no peer review for SSPNet and many of us believe there should never be. We need journals and symposia and alternatives to symposium, including SSCPnet. We can post what we wish and most of what we post would never survive submission to a journal or be suitable for a symposium. Generally speaking, viva la difference.

However, it is at least mildly hypocritical to exploit the difference between SSCPnet and scientific forums and then insist that others be constrained to the rules of a scientific forum. Trash postings may get trashed.

One way of fending off criticism is to cry "ad hominem". In other contexts, this term generally has rather restricted meaning. Namely, it refers to the fallacy of judging the validity of an argument based on reference to who is making the argument--attacking a person making an argument, rather than the argument or the evidence on which the argument is based.

But every assertion is not a formal logical argument and in the absence of a look at the evidence, one can resort to evaluating the source. Does one rush home and do a lit search to check the validity of headlines on the National Inquirer at the grocery checkout stand? If David Healy produces evidence we can independently evaluate in a peer review article that prozac makes people suicidal or if Peter Breggin similarly produces epidemiologic evidence that prozac makes murderers out of otherwise nonviolent persons, we should evaluate the evidence. However, if they make such claims in news releases and newspaper articles and we don't have the evidence, we have to have another way of evaluating the claim--including looking at who is making it. Only in the correct misuse of the term as it is now established on SSCPnet is this "ad hominem". Further, in these contexts, hollering "bullshit" is hardly the equivalent of hollering "fire" in a crowded theatre, even if some sensibilities get offended. And of course, to suggest there is bullshit in the air invites countercharges of the same.

Why be concerned about a rather consistent pattern of postings of news releases and highly select newspaper articles for which we do not have the evidence for an independent evaluation. There has been recurring themes in such postings--variously, the evil pharmacological-industrial complex, the dangers and ineffectiveness of all psychotropic medication, and the folly of any explanation of human behavior that admits biology. So what? Unruly and fortunately anarchistic that SSCPnet may be, it is still the rough stuff from which opinions are shaped. Psychology and the larger society desperately need critical inquiry concerning what the pharm industry is up to, we need to evaluate claims for drugs, and we need to recognize biological reductionism when it occurs. Yet many of the opinions with which folks get comfortable and self-congratulatory with on the SSCPnet regarding these matters are too pathetically ill-informed to be taken seriously elsewhere. There is a dogmatically anti-biological perspective and inconsistency of standards that is unlikely to give rise to intelligent contributions to debates in other forum over matters of real social and public health importance.

The other day I published a JAMA editorial I had written because I thought an article by Peter Rabins was important and I had to field some calls from the press. I first thought, "gee, too bad that without being an editor, we cannot publish editorials in APA journals and field calls from the press." But then I reflected on it , and thought how seldom articles in APA journals warrant comment on their larger implications. The quality of discourse in psychology is highly deficient and an ignorant anti-biological dogma, quite evident and reinforced on the SSCPnet, is a big part of the problem.

James C. Coyne, Ph.D.  
Co-Director, Behavioral Sciences and Health Services Research  
University of Pennsylvania Comprehensive Cancer Center and

Professor  
Department of Psychiatry  
University of Pennsylvania Health System  
11 Gates  
3400 Spruce St  
Philadelphia, Pa 19104  
(215) 662-7035  
fax: (215) 349-5067  
--===== -1249255284==\_ma=====

Content-Type: text/enriched; charset="us-ascii"

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But every assertion is not a formal logical argument and in the absence of a look at the evidence, one can resort to evaluating the source. Does one rush home and do a lit search to check the validity of headlines on the National Inquirer at the grocery checkout stand? If David Healy produces evidence we can independently evaluate in a peer review article that prozac makes people suicidal or if Peter Breggin similarly produces epidemiologic evidence that prozac makes murderers out of otherwise nonviolent persons, we should evaluate the evidence. However, if they make such claims in news releases and newspaper articles and we don't have the evidence, we have to have another way of evaluating the claim--including looking at who is making it. Only in the correct misuse of the term as it is now established on SSCPnet is this "ad hominem". Further, in these contexts, hollering "bullshit" is hardly the equivalent of hollering "fire" in a crowded theatre, even if some sensibilities get offended. And of course, to suggest there is bullshit in the air invites countercharges of the same.

Why be concerned about a rather consistent pattern of postings of news releases and highly select newspaper articles for which we do not have the evidence for an independent evaluation. There has been recurring themes in such postings--variously, the evil pharmacological-industrial complex, the dangers and ineffectiveness of all psychotropic medication, and the folly of any explanation of human behavior that admits biology. So what? Unruly and fortunately anarchistic that SSCPnet may be, it is still the rough stuff from which opinions are shaped. Psychology and the larger society desperately need critical inquiry concerning what the pharm industry is up to, we need to evaluate claims for drugs, and we need to recognize biological reductionism when it occurs. Yet many of the opinions with which folks get comfortable and self-congratulatory with on the SSCPnet regarding these matters are too pathetically ill-informed to be taken seriously elsewhere. There is a dogmatically anti-biological perspective and inconsistency of standards that is unlikely to give rise to intelligent contributions to debates in other forum over matters of real social and public health importance.

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implications. The quality of discourse in psychology is highly deficient and an ignorant anti-biological dogma, quite evident and reinforced on the SSCPnet, is a big part of the problem.

James C. Coyne, Ph.D.

Co-Director, Behavioral Sciences and Health Services Research

University of Pennsylvania Comprehensive Cancer Center and

Professor

Department of Psychiatry

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11 Gates

3400 Spruce St

Philadelphia, Pa 19104

(215) 662-7035

fax: (215) 349-5067

--===== \_-1249255284==\_ma=====

From jwb@alumni.stanford.org Thu Jul 6 22:29:25 2000

Received: (from mailnull@localhost)

by listserv.it.northwestern.edu (8.8.7/8.8.7) id WAA24617

for <sscpnet@listserv.acns.nwu.edu>; Thu, 6 Jul 2000 22:29:24 -0500

(CDT)

Received: from swan.prod.itd.earthlink.net (swan.prod.itd.earthlink.net

[207.217.120.123]) by iris.itcs.nwu.edu via smap (V2.0)

id xma024613; Thu, 6 Jul 00 22:29:12 -0500

Received: from oemcomputer (dialup-209.246.69.80.NewYork2.Level3.net

[209.246.69.80])

by swan.prod.itd.earthlink.net (8.9.3-EL\_1\_3/8.9.3) with SMTP id

UAA16769;

Thu, 6 Jul 2000 20:29:08 -0700 (PDT)

Message-ID: <01df01bfe7c3\$245bd3e0\$6053f6d1@oemcomputer>

Reply-To: "John W. Bush" <jwb@alumni.stanford.org>

From: "John W. Bush" <jwb@alumni.stanford.org>

To: <jcoyne@mail.med.upenn.edu>, <sscpnet@listserv.acns.nwu.edu>

References: <v04220807b589dfa3cbfb@[170.212.113.65]>

Subject: Re: correctly misusing "ad hominem"

Date: Thu, 6 Jul 2000 21:53:47 -0400

MIME-Version: 1.0

Content-Type: text/plain;

charset="Windows-1252"  
Content-Transfer-Encoding: 7bit  
X-Priority: 3  
X-MSMail-Priority: Normal  
X-Mailer: Microsoft Outlook Express 5.00.2919.6600  
X-MimeOLE: Produced By Microsoft MimeOLE V5.00.2919.6600  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 25

Jim,

This strikes me as an elaborate and roundabout way of saying that you're always right -- or more to the point, that you're NEVER WRONG. In view of your demonstrated capacity to contribute stuff of real value to the list, I don't see how it can be worth your time and energy to make such a silly point.

John

-----

In the past few days, there have been renewed references to SSCPnet as a "scientific forum" and the (in)appropriateness of "ad hominem" in a scientific forum.

Is SSCPnet a scientific forum? certainly many of the folks participating in it are scientifically minded clinical psychologists. But arguably, that is insufficient to make it a scientific forum. Scientific forums, whether they are in written or oral media, involve standards of evidence and criteria for excluding what does not meet these standards of evidence. One can generally make certain assumptions about the quality of the material being discussed, and, when warranted, present evidence that challenge whether material is worthy of discussion. There are standards, even if fallible ones. Anyone who has looked at a Journal of Abnormal Psychology of late can see ample evidence of standards not being applied, but there is at least some agreements about standards.

One clearly cannot make the same assumptions about SSCPnet postings that one can about Psych Bull articles or AABT symposia, even if they too have their lapses. At this point, there is no peer review for SSPNet and many of us believe there should never be. We need journals and symposia and alternatives to symposium, including SSCPnet. We can post what we wish and most of what we post would never survive submission to a journal or be suitable for a symposium. Generally speaking, viva la difference.

However, it is at least mildly hypocritical to exploit the difference between SSCPnet and scientific forums and then insist that others be constrained to the rules of a scientific forum. Trash postings may get trashed.

One way of fending off criticism is to cry "ad hominem". In other contexts, this term generally has rather restricted meaning. Namely, it refers to the fallacy of judging the validity of an argument based on reference to who is making the argument--attacking a person making an argument, rather than the argument or the evidence on which the argument is based.

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thought an article by Peter Rabins was important and I had to field some calls from the press. I first thought, "gee, too bad that without being an editor, we cannot publish editorials in APA journals and field calls from the press." But then I reflected on it , and thought how seldom articles in APA journals warrant comment on their larger implications. The quality of discourse in psychology is highly deficient and an ignorant anti-biological dogma, quite evident and reinforced on the SSCPnet, is a big part of the problem.

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Co-Director, Behavioral Sciences and Health Services Research  
University of Pennsylvania Comprehensive Cancer Center and  
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11 Gates  
3400 Spruce St  
Philadelphia, Pa 19104  
(215) 662-7035  
fax: (215) 349-5067

From jcoyne@mail.med.upenn.edu Fri Dec 29 07:17:56 2000  
Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id HAA20264  
for <sscpnet@listserv.it.northwestern.edu>; Fri, 29 Dec 2000 07:17:56  
-0600 (CST)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<jcoyne@mail.med.upenn.edu> using -f  
Received: from dolphin.upenn.edu (dolphin.upenn.edu [128.91.2.35]) by  
iris.itcs.northwestern.edu via smap (V2.0)  
id xma020262; Fri, 29 Dec 00 07:17:52 -0600  
Received: from [128.91.16.182] (DIALIN0223.UPENN.EDU [128.91.16.223])  
by dolphin.upenn.edu (8.11.1/8.10.1) with ESMTP id eBTDGxF18457  
for <sscpnet@listserv.it.northwestern.edu>; Fri, 29 Dec 2000 08:16:59  
-0500 (EST)  
Message-Id: <l03130352b6723a75fd49@[128.91.16.182]>  
In-Reply-To: <200012290601.AAA12548@iris.it.northwestern.edu>  
Mime-Version: 1.0  
Content-Type: text/plain; charset="us-ascii"  
Date: Fri, 29 Dec 2000 08:13:28 -0500  
To: Society for a Scientific Clinical Psychology  
<sscpnet@listserv.it.northwestern.edu>  
From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: Re: SSCPNET digest 1459  
Reply-To: jcoyne@mail.med.upenn.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:



X-UID: 26

>----\_\_ListProc\_\_NextPart\_\_\_\_SSCPNET\_\_digest\_1459  
>Subject: SF Gate: Teen Nearly Dies After Taking Anti-Depressant/Drug  
>approved without proof of safety for kids  
>To: "sscpnet" <sscpnet@listserv.it.northwestern.edu>  
>From: "David Antonuccio, Ph.D." <oliver2@aol.com>  
>Content-type: text/plain  
>Mime-version: 1.0  
>Date: Thu, 28 Dec 2000 18:48 -0800  
>Message-Id: <E14Bpag-0000vO-00@mail.sfgate.com>  
>Content-Transfer-Encoding: 8bit  
>  
>  
> here is a piece relevant to last weeks discussion about the safety of  
>antidepressants in children  
>-----  
>This article was sent to you by someone who found it on SF Gate.

Hmm, interesting, but what else did the young woman do besides get a prescription of antidepressant? Did she also eat a Big Mac? Was the antidepressant a "sedative" and a "tranquilizer" as antidepressants were described in your last paste in?

Tough to evaluate this claim on the basis of what is presented. What generalizations do you make? There are lots of issues here, but one cannot address them while solely dependent on a select newspaper clipping.

And, David, aren't you the person who not long ago posted David Healy's claim that a substantial proportion of nondepressed persons ingesting an SSRI became suicidal--a claim that must be treated with skepticism given the large amount of data to the contrary. Didn't that raise your index of suspicion for this sort of thing--or it is all the news that fits?

<<This article was sent to you by someone who found it on SF Gate>>

"Someone" meaning originating with you, David, just like the other article you "found" in British Columbia paper? Kindly share your sources for your forwarding of this kind of stuff.

From Oliver2@aol.com Sun Dec 31 20:05:18 2000  
Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id UAA25832  
for <sscpnet@listserv.it.northwestern.edu>; Sun, 31 Dec 2000  
20:05:18 -0600 (CST)  
From: Oliver2@aol.com

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<Oliver2@aol.com> using -f  
Received: from imo-r13.mail.aol.com (imo-r13.mx.aol.com [152.163.225.67])  
by iris.itcs.northwestern.edu via smap (V2.0)  
id xma025830; Sun, 31 Dec 00 20:05:12 -0600  
Received: from Oliver2@aol.com  
by imo-r13.mx.aol.com (mail\_out\_v28.35.) id g.fd.600c78 (4413)  
for <sscpnet@listserv.it.northwestern.edu>; Sun, 31 Dec 2000  
21:04:05 -0500 (EST)  
Message-ID: <fd.600c78.27813f95@aol.com>  
Date: Sun, 31 Dec 2000 21:04:05 EST  
Subject: reply to Coyne  
To: sscpnet@listserv.it.northwestern.edu  
MIME-Version: 1.0  
Content-Type: text/plain; charset="US-ASCII"  
Content-Transfer-Encoding: 7bit  
X-Mailer: AOL 4.0 for Mac - Post-GM sub 147  
Reply-To: Oliver2@aol.com  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 27

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prescription of antidepressant? Did she also eat a Big Mac? Was the  
antidepressant a "sedative" and a "tranquilizer" as antidepressants were  
described in your last paste in?

YOU NEED TO READ THE TEXT OF THE ARTICLE AND NOT JUST THE  
HEADLINE TO  
UNDERSTAND THAT THE REALLY IMPORTANT ISSUE IS THE OFF  
LABEL USE OF SUCH A  
DRUG WITH CHILDREN IN THE ABSENCE OF SAFETY AND EFFICACY  
DATA. SEE DON  
KLEIN'S OR ROBERT MONTGOMERY'S POSTS IF YOU WOULD LIKE A  
COGENT SUMMARY OF  
THE ISSUES HERE.

Tough to evaluate this claim on the basis of what is presented.  
What generalizations do you make? There are lots of issues here, but one  
cannot  
address them while solely dependent on a select newspaper clipping.

I COMPLETELY AGREE THAT IT IS DIFFICULT TO EVALUATE THE  
ADVERSE REACTION  
CLAIM FROM THIS ARTICLE. BUT WHAT IS CLEAR IS THAT ONE  
COMPANY HAS FAILED TO

PROVIDE THE DATA REQUESTED BY THE FDA IN 1994. I DOUBT THAT IT IS FOR LACK OF RESOURCES. GIVEN THAT FACT, I ONLY SUGGEST THAT THAT DRUG AND OTHER ANTIDEPRESSANTS SHOULD NOT BE GIVEN TO CHILDREN UNTIL THEY ARE PROVEN BOTH SAFE AND EFFECTIVE IN CHILDREN. DO YOU REALLY FIND THAT TO BE AN EXTREME POSITION? I DON'T CLAIM TO BE RIGHT ABOUT THIS AND I'M SURE REASONABLE PEOPLE CAN DISAGREE BUT IT SEEMS TO BE THAT IF ONE TAKES THE POSITION THAT THESE DRUGS ARE SAFE AND EFFECTIVE FOR USE IN CHILDREN THAT THERE SHOULD BE DATA TO SUPPORT THAT POSITION. DO YOU FEEL THAT THE PREPONDERANCE OF THE EXISTING DATA SUPPORT THE SAFETY AND EFFICACY OF ANTIDEPRESSANTS IN CHILDREN?

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I AGREE WITH TEICHER AND COLE WHO SUGGEST THAT IF SUICIDE INDUCTION OCCURS WITH SOME SSRIS, IT IS RARE, I.E., LESS THAN 1% OF USERS EXPERIENCE IT. (I CAN'T REMEMBER IF THEY ARE ON YOUR LIST OF PROFESSIONALS WITH HEADS UP THEIR ASSES). I THINK IF SUICIDE INDUCTION DOES OCCUR IT IS LIKELY RELATED TO AKITHISIA WHICH, FROM WHAT I CAN TELL, IS A WELL DOCUMENTED SIDE EFFECT. ARE YOU SUGGESTING THAT THE DATA DON'T SUPPORT AKITHISIA AS A POTENTIAL SIDE EFFECT OF SSRIS?

<<This article was sent to you by someone who found it on SF Gate>>

"Someone" meaning originating with you, David, just like the other article you "found" in British Columbia paper? Kindly share your sources for your forwarding of this kind of stuff.

I HAVE MULTIPLE SOURCES WHO SEND ME ARTICLES FROM ALL OVER THE WORLD. I POST <1% OF THE ARTICLES I GET SENT. I FIND NEWSPAPER ARTICLES TO BE A USEFUL

COMPLEMENT TO PROFESSIONAL JOURNAL ARTICLES BECAUSE A  
CURIOUS REPORTER CAN  
SOMETIMES ACCESS INFORMATION (PARTICULARLY THROUGH THE  
FREEDOM OF INFORMATION  
ACT) THAT IS DIFFICULT FOR MOST PROFESSIONALS TO ACCESS  
EXCLUSIVELY THROUGH  
THE PROFESSIONAL JOURNALS AND BECAUSE REPORTERS AREN'T  
USUALLY CONCERNED  
ABOUT POLITICAL CORRECTNESS

I WILL BE HAPPY TO TELL YOU MY "SOURCE" FOR THE SERZONE  
ARTICLE. IT IS  
RATHER SHOCKING THOUGH, SO BRACE YOURSELF. IT WAS.... MY  
PAPERBOY. HE'S THE  
ONE WHO DELIVERED THE SAN FRANCISCO CHRONICLE TO MY  
DOORSTEP. I SUBSCRIBE TO  
THE SAN FRANCISCO CHRONICLE MOSTLY FOR THE SPORTS PAGE  
BECAUSE I LOVE THE  
SAN FRANCISCO TEAMS. LO AND BEHOLD THE SERZONE ARTICLE,  
WRITTEN BY A  
REPORTER FROM THE LOS ANGELES TIMES, WAS IN THE NEWS  
SECTION OF THE PAPER .  
I THOUGHT TO MYSELF "JIM COYNE MIGHT FIND THIS INTERESTING  
BECAUSE HE SEEMS  
TO GO TO A LOT OF TROUBLE TO FIND, OPEN, AND READ  
EVERYTHING I POST TO  
SSCPNET."

CORDIALLY,

DAVID ANTONUCCIO

From pelham@acsu.buffalo.edu Tue Mar 13 11:18:51 2001

Received: (from mailnull@localhost)

by iris.it.northwestern.edu (8.9.3/8.9.3) id LAA18354

for <sscpnet@listserv.acns.nwu.edu>; Tue, 13 Mar 2001 11:17:08 -  
0600 (CST)

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<pelham@acsu.buffalo.edu> using -f

Received: from smtp1.acsu.buffalo.edu (smtp1.acsu.buffalo.edu  
[128.205.6.84]) by iris.itcs.northwestern.edu via smap (V2.0)

id xma018323; Tue, 13 Mar 01 11:16:54 -0600

Received: (qmail 8491 invoked from network); 13 Mar 2001 17:13:12 -0000

Received: from pelham.socsci.buffalo.edu (HELO ?128.205.76.22?)  
(128.205.76.22)

by smtp1 with SMTP; 13 Mar 2001 17:13:12 -0000

Mime-Version: 1.0

X-Sender: pelham@imap.acsu.buffalo.edu (Unverified)

Message-Id: <v04210110b6d4049203fe@[128.205.76.22]>

Date: Tue, 13 Mar 2001 12:13:36 -0500

To: james@13thdimension.com, rra@virginia.edu,  
 abikoh01@endeavor.med.nyu.edu,  
 Ann Abramowitz <aabramowitz@mediaone.net>,  
 onyango@acsu.buffalo.edu,  
 Loren Aguiar <AguiarL@war.wyeth.com>, allang@darwin.psy.fsu.edu,  
 albana01@endeavor.med.nyu.edu, Pat John  
 <patjohn@acsu.buffalo.edu>,  
 Greg Fabiano <fabiano@acsu.buffalo.edu>, aw22@acsu.buffalo.edu,  
 bwymbs@acsu.buffalo.edu, anil chacko <achacko@acsu.buffalo.edu>,  
 Erika Coles <ekcoles@acsu.buffalo.edu>, chronis@acsu.buffalo.edu,  
 onyango@acsu.buffalo.edu, dlm6@acsu.buffalo.edu,  
 chapman7@acsu.buffalo.edu, Mary Gaweł  
 <msgawel@acsu.buffalo.edu>,  
 tresco@acsu.buffalo.edu, bsotman@acsu.buffalo.edu,  
 Lizette flammer <lflammer@acsu.buffalo.edu>,  
 Beth Gnagy <Gnagy@acsu.buffalo.edu>,  
 Lisa Burrows-MacLean <lbm@acsu.buffalo.edu>,  
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 arthur\_anastopoulos@uncg.edu,  
 "Stephen Anderson Ph.D." <sra@summiteducational.org>,  
 chronis@acsu.buffalo.edu, greiner+@pitt.edu, aw22@acsu.buffalo.edu,  
 Celeste Anh-thu NGUYEN <celestn@uci.edu>,  
 "Nguyen, Celeste" <celestn@msx.hsis.uci.edu>,  
 Anil Chacko <achacko@acsu.buffalo.edu>, greiner+@pitt.edu,  
 gnagy@acsu.buffalo.edu, "Antonsson, Stefan"  
 <santonsson@us.shire.com>,  
 jelbert@rex.re.uokhsc.edu, seyberg.hrp@mail.health.ufl.edu,  
 sjohnson.hrp@mail.health.ufl.edu, nkaslow@emory.edu,  
 lonigan@darwin.psy.fsu.edu, tho@vtvm1.cc.vt.edu,  
 pelham@acsu.buffalo.edu, swr@po.cwru.edu,  
 weisz@psych.sscnet.ucla.edu,  
 asf2@acsu.buffalo.edu, darmstro@mednet.med.miami.edu,  
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 Fran Arnold <franarnold@hotmail.com>, aronoff@acsu.buffalo.edu,  
 Joan C Arvedson <arvedson@acsu.buffalo.edu>, jasarno@alf.uccs.edu,  
 atkins@uic.edu, Gerald August <augus001@maroon.tc.umn.edu>,  
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 baker@newsb.buffalo.edu,  
 cballow@mfhs.edu, "Baumann, Barbara" <Bbaumann@psych.uic.edu>,  
 bbauman+@pitt.edu, blicht@darwin.psy.fsu.edu,  
 Russell Barkley <Russell.Barkley@banyan.ummed.edu>,  
 dhbarlow@bu.edu,  
 =?iso-8859-1?Q?=22Rachel\_M=2E\_Barr=F3n=22?=  
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 Rachel Barron <barronr@gwm.sc.edu>,  
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 "Baumann, Barbara" <BaumannBL@msx.upmc.edu>,  
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 fredxb@ncal.kaiperm.org, blahey@yoda.bsd.uchicago.edu,  
 dbertolu@willco.niaaa.nih.gov, gnagy@acsu.buffalo.edu,  
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 mblack@pediatrics.ab.umd.edu,  
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 Brenda Boyd <bbb9q@curry.edschool.virginia.edu>,  
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 "Bradley H. Smith" <smithb@garnet.cla.sc.edu>,  
 Brad McGarry <bradmcgarry@hotmail.com>, david@star.wpic.pitt.edu,  
 brettpe@acsu.buffalo.edu, "Molina, Brooke" <molinab@msx.upmc.edu>,  
 RBrowne@ix.netcom.com, "Browne, Susan" <sbrowne@shirelabs.com>,  
 brownron@smtpgw2.musc.edu, Darryl Bruce  
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 shaywitzba@maspo2.mas.yale.edu, mbuck@amherst.k12.ny.us,  
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 kburchf@mailhost.tcs.tulane.edu,  
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 dcampbell@noven.com,  
 Sue Campbell <PRESCHL@vms.cis.pitt.edu>,  
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 Caroline Baron-Myak <MYAKCB@A1.ISD.UPMC.Edu>,  
 carlson@mail.utexas.edu,  
 Carol Ford Arkin <arkin@postoffice.ag.ohio-state.edu>,  
 anil chacko <achacko@acsu.buffalo.edu>,  
 JohnB Chamberlin <Chamberlin.JohnB@epamail.epa.gov>,  
 cjohnston@neuron3.psych.ubc.ca, chene@msx.upmc.edu,  
 cherij@bellsouth.net, mchin@noven.com, chorpita@hawaii.edu,  
 lowc@psych.sscnet.ucla.edu, Andrea Chronis  
 <chronis@acsu.buffalo.edu>,  
 cmp4@acsu.buffalo.edu, "Ciocca, Al" <cioccaaj@msx.upmc.edu>,  
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Subject: Change of address and phone number  
Content-Type: text/plain; charset="us-ascii" ; format="flowed"  
Reply-To: pelham@acsu.buffalo.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 28

Dear Colleagues:

My office and lab space has recently moved. My new address and phone number are:

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3435 Main Street, Building 20  
Buffalo, NY 14214

716-829-2244

My administrative assistant, Kara Chapman, can be reached at extension 29.  
Our program secretary, Mary Gawel, can be reached at extension 31.

Regards,  
Bill Pelham

\*\*\*\*\*

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From grosen@u.washington.edu Tue Mar 13 12:22:45 2001

Received: (from mailnull@localhost)  
by iris.itcs.northwestern.edu (8.9.3/8.9.3) id MAA28895  
for <sscpnet@listserv.acns.nwu.edu>; Tue, 13 Mar 2001 12:21:17 -  
0600 (CST)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<groesen@u.washington.edu> using -f  
Received: from jason02.u.washington.edu (jason02.u.washington.edu  
[140.142.8.52]) by iris.itcs.northwestern.edu via smap (V2.0)  
id xma028113; Tue, 13 Mar 01 12:19:54 -0600  
Received: from homer04.u.washington.edu  
(groesen@homer04.u.washington.edu [140.142.15.38])  
by jason02.u.washington.edu (8.9.3+UW00.05/8.9.3+UW00.12) with  
ESMTP id JAA65120;  
Tue, 13 Mar 2001 09:31:22 -0800  
Received: from localhost (groesen@localhost)  
by homer04.u.washington.edu (8.9.3+UW00.05/8.9.3+UW00.12) with  
ESMTP id JAA11136;  
Tue, 13 Mar 2001 09:25:33 -0800  
Date: Tue, 13 Mar 2001 09:25:32 -0800 (PST)  
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In-Reply-To: <v04210110b6d4049203fe@[128.205.76.22]>  
Message-ID: <Pine.A41.4.33.0103130925190.97428-  
100000@homer04.u.washington.edu>  
MIME-Version: 1.0  
Content-Type: TEXT/PLAIN; charset=US-ASCII  
Reply-To: grosen@u.washington.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 29

Please take me off your list.

On Tue, 13 Mar 2001, William E. Pelham, Jr. wrote:

> Dear Colleagues:  
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> My office and lab space has recently moved. My new address and phone  
> number are:  
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> 318 Diefendorf Hall  
> 3435 Main Street, Building 20  
> Buffalo, NY 14214  
>  
> 716-829-2244

> My administrative assistant, Kara Chapman, can be reached at extension 29.  
> Our program secretary, Mary Gawel, can be reached at extension 31.  
>  
> Regards,  
> Bill Pelham  
>  
> \*\*\*\*\*  
> INTERESTED IN SUMMER INTERNSHIPS?? LOOK FOR THE ADHD  
WEB PAGE AT:  
> <http://wings.buffalo.edu/psychology/adhd>  
>  
>  
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> Center for Children and Families  
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by [iris.it.northwestern.edu](mailto:iris.it.northwestern.edu) (8.9.3/8.9.3) id PAA16357

for <[sscpnet@listserv.acns.nwu.edu](mailto:sscpnet@listserv.acns.nwu.edu)>; Mon, 23 Apr 2001 15:14:51 -  
0500 (CDT)

X-Authentication-Warning: [iris.itcs.northwestern.edu](mailto:iris.itcs.northwestern.edu): [mailnull](mailto:mailnull) set sender to  
<[swoody@cortex.psych.ubc.ca](mailto:swoody@cortex.psych.ubc.ca)> using -f

Received: from [neuron3.psych.ubc.ca](mailto:neuron3.psych.ubc.ca) ([neuron3.psych.ubc.ca](mailto:neuron3.psych.ubc.ca) [137.82.53.4])  
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id xma016297; Mon, 23 Apr 01 15:14:31 -0500

Received: from Psychology-Message\_Server by [neuron3.psych.ubc.ca](mailto:neuron3.psych.ubc.ca)  
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X-Mailer: Novell GroupWise Internet Agent 5.5.4.1

Date: Mon, 23 Apr 2001 13:15:51 -0700

From: "Sheila Woody" <[swoody@neuron3.psych.ubc.ca](mailto:swoody@neuron3.psych.ubc.ca)>

To: <[sscpnet@listserv.acns.nwu.edu](mailto:sscpnet@listserv.acns.nwu.edu)>

Subject: Conflict of interest

Mime-Version: 1.0

Content-Type: text/plain; charset=US-ASCII

Content-Disposition: inline

Content-Transfer-Encoding: 8bit

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[iris.it.northwestern.edu](mailto:iris.it.northwestern.edu) id PAB16357

Reply-To: swoody@neuron3.psych.ubc.ca  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
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Status: O  
X-Status:  
X-Keywords:  
X-UID: 30

While we're on the topic of conflict of interest, I thought I would pass along the following article from The Globe and Mail (Canadian national newspaper) from last week. There is also one follow-up article that I will forward in a moment.

Sheila

The Globe and Mail, Saturday, April 14, 2001

Prozac critic sees U of T job revoked

By Anne McIlroy

A world-renowned scientist saw a job offer at the University of Toronto evaporate after warning that the popular antidepressant Prozac may trigger suicide in some patients.

The drug's manufacturer, Eli Lilly, is an important private donor to a mental-health research institute affiliated with the university.

Critics say it appears that David Healy's job offer was rescinded to avoid offending the corporate giant or for fear of compromising future fundraising efforts.

Eli Lilly said it had no role in the matter.

The university said the decision not to hire Dr. Healy was made by the Centre for Addiction and Mental Health, an affiliated teaching hospital, and that it would not be proper for the university to question it. The Centre for Addiction and Mental Health, for its part, steadfastly denies that it has allowed fundraising concerns to interfere with academic freedom.

"If you are asking me if his comments influenced our decision, let me be clear that there were a number of factors involved. We regret that our actions have been misinterpreted as an attack against academic freedom and as a conflict of interest," said Paul Garfinkel, chief executive officer of the CAMH.

Dr. Garfinkel said the reasons for the decision to revoke Dr. Healy's job offer are confidential. "Let me be clear, we've never made an offer or withdrawn an offer on the basis of an impact on an outside donor."

When initially approached by The Globe and Mail several months ago, Dr. Healy, who works at the University of Wales, was reluctant to speak publicly about what happened.

He said he decided to do so to publicize his concerns about Prozac and to raise questions about the appearance of a conflict of interest at U of T.

"I've had people call from a number of countries asking whether it is safe to say something [critical] about pharmaceutical companies. The public needs to know what happened here," Dr. Healy said in an interview.

Dr. Healy said he made his views clear in private interviews with university officials before the speech.

University of Toronto colleagues are providing a public platform for him to express his views on Prozac next week. He will give a lecture at the Joint Centre for Bioethics on Thursday evening.

U of T and CAMH had been courting Dr. Healy since July of 1999. They made him a formal written offer of a combined faculty and clinical position in May of 2000, followed by a more detailed letter in August. They hired a lawyer to help him immigrate.

Then, on Nov. 30, 2000, Dr. Healy gave a wide-ranging lecture at CAMH, part of a colloquium titled Looking Back, Looking Ahead -- Psychiatry in the 21st Century: Mental Health and Addiction.

He criticized pharmaceutical companies for avoiding experiments that could demonstrate problems with their drugs, and for not publishing unfavourable results. He said the data show that Prozac and other popular antidepressants in the same chemical family may have been responsible for one suicide for every day they have been on the market.

A week later, Dr. David Goldbloom, physician-in-chief at CAMH and a professor at U of T, rescinded the offer to Dr. Healy in an e-mail, a copy of which was sent to The Globe and Mail in an unmarked brown envelope.

Dr. Goldbloom told Dr. Healy his lecture was evidence that his approach was not "compatible" with development goals. Development, in the university context, is widely understood to mean fundraising, although CAMH denies that.

From swoody@neuron3.psych.ubc.ca Mon Apr 23 15:16:12 2001

Received: (from mailnull@localhost)

by iris.it.northwestern.edu (8.9.3/8.9.3) id PAA17188

for <sscpnet@listserv.acns.nwu.edu>; Mon, 23 Apr 2001 15:16:11 -0500 (CDT)

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From: "Sheila Woody" <swoody@neuron3.psych.ubc.ca>  
To: <sscpnet@listserv.acns.nwu.edu>  
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X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 31

Here is the other related article.

Sheila

The Globe and Mail, Wednesday, April 18, 2001

Article censored that decried placebo use in drug trials

By Anne McIlroy

A journal published by the Centre for Addiction and Mental Health refused to run an article it had commissioned that was critical of psychiatric drug trials, says Charles Weijer, an assistant professor in the department of bioethics at Dalhousie University.

Dr. Weijer says he was asked by the Journal of Addiction and Mental Health to write an editorial about a common practice that means half of the patients who participate in clinical trials of psychiatric drugs don't receive any treatment.

The journal is published by the Centre for Addiction and Mental Health, a teaching hospital affiliated with the University of Toronto that has been criticized for appearing to be too close to the drug industry.

The CAMH revoked a job offer to a respected British psychiatrist after he raised concerns about the use of the popular antidepressant Prozac, manufactured by Eli Lilly, a major private donor, during a speech last year.

David Healy argued Prozac may trigger suicide in some patients, a claim the company denies. The CAMH won't say why his written job offer was rescinded, but denies it had anything to do with the fact Eli Lilly is a major corporate donor.

Dr. Weijer says what happened to him is further proof that the CAMH's relationship to the drug industry is "a profound problem."

In his article, Dr. Weijer criticized the common pharmaceutical industry practice of testing drugs for depression or schizophrenia using a control group of patients who are given a placebo -- basically a sugar pill -- rather than medication.

Using placebos is a standard way to test whether psychiatric drugs work, and is in fact required by Health Canada, Dr. Weijer says. But it isn't done to test drugs for cancer, for example, because researchers believe it is unethical to withhold treatment from the control group of patients.

Dr. Weijer argues the same standard should apply in psychiatric drug trials, because it is unethical to deny available treatments to patients desperately in need of care.

Copies of e-mails provided by Dr. Weijer show that the editor of the journal, Diana Ballon, told him to be as "controversial" as he wished. He turned in his commentary on May 15 last year. The editor sent it back the next day with a few minor corrections, he said.

On May 17, Dr. Weijer said, Ms. Ballon phoned him and told him that a number of psychiatrists at the CAMH had reviewed the piece, were unhappy with it and wanted major changes.

On May 29, he received a substantially rewritten version, which he says modified many of the points he had made. The new article, he said, was in favour of the use of placebo control groups, the opposite view he had argued. He said this kind of treatment is unheard of at other medical journals.

He said he told the journal the degree of interference was inappropriate for an academic journal and withdrew his article.

"I think they had to be concerned that a piece coming out of the Centre for Addiction and Mental Health through their journal that criticized the practices of the industry might make their drug-company funders unhappy," Dr. Weijer said in an interview.



"The Centre for Addiction and Mental Health's close relationship with industry is a profound problem . . ."

Ms. Ballon refused to answer questions yesterday, referring inquiries to Christa Haanstra, acting director of public affairs. The Globe and Mail first asked Ms. Haanstra about Dr. Weijer on Monday, but she said she needed more time to respond. Yesterday, she said she still was not prepared to comment.

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News:

From jwb@alumni.stanford.org Mon Apr 23 15:48:25 2001  
Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id PAA22459  
for <sscpnet@listserv.acns.nwu.edu>; Mon, 23 Apr 2001 15:48:24 -  
0500 (CDT)  
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X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:

X-Keywords:  
X-UID: 32

At the risk of sounding like Cato the Elder on the subject of Carthage, I'll repeat what I said the other day in response to David Antonuccio's posting of the April 14 Lancet editorial, "The tightening grip of big pharma"....

"None of this surprises me.

"Despite the return to fashion since 1980 of laissez-faire capitalism (a far more accurate term than "free markets"), drug testing should be fully funded and regulated by the FDA and paid for by either an excise tax or a VAT on Rx drugs. The tax would not need to be passed along to consumers, because manufacturers would no longer have to bear the testing costs directly.

"I can think of no other way to keep it honest."

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From jcoyne@mail.med.upenn.edu Tue Apr 24 13:34:05 2001  
Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id NAA19270  
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To: sscpnet@listserv.acns.nwu.edu  
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Subject: Toronto newspaper, David Healy, and me  
Cc: amcilroy@GlobeAndMail.ca  
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X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 33

I read with interest the recent discussion of SSCP members making themselves available to the press, particularly when juxtaposed with some Canadian's posting on SSCPnet from the Globe and Mail newspaper. My experience is that one has to be prepared for some shady dealings, at least with the Toronto paper. If the New York Times motto is "All the news that is fit to print", the Toronto Globe and Mail's motto must be "All the news that fits". Here is my version of some dealings with Ms. Anne McIlroy, the author of that Globe and Mail piece (excerpt below).

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I pointed out to Ms. McIlroy that primary care physicians appear to be poor at diagnosing depression, diagnosing patients as depressed who are not as frequently as they correctly identify depressed patients. Given that 11% of the elderly in Ontario received antidepressants last year, that undoubtedly represented thousands of persons receiving antidepressants who were not depressed. If Healy is correct, we would expect them to be jumping out of their nursing home windows in droves. Although I have not been to Toronto lately, I did not believe that to be the case.

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From jwb@alumni.stanford.org Tue Apr 24 14:15:06 2001

Received: (from mailnull@localhost)

by iris.it.northwestern.edu (8.9.3/8.9.3) id OAA26975

for <sscpnet@listserv.acns.nwu.edu>; Tue, 24 Apr 2001 14:15:06 -  
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"SSCPNet" <sscpnet@listserv.acns.nwu.edu>  
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X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 34

Jim,

Whatever the story on Healy is, he has published two articles on suicide and  
AD  
treatment that did appear in Medline-indexed journals:

1: Healy D, Langmaak C, Savage M.

Suicide in the course of the treatment of depression.  
J Psychopharmacol. 1999;13(1):94-9. Review.  
PMID: 10221363 [PubMed - indexed for MEDLINE]

2: Healy D.

The three faces of the antidepressants: a critical commentary on the

clinical-economic context of diagnosis.  
J Nerv Ment Dis. 1999 Mar;187(3):174-80. Review.  
PMID: 10086474 [PubMed - indexed for MEDLINE]

You can link to the abstracts at <http://www.ncbi.nlm.nih.gov/PubMed/> through the search term "healy d suicide".

Regarding the Toronto Globe and Mail, it is Canada's premier newspaper. I would not recommend generalizing too freely from your experience with Ms. McIlroy. A letter to [Letters@GlobeAndMail.ca](mailto:Letters@GlobeAndMail.ca) would probably advance your point of view more than anything else. But keep it to around 150-200 words unless you want to risk its being edited down, with results you might not like to see in print.

John

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Dr. Garfinkel said the reasons for the decision to revoke Dr. Healy's job offer are confidential. "Let me be clear, we've never made an offer or withdrawn an offer on the basis of an impact on an outside donor."

From jcoyne@mail.med.upenn.edu Tue Apr 24 14:43:38 2001  
Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id OAA02834  
for <sscpnet@listserv.acns.nwu.edu>; Tue, 24 Apr 2001 14:43:37 -  
0500 (CDT)  
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<jcoyne@mail.med.upenn.edu> using -f  
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iris.itcs.northwestern.edu via smap (V2.0)  
id xma002797; Tue, 24 Apr 01 14:43:20 -0500  
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by dolphin.upenn.edu (8.11.1/8.10.1) with ESMTP id f3OJhDj25735;  
Tue, 24 Apr 2001 15:43:13 -0400 (EDT)  
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To: "John W. Bush" <jwb@alumni.stanford.org>  
From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: Re: Toronto newspaper, David Healy, and me  
Cc: sscpnet@listserv.acns.nwu.edu  
Reply-To: jcoyne@mail.med.upenn.edu  
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X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 35

Correct, but these are not research reports and Healy makes a lot of money claiming that his research shows that a person dies of suicide because of antidepressants every day they are on the market. Which is nonsense.

John, Take a look at Healy's article in Primary Care Psychiatry if you can find it. It is shoddy and the claim that it was originally designed as an objective piece of research strains credibility. 20 subjects, no controls, and too low statistical power to demonstrate anything. If some hired gun for the drug companies did such a thing Healy would be quick holler foul.

I don't know about the Toronto Globe and Mail, but a Canadian colleague backchanneled me that like a number of Canadian newspapers it is owned by a nutty right wing extremist. But I really can't judge.

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>PMID: 10221363 [PubMed - indexed for MEDLINE]  
>  
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>J Nerv Ment Dis. 1999 Mar;187(3):174-80. Review.  
>PMID: 10086474 [PubMed - indexed for MEDLINE]  
>  
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>the search term "healy d suicide".  
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>Regarding the Toronto Globe and Mail, it is Canada's premier newspaper. I  
>would  
>not recommend generalizing too freely from your experience with Ms.  
McIlroy. A  
>letter to [Letters@GlobeAndMail.ca](mailto:Letters@GlobeAndMail.ca) would probably advance your point of  
view  
>more than anything else. But keep it to around 150-200 words unless you

>want to  
>risk its being edited down, with results you might not like to see in print.  
>

From jwb@alumni.stanford.org Tue Apr 24 15:16:17 2001  
Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id PAA07626  
for <sscpnet@listserv.acns.nwu.edu>; Tue, 24 Apr 2001 15:16:16 -  
0500 (CDT)  
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Received: from avocet.mail.pas.earthlink.net (avocet.mail.pas.earthlink.net  
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id xma007548; Tue, 24 Apr 01 15:16:05 -0500  
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by avocet.mail.pas.earthlink.net (EL-8\_9\_3\_3/8.9.3) with SMTP id  
NAA06662;  
Tue, 24 Apr 2001 13:15:58 -0700 (PDT)  
Message-ID: <020d01c0ccfb\$4e3aae20\$e75f0304@jwb>  
Reply-To: "John W. Bush" <jwb@alumni.stanford.org>  
From: "John W. Bush" <jwb@alumni.stanford.org>  
To: "James Coyne" <jcoyne@mail.med.upenn.edu>  
Cc: <sscpnet@listserv.acns.nwu.edu>  
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Subject: Re: Toronto newspaper, David Healy, and me  
Date: Tue, 24 Apr 2001 16:15:26 -0400  
MIME-Version: 1.0  
Content-Type: text/plain;  
charset="Windows-1252"  
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X-Priority: 3  
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Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 36

Jim,

I'll take your word that Healy's article (which I can't find either) is as  
you've described it.

If he's such a turkey, all the more reason for you to send a letter to the  
Globe and Mail. Don't worry about who might own the paper. Reasons: (1) A

right-winger would be unlikely to worry much about academic freedom. (2) His opinion of Prozac is unknown to us, if has one at all. (3) The editors at papers of the G&M's caliber don't usually give a damn what the owner or publisher thinks.

But do go easy on the ad mulierem and ad diurnalem rhetoric. It won't help your case.

John

-----

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>

From mantony@stjosham.on.ca Tue Apr 24 15:23:30 2001  
Received: (from mailnull@localhost)  
by iris.itcs.northwestern.edu (8.9.3/8.9.3) id PAA08756  
for <sscpnet@listserv.ACNS.NWU.EDU>; Tue, 24 Apr 2001 15:23:29 -  
0500 (CDT)  
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Date: Tue, 24 Apr 2001 16:26:18 -0400  
To: jcoyne@mail.med.upenn.edu, sscpnet@listserv.ACNS.NWU.EDU  
From: "Martin M. Antony" <mantony@stjosham.on.ca>  
Subject: Re: Toronto newspaper, David Healy, and me  
In-Reply-To: <l03130312b70b85811c09@[128.91.16.216]>  
References: <013501c0ccf2\$be1d0a20\$e75f0304@jwb>  
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Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 37

Hi Jim,

I assume your colleague is talking about Conrad Black, who until recently owned 60 of Canada's 106 daily newspapers, as well as the Jerusalem Post, the Chicago Sun-Times, the London Daily Telegraph, and several other international papers. Although he is (or at least was) the third biggest newspaper owner in the world, and he is well known for having "extreme" right wing views (by Canadian standards), he has never owned the Globe and Mail (he owns the National Post - Canada's other national newspaper).

Until recently, the Globe and Mail was owned by the Thompson Corporation, another large international newspaper chain. I believe it was recently sold to another large media corporation, that owns a bunch of TV networks across Canada.

The Globe and Mail certainly has a conservative slant with respect to fiscal issues, but it is also probably the most respected paper in the country. It tends to cater to people who are more educated, etc., and tends to provide more in-depth, intelligent coverage than lots of other papers out there. It is not the Canadian "National Inquirer." I have been interviewed many times by various respectable and not-so-respectable papers, and in my experience they all get the facts wrong and slant their stories to get a reaction. I am not defending or criticizing the stance they took on the Healy issue.

Marty

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> >Jim,  
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Martin M. Antony, Ph.D., C.Psych.  
Director, Anxiety Treatment and Research Centre  
St. Joseph's Hospital  
50 Charlton Avenue East  
Hamilton, Ontario L8N 4A6  
Canada  
Tel: 905-522-1155, ext. 3048  
Fax: 905-521-6120  
E-mail [mantony@stjosham.on.ca](mailto:mantony@stjosham.on.ca)

From [jcoyne@mail.med.upenn.edu](mailto:jcoyne@mail.med.upenn.edu) Tue Apr 24 17:16:42 2001  
Received: (from [mailnull@localhost](mailto:mailnull@localhost))  
by [iris.it.northwestern.edu](mailto:iris.it.northwestern.edu) (8.9.3/8.9.3) id RAA29394

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0500 (CDT)  
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<jcoyne@mail.med.upenn.edu> using -f  
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To: sscpnet@listserv.acns.nwu.edu  
From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: deconstructing newspaper nonsense (2): Toronto paper on  
placebo-cotrolled trials  
Cc: amcilroy@GlobeAndMail.ca, raddis@GlobeAndMail.ca  
Reply-To: jcoyne@mail.med.upenn.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 38

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of a skeptic to need more data.

On the basis of prior probabilities, maybe --despite being invited, the  
article got peer review and rejected. Happens all the time and I need more  
data to believe that did not occur. Why just recently, I got an invited  
JCCP manuscript reviewed. This big guy in California who sometimes bellows  
at me in CAPS on SSCPnet got real upset and tried hard to get it rejected.



He did not succeed, but that sort of thing happens.

Dr Weijer says " this kind of treatment is unheard of at other medical journals." nonsense, it is the risk of peer review

Who is Dr. Weijer anyway? A quick lit search reveals that he is an inveterate letter writer from Nova Scotia. Lots of publications, but disproportionately letters to the editor, and not as much in medical journals beyond that. Perhaps, Dr. Weijer is going on what he heard from others about medical journals but I am sure they have encountered peer review as well.

"In his article, Dr. Weijer criticized the common pharmaceutical industry practice of testing drugs for depression or schizophrenia using a control group of patients who are given a placebo -- basically a sugar pill -- rather than medication."

Is there a problem with this practice? perhaps, but evidence? Recently a consumer group (many of them receiving treatment for depression or schizophrenia) held a conference in which they were arguably more adamant about the necessity of continuing placebo control trials than the professionals were. For some of the excellent professional contributions to the conference see the April 2000 issue of Biological Psychiatry. The professionals, who could hardly be all be dismissed as tools of the pharmaceutical industry made some interesting arguments. For instance, Leber: "The reliable evaluation of treatments intended for the management of psychiatric illness would not be possible without the use of placebo. Other types of control groups can provide useful information, but none are capable of adducing a finding as compelling and unambiguously interpretable as a statistically significant drug-placebo difference. Its epistemological advantage notwithstanding, the ethicality of employing a placebo control group has been increasingly challenged in recent years. Many who object to the use of placebo on ethical grounds assume, incorrectly, that there are fungible alternatives to the use of placebo in the assessment of psychotropic drugs. This essay attempts to explain, within an historical context, not only why placebo is irreplaceable, but why it is often so difficult to communicate its advantages to those unfamiliar with the epistemological aims and methods of controlled clinical trials."

Did Anne McIlroy do her homework in writing the story? Hardly. Toronto has some excellent authorities on clinical trials, including the world class David Sackett. Guba has also done an interesting recent review worth looking at. Both have taken the time to be critical of Weijer's many letters, Sackett because he gets misquoted. Why didn't Anne McIlroy check her single source?

Verdict on Weijer and Anne "Prozac kills" McIlroy? you decide.

The Globe and Mail, Wednesday, April 18, 2001

Article censored that decried placebo use in drug trials

By Anne McIlroy

A journal published by the Centre for Addiction and Mental Health refused to run an article it had commissioned that was critical of psychiatric drug trials, says Charles Weijer, an assistant professor in the department of bioethics at Dalhousie University.

Dr. Weijer says he was asked by the Journal of Addiction and Mental Health to write an editorial about a common practice that means half of the patients who participate in clinical trials of psychiatric drugs don't receive any treatment.

The journal is published by the Centre for Addiction and Mental Health, a teaching hospital affiliated with the University of Toronto that has been criticized for appearing to be too close to the drug industry.

The CAMH revoked a job offer to a respected British psychiatrist after he raised concerns about the use of the popular antidepressant Prozac, manufactured by Eli Lilly, a major private donor, during a speech last year.

David Healy argued Prozac may trigger suicide in some patients, a claim the company denies. The CAMH won't say why his written job offer was rescinded, but denies it had anything to do with the fact Eli Lilly is a major corporate donor.

Dr. Weijer says what happened to him is further proof that the CAMH's relationship to the drug industry is "a profound problem."

In his article, Dr. Weijer criticized the common pharmaceutical industry practice of testing drugs for depression or schizophrenia using a control group of patients who are given a placebo -- basically a sugar pill -- rather than medication.

Using placebos is a standard way to test whether psychiatric drugs work, and is in fact required by Health Canada, Dr. Weijer says. But it isn't done to test drugs for cancer, for example, because researchers believe it is unethical to withhold treatment from the control group of patients.

Dr. Weijer argues the same standard should apply in psychiatric drug trials, because it is unethical to deny available treatments to patients desperately in need of care.

Copies of e-mails provided by Dr. Weijer show that the editor of the journal, Diana Ballon, told him to be as "controversial" as he wished. He turned in his commentary on May 15 last year. The editor sent it back the

next day with a few minor corrections, he said.

On May 17, Dr. Weijer said, Ms. Ballon phoned him and told him that a number of psychiatrists at the CAMH had reviewed the piece, were unhappy with it and wanted major changes.

On May 29, he received a substantially rewritten version, which he says modified many of the points he had made. The new article, he said, was in favour of the use of placebo control groups, the opposite view he had argued. He said this kind of treatment is unheard of at other medical journals.

He said he told the journal the degree of interference was inappropriate for an academic journal and withdrew his article.

"I think they had to be concerned that a piece coming out of the Centre for Addiction and Mental Health through their journal that criticized the practices of the industry might make their drug-company funders unhappy," Dr. Weijer said in an interview.

"The Centre for Addiction and Mental Health's close relationship with industry is a profound problem . . ."

Ms. Ballon refused to answer questions yesterday, referring inquiries to Christa Haanstra, acting director of public affairs. The Globe and Mail first asked Ms. Haanstra about Dr. Weijer on Monday, but she said she needed more time to respond. Yesterday, she said she still was not prepared to comment.

From David.Englert@WHMC.AF.MIL Wed Apr 25 10:20:15 2001

Received: (from mailnull@localhost)

by iris.it.northwestern.edu (8.9.3/8.9.3) id KAA10968

for <sscpnet@listserv.acns.nwu.edu>; Wed, 25 Apr 2001 10:20:14 -0500 (CDT)

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to <David.Englert@WHMC.AF.MIL> using -f

Received: from whmcbc22ims.whmcnet (whmcbc22ims.whmc.af.mil [206.39.75.235]) by iris.itcs.northwestern.edu via smap (V2.0)

id xma010924; Wed, 25 Apr 01 10:19:55 -0500

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Message-ID:

<FF2BAFD3E28BD311A3D4005004AA839602167FF9@exchange2.whmc.af.mil>

From: "Englert, David" <David.Englert@WHMC.AF.MIL>

To: "sscpnet@listserv.acns.nwu.edu" <sscpnet@listserv.acns.nwu.edu>

Cc: "amcilroy@GlobeAndMail.ca" <amcilroy@GlobeAndMail.ca>, "raddis@GlobeAndMail.ca" <raddis@GlobeAndMail.ca>

Subject: RE: deconstructing newspaper nonsense (2): Toronto paper on place

bo-controlled trials  
Date: Wed, 25 Apr 2001 10:29:44 -0500  
MIME-Version: 1.0  
X-Mailer: Internet Mail Service (5.5.2650.21)  
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Reply-To: David.Englert@WHMC.AF.MIL  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 39

As I read the article I was a little confused about the point Ms McIlroy was trying to make. The story talks about two mental health professionals with what seem to be opposing views. First we have Dr. Weijer who is apparently opposed to using a placebo group "in psychiatric drug trials, because it is unethical to deny available treatments to patients desperately in need of care." On the other hand, she mentions David Healy who believes that at least one anti-depressant medication can lead people to kill themselves.

Of course I realize that she was attempting to show her readers about the massive cover-ups that happen CAMH, that after all sells the most newspapers. However, is CAMH so inept at their own scheming that they are trying to block people from the perception that Prozac could lead to suicide AND continue to push for scientific evaluations of medications versus the effects of no medication?

How did the writer hear about this breaking story? Where did she get the "lead" about Healy? I don't think our students need "crap detectors," at least not for this story. Ms. McIlroy obviously can't distinguish between people with an axe to grind and a story of merit.

Dave

David R. Englert, Ph.D.  
Associate Director of Training, Psychology Residency  
Wilford Hall Medical Center

-----Original Message Follows-----

From: James Coyne <jcoyne@mail.med.upenn.edu>  
Reply-To: jcoyne@mail.med.upenn.edu  
To: sscpnet@listserv.acns.nwu.edu  
CC: amcilroy@GlobeAndMail.ca, raddis@GlobeAndMail.ca  
Subject: deconstructing newspaper nonsense (2): Toronto paper on placebo-controlled trials  
Date: Tue, 24 Apr 2001 18:16:32 -0400

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of psychiatric illness would not be possible without the use of placebo. Other types of control groups can provide useful information, but none are capable of adducing a finding as compelling and unambiguously interpretable as a statistically significant drug-placebo difference. Its epistemological advantage notwithstanding, the ethicality of employing a placebo control group has been increasingly challenged in recent years. Many who object to the use of placebo on ethical grounds assume, incorrectly, that there are fungible alternatives to the use of placebo in the assessment of psychotropic drugs. This essay attempts to explain, within an historical context, not only why placebo is irreplaceable, but why it is often so difficult to communicate its advantages to those unfamiliar with the epistemological aims and methods of controlled clinical trials."

Did Anne McIlroy do her homework in writing the story? Hardly. Toronto has some excellent authorities on clinical trials, including the world class David Sackett. Guba has also done an interesting recent review worth looking at. Both have taken the time to be critical of Weijer's many letters, Sackett because he gets misquoted. Why didn't Anne McIlroy check her single source?

Verdict on Weijer and Anne "Prozac kills" McIlroy? you decide.

The Globe and Mail, Wednesday, April 18, 2001

Article censored that decried placebo use in drug trials

By Anne McIlroy

A journal published by the Centre for Addiction and Mental Health refused to run an article it had commissioned that was critical of psychiatric drug trials, says Charles Weijer, an assistant professor in the department of bioethics at Dalhousie University.

Dr. Weijer says he was asked by the Journal of Addiction and Mental Health to write an editorial about a common practice that means half of the patients who participate in clinical trials of psychiatric drugs don't receive any treatment.

The journal is published by the Centre for Addiction and Mental Health, a teaching hospital affiliated with the University of Toronto that has been criticized for appearing to be too close to the drug industry.

The CAMH revoked a job offer to a respected British psychiatrist after he raised concerns about the use of the popular antidepressant Prozac, manufactured by Eli Lilly, a major private donor, during a speech last year.

David Healy argued Prozac may trigger suicide in some patients, a claim the

company denies. The CAMH won't say why his written job offer was rescinded, but denies it had anything to do with the fact Eli Lilly is a major corporate donor.

Dr. Weijer says what happened to him is further proof that the CAMH's relationship to the drug industry is "a profound problem."

In his article, Dr. Weijer criticized the common pharmaceutical industry practice of testing drugs for depression or schizophrenia using a control group of patients who are given a placebo -- basically a sugar pill -- rather than medication.

Using placebos is a standard way to test whether psychiatric drugs work, and is in fact required by Health Canada, Dr. Weijer says. But it isn't done to test drugs for cancer, for example, because researchers believe it is unethical to withhold treatment from the control group of patients.

Dr. Weijer argues the same standard should apply in psychiatric drug trials, because it is unethical to deny available treatments to patients desperately in need of care.

Copies of e-mails provided by Dr. Weijer show that the editor of the journal, Diana Ballon, told him to be as "controversial" as he wished. He turned in his commentary on May 15 last year. The editor sent it back the next day with a few minor corrections, he said.

On May 17, Dr. Weijer said, Ms. Ballon phoned him and told him that a number of psychiatrists at the CAMH had reviewed the piece, were unhappy with it and wanted major changes.

On May 29, he received a substantially rewritten version, which he says modified many of the points he had made. The new article, he said, was in favour of the use of placebo control groups, the opposite view he had argued. He said this kind of treatment is unheard of at other medical journals.

He said he told the journal the degree of interference was inappropriate for an academic journal and withdrew his article.

"I think they had to be concerned that a piece coming out of the Centre for Addiction and Mental Health through their journal that criticized the practices of the industry might make their drug-company funders unhappy," Dr. Weijer said in an interview.

"The Centre for Addiction and Mental Health's close relationship with industry is a profound problem . . ."

Ms. Ballon refused to answer questions yesterday, referring inquiries to Christa Haanstra, acting director of public affairs. The Globe and Mail

first asked Ms. Haanstra about Dr. Weijer on Monday, but she said she needed more time to respond. Yesterday, she said she still was not prepared to comment.

---

Get your FREE download of MSN Explorer at <http://explorer.msn.com>

From jcoyne@mail.med.upenn.edu Tue May 1 06:06:22 2001  
Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id GAA08035  
for <sscpnet@listserv.it.northwestern.edu>; Tue, 1 May 2001 06:06:22  
-0500 (CDT)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<jcoyne@mail.med.upenn.edu> using -f  
Received: from dolphin.upenn.edu (dolphin.upenn.edu [128.91.2.35]) by  
iris.itcs.northwestern.edu via smap (V2.0)  
id xma008016; Tue, 1 May 01 06:06:09 -0500  
Received: from [128.91.16.206] (DIALIN0200.UPENN.EDU [128.91.16.200])  
by dolphin.upenn.edu (8.11.1/8.10.1) with ESMTP id f41B5xj09036  
for <sscpnet@listserv.it.northwestern.edu>; Tue, 1 May 2001 07:05:59  
-0400 (EDT)  
Message-Id: <l03130318b71447dc63f8@[128.91.16.206]>  
In-Reply-To: <200105010503.AAA03685@iris.it.northwestern.edu>  
Mime-Version: 1.0  
Content-Type: text/plain; charset="us-ascii"  
Date: Tue, 1 May 2001 07:02:04 -0400  
To: Society for a Scientific Clinical Psychology  
<sscpnet@listserv.it.northwestern.edu>  
From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: Re: SSCPNET digest 1573  
Reply-To: jcoyne@mail.med.upenn.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 40

David ( Antonuccio), you and others can directly examine the report of the NIMH-funded study. You are better at making charges than documenting them.(As you say, "I don't know if this is accurate.but..I would worry") Even if solvay helped support the study, by itself it does not necessarily take away from the results. Would you jump to the same conclusion if the Beck Institute furnished training or fidelity ratings in a therapy study such as for the ongoing ENRICH-D?



But now that I wish to comment on a recent conflict of interest and an associated ethical issue related to a posting of yours. You regularly post material promoting psychiatrists making money selling predictable, but unsubstantiated claims as established science to litigants. These postings often take the form of clippings from obscure newspapers and it is impossible to examine the original sources (the studies cited) because they are not given. You did this, for instance, with Healy's claim that 10% of nondepressed persons become suicidal when given an SSRI.

Well, finally the Healy study was uncovered, having been buried away beyond scrutiny because no original source was given and it was not in a MEDLINE reviewed journal. We find that the study was bogus or incompetent in its design because only it had only 20 subjects and no placebo condition were included in what we are asked to believe was a scientific study of quality of life. No statistical power for the stated purpose of the study. The subjects were colleagues and underlings of Dr. Healy and the study postdated his widely publicized claims for his hypothesis. Is this scientifically appropriate or ethical?

Questions to you: Was there a conflict of interest on Healy's part? Do you see an ethical issue or an outright scam here (I guess incompetence is a defense against the latter charge)? How does all this reflect on your practice of posting claims about studies we cannot independently examine? Having originally posted the Healy claims, might you owe us a comment now that you know what the "study" was about?

> SSCPNET Digest 1573  
>  
>Jim:  
>  
>the nimh study using fluvoxamine to treat anxiety in kids worries me a bit.  
>According to the Washington Post, Solvay the manufacturer of fluvoxamine,  
>helped support the study. I don't know if this is accurate but if it is, I  
>would worry about a possible conflict of interest in the design and data  
>analysis....

David Antonuccio

From david@shapiro.co.uk Sat May 12 07:56:56 2001

Received: (from mailnull@localhost)

by iris.it.northwestern.edu (8.9.3/8.9.3) id HAA00135

for <sscpnet@listserv.acns.nwu.edu>; Sat, 12 May 2001 07:56:55 -0500 (CDT)

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to <david@shapiro.co.uk> using -f

Received: from warrior-outbound.servers.plus.net (unknown [212.159.14.227]) by iris.itcs.northwestern.edu via smap (V2.0) id xma000075; Sat, 12 May 01 07:56:14 -0500

Received: (qmail 19646 invoked from network); 12 May 2001 12:55:43 -0000

Received: from unknown (HELO oemcomputer) (212.56.102.111)

by warrior with SMTP; 12 May 2001 12:55:43 -0000  
Reply-To: <david@shapiro.co.uk>  
From: "David A Shapiro" <david@shapiro.co.uk>  
To: "Science of Clinical Psychology" <sscpnet@listserv.acns.nwu.edu>  
Subject: Healy story in the UK press  
Date: Sat, 12 May 2001 13:54:18 +0100  
Message-ID:  
<NDBBIELFKHHLMEGCEDNFMEILCMAA.david@shapiro.co.uk>  
MIME-Version: 1.0  
Content-Type: text/plain;  
charset="iso-8859-1"  
Content-Transfer-Encoding: 7bit  
X-Priority: 3 (Normal)  
X-MSMail-Priority: Normal  
X-Mailer: Microsoft Outlook IMO, Build 9.0.2416 (9.0.2910.0)  
Importance: Normal  
X-MimeOLE: Produced By Microsoft MimeOLE V5.00.2615.200  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 41

I can't say I've followed this in detail, but those of you who have might be interested to see how our leading quality, liberal newspaper has reported it, at <http://www.guardian.co.uk/Archive/Article/0,4273,4181987,00.html>

David A Shapiro BA MSc PhD CPsychol FBPSS  
Honorary Professor, Universities of Leeds and Sheffield

22 Rutland Park  
Sheffield S10 2PB UK  
phone/fax + 44 (0)114 221 7818  
mobile + 44 (0)7885 885111  
david@shapiro.co.uk  
www.shapiro.co.uk

---

research, evaluation, development and consultancy in psychological health

From mbmiller@taxa.psyc.missouri.edu Sat Jun 30 09:07:57 2001  
Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id JAA11196  
for <sscpnet@listserv.acns.nwu.edu>; Sat, 30 Jun 2001 09:07:56 -  
0500 (CDT)

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to <mbmiller@taxa.psyc.missouri.edu> using -f  
Received: from taxa.psyc.missouri.edu (taxa.psyc.missouri.edu [128.206.38.235]) by iris.itcs.northwestern.edu via smap (V2.0) id xma011163; Sat, 30 Jun 01 09:07:27 -0500  
Received: from localhost (mbmiller@localhost) by taxa.psyc.missouri.edu (8.9.3/8.9.0) with ESMTP id JAA04248 for <sscpnet@listserv.acns.nwu.edu>; Sat, 30 Jun 2001 09:06:47 -0500 (CDT)  
Date: Sat, 30 Jun 2001 09:06:46 -0500 (CDT)  
From: Mike Miller <mbmiller@taxa.psyc.missouri.edu>  
To: SSCPnet List <sscpnet@listserv.acns.nwu.edu>  
Subject: Nature Medicine wants your opinion on the David Healy/U Toronto issue  
Message-ID: <Pine.GSO.4.33.0106300842340.4139-100000@taxa.psyc.missouri.edu>  
MIME-Version: 1.0  
Content-Type: TEXT/PLAIN; charset=US-ASCII  
Reply-To: mbmiller@taxa.psyc.missouri.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 42

Here's an example of a man whose ideas were not well-liked by the people who paid his salary. The original Nature Medicine article is here:  
[http://www.nature.com/nm/journal/v7/n6/full/nm0601\\_643.html](http://www.nature.com/nm/journal/v7/n6/full/nm0601_643.html)

Healy's controversial lecture is here:  
<http://www.nature.com/nm/voting/lecture.html>

Below is a call for readers to express their views about the lecture and about the pharmaceutical industry's role in modern psychiatry.

If someone presented an idea to me and I "had no idea where it came from," (paraphrasing the UT Psychiatry Chairman), I would ask for some supportive evidence or documentation. Why should I attack the speaker before giving him a chance to support his claim? The man has written an entire book and his lecture seems to have been an overview of the book. I would like to know if the people who fired him have read the book and found no evidence in it to support Healy's questionable claims.

Mike

-----

<http://www.nature.com/nm/voting/intro.html>

## Nature Medicine

### Cast your vote

In our June issue, Nature Medicine brought you the story of British Psychiatrist David Healy who accepted a joint faculty position at the Centre for Addiction and Mental Health (CAMH) in Toronto, Canada, and the Department of Psychiatry at the University of Toronto, only to have the roles declined to him on the basis of a single lecture he presented weeks later.

While senior faculty at CAMH maintain that the lecture contained a "...variety of extreme views based on extraordinary extrapolations and incompatibility with scientific evidence...which...shocked a large number of future colleagues to the point where they felt he did not have the respect and support of the staff," some, such as the Canadian Association of University Teachers (CAUT), are pointing to a conflict of interest with the center's pharmaceutical sponsors. CAUT-an organization that represents 30,000 faculty across Canada-believes that Healy's academic freedom has been thwarted and quite simply, that his job offer was rescinded because his lecture was critical of the pharmaceutical industry.

What do you think? Read the transcript of Healy's lecture for yourself and answer our simple set of questions on aspects of its content. We will collect your views for the next two months and report back to you on the outcome of this survey.

From kwilson@olemiss.edu Tue Jul 24 14:37:00 2001

Received: (from mailnull@localhost)

by iris.it.northwestern.edu (8.9.3/8.9.3) id OAA25613

for <sscpnet@listserv.acns.nwu.edu>; Tue, 24 Jul 2001 14:37:00 -0500 (CDT)

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to <kwilson@olemiss.edu> using -f

Received: from watervalley.net (mail.watervalley.net [216.220.140.3]) by iris.itcs.northwestern.edu via smap (V2.0)

id xma025591; Tue, 24 Jul 01 14:36:44 -0500

Received: from [216.220.142.99] (HELO webpc) by watervalley.net (Stalker SMTP Server 1.8b8) with SMTP id S.0005194148; Tue, 24 Jul 2001 13:36:12 -0600

Message-ID: <00fb01c11476\$e4c1ff20\$118fdcd8@webpc>

From: "Kelly G. Wilson, Ph.D." <kwilson@olemiss.edu>

To: "Mike Miller" <mbmiller@taxa.psyc.missouri.edu>

Cc: "Stephen Ilardi" <ilardi@ukans.edu>, <sscpnet@listserv.acns.nwu.edu>

References: <Pine.GSO.4.33.0107241416130.17232-100000@taxa.psyc.missouri.edu>

Subject: Re: A framework for rapprochement (long)

Date: Tue, 24 Jul 2001 14:29:00 -0500

MIME-Version: 1.0

Content-Type: text/plain;  
charset="iso-8859-1"  
Content-Transfer-Encoding: 7bit  
X-Priority: 3  
X-MSMail-Priority: Normal  
X-Mailer: Microsoft Outlook Express 5.00.2615.200  
X-Mimeole: Produced By Microsoft MimeOLE V5.00.2615.200  
Reply-To: kwilson@olemiss.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 43

Sure Mike. I'll send you a copy of chapter 2 in the new RFT book. If it turns out to be tasty, you can pick up the book and take a look at the rest where we unpack the implications of this position in a wide variety of areas including psychological development, education, as well as a chapter on psychopathology and psychotherapy (by yours truly and some colleagues), among other topics.

Her is the ref for Chapter 2 and meanwhile I will get a preprint out to you.

Hayes, S. C., Fox, E., Gifford, E. V., Wilson, K. G., & Barnes-Holmes, D., Healy, O. (2001). Derived Relational Responding as Learned Behavior. In S. C. Hayes, D. Barnes, & Roche, B. (Eds.), *Relational Frame Theory: A Post Skinnerian Account of Human Language and Cognition* (pp.23-43). New York: Plenum Press.

Kelly

Kelly G. Wilson, Ph.D.  
Department of Psychology  
205 Peabody Building  
University of Mississippi

"One draught of Lethe for a world of pain?  
An easy bargain; yet I keep the thorn,  
To keep the rose."

John Erskine, 1906  
University, MS 38677

Phone: (662) 915-5256  
FAX: (662) 915-5398  
Cell: (662) 816-5189

----- Original Message -----

From: Mike Miller <mbmiller@taxa.psyc.missouri.edu>

To: Kelly G. Wilson, Ph.D. <kwilson@olemiss.edu>  
Cc: Stephen Ilardi <ilardi@ukans.edu>; <sscpnet@listserv.acns.nwu.edu>  
Sent: Tuesday, July 24, 2001 2:19 PM  
Subject: Re: A framework for rapprochement (long)

> On Tue, 24 Jul 2001, Kelly G. Wilson, Ph.D. wrote:

>  
> > RFT is a generic behavioral account of the processes that generate and  
> > maintain a sort of responding that we believe to be definitive of  
> > human language. Further, we think that this account has major  
> > implications for cognition, emotion, and motivation among humans.  
>  
>  
> Kelly--  
>  
> Can you recommend a good introductory paper or chapter on Relational  
Frame  
> Theory (RFT)? I haven't really studied ABA in about 15 years (then at  
> UMass with Beth Sulzer-Azaroff), so I'm really out of the loop!  
>  
> Mike  
>  
>

From Oliver2@aol.com Thu Sep 6 12:03:25 2001  
Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id MAA04211  
for <sscpnet@listserv.it.northwestern.edu>; Thu, 6 Sep 2001 12:03:25  
-0500 (CDT)  
From: Oliver2@aol.com  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<Oliver2@aol.com> using -f  
Received: from imo-r01.mx.aol.com (imo-r01.mx.aol.com [152.163.225.97])  
by iris.itcs.northwestern.edu via smap (V2.0)  
id xma004186; Thu, 6 Sep 01 12:03:07 -0500  
Received: from Oliver2@aol.com  
by imo-r01.mx.aol.com (mail\_out\_v31\_r1.4.) id g.1e.1ac47960 (3877)  
for <sscpnet@listserv.it.northwestern.edu>; Thu, 6 Sep 2001 13:02:35  
-0400 (EDT)  
Message-ID: <1e.1ac47960.28c9062a@aol.com>  
Date: Thu, 6 Sep 2001 13:02:34 EDT  
Subject: letter about David Healy  
To: sscpnet@listserv.it.northwestern.edu  
MIME-Version: 1.0  
Content-Type: text/plain; charset="ISO-8859-1"  
X-Mailer: AOL 4.0 for Mac sub 189  
Content-Transfer-Encoding: 8bit  
X-MIME-Autoconverted: from quoted-printable to 8bit by  
iris.it.northwestern.edu id MAB04211

Reply-To: Oliver2@aol.com  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 44

Dear All:

I just received this email today and thought it might be of interest.

cheers,

David Antonuccio

Greetings,

Some of the world's leading psychiatrists and medical researchers have issued a public letter today that accuses the University of Toronto and its affiliated hospital the Centre for Addiction and Mental Health (CAMH) of violating academic freedom by revoking the employment contract of Dr. David Healy. They call on the University and CAMH to restore Healy's offer of employment and convey a sincere apology. The letter appears below.

Because of our concerns with free speech and academic freedom, CAUT is asking faculty associations to circulate this email and the accompanying public letter to their members so people can add their names to the letter,

if they wish.

Background information on the Healy case is available from the CAUT Bulletin

([http://www.caut.ca/english/bulletin/2001\\_may/default.asp](http://www.caut.ca/english/bulletin/2001_may/default.asp)), from the The

Guardian Weekly

<http://education.guardian.co.uk/higher/news/story/0,9830,487531,00.html>, and

from The Times (London)

<http://www.thetimes.co.uk/article/0,,74-125029,00.html>

To add your name to the letter, go to the CAUT website (<http://www.caut.ca>)

and look the first item under "Latest News", and click on "Read the letter

and add your Name."

Thank you.

Thomas Booth

President

James L. Turk

Executive Director



-----  
-----  
-----

5 September, 2001

Dr. Robert Birgeneau

President

University of Toronto

Toronto, Ontario, Canada

M5S 1A1

Dear President Birgeneau:

We write to protest the decision to revoke the employment contract of Dr.

David Healy.

The central point in our view is not the possible involvement of a drug

company in university affairs, but the maltreatment of Dr. Healy. It is

clear that the withdrawal of employment occurred as a result of a single lecture at a conference on November 30, an occasion for looking into the future, and preparing the discipline of psychiatry for the challenges of the new century.

To have sullied Dr. Healy's reputation by withdrawing the job offer is an affront to the standards of free speech and academic freedom.

It is almost inconceivable that a single lecture could have completely altered the perception of a colleague-to-be who has been extensively interviewed, whose work is voluminous and well known, and whom, up until the

very minute the lecture began, was being implored to take up his position sooner than originally arranged. This is especially true given the lecture itself was well regarded in every other venue in which it was given, and in Toronto received the highest rating for content of any of the presentations at the conference.

This entire affair is poisoning the reputation of the Department of Psychiatry and the Centre for Addiction and Mental Health in international

circles, and besmirching the name of one of North America's great research universities. The University's continuing tolerance and endorsement of the Department of Psychiatry and CAMH's rash act, and of the Department and CAMH

's mendacious ongoing defense of its action, is a threat to academic freedom. As such, it concerns all of us who uphold the standards of open discussion and frank exchange in university life.

We respectfully request that the University and CAMH finally do what is right in this dismal affair by restoring the offer of employment to Dr. Healy along with the conveyance of its sincere apology.

Yours truly,

Dr. Julius Axelrod

Nobel Laureate in Medicine 1970

Emeritus Scientist of the National Institutes of Health, Bethesda, Maryland,  
USA

Dr. Thomas A. Ban

Emeritus Professor of Psychiatry, Vanderbilt University, Nashville,

Tennessee, USA

Dr. Raymond Battegay

Emeritus Professor of Psychiatry, University of Basel, Basel, Switzerland

Dr. Per Bech

Professor of Psychiatry and Head, Psychiatric Research Unit, Frederiksborg

General Hospital, Hillerød, Denmark

Past President, European Association of Psychiatrists

Dr. Thomas Bolwig

Professor of Psychiatry, Department of Psychiatry, Rigshospitalet,

Copenhagen, Denmark

Dr. Arvid Carlsson

Nobel Laureate in Medicine 2000

CINP-Pfizer Pioneer in Neuropsychopharmacology 2000

Emeritus Professor of Pharmacology, University of Göteborg, Göteborg,  
Sweden

Past President, Collegium Internationale Neuro-Psychopharmacologicum

Dr. Gaston Castellanos

Professor of Psychiatry, University of Mexico, Mexico City, Mexico

Dr. Jonathan O. Cole

Professor of Psychiatry, Harvard Medical School, Boston, Massachusetts,  
USA

Past President, American College of Neuropsychopharmacology

Dr. Leon Eisenberg

Professor, Department of Social Medicine, Harvard Medical School, Boston,

Massachusetts, USA

Dr. Max Fink

Emeritus Professor of Psychiatry and Neurology, SUNY at Stony Brook, New

York, USA

Dr. Alfred Freedman

Emeritus Professor of Psychiatry, New York Medical College, New York, New

York, USA

Past President, American Psychiatric Association

Past President, American College of Neuropsychopharmacology

Dr. Peter Gaszner

Professor of Psychiatry, Semmelweis University, Budapest, Hungary

President, Hungarian Association of Psychopharmacology; Editor-in-Chief,

Neuropsychopharmacologia Hungarica

Dr. Abraham Halpern

Emeritus Professor of Psychiatry, New York Medical College, New York, New

York, USA

Dr. Turan Itil

Chairman and Clinical Professor, New York Institute for Medical Research, An

Affiliate of New York University School of Medicine, New York, New York,  
USA

Dr. Gordon Johnson

Professor of Psychological Medicine and Director, Mood Disorder Unit, The

University of Sydney, Greenwich, Australia

Dr. Joseph Knoll

Emeritus Professor, Department of Pharmacology, Faculty of Medicine,

Semmelweis University, Budapest, Hungary

Dr. T. Kobayakawa

Corporate Advisor, WelFide Corporation, Osaka, Japan

Dr. Brian E. Leonard

Emeritus Professor of Psychiatry, National University of Ireland, Galway,

Ireland

Dr. Isaac Marks

Professor, The Institute of Psychiatry, London, UK

Dr. Merton Sandler

Emeritus Professor of Chemical Pathology, University of London, London, UK

Dr. Mogens Schou

CINP-Pfizer Pioneer in Neuropsychopharmacology 2000

Emeritus Professor of Biological Psychiatry, The University of Aarhus,

Aarhus, Denmark

Dr. Pierre Simon

Professor of Pharmacology, Faculty of Medicine, University of Paris, Paris,

France

Dr. Solomon Snyder

Distinguished Service Professor of Pharmacology and Psychiatry, and

Director, Department of Neuroscience, Johns Hopkins University, Baltimore,

Maryland, USA

Dr. Costas Stefanis

Professor of Psychiatry, University Mental Health Research Institute,

Athens, Greece

Past President, World Psychiatric Association

Dr. Fridolin Sulser

Emeritus Professor of Psychiatry and Pharmacology, Vanderbilt University,



Nashville, Tennessee, USA; Past President, American College of

Neuropsychopharmacology

Dr. Gabor Ungvari

Professor of Psychiatry, The Chinese University of Hong Kong, Shatin, China

Dr. Herman M. van Praag

Professor and Head, Department of Psychiatry and Neuropsychology,  
Akademisch

Ziekenhuis Maastricht, Maastricht, The Netherlands

From jcoyne@mail.med.upenn.edu Fri Sep 7 11:02:24 2001

Received: (from mailnull@localhost)

by iris.it.northwestern.edu (8.9.3/8.9.3) id LAA24420

for <sscpnet@listserv.it.northwestern.edu>; Fri, 7 Sep 2001 11:02:23 -  
0500 (CDT)

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<jcoyne@mail.med.upenn.edu> using -f

Received: from dolphin.upenn.edu (dolphin.upenn.edu [128.91.2.35]) by  
iris.itcs.northwestern.edu via smap (V2.0)

id xma024408; Fri, 7 Sep 01 11:02:21 -0500

Received: from [139.92.217.34] (slip139-92-217-34.por.uk.prserv.net  
[139.92.217.34])

(authenticated)

by dolphin.upenn.edu (8.11.6/8.11.6) with ESMTP id f87G1xr21586

for <sscpnet@listserv.it.northwestern.edu>; Fri, 7 Sep 2001 12:02:01 -  
0400 (EDT)

Mime-Version: 1.0

Message-Id: <a0432040100005d661db1@[139.92.217.185]>

In-Reply-To: <200109070502.AAA18725@iris.it.northwestern.edu>

References: <200109070502.AAA18725@iris.it.northwestern.edu>

Date: Fri, 1 Jan 1904 01:54:02 -0500

To: Society for a Scientific Clinical Psychology

<sscpnet@listserv.it.northwestern.edu>

From: James Coyne <jcoyne@mail.med.upenn.edu>

Subject: Re: SSCPNET digest 1692

Content-Type: multipart/alternative;

boundary="=====\_25705==\_ma====="

Reply-To: jcoyne@mail.med.upenn.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 45

--===== \_25705==\_ma=====

Content-Type: text/plain; charset="us-ascii" ; format="flowed"

David Antonuccio, you have a short memory or an indifference to the facts when it comes to David Healy. Having followed the controversy concerning Dr. David Healy and the University of Toronto with great fascination, I am convinced that a number of the key persons involved never familiarized themselves with Dr. Healy's record. This includes whoever was responsible for making the original offer to him, the Toronto newspaper writer who declared him a world class researcher, and the various signers of the letter you posted condemning the rescinding of the job offer to him. Dr. Healy has almost no published scientific research, little even for an academic psychiatrist who would have had mainly clinical responsibilities. The "research" which has caused all the furor in Toronto involved giving antidepressants to 20 colleagues and underlings at the hospital where he works. The colleagues were undoubtedly aware of his hypothesis that antidepressants cause suicide because he had made a reputation and lots of money making that claim before he collected his data. All of the usual scientific controls including a placebo control were missing from this "experiment". Healy's claim that it was a quality of life study that just happened to find suicidal thoughts in 2 of his his colleagues done not hold water. Who does QofL research with 20 colleagues and no placebo controls? The whole project was ethically and scientifically suspect and results were published in Primary Care Psychiatry, a scientific journal without any respect in psychiatric circles. The journal is not even referenced in Medline. I don't know about you, I would be concerned if someone doing research on colleagues after making these kind of claims in the absence of credible data were offered charge of a depression program at my university. Patient advocates would be horrified if any one provided them with Dr. Healy's record and asked their opinion. I doubt that many of the signers of the letter would want someone with the conflicts of interest that Healy has to have responsibility for overseeing patient care in their settings.

I think the fuss, if there is to be any, should be about his being deemed a researcher or made an offer in the the first place.

--===== \_25705==\_ma=====

Content-Type: text/html; charset="us-ascii"

<!doctype html public "-//W3C//DTD W3 HTML//EN">

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<html><head><style type="text/css"><!--
blockquote, dl, ul, ol, li { margin-top: 0 ; margin-bottom: 0 }
--></style><title>Re: SSCPNET digest 1692</title></head><body>
<blockquote><font face="Geneva">David Antonuccio<font
face="Geneva">, you have a short memory or an indifference to the
facts when it comes to David Healy. Having followed the controversy
concerning Dr. David&nbsp;Healy and the University of Toronto with
great fascination, I am convinced that a number of the key persons
involved never familiarized themselves with Dr. Healy's record. This
includes whoever was responsible for making the original offer to
him, the Toronto newspaper writer who declared him a world class
researcher, and the various<font color="#000000"> signers of the
letter you posted condemning the rescinding of the job offer to him.
Dr. Healy has almost no published scientific research, little even
for an academic psychiatrist&nbsp;who would have had mainly clinical
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furor in Toronto involved giving antidepressants to 20 colleagues and
underlings at the hospital where he works. The colleagues were
undoubtedly aware of his hypothesis that antidepressants cause
suicide because he had made a reputation and lots of money making
that claim before he collected his data. All of the usual scientific
controls including a placebo control were missing from this
&quot;experiment&quot;. Healy's claim that it was a quality of life
study that just happened to find suicidal thoughts in 2 of his his
colleagues done not hold water. Who does QofL research with 20
colleagues and no placebo controls? The whole project was ethically
and scientifically suspect and results were published in Primary Care
Psychiatry, a scientific journal without any respect in psychiatric
circles. The journal is not even referenced in Medline. I don't know
about you,&nbsp;I would be concerned if someone doing research on
colleagues after making these kind of claims in the absence of
credible data were offered charge of a depression program at my
university. Patient advocates would be horrified if any one provided
them with Dr. Healy's record and asked their opinion.</font> I doubt
that many of the signers of the letter would want someone with the
conflicts of interest that Healy has to have responsibility for
overseeing patient care in their settings.</font></blockquote>
<blockquote><font face="Geneva"
color="#000000"><br></font></blockquote>
<blockquote><font face="Geneva" color="#000000">I think the fuss, if
there is to be any, should be about his being deemed a researcher or
made an offer in the the first place.</font></blockquote>
</body>
</html>
--===== _25705==_ma=====
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From mbmiller@taxa.psyc.missouri.edu Fri Sep 7 11:43:48 2001  
Received: (from mailnull@localhost)

by iris.it.northwestern.edu (8.9.3/8.9.3) id LAA04738  
for <sscpnet@listserv.it.northwestern.edu>; Fri, 7 Sep 2001 11:43:48 -  
0500 (CDT)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<mbmiller@taxa.psyc.missouri.edu> using -f  
Received: from taxa.psyc.missouri.edu (taxa.psyc.missouri.edu  
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id xma004709; Fri, 7 Sep 01 11:43:25 -0500  
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by taxa.psyc.missouri.edu (8.10.2+Sun/8.10.2) with ESMTP id  
f87Gh5l16573;  
Fri, 7 Sep 2001 11:43:05 -0500 (CDT)  
Date: Fri, 7 Sep 2001 11:43:05 -0500 (CDT)  
From: Mike Miller <mbmiller@taxa.psyc.missouri.edu>  
To: James Coyne <jcoyne@mail.med.upenn.edu>  
cc: Society for a Scientific Clinical Psychology  
<sscpnet@listserv.it.northwestern.edu>  
Subject: David Healy's situation (was "Re: SSCPNET digest 1692")  
In-Reply-To: <a0432040100005d661db1@[139.92.217.185]>  
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X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 46

On Fri, 1 Jan 1904, James Coyne wrote:

> [snip]  
> I think the fuss, if there is to be any, should be about his being  
> deemed a researcher or made an offer in the the first place.

Maybe so, but it is clearly worse to receive an offer of employment and  
have it rescinded than to receive no offer in the first place. What did  
Healy do to deserve the retraction of the offer? When did he do the  
(sloppy) study of antidepressants and suicide? Wasn't his talk about  
authoritarian abuses in the history of psychiatry the thing that triggered  
the retraction of his job offer?

(I don't mean for these questions to be rhetorical -- I'm asking because I  
don't know the answers.)

Mike

From jcoyne@mail.med.upenn.edu Fri Sep 7 12:33:48 2001

Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id MAA12855  
for <sscpnet@listserv.it.northwestern.edu>; Fri, 7 Sep 2001 12:33:47 -  
0500 (CDT)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<jcoyne@mail.med.upenn.edu> using -f  
Received: from dolphin.upenn.edu (dolphin.upenn.edu [128.91.2.35]) by  
iris.itcs.northwestern.edu via smap (V2.0)  
id xma012832; Fri, 7 Sep 01 12:33:34 -0500  
Received: from [139.92.215.89] (slip139-92-217-58.por.uk.prserv.net  
[139.92.217.58])  
(authenticated)  
by dolphin.upenn.edu (8.11.6/8.11.6) with ESMTP id f87HXC06914;  
Fri, 7 Sep 2001 13:33:13 -0400 (EDT)  
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Message-Id: <a04320401000055e9a6e4@[139.92.215.89]>  
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<Pine.GSO.4.33.0109071135570.16386-100000@taxa.psyc.missouri.edu>  
References:  
<Pine.GSO.4.33.0109071135570.16386-100000@taxa.psyc.missouri.edu>  
Date: Fri, 1 Jan 1904 01:16:29 -0500  
To: Mike Miller <mbmiller@taxa.psyc.missouri.edu>  
From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: Re: David Healy's situation (was "Re: SSCPNET digest 1692")  
Cc: Society for a Scientific Clinical Psychology  
<sscpnet@listserv.it.northwestern.edu>  
Content-Type: text/plain; charset="us-ascii" ; format="flowed"  
Reply-To: jcoyne@mail.med.upenn.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 47

>Mike, I was not at his talk, so like you, I can only guess. I am  
>reluctant to rely on the report of Healy or of the Toronto reporter  
>who deemed him a world class researcher.

>But I do know that UT faculty were unaware of the nature of his  
>"research", because like all of us, they were unable to find the  
>research on medline. Some were suprised when he provided a citation  
>and they were then with great effort able to track the paper down.

it is not a matter of sloppy research, but of apparent post hoc  
efforts of Healy to generate data for claims he was soliciting large  
fees to make in dubious law suits.

I am confident that you would not accept a masters thesis proposal if the student proposed getting informal self-reports from associates who knew his/her hypotheses and that money was riding on the results.

would you want this dude overseeing your mood disorders program? I think rescinding an offer is better than turning him loose on patients and underling clinicians, although not making him an offer in the first place would have been best. Hopefully we do a better job of screening job candidates in my shop than was done in Healy's case.

>On Fri, 1 Jan 1904, James Coyne wrote:

>

>> [snip]

>> I think the fuss, if there is to be any, should be about his being

>> deemed a researcher or made an offer in the the first place.

>

>Maybe so, but it is clearly worse to receive an offer of employment and

>have it rescinded than to receive no offer in the first place. What did

>Healy do to deserve the retraction of the offer? When did he do the

>(sloppy) study of antidepressants and suicide? Wasn't his talk about

>authoritarian abuses in the history of psychiatry the thing that triggered

>the retraction of his job offer?

>

>(I don't mean for these questions to be rhetorical -- I'm asking because I

>don't know the answers.)

>

>Mike

From DonaldK737@aol.com Sat Sep 8 00:38:27 2001

Received: (from mailnull@localhost)

by iris.it.northwestern.edu (8.9.3/8.9.3) id AAA00986

for <sscpnet@listserv.it.northwestern.edu>; Sat, 8 Sep 2001 00:38:27 -

0500 (CDT)

From: DonaldK737@aol.com

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to

<DonaldK737@aol.com> using -f

Received: from imo-r01.mx.aol.com (imo-r01.mx.aol.com [152.163.225.97])

by iris.itcs.northwestern.edu via smap (V2.0)

id xma000808; Sat, 8 Sep 01 00:38:01 -0500

Received: from DonaldK737@aol.com

by imo-r01.mx.aol.com (mail\_out\_v31\_r1.7.) id n.164.85fba6 (4224);

Sat, 8 Sep 2001 01:37:39 -0400 (EDT)

Message-ID: <164.85fba6.28cb08a2@aol.com>

Date: Sat, 8 Sep 2001 01:37:38 EDT

Subject: Re: David Healy's situation

To: jcoyne@mail.med.upenn.edu, mbmiller@taxa.psyc.missouri.edu

CC: sscpnet@listserv.it.northwestern.edu, oray@acnp.org

MIME-Version: 1.0

Content-Type: text/plain; charset="US-ASCII"  
Content-Transfer-Encoding: 7bit  
X-Mailer: AOL 5.0 for Mac sub 28  
Reply-To: DonaldK737@aol.com  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 48

dear all

i think the principled issue is when "academic freedom" becomes active in the sense that substantive views are insufficient for administrative penalties. in the ideal academic context , faculty should be immune from such redress- although this ideal is often not attained.

however a job offer is not a faculty apointment and as i read the available documents no contract was signed.

consider the converse. if an applicant was being wooed,wined,dined and mutual expectations were declared-but the applicant changed his mind at the last precontractual moment,for whatever reason, would accusations by the university of sanctionable behavior be supportable?

the gray area is when do you declde a deal is struck and new mutual obligations come into play. the claim here sounds much like "breach of promise".

whether the issue of undue financial influence (not just industrial) on academic procedure is of major relevance is also a contentious point . financial influence on academia is a hot topic and clearly has not been settled by any regulatory code, as yet.  
see book by greenberg ds-science,money, politics- for one,quite detailed, diagnostic view that i dont think develops any practical remedies.  
thats worth discussion as a larger context for the toronto/healy contretemps.

that particular matter appears a civil legal matter to me,where i cant claim expertise, but precontractual backing out,for any reason, often seems non-sanctionable ,if quite rude and unpleasant, behavior.

in any case i dont think these complexities have been addressed in the discussions ive seen . corrections welcome.

cordially,  
don klein

From jcoyne@mail.med.upenn.edu Sat Sep 8 03:26:40 2001  
Received: (from mailnull@localhost)

by iris.it.northwestern.edu (8.9.3/8.9.3) id DAA22298  
for <sscpnet@listserv.acns.nwu.edu>; Sat, 8 Sep 2001 03:26:39 -0500  
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<jcoyne@mail.med.upenn.edu> using -f  
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iris.itcs.northwestern.edu via smap (V2.0)  
id xma022272; Sat, 8 Sep 01 03:26:21 -0500  
Received: from [139.92.234.223] (slip139-92-234-37.por.uk.prserve.net  
[139.92.234.37])  
(authenticated)  
by dolphin.upenn.edu (8.11.6/8.11.6) with ESMTP id f888Q0r25212;  
Sat, 8 Sep 2001 04:26:00 -0400 (EDT)  
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Message-Id: <a04320408b7be76af30c5@[139.92.234.223]>  
In-Reply-To: <164.85fba6.28cb08a2@aol.com>  
References: <164.85fba6.28cb08a2@aol.com>  
Date: Fri, 7 Sep 2001 09:15:13 -0400  
To: DonaldK737@aol.com  
From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: Re: David Healy's situation  
Cc: sscpnet@listserv.acns.nwu.edu  
Content-Type: text/plain; charset="us-ascii" ; format="flowed"  
Reply-To: jcoyne@mail.med.upenn.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 49

>Don, as usual (I suspect at least very often by my rough tally), you  
>are on target.

I am not sure how much interference from industry or a signed  
contract ever existed. It is distressing how pronouncements from  
David Healy passed on by some supporters have been uncritically  
accepted. Things about which I am skeptical include declarations that  
he is a world class researcher and that his talk was uniformly well  
received and the now debunked description of Healy's "research study"  
David Antonuccio offered a year or so ago. David A never offered  
SSCPnet a citation and we were not able to check for ourselves  
because medline is of no use for this level of scholarly work.  
Interestingly David Antonuccio never had anything to say when the  
paper was outed. curious, curious.

Hey David Antonuccio, give us your direct source for this sort of  
thing, surely it is not again a newspaper found in a bathroom in a  
Canadian truckstop.



>dear all  
>i think the principled issue is when "academic freedom" becomes active in the  
>sense that substantive views are insufficient for administrative penalties.  
>in the ideal academic context , faculty should be immune from such redress-  
>although this ideal is often not attained.  
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>  
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> the gray area is when do you decld e a deal is struck and new mutual  
>obligations come into play. the claim here sounds much like "breach of  
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>  
>whether the issue of undue financial influence (not just industrial) on  
>academic procedure is of major relevance is also a contentious point .  
>financial influence on academia is a hot topic and clearly has not been  
>setttled by any regulatory code, as yet.  
>see book by greenberg ds-science,money, politics- for one,quite detailed,  
>diagnostic view that i dont think develops any practical remedies.  
>thats worth discussion as a larger context for the toronto/healy contretemps.  
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> that particular matter appears a civil legal matter to me,where i cant claim  
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>non-sanctionable ,if quite rude and unpleasant, behavior.  
>  
>in any case i dont think these complexities have been addressed in the  
>discussions ive seen . corrections welcome.  
> cordially,  
>don klein

From Richard\_Gist@kcmo.org Sat Sep 8 10:52:48 2001

Received: (from mailnull@localhost)

by iris.it.northwestern.edu (8.9.3/8.9.3) id KAA27839;

Sat, 8 Sep 2001 10:52:47 -0500 (CDT)

From: Richard\_Gist@kcmo.org

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<Richard\_Gist@kcmo.org> using -f

Received: from notesmail.kcmo.org (notesmail.kcmo.org [208.7.35.61]) by  
iris.itcs.northwestern.edu via smap (V2.0)

id xma027814; Sat, 8 Sep 01 10:52:36 -0500

Subject: Re: David Healy's situation

To: DonaldK737@aol.com

Cc: jcoyne@mail.med.upenn.edu, mbmiller@taxa.psyc.missouri.edu,  
oray@acnp.org,  
owner-sscpnet@listserv.it.northwestern.edu,  
sscpnet@listserv.it.northwestern.edu  
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X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 50

For a contract to pertain, there must have been a substantial agreement between the parties and an exchange of substantive consideration as a consequence of that agreement . . . I am unclear if either or both these pertain. Had a contract been offered to and accepted by Healy? To start doing exactly what on what date at what rate of pay? Was the offer in writing and accepted by Healy in writing? Had Healy relinquished other employment, based on that offer, and accordingly suffered actual damages by the alleged retraction of the promise?

Dr. Klein's point is very well taken and must be carefully and directly addressed before this argument proceeds any further. If, for example, Healy's public presentation drew the attention of influential University supporters who then lobbied against his appointment before a valid contract offer had been made, well, that's perhaps unfortunate (or perhaps fortunate, depending on one's position)--but it's not a breach. Or--probably more likely--if Healy's public presentation revealed in a more dramatic way and/or to a different echelon that he was poised to take positions the University found questionable, problematic, potentially of liability, or just plain unacceptable, the same caveats apply.

Jim Coyne may, perhaps, have said it much more bluntly than others might, but his question makes clear that there are reasonable scholars and administrators--not influenced by "drug money"--who could feasibly find Healy's positions unacceptable in their own right and would object to the appointment. The assumption that the action was nefarious without actual knowledge of its mechanisms is no less inappropriate than would be the decision that is the subject of that assumption. Think about it.

As a former academic administrator (and current executive staffer of a nonacademic public agency), I have always stood vexed by the paradox of personnel decisions--the "aggrieved" party is fully free to contend whatever he or she may wish regarding the putative motive for his or her censure and to recruit as broad a cheering section as he or she can gather to denounce the vile actions of the evil administration, while the administrator making the decision is almost always "gagged" from defending the action by policies and statutes that protect the confidentiality of the employee. I have always felt that, when the allegations reach the point of professional slander (as they almost invariably do), the administrator should be able to argue that the employee's right to confidence has been effectively waived by his or her aspersions, to the extent that revelation of the actual elements of the case is employed to directly correct the slander--this is almost never, though, the course allowed by either law, wisdom, or conscience in the "court of popular opinion." When formal proceedings commence, however, this hand plays itself out . . . rarely is the decision reversed.

One final point, at least from US legal perspectives, needs to be appreciated: There is no law that requires an employer to be nice, wise, or necessarily fair in all things; there is no law that prohibits an employer from being stupid, amoral, immoral, distasteful, rude, or just plain mean. An employer must not take certain actions based on membership in protected classes and must follow its own policies and agreements in providing due process, but within those parameters it remains an employer's decision who it wishes to hire and who it wishes to discharge. Believe it or not, academic and public employers are generally the most protective, inclusive, and cautious of all--and most managers and administrators with whom I have worked in these settings are very serious about defending and preserving the character of those societies they are charged to maintain. I have rarely seen actions prevail that I truly believed were corrupt or vindictive at their core.

It is much easier to criticize the quarterback from the security of the water cooler on Monday morning than it ever is to play the game in the mud on a weekend afternoon. Wise administrators have always understood that a primary reason for their existence is to provide the faculty with a visible target for blame and ridicule, and most learn to accept this. But also remember what one learns from years of complaints and allegations brought to one's desk:

- (1) No student ever failed a course due to laziness, poor preparation, inadequate skills, or just plain stupidity--all fail because of inadequate teaching and unfair assessment.
- (2) No professor ever receives poor student evaluations because of inadequate teaching or unfair assessment--all suffer this fate solely due to laziness, poor preparation, inadequate skills, or just plain stupidity among their students.

Nothing is ever as easy as it seems . . . even administration.

R.

DonaldK737@aol.com  
To: jcoyne@mail.med.upenn.edu,  
Sent by: mbmiller@taxa.psyc.missouri.edu  
owner-sscpnet@listserv.it.northw cc:  
sscpnet@listserv.it.northwestern.edu,  
estern.edu oray@acnp.org  
Subject: Re: David Healy's situation

09/08/01 12:37 AM  
Please respond to DonaldK737

dear all  
i think the principled issue is when "academic freedom" becomes active in the  
sense that substantive views are insufficient for administrative penalties.  
in the ideal academic context , faculty should be immune from such  
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although this ideal is often not attained.

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discussions ive seen . corrections welcome.

cordially,  
don klein

From jcoyne@mail.med.upenn.edu Tue Sep 11 01:54:31 2001  
Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id BAA06162  
for <sscpnet@listserv.acns.nwu.edu>; Tue, 11 Sep 2001 01:54:31 -  
0500 (CDT)  
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<jcoyne@mail.med.upenn.edu> using -f  
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id xma006137; Tue, 11 Sep 01 01:54:14 -0500  
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Date: Fri, 31 Dec 1999 12:04:43 -0500  
To: Oliver2@aol.com  
From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: Re: NEJM editorial  
Cc: sscpnet@listserv.acns.nwu.edu  
Content-Type: text/plain; charset="us-ascii" ; format="flowed"  
Reply-To: jcoyne@mail.med.upenn.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 51

>thanks, David. while we are on the topic, care to comment on David  
>Healy's failure to report his significant financial interest in the  
>outcome of his research? I am referring to your posting of his  
>claims that 2 of 20 of his colleagues became suicidal when he gave  
>them an antidepressant. seems directly relevant and you never have  
>replied to my queries about this. isn't this the kind of thing that  
>warrants disclosure?

>Dear All:

>

>here is the much anticipated editorial about sponsorship, authorship, and  
>accountability.

>

>cordially,

>

>David Antonuccio

>

><http://content.nejm.org/cgi/reprint/NEJMed20010093v1>

From Oliver2@aol.com Tue Sep 11 13:45:19 2001

Received: (from mailnull@localhost)

by iris.it.northwestern.edu (8.9.3/8.9.3) id NAA29774

for <sscpnet@listserv.acns.nwu.edu>; Tue, 11 Sep 2001 13:45:19 -  
0500 (CDT)

From: Oliver2@aol.com

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<Oliver2@aol.com> using -f

Received: from imo-m07.mx.aol.com (imo-m07.mx.aol.com [64.12.136.162])  
by iris.itcs.northwestern.edu via smap (V2.0)

id xma029756; Tue, 11 Sep 01 13:45:08 -0500

Received: from Oliver2@aol.com

by imo-m07.mx.aol.com (mail\_out\_v31\_r1.4.) id n.8a.c608363 (3842);

Tue, 11 Sep 2001 14:44:35 -0400 (EDT)

Message-ID: <8a.c608363.28cfb593@aol.com>

Date: Tue, 11 Sep 2001 14:44:35 EDT

Subject: Re: NEJM editorial

To: jcoyne@mail.med.upenn.edu, sscpnet@listserv.acns.nwu.edu

MIME-Version: 1.0

Content-Type: text/plain; charset="US-ASCII"

Content-Transfer-Encoding: 7bit

X-Mailer: AOL 4.0 for Mac sub 189

Reply-To: Oliver2@aol.com

Sender: owner-sscpnet@listserv.it.northwestern.edu

X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN

Status: O

X-Status:

X-Keywords:

X-UID: 52

In a message dated 9/11/01 6:53:55 AM, jcoyne@mail.med.upenn.edu writes:

<<>thanks, David. while we are on the topic, care to comment on David  
>Healy's failure to report his significant financial interest in the  
>outcome of his research? I am referring to your posting of his  
>claims that 2 of 20 of his colleagues became suicidal when he gave  
>them an antidepressant. seems directly relevant and you never have  
>replied to my queries about this. isn't this the kind of thing that  
>warrants disclosure?  
>>

Dear James:

I'm in a cranky mood today because of this morning's horrific events. So instead of continuing to ignore your hostile behavior, I'm going to respond.

In answer to your question about whether Healy should disclose the fact that he has served as an expert witness, I would say "of course". As far as I can tell Healy's expert testimony is a matter of public record and has actually been the subject of some of the recent news stories. In any case, my advice would be that you not sign the letter of support for him because I don't really think your heart is in it.

As you know, I support full disclosure of potential financial conflicts in all publications or public speaking activities. I wish all publications required it even though I realize it is only a partial solution to addressing conflicts of interest. In fact, I think such disclosures are relevant even to SSCPnet. Other than your work for Lilly, have you consulted for any other drug companies? I recall that you were doing some reviews for one of the industry sponsored literature review services. Is Pfizer paying for that one like the AMEDEO literature review service you mentioned on SSCPnet?

Just to be totally forthcoming myself, I am paid by the Veterans Administration, the University of Nevada School of Medicine, and I have some grant support from NCI and NIDA. I have participated in some nicotine patch research that was paid for by Marion Merrill Dow. In the MMD multi-site study comparing the nicotine patch to placebo patch in cardiac patients, we found it to be safe, but not effective. The "safety" paper was published first in the NEJM and our study helped lead to OTC availability for nicotine patches. Without boring you with the long and gory details, unfortunately, our "outcome" paper was never published except as a letter to the editor in the NEJM 3 years later. I am much more proud of the letter to the editor because it represents so much more work on my part and it actually documents what I consider to be the most important results of our study.

cordially,

David

p.s. my thoughts and prayers go out to all of the families of the people who have been killed or injured in today's tragedy.

From jcoyne@mail.med.upenn.edu Tue Sep 11 16:07:40 2001  
Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id QAA22503  
for <sscpnet@listserv.acns.nwu.edu>; Tue, 11 Sep 2001 16:07:39 -  
0500 (CDT)  
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<jcoyne@mail.med.upenn.edu> using -f  
Received: from dolphin.upenn.edu (dolphin.upenn.edu [128.91.2.35]) by  
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id xma022484; Tue, 11 Sep 01 16:07:30 -0500  
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by dolphin.upenn.edu (8.11.6/8.11.6) with ESMTP id f8BL78r21638;  
Tue, 11 Sep 2001 17:07:08 -0400 (EDT)  
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References: <8a.c608363.28cfb593@aol.com>  
Date: Tue, 11 Sep 2001 17:10:29 -0400  
To: Oliver2@aol.com  
From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: Re: NEJM editorial  
Cc: sscpnet@listserv.acns.nwu.edu  
Content-Type: text/plain; charset="us-ascii" ; format="flowed"  
Reply-To: jcoyne@mail.med.upenn.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 53

David, characteristically, you minimize the ethical problems posed by Healy. He had not only BEEN an expert witness when he published that article, he was ACTIVELY a witness in unresolved civil suit in which it was crucial that he be able to cite data for his otherwise unsubstantiated position that ssri's make people suicidal. Releasing the paper to accomplish that was both timely and sleazy, and all the more so because he did not disclose his relevant financial interests in the study having a particular outcome. His testimony and soliciting of law suits was quite germane to any effort to make sense of his bizarre report and I doubt many readers understood the connection. Your claim that the connection was so obvious that no mention was needed is hypocritical horseshit. I doubt you would offer a similar defense if a psychiatrist decided to suppress an expected



reporting of a conflict of interest because his industry support was public knowledge.

Incidentally, when it is convenient, Healy accepts considerable money from drug companies, more than most people I know. that is not mentioned either.

That Healy claims 2 of 20 mental health workers at his hospital "spontaneously" reported to him that a brief regimen of antidepressants made them feel like killing themselves is more amusing than credible. However, most professionals weren't initially able to evaluate Healy's claims because he cleverly published the paper in an obscure journal not even indexed by Medline. Rather than submitting to independent peer review, Healy mounted an incredible direct marketing campaign to websites related to Scientology and lawyers soliciting "prozac made me do it" civil suits. if you have not pulled the message off one of those websites, we would not have known about it on SSCPNET.. And we could not independently evaluate your claims of what you termed his "exciting" discovery because you did not provide the source.

if you can find a copy of the pamphlet "Depression: a family affair" that I contributed to in 1991 or so (I would appreciate an original if anyone has one), please indicate why or how you think it is biased because Lilly funded its distribution in Canada. It is characteristic of you to make such charges when they are convenient even if baseless.

Likewise, the Dutch internet source I sometimes review articles does receive money from a drug company, but please indicate how I or others like John Markowitz have been compromised by this. Note for instance John's ridicule of a study a few months ago and in doing so, highlighting of it being drug company sponsored. It made good reading. My experience is that we have free rein.

Gee, David, in your reports of consulting, you somehow forgot the considerable money you have made ranting about the dangers of antidepressants on your MindMatters roadshow. You have made a bit of reputation doing that. Maybe you did not include this because you got distracted by today's horrific events.

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> >>

>

>Dear James:

>

>I'm in a cranky mood today because of this morning's horrific events. So  
>instead of continuing to ignore your hostile behavior, I'm going to respond.

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study  
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>Without boring you with the long and gory details, unfortunately, our  
>"outcome" paper was never published except as a letter to the editor in the  
>NEJM 3 years later. I am much more proud of the letter to the editor  
because  
>it represents so much more work on my part and it actually documents what i  
>consider to be the most important results of our study.  
>  
>cordially,  
>  
>David  
>  
>p.s. my thoughts and prayers go out to all of the families of the people who  
>have been killed or injured in today's tragedy.

From mbmiller@taxa.psyc.missouri.edu Thu Sep 13 00:09:01 2001

Received: (from mailnull@localhost)

by iris.it.northwestern.edu (8.9.3/8.9.3) id AAA18668

for <sscpnet@listserv.acns.nwu.edu>; Thu, 13 Sep 2001 00:09:00 -  
0500 (CDT)

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
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Received: from taxa.psyc.missouri.edu (taxa.psyc.missouri.edu  
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id xma018650; Thu, 13 Sep 01 00:08:50 -0500

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for <sscpnet@listserv.acns.nwu.edu>; Thu, 13 Sep 2001 00:08:28 -  
0500 (CDT)  
Date: Thu, 13 Sep 2001 00:08:28 -0500 (CDT)  
From: Mike Miller <mbmiller@taxa.psyc.missouri.edu>  
To: SSCPnet List <sscpnet@listserv.acns.nwu.edu>  
Subject: more on Healy affair from Globe and Mail (long)  
Message-ID: <Pine.GSO.4.33.0109122349340.28915-  
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iris.it.northwestern.edu id AAB18668  
Reply-To: mbmiller@taxa.psyc.missouri.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
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Status: O  
X-Status:  
X-Keywords:  
X-UID: 54

Many people have taken David Healy's side, including two Nobelists and many famous senior scientists. James Coyne has taken the other side in a very public way (not just on SSCPnet) as you will see below (I only mention that because some of you know Dr. Coyne and will want to read these articles because he figures prominently in them). I'm not trying to get into a war here, I'm just relaying a series of news reports. --Mike

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[http://www.globeandmail.ca/servlet/GIS.Servlets.HTMLTemplate?tf=tgam/search/tgam/SearchFullStory.html&cf=tgam/search/tgam/SearchFullStory.cfg&configFileLoc=tgam/config&encoded\\_keywords=healy](http://www.globeandmail.ca/servlet/GIS.Servlets.HTMLTemplate?tf=tgam/search/tgam/SearchFullStory.html&cf=tgam/search/tgam/SearchFullStory.cfg&configFileLoc=tgam/config&encoded_keywords=healy)

The Globe and Mail  
The Healy affair

By DAVID HEALY

Tuesday, September 11, 2001 - Print Edition, Page A14

North Wales -- I was surprised to read James Coyne's letter (Why Was Job Offered? -- Sept. 7) stating that "[David] Healy has almost no published scientific research." More than 100 peer-reviewed articles, along with more than 20 book chapters and nearly 100 other academic pieces, in addition to 13 books, including two with Harvard University, can hardly be

described as almost no published scientific research.

When it comes to serotonin reuptake, the mechanism on which the SSRI group of drugs works, I am confident that I have studied this and published the findings on serotonin reuptake from more depressed patients than anyone else in the world. Furthermore, none of my peer-reviewed output has been ghostwritten by communication agencies working for pharmaceutical companies. As Dr. Coyne must know, but does not say, a significant proportion of the articles written by many of the most senior researchers in psychopharmacology have been ghostwritten by companies.

As regards the particular study with which Dr. Coyne takes issue, it is not central to my arguments regarding the hazards of SSRIs, and has not at any point been raised by members of the Centre for Addiction and Mental Health as an issue. The study, however, has been a big issue for the makers of Prozac, Zoloft and Paxil. As it turns out, there are a large number of other healthy volunteer studies that have been conducted by SSRI companies that have demonstrated the capacity of SSRI drugs to cause agitation in healthy volunteers. Does Dr. Coyne believe all of these studies were also flawed? One of the interesting points about these studies is that they remain unavailable for experts who might be interested in assessing the issue of SSRIs and suicidality further. Does Dr. Coyne think this is compatible with the canons of scientific practice?

Finally, even were my research record so poor, and the experiment he focuses on so flawed, there remains the fact that, from one day to the next, members of the CAMH/University of Toronto moved from enthusiastically seeking to persuade me to move to Toronto to breaching my contract. It is this issue, which stands free of the SSRI and suicide issue, that has concerned so many. I'm sure Dr. Coyne must at least be as curious as most of the rest of us as to what actually happened on Nov. 30 in Toronto.

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The Healy affair

By RON CHARACH

Tuesday, September 11, 2001 - Print Edition, Page A14

Toronto -- Only an insider will ever know what really went on in the case of David Healy versus the CAMH (Under Siege In The Ivory Tower -- Sept. 8). One strongly suspects, however, that the personalities of the principals had as much to do with the rescinding of the job offer as did an actual conflict in principles. After all, few practicing psychiatrists

would deny that the medication Prozac, as much as it helps many people, can cause serious and even fatal side effects in some unfortunate others. Only the magnitude of the problem as a public health issue is up for debate.

David Healy is a man whose credentials have been both questioned and defended in recent letters to The Globe. What can be ascertained is that he is someone who wanted to receive funding from the drug companies some days and participate in suing them on others. It seems that he also managed to get on the hate list of at least one very powerful drug-friendly psychiatrist, Charles Nemeroff, who has a great deal of influence in the field. Given the uneasiness the principals at the CAMH were feeling about Dr. Healy, or his style, it would have been folly to go ahead with the job offer and attempt to work with the man.

I think they are genuine in their claim that patient care would have suffered, as it usually does when there is bitter feuding at the top.

MD

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The Healy affair

By PETER B. MUNSCHE

Tuesday, September 11, 2001 - Print Edition, Page A14

Toronto -- According to Under Siege In The Ivory Tower, academic freedom at Canadian universities is under attack from companies. Nothing could be further from the truth. I review every agreement between the University of Toronto and companies wishing to support our research. I do not know of a single faculty member whose research is being dictated by industry or who is prevented from freely publishing the results. Indeed, the university and the affiliated teaching hospitals have jointly committed themselves to not signing any agreement that would allow a sponsor to censor or suppress results. For this reason, we occasionally have to refuse research funding. In the past year, the U of T has done so twice. It is worth nothing that, in both cases, the prospective sponsor was a government agency, not a company.

assistant vice-president, Technology Transfer, University of Toronto

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## Under siege in the ivory tower

Public issues - from genetic engineering to psychiatric illness - have become more complex than ever, requiring academic specialists to help sort them out. Yet Canadian universities get more and more of their funding from private, corporate interests. What happens when these facts collide - for example, when a scientist discovers that a funder's drug is dangerous? As one researcher put it: 'This place is a fortress'

By ANNE MCILROY

Saturday, September 8, 2001 - Print Edition, Page F4

Some call them our kept universities.

A professor is told to move her lab into a pesticide-tainted storeroom shortly after she criticizes genetically modified food -- which just happens to be the product of companies linked with the school. Another corporation tries to prevent a doctor from telling her patients about the dangers of a drug, and the university-affiliated hospital she works for does nothing to support her.

A job offer is withdrawn after a researcher criticizes a popular psychiatric drug. And even in the humanities, a scholar who studies the history of scholarship itself is turned down for a high-profile post, apparently because of his controversial views on corporate influence.

In an era of proliferating university-corporate partnerships, academic freedom isn't what it used to be. And the ideas that are kept from all Canadians as a result could be hazardous to our health.

Just ask David Healy. The British researcher saw a job offer from the University of Toronto and one of its teaching hospitals evaporate after he expressed concern about the potential negative effects of antidepressants such as Prozac.

None of his colleagues at the U of T or the affiliated Centre for Addiction and Mental Health (CAMH) publicly questioned the decision, and several privately told The Globe and Mail that they were afraid that doing so would cost them the research funding their careers depend upon.

This week, though, a group of 27 leading scientists from around the world came to Healy's defence, publicly accusing the University of Toronto and one of its teaching hospitals of muzzling academic freedom. They said the decision had "besmirched" the name of Canada's largest university and "poisoned the reputation" of the CAMH.

Eli Lilly, the maker of Prozac, is a major donor to the centre, and contributed \$1.5-million to its \$10-million capital fund. In 2000-01, the company also financed \$1.3-million in research under a formal

collaborative relationship.

Pharmaceutical and biotechnology companies now fund 16 to 30 per cent of all research at big medical schools such as McGill, Queen's and the universities of Toronto and British Columbia. The pharmaceutical industry now funds 42 per cent of medical research in Canada.

Large donations from pharmaceutical and biotechnology giants and other corporations pay for new buildings and additions that carry their names and corporate logos. Corporate funds allow universities to update old laboratories, fund academic chairs (often named for their sponsors) and pay for expensive scientific equipment and research projects.

Indeed, universities across the country are far more dependent on corporations than ever before, and keeping donors happy has naturally become a priority. While it's most visible at medical schools, the Trojan-horse effect of corporate largesse is, critics say, afoot everywhere in the modern academy.

In 1999, for example, the Council of Canadians asked tenured University of Guelph plant biologist Ann Clark to set up a Web site about genetically modified foods. The professor of sustainable agriculture solicited scientific analyses and critiques of GM foods from about 40 academics.

Ten agreed to participate, but the rest said it was too risky to speak out. Many said they would post papers on Genetic Engineering Alert ([www.canadians.org/ge-alert](http://www.canadians.org/ge-alert)) -- but only anonymously. Most of those willing to go public had retired from academe and were no longer at risk of losing their labs, research funding or promotions if their views upset large corporate donors and research partners.

"The rest were worried about being blackballed, and I admire that they were even willing to contribute," Clark says. "Protecting their identities was a constructive response to a stifling situation."

Within months of launching GE Alert, Clark got a taste of what her colleagues were worried about: She was stunned to learn that her laboratory was being arbitrarily moved to a seed-storage room that had been sprayed with pesticides over the years.

The university denies the move had anything to do with her anti-GMO views, but Clark says she is convinced it did. "It is not harassment, that is too strong of a word for what happens to academics who go against the corporate line," she says. But "it means you don't get grants funded, it means you don't get invited to collaborate on things. It means when you speak at a meeting, people don't listen. You are marginalized."

Over the past 10 years, the University of Guelph has doubled the amount of funding it gets from corporations, which now accounts for about 15 per cent of its total research budget. In 1999-2000, the year Clark launched

the Web site, the university received \$1.2-million in research funding from Novartis, one of the corporate champions of genetically modified crops.

While still fighting the lab relocation, Clark posted a critical analysis of the federal government's way of evaluating genetically modified foods on the GE Alert site. Her boss, dean Rob McLaughlin, publicly denounced her for "unethical" behaviour, which touched off a furor on campus.

McLaughlin eventually apologized, saying he had been worried people would think she was speaking on behalf of the university on an issue that lies outside her own field: She specializes in pastures, not genetically altered crops. However, many of the concerns she had expressed were echoed this year by an independent panel of scientists appointed by the government.

McLaughlin, now vice-president of alumni affairs, denies he criticized her out of worry that her comments would offend corporate donors. He says at least one other researcher was also asked to move to accommodate a departmental restructuring. Academic freedom at Guelph is well-protected and cherished, he says. "We have a long history of faculty being able to express their views on everything."

In the end, Clark wasn't forced into the storage room. Her new lab is very small for her research team, but at least she doesn't have to worry about pesticide residues. A small victory -- but so far, there have been few wins in the battle to preserve academic freedom. "Academic freedom is what allows universities to fulfill their social responsibility to the public. It assures that faculty are free to say what they feel about any idea, proposal, or research question they are examining," says Jim Turk, executive director of the Canadian Association of University Teachers and editor of a book called *The Corporate Campus*.

"Only when faculty can speak freely are the public able to trust that advice and conclusions are not corrupted by special interests of powerful groups."

And at a time when many public-policy issues have gotten so technical as to be beyond the grasp of a layperson, Canadians have come to rely on universities to provide objective analysis. David Healy, for instance, is one of the few people in the world with the expertise and the inclination to pour through drug-company data to find evidence that the popular antidepressant Prozac may cause some people to kill themselves.

Yet now some academics are loath to risk retribution by asking questions to which corporate donors may not want the answers.

"I'm not sure I would say [academic freedom] is dead, but it is under serious threat," Ann Clark says. "What tends to happen is it is retired



academics or government scientists or very senior people who no longer fear retribution who are able to speak out. The younger ones, who are most vulnerable, can't really say anything."

University professors have historically been vulnerable to pressures from the ruling forces of the day. Academic freedom, the lofty ideal all Canadian universities say they embrace, is defined on most campuses as meaning that professors can speak their minds without fear of reprisal.

In the 12th and 13th centuries, academic freedom meant that the pope's soldiers would protect scholars from the local authorities, York University professor David Noble says. "They just had to do everything the pope said." Noble has written extensively on the history of universities, and took a starring role in his own academic-freedom drama in the spring.

In 20th-century universities, starting with the Second World War, the main patrons of institutions were the agencies of the state, primarily the military in the United States, he says.

In the mid-1970s, the phrase "intellectual capital" became fashionable, and industrial countries turned to universities as their economies shifted away from manufacturing toward high-tech. Universities were no longer ivory towers, and began to play a key role in the new economy. The United States led the way, followed by Canada and to a lesser extent Europe, where universities have traditionally been less utilitarian and less reliant on corporate funding.

In the United States, it became routine for university presidents to sit on the boards of large multinational corporations. Noble conducted a study at the end of the 1980s that showed the presidents of U.S. universities often made more from corporate directorships and retainers than from their salaries.

In Canada, the federal government cut back funding for basic research in the 1980s and universities began turning to the private sector to keep their laboratories running. There has been an injection of new federal money in the past few budgets, but most of it is tied to joint ventures with industry. If researchers want the new funds, they have to show they are working with corporate partners.

Closer ties between industry and academia is a positive development, argues Tom Brzustowski, president of the Natural Sciences and Engineering Research Council, one of three funding agencies through which federal money is delivered to researchers. "If we help Canadian companies produce new products, then that is new economic activity, which means new jobs and prosperity."

In medical schools, close ties to industry give researchers an opportunity to conduct clinical trials and laboratory experiments that could benefit millions of Canadians.

But they also create the potential for wrenching conflicts of interest.

Turk, whose Canadian Association of University Teachers (CAUT) has been devoted to protecting academic freedom since the 1950s, claims there has been an "unprecedented explosion" in the violation of academic freedom in the past several years.

The most famous, no doubt, is the case of Nancy Olivieri. In 1996, the University of Toronto researcher was carrying out a study at the Hospital for Sick Children on deferiprone, an experimental drug for patients with a rare blood disorder called thalassemia. The research was sponsored by Apotex, the drug's manufacturer.

When Olivieri decided she had to warn patients about potential problems with the drug, Apotex threatened her with legal action to enforce a confidentiality agreement she had signed.

She charges that the university, which was courting the largest donation in its history from Apotex, did not back her up legally or morally. Four other doctors, who allege they were harassed and punished when they spoke out on the matter, have joined her in a grievance against the university.

The CAUT launched an independent investigation by three prominent Canadian academics to report on the incident, which is expected to be made public in the fall.

In both the Healy and the Olivieri cases, the University of Toronto denied academic freedom was at issue. Senior officials argued that Olivieri was in a purely scientific dispute and that Healy's case was a human-resources issue the teaching hospital had right to manage as it saw fit.

In both Healy's and Olivieri's cases, rumours circulated quickly through the university and the media about their characters: She was difficult, a troublemaker who couldn't get along with others. He was a Scientologist, a wacko practitioner of junk science.

And academic peers are often enrolled in the character-assassination campaign. In fact, the official explanation of why Healy did not become the clinical director for the mood and anxiety program at the CAMH is that his future colleagues were so disturbed by the views he expressed in a Nov. 30 speech on campus that they didn't want him in their midst.

He had already accepted the job when he participated in the colloquium about psychiatry in the 21st century. His views about the dangers of the family of antidepressants that includes Prozac were well known in the international psycho-pharmacology community: He believes that the popular drugs can cause a small minority of patients, as few as 1 per cent, to fall into a state of extreme anxiety and cause them to harm themselves or

others. Given that 40 million people around the world have taken Prozac, Healy argues that this is a significant public-health issue; Eli Lilly insists that Prozac is safe.

In the Nov. 30 speech, he repeated those arguments, and said the data show that Prozac and similar antidepressants may have been responsible for one suicide for every day they have been on the market.

According to the letter sent months later by the Centre for Addiction's CEO, Paul Garfinkel, the "extremity" of the views expressed in the speech disturbed many of his future colleagues: "Your future colleagues simply did not want you here as a leader of a clinical program, which was the job for which you were recruited."

Turk and Healy believe that there is more to the story, and are considering legal action. They say very few of his future colleagues -- including Garfinkel -- were in the audience on the fateful day.

But during the period between January last year, when Healy was first offered the position, and November, when the job was withdrawn, he published a critical paper in a journal devoted to ethical issues published by the Hastings Center in New York. After it appeared, Eli Lilly pulled its \$25,000 (U.S.) annual donation from the Hastings Center.

Healy then presented data at a conference from a study he had done that found two out of 20 healthy volunteers felt suicidal while taking a Prozac-like antidepressant. And in July, 2000, a month before he accepted a formal written offer from the CAMH, Healy had a run-in with Charles Nemeroff, a powerful and highly respected U.S. psychiatrist who has received funding from Eli Lilly and other pharmaceutical companies.

Healy had been preparing to act as an expert witness in several cases where families were suing pharmaceutical companies because they believed psychiatric drugs had caused a loved one to commit suicide or to kill others. At a medical conference in Britain, Healy says, Nemeroff aggressively warned him that it would be bad for his career to get involved. Healy recalls the encounter as "scary."

Nemeroff's office referred all calls to his lawyer, who has not responded to a request for an interview. Nemeroff attended Healy's speech in Toronto in November; the CAMH has confirmed that it consulted him about their new hire.

Within days of the speech, David Goldbloom, physician-in-chief at the CAMH, was sending urgent e-mails to Healy saying they had to talk, but Healy was away. When he got back to Wales, he found another e-mail message from Goldbloom telling him the job offer had been withdrawn.

Turk says he believes he knows why the CAMH got cold feet. "I think it is

likely that some influential people said, 'If you hire Healy, you are going to have a very hard time raising drug-company money for research,' " says the teachers'-association head. "And the CAMH administration panicked, and decided to dump him, precipitously."

The CAMH says the decision about Healy had nothing to do with fundraising or with their discussion with Nemeroff. Goldbloom has declined to be interviewed.

Turk says Healy's case is the most egregious violation of academic freedom in Canada in years, one that means no job in academe is safe. He admires him for coming forward, risking his reputation, when he could have stayed quietly at his job at the University of Wales, where he continues to conduct research and treat patients.

Yet his story has drawn not a single word of public support from anyone on staff at the CAMH or the University of Toronto's medical school. Four researchers told The Globe and Mail they disagreed with, were even outraged by, the decision to let Healy go. But they were unwilling to go on the record, for fear of losing their labs or research funding.

"This place is a fortress," one said.

"What happened to David Healy is a unacceptable violation of academic freedom," another said. "But I don't want to lose what I have spent my life working for."

One man who watched the Healy drama with intense scholarly interest was David Noble. The York historian has documented the rise of corporate influence at universities in Canada, and says he wasn't surprised that doctors at the CAMH weren't willing to speak up.

"They see that they have reason to be afraid, but rather than stand up to it, and expose it collectively, they just cave."

Less a month after Healy went public, Noble, a left-wing activist and vocal critic of the commercialization of universities, found he had a more personal reason to be interested.

Noble had been selected by the faculty of humanities at Simon Fraser University to hold the prestigious J. S. Woodsworth chair, which was created to foster critical debate over public issues, in memory of the labour activist, pacifist and politician.

The search committee sought input from 13 outside academics about Noble's academic work and activism. But the university administration blocked his appointment after Noble refused its highly unusual request to do a background check -- using several academics he has publicly criticized as references. None of them, he says, were experts in his field.

Meanwhile, the administration alleged that the department of humanities hadn't followed proper hiring procedure, including making sure women were considered for the post. Rumours spread rapidly around campus that Noble was a difficult man, an undesirable addition to the tenured staff.

"It is almost like something out of the movies," Noble says. "The J. S. Woodsworth chair is named for the founder of the CCF, which was the forerunner of the NDP. He began his career in jail, speaking against the First World War and the Winnipeg strike. . . . They name a chair after him, and the endowment doesn't come from Eli Lilly, it comes from workers and farmers across Canada.

"If there is anything that could be called a people's chair, this is it. They select me. I'm an historian and a scholar, but I've been an activist my whole life. But then it is blocked by the corporate university."

Unlike Healy, though, Noble has gotten the outspoken support of half-a-dozen academics at Simon Fraser. They circulated details, in e-mails around campus, that contradict the administration's story.

Ian Angus, an SFU professor of humanities, says it is hard to find any other explanation for these events other than Noble's left-wing views. "Bear in mind that if the administration is about to violate your academic freedom, they do not send you a signed memo announcing the fact. The stated 'reasons' have to be something else," Angus says.

Lawrin Armstrong, a history professor and member of the search committee that chose Noble, doesn't yet have tenure. He says colleagues warned him not to speak out, but as a member of the search committee that originally selected Noble, he had no choice but to denounce his bosses for their "unseemly scramble for negative references."

The administration said that Noble was not "collegial" because he refused permission for the background check, says Armstrong, a Marxist historian. " 'Collegial' appears to mean not holding opinions that are likely to offend powerful interests in the university or potential corporate sponsors."

To clear the air, the administration has launched an investigation. And the Canadian Association of University Teachers has started its own probe, expected to report by the end of the summer. Noble is also considering legal action to get SFU to follow its own hiring policy. He is confident that he will get the job in the end, although his supporters aren't so sure.

His case marks a departure in the fight for academic freedom in Canada. With Clark, Olivieri and Healy, it is easy to see why university officials might fear losing funding: All three directly threatened the potential profits of corporate donors.

Noble is a historian, an expert in the history of technology, not a medical researcher. He criticizes corporations, but he is not likely to affect their bottom lines. In the past, humanities faculties have generally been free of the kind of pressures medical schools, for instance, have been coping with for years.

"We were amazed an appointment like this would provoke this kind of reaction," Armstrong says. "You could make the argument that corporate interests are actually dictating the agenda in departments that have nothing directly to do with them at all."

In all four cases -- Clark, Olivieri, Healy, and Noble -- the universities don't admit that academic freedom has been violated. But the events appear to have had an impact: SFU has launched its inquiry; and in March, the University of Toronto moved to tighten ethical guidelines governing medical research, specifically citing the crumbling barrier between the university and corporations. The new rules will allow researchers to go public immediately if they have any concern about the safety of the drug.

Even Brzustowski, the staunch defender of closer corporate-university ties, says he hopes universities can learn from the Olivieri and Healy cases.

"These are public institutions," Jim Turk says, "and they are very sensitive to criticism they are not acting in the public interest. In the end, the best weapon we have is the ability to turn the spotlight on these kinds of cases, and let Canadians know this is something they should be worried about."

And Ann Clark says the duty to defend the public interest falls to academics like herself and her colleagues. "This is my job. I am a tenured faculty member and the purpose of tenure was to shield academics from external interests who have a vested interests in things not being said," she says.

"I fault academia and government, for not speaking up, for not defending the interests of the people who are paying our salaries. We are the ones who are at fault, we are not doing the job we are paid to do, we are privileged to do, because we have been granted tenure."

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Dr. Healy's credentials

By THOMAS A. BAN AND ALFRED FREEDMAN

Saturday, September 8, 2001 - Print Edition, Page A20

Toronto, New York -- We read with deep concern the accusation by James Coyne (letter -- Sept. 7) that David Healy should never have been considered for a job at the Centre for Addiction and Mental Health and the University of Toronto. Clearly, Dr. Coyne is guilty of not doing his research by failing to check Dr. Healy's well-established credentials. Dr. Healy has an extensive publication record with the most prestigious and leading scientific and clinical journals, including recent articles in the British Journal of Psychiatry, Psychological Medicine, Journal of Affective Disorders and many others. His latest book was published by Harvard University Press. How can Dr. Coyne seriously insist that Dr. Healy has "almost no published scientific research"?

We fear Dr. Coyne is trying to discredit Dr. Healy in order to distract attention from the real question of why his job offer was so quickly revoked after months of intensive recruiting by CAMH and the university. There is something suspect in this affair, but it is not Dr. Healy's credentials.

(emeritus professor of psychiatry, Vanderbilt University)  
(emeritus professor of psychiatry, New York Medical College)

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Hospital fights back after critical letter

By SEAN FINE

Friday, September 7, 2001 - Print Edition, Page A8

TORONTO -- A hospital affiliated with the University of Toronto launched a quiet counterattack yesterday against Dr. David Healy, a scientist with concerns about the drug Prozac, a day after receiving international condemnation for revoking its job offer to Dr. Healy.

In an internal bulletin to staff, Dr. Paul Garfinkel, the president and chief executive officer of the Centre for Addiction and Mental Health, was sharply critical of Dr. Healy, adding that he "has expressed extreme views."

"These views shocked a disturbing number of future colleagues to the point where we felt he would not have the respect and support of staff."

The bulletin, marked "high importance," continues to say that the centre's goal is to ensure that its patients receive the best care, and Dr. Healy's "extreme views and unacceptable methodology . . . could, in fact, be harmful."

A group of 27 leading international scientists, including two Nobel laureates, wrote a public letter this week accusing the U of T and the hospital of quashing academic freedom when the hospital pulled its job offer to Dr. Healy. Some of them denied his views are extreme.

Dr. Healy had been offered a job as the clinical director of the centre's mood-and-anxiety-disorders program, which came with professor status at the university. But the centre withdrew the offer after Dr. Healy expressed concern in a lecture about antidepressants such as Prozac, Paxil and Zoloft, saying that they can lead to violent behaviour or suicidal feelings, and that there should be more research into their risks.

Eli Lilly and Co., which manufactures Prozac, is a major donor to the centre. The hospital has recently completed construction on the new Eli Lilly Learning Centre, which will be used to train people in all areas of addiction and mental health.

No date has been set for its unveiling. "The official opening has been planned for some time in the fall," a hospital spokeswoman said.

Eli Lilly has given \$1-million toward a capital campaign, and about \$450,000 for fellowships in women's mental health, Dr. Garfinkel said. Dr. Garfinkel has denied that the decision to withdraw the job offer is in any way related to the centre's relationship with Eli Lilly.

The hospital is having tough financial times. In an internal memo sent last week, Dr. Garfinkel and Jean Simpson, the executive vice-president, say that the hospital is facing a budget deficit of about \$12-million, after several years with little or no deficit.

The memo said the Ontario Health Ministry had rejected a budget proposed by the centre, and each area of the centre must review its operations and look for efficiencies and revenue opportunities.

In an interview, Dr. Garfinkel said the hospital faces \$12-million a year in labour-harmonization costs arising from the 1998 merger that created the centre from the Addiction Research Foundation, the Donwood Institute, the Clarke Institute of Psychiatry and the Queen Street Mental Health Centre.

He said that hospital policy bars accepting donations from tobacco companies, but permits them from pharmaceutical companies.

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Why was job offered?

By JAMES C. COYNE

Friday, September 7, 2001 - Print Edition, Page A14

Philadelphia -- Re Top Scientists Allege U of T Academic Chill (Sept. 6): Having followed the controversy concerning David Healy and the University of Toronto with great fascination, I am convinced that a number of the key persons involved never familiarized themselves with Dr. Healy's record. This includes whoever was responsible for making the original offer to him, the Globe editorial writer who declared him a world-renowned drug researcher, and the "heavyweight group of scientists" reported to have condemned the rescinding of the job offer to him.

Dr. Healy has almost no published scientific research, little even for an academic psychiatrist who would have had mainly clinical responsibilities. The "research" that has caused all the furor involved giving antidepressants to 20 colleagues and underlings at the hospital where he works. They were undoubtedly aware of his hypothesis that antidepressants cause suicide, because he had made a reputation making that claim before he collected his data. All of the usual scientific controls were missing from this "experiment."

The whole project was scientifically suspect and results were not published in a scientific journal that is respected in psychiatric circles.

I would be concerned if someone making these kinds of claims in the absence of credible data were offered a position leading a depression program at my university.

I think the fuss, if there is to be any, should be about his being deemed a researcher or made an offer in the first place.

co-director, Behavioral Sciences and Health Services Research,  
University of Pennsylvania Cancer Center,

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Top scientists allege U of T academic chill

By CAMPBELL CLARK

Thursday, September 6, 2001 - Print Edition, Page A1

OTTAWA -- A group of 27 leading scientists yesterday accused the University of Toronto and an affiliated psychiatric hospital of muzzling academic freedom when the hospital revoked a job offer to a scientist who publicly expressed concern about the potential negative effects of drugs like Prozac.

In a rare, stiffly worded letter of condemnation, a heavyweight group of scientists that includes two Nobel laureates said the decision had "besmirched" the name of Canada's largest university and "poisoned the reputation" of the affiliated Centre for Addiction and Mental Health.

They said the centre's move to revoke a job offer made to Dr. David Healy, after he delivered a lecture in which he expressed concern about some drugs and was critical of the role of pharmaceutical companies in university research, was a violation of standards of free academic speech.

"It has a chilling effect, shall I say, on investigators who come up with negative results," said Dr. Alfred Freedman, an emeritus professor of psychiatry at New York Medical College and a past president of the American Psychiatric Association.

Dr. Healy had been persuaded by the centre to move from Wales to Toronto to become the clinical director of its mood- and anxiety-disorders program, a job that came with professor status at the university. The offer was rescinded after he delivered a lecture last November in which he expressed concern that antidepressants like Prozac, Paxil and Zoloft could lead to violent behaviour or suicidal feelings, and said there should be more research into the risks.

For months, academics have speculated that the centre's decision might have been influenced by the fact that pharmaceutical company Eli Lilly and Co., which manufactures Prozac, is a major donor.

The centre's chief executive officer, Dr. Paul Garfinkel, insists that concern played no in the decision to rescind the job offer to Dr. Healy.

He said that Dr. Healy was hired primarily as a clinician -- to treat patients more than to teach or conduct research -- but after his lecture other staff decided they could not work harmoniously with him.

"When he expressed these extreme views to a Toronto audience in November, they shocked a disturbing number of his future colleagues, to the point where they felt that he would not have their respect and support of the staff who were to work with him," he said.

Dr. Garfinkel said in a clinical, rather than academic, setting, concern for better patient care was the issue, not academic freedom.

Some of the 27 experts in neuropsychopharmacology who signed yesterday's

protest -- a list that includes this year's Nobel prize winner for medicine, Dr. Arvid Carlsson, and the 1970 winner, Dr. Julius Axelrod -- denied Dr. Healy's views are extreme.

Dr. Thomas A. Ban, emeritus professor at Vanderbilt University, said Dr. Healy's views were well known before he was offered the job, because he had published them. He said that Dr. Healy does not argue that drugs like Prozac are bad, but only that potential negative effects for some patients should be examined more closely.

Dr. Freedman said that the views Dr. Healy expressed in the Toronto lecture may not be those of the majority, but they are defensible positions that others share.

"He didn't say anything that he didn't back up with references and statements," said Dr. Freedman. "If it's an extremist position, who says that? And what's extreme about it?"

The letter signed by the 27 called the affair "an affront to the standards of free speech and academic freedom" and attacked the university for continuing to tolerate and defend the centre's decision.

Dr. David Naylor, dean of medicine at the university, stressed that the autonomous centre, not the university, had hired Dr. Healy and was to have paid his salary.

He said he believed the decision was not an academic-freedom issue, but a "lack of fit" with other staff at the centre. He said the university would be happy to grant him a professorship if another affiliated hospital hired him.

### Voices of Protest

The following is a list of the internationally-renowned psychiatrists and medical researchers who signed a letter accusing the University of Toronto and its Centre for Addiction and Mental Health of violating academic freedom by revoking an offer of employment made to Dr. David Healy:

Dr. Julius Axelrod  
Nobel Laureate in Medicine 1970  
Emeritus Scientist of the National Institutes of Health, Bethesda, Md.

Dr. Thomas A. Ban  
Emeritus Professor of Psychiatry, Vanderbilt University, Nashville, Tenn.

Dr. Raymond Battegay  
Emeritus Professor of Psychiatry, University of Basel, Switzerland

Dr. Per Bech

Professor of Psychiatry and Head, Psychiatric Research Unit,  
Frederiksborg General Hospital, Hillerod, Denmark  
Past President, European Association of Psychiatrists

Dr. Thomas Bolwig  
Professor of Psychiatry, Department of Psychiatry, Rigshospitalet,  
Copenhagen, Denmark

Dr. Arvid Carlsson  
Nobel Laureate in Medicine 2001  
CINP-Pfizer Pioneer in Neuropsychopharmacology 2000  
Emeritus Professor of Pharmacology, University of Goteborg, Sweden  
Past President, Collegium Internationale Neuro-Psychopharmacologicum

Dr. Gaston Castellanos  
Professor of Psychiatry, University of Mexico, Mexico City

Dr. Jonathan O. Cole  
Professor of Psychiatry, Harvard Medical School, Boston, Ma.  
Past President, American College of Neuropsychopharmacology

Dr. Leon Eisenberg

Professor, Department of Social Medicine, Harvard Medical School,  
Boston, Ma.

Dr. Max Fink  
Emeritus Professor of Psychiatry and Neurology, SUNY at Stony Brook,  
N.Y.

Dr. Alfred Freedman  
Emeritus Professor of Psychiatry, New York Medical College, N.Y.  
Past President, American Psychiatric Association  
Past President, American College of Neuropsychopharmacology

Dr. Peter Gaszner  
Professor of Psychiatry, Semmelweis University, Budapest, Hungary  
President, Hungarian Association of Psychopharmacology  
Editor-in-Chief, Neuropsychopharmacologia Hungarica

Dr. Abraham Halpern  
Emeritus Professor of Psychiatry, New York Medical College, N.Y.

Dr. Turan Itil  
Chairman and Clinical Professor, New York Institute for Medical Research,  
An Affiliate of New York University School of Medicine, N.Y.

Dr. Gordon Johnson  
Professor of Psychological Medicine and Director, Mood Disorder Unit,  
The University of Sydney, Greenwich, Australia

Dr. Joseph Knoll  
Emeritus Professor, Department of Pharmacology, Faculty of Medicine,  
Semmelweis University, Budapest, Hungary

Dr. T. Kobayakawa  
Corporate Advisor, WelFide Corporation, Osaka, Japan

Dr. Brian E. Leonard  
Emeritus Professor of Psychiatry, National University of Ireland,  
Galway, Ireland

Dr. Isaac Marks  
Professor, The Institute of Psychiatry, London, England

Dr. Merton Sandler  
Emeritus Professor of Chemical Pathology, University of London, England

Dr. Mogens Schou  
CINP-Pfizer Pioneer in Neuropsychopharmacology 2000  
Emeritus Professor of Biological Psychiatry, The University of Aarhus,  
Denmark

Dr. Pierre Simon  
Professor of Pharmacology, Faculty of Medicine, University of Paris,  
France

Dr. Solomon Snyder  
Distinguished Service Professor of Pharmacology and Psychiatry and  
Director, Department of Neuroscience, Johns Hopkins University,  
Baltimore, Md.

Dr. Costas Stefanis  
Professor of Psychiatry, University Mental Health Research Institute,  
Athens, Greece  
Past President, World Psychiatric Association

Dr. Fridolin Sulser  
Emeritus Professor of Psychiatry and Pharmacology, Vanderbilt  
University, Nashville, Tenn.  
Past President, American College of Neuropsychopharmacology

Dr. Gabor Ungvari  
Professor of Psychiatry, The Chinese University of Hong Kong, Shatin,  
China

Dr. Herman M. van Praag  
Professor and Head, Department of Psychiatry and Neuropsychology,  
Akademisch Ziekenhuis Maastricht, The Netherlands

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From jcoyne@mail.med.upenn.edu Sun Sep 16 13:25:46 2001

Received: (from mailnull@localhost)

by iris.it.northwestern.edu (8.9.3/8.9.3) id NAA22212

for <sscpnet@listserv.acns.nwu.edu>; Sun, 16 Sep 2001 13:25:46 -0500 (CDT)

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Received: from pobox.upenn.edu (pobox.upenn.edu [128.91.2.38]) by iris.itcs.northwestern.edu via smap (V2.0)

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by pobox.upenn.edu (8.11.6/8.11.6) with ESMTP id f8GIP2R134440; Sun, 16 Sep 2001 14:25:05 -0400 (EDT)

Mime-Version: 1.0

Message-Id: <a04320405b7ca8dbef219@[128.91.20.17]>

Date: Sun, 16 Sep 2001 14:23:19 -0400

To: Mike Miller <mbmiller@taxa.psyc.missouri.edu>

From: James Coyne <jcoyne@mail.med.upenn.edu>

Subject: Healy and Jim Coyne

Cc: sscpnet@listserv.acns.nwu.edu

Content-Type: text/plain; charset="us-ascii" ; format="flowed"

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X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN

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Dr. Miller, although you sometimes personally have intelligent things to say on sscpnet, some of your postings convey the critical faculties of a broken lawn chair.

I am referring in particular to your postings concerning my role in the reporting in the Canadian press of the rescinding of an offer to Healy from the University of Toronto. First, how I got involved.

Ann McIlvoy, one of the reporters you cite, asked me my opinion of Healy's research. This request came out of the blue. I had never had previous contact with her and she did not reveal how she picked me. I could not find the article in question on Medline, so she volunteered to fax it. Over the next few hours, she answered a number of

questions. I was impressed that she was able to cite Healy authoritatively and when I asked, she indicated that she was in regular telephone contact with Healy.

When I got around to reading Healy's article I was troubled by what seemed to be some serious ethical and scientific issues. When I conveyed my concerns to McIlvoy, she became audibly upset. I felt she was trying to tell me what to say, and when I resisted, she implied that I was a tool of the drug industry. I pointed out that I did not receive the support of drug companies for my work. This only seemed to make her more upset and she ended the conversation.

I am left with bothersome sense of what McIlvoy was up to. If you want to see a summary of my report to her, it is now available from British Medical Journal at

[http://bmj.com/cgi/content/full/322/7300/1446/b?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&fulltext=healy&searchid=QID\\_NOT\\_SET&stored\\_search=&FIRSTINDEX=0](http://bmj.com/cgi/content/full/322/7300/1446/b?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&fulltext=healy&searchid=QID_NOT_SET&stored_search=&FIRSTINDEX=0)

There is other interesting material there as well,

Note that McIlvoy did not address my ethical concerns and neither did Healy. I did underestimate his research. However, as much as I liked his book, *Antidepressant Era*, these kind of books generally count neither for or against someone's candidacy at a med school. His sole authored work is generally not empirical research. Healy has indeed been on a number of publications, but there is a serious problem with the paper I reviewed. It is not just another publication.

Later in the week I will raise some other issues and post some more serious concerns about Healy. Information I obtained from Healy suggests that he was receiving funds from a drug company and both he and the drug company stood to benefit handsomely from his claims that 2 of 20 of his colleagues and coworkers to whom he gave an SSRI. If this information is correct, I guess you could say he is a double agent of sorts. Both reporters had access to this information and there is good reason to believe that David Antonucci did as well. Curiously no one is commenting on it. The information was, however, cited in the letter which rescinded the job offer to him.

More on this later in the week. I am very fortunate to have survived my trip back from Europe on Tuesday morning. I am now busy trying to retrieve my clothes and professional materials. Others were not as lucky, and I in no way equate my loss and search with theirs, but it is time consuming and disruptive.

Obviously, I am not bothered who is on the opposite side of an issue from me, if their opposition fails to contradict some basic

considerations. Whatever curiosity we have about what went on at U of T, we should evaluate carefully what is claimed and with what evidence. Dr. Miller, I encourage you to think more critically.

Stay tuned for some fascinating information.

--

James C. Coyne, Ph.D.  
Co-Director, Behavioral Sciences and Health Services Research  
University of Pennsylvania Comprehensive Cancer Center and  
Professor  
Department of Psychiatry  
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3400 Spruce St  
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fax: (215) 349-5067

From jcoyne@mail.med.upenn.edu Sun Sep 16 17:18:51 2001

Received: (from mailnull@localhost)

by iris.it.northwestern.edu (8.9.3/8.9.3) id RAA22928

for <sscpnet@listserv.acns.nwu.edu>; Sun, 16 Sep 2001 17:18:50 -  
0500 (CDT)

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<jcoyne@mail.med.upenn.edu> using -f

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(authenticated)

by pobox.upenn.edu (8.11.6/8.11.6) with ESMTP id f8GMI3R231063  
for <sscpnet@listserv.acns.nwu.edu>; Sun, 16 Sep 2001 18:18:03 -

0400 (EDT)

Mime-Version: 1.0

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Date: Sun, 16 Sep 2001 18:16:26 -0400

To: sscpnet@listserv.acns.nwu.edu

From: James Coyne <jcoyne@mail.med.upenn.edu>

Subject: Fwd: RE: Healy and Jim Coyne

Content-Type: text/plain; charset="us-ascii" ; format="flowed"

Reply-To: jcoyne@mail.med.upenn.edu

Sender: owner-sscpnet@listserv.it.northwestern.edu

X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN

Status: O

X-Status:

X-Keywords:

X-UID: 56

>From: Michael Bagby <Michael\_Bagby@camh.net>

>To: "James Coyne" <jcoyne@mail.med.upenn.edu>,



> Mike Miller  
> <mbmiller@taxa.psyc.missouri.edu>  
>Subject: RE: Healy and Jim Coyne  
>Date: Sun, 16 Sep 2001 17:50:10 -0400  
>Status:  
>  
>Dr. Coyne is right on this. His opinion was solicited,  
>which Ms. McIlvoy and another editor of the Globe and Mail  
>confirmed with me.  
>  
>Jim's voice is a voice of sanity in all this mess. Is CAMH  
>too heavily involved with drug industry? Probably, yes. Did this  
>involvement directly influence his rescinded offer? In my opinion, no.  
>The problem lies directly with the selection committee who decided to  
>offer him the job. Healy's views were expressed and were well known to  
>many  
>members of CAMH, prior to his infamous talk, many of us questioned his  
>penchant for hyperbole and by the fact that his empirical research was not  
>very  
>good (writes excellent, if somewhat imbalanced, history of psychiatry) and  
>that  
>he had virtually no experience running a large academic, clinical program).  
>  
>The selection committee ignored dissenting opinion and then were  
>embarrassed  
>when Healy spoke his views (all expressed earlier) in front of an  
>international  
>group of scholars.  
>  
>If the CAUT wants to really attack issues of academic freedom, they should  
>go after the fact the dozens of researchers in academic medicine at U of T  
>conduct clinical drug trials with no scientific goal and that fact that many  
>enjoy  
>enormous financial benefits from such arrangements.  
>  
>The academic freedom issue here is a non-issue. The selection committee  
>was  
>at  
>fault (by the way the same members are on the new selection committee!!!).  
>If members of SSCP want to see what kind of scientist Healy is, read the  
>"emprical" study that Jim and I will post soon as a PDF file. Then maybe you  
>will see of what we are speaking.  
>  
>R. Michael Bagby, Ph.D., C.Psych.  
>Professor, Department of Psychiatry  
>University of Toronto  
>Head, Section on Personality and Psychopathology  
>Centre for Addiction and Mental Health  
>  
>Mailing address:

>  
>Centre for Addiction and Mental Health  
>Clarke Site  
>250 College Street  
>Toronto, Ontario M5T 1R8  
>Canada  
>  
>Tele: 1-416-535-8501, ext 6939  
>FAX: 1-416-979-6821  
>e-mail: michael\_bagby@camh.net  
>  
>  
>-----Original Message-----  
>From: James Coyne [mailto:jcoyne@mail.med.upenn.edu]  
>Sent: Sunday, September 16, 2001 2:23 PM  
>To: Mike Miller  
>Cc: sscpnet@listserv.acns.nwu.edu  
>Subject: Healy and Jim Coyne  
>  
>  
>Dr. Miller, although you sometimes personally have intelligent things  
>to say on sscpnet, some of your postings convey the critical  
>faculties of a broken lawn chair.  
>  
>I am referring in particular to your postings concerning my role in  
>the reporting in the Canadian press of the rescinding of an offer to  
>Healy from the University of Toronto. First, how I got involved.  
>  
>Ann McIlvoy, one of the reporters you cite, asked me my opinion of  
>Healy's research. This request came out of the blue. I had never had  
>previous contact with her and she did not reveal how she picked me. I  
>could not find the article in question on Medline, so she volunteered  
>to fax it. Over the next few hours, she answered a number of  
>questions. I was impressed that she was able to cite Healy  
>authoritatively and when I asked, she indicated that she was in  
>regular telephone contact with Healy.  
>  
>When I got around to reading Healy's article I was troubled by what  
>seemed to be some serious ethical and scientific issues. When I  
>conveyed my concerns to McIlvoy, she became audibly upset. I felt she  
>was trying to tell me what to say, and when I resisted, she implied  
>that I was a tool of the drug industry. I pointed out that I did not  
>receive the support of drug companies for my work. This only seemed  
>to make her more upset and she ended the conversation.  
>  
>I am left with bothersome sense of what McIlvoy was up to. If you  
>want to see a summary of my report to her, it is now available from  
>British Medical Journal at  
>

><http://bmj.com/cgi/content/full/322/7300/1446/b?maxtoshow=&HITS=10&hits=10&R>

>ESULTFORMAT=&fulltext=healy&searchid=QID\_NOT\_SET&stored\_search=&FIRSTINDEX=0

>

>

>

>There is other interesting material there as well,

>

>Note than McIlvoy did not address my ethical concerns and neither did

>Healy. I did underestimate his research. However, as much as I liked

>his book, Antidepressant Era, these kind of books generally count

>neither for or against someone's candidacy at a med school. His sole

>authored work is generally not empirical research. Healy has indeed

>been on a number of publications, but there is a serious problem with

>the paper I reviewed. It is not just another publication.

>

>Later in the week I will raise some other issues and post some more

>serious concerns about Healy. Information I obtained from Healy

>suggests that he was receiving funds from a drug company and both he

>and the drug company stood to benefit handsomely from his claims

>that 2 of 20 of his colleagues and coworkers to whom he gave an SSRI.

>If this information is correct, I guess you could say he is a double

>agent of sorts. Both reporters had access to this information and

>there is good reason to believe that David Antonucci did as well.

>Curiously no one is commenting on it. The information was, however,

>cited in the letter which rescinded the job offer to him.

>

>More on this later in the week. I am very fortunate to have survived

>my trip back from Europe on Tuesday morning. I now busy trying to

>retrieve my clothes and professional materials. Others were not as

>lucky, and I in no way equate my loss and search with theirs, but it

>is time consuming and disruptive.

>

>Obviously, I am not bothered who is on the opposite side of an issue

>from me, if their opposition fails to contradict some basic

>considerations. Whatever curiosity we have about what went on at U of

>T, we should evaluate carefully what is claimed and with what

>evidence. Dr. Miller, I encourage you to think more critically.

>

>Stay tuned for some fascinating information.

>--

>James C. Coyne, Ph.D.

>Co-Director, Behavioral Sciences and Health Services Research

>University of Pennsylvania Comprehensive Cancer Center and

>Professor

>Department of Psychiatry

>University of Pennsylvania Health System

>11 Gates

>3400 Spruce St

>Philadelphia, Pa 19104  
>(215) 662-7035  
>fax: (215) 349-5067

From mbmiller@taxa.psyc.missouri.edu Sun Sep 16 18:43:58 2001  
Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id SAA03973  
for <sscpnet@listserv.acns.nwu.edu>; Sun, 16 Sep 2001 18:43:58 -  
0500 (CDT)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<mbmiller@taxa.psyc.missouri.edu> using -f  
Received: from taxa.psyc.missouri.edu (taxa.psyc.missouri.edu  
[128.206.38.235]) by iris.itcs.northwestern.edu via smap (V2.0)  
id xma003956; Sun, 16 Sep 01 18:43:48 -0500  
Received: from localhost (mbmiller@localhost)  
by taxa.psyc.missouri.edu (8.10.2+Sun/8.10.2) with ESMTP id  
f8GNhOg20776;  
Sun, 16 Sep 2001 18:43:24 -0500 (CDT)  
Date: Sun, 16 Sep 2001 18:43:24 -0500 (CDT)  
From: Mike Miller <mbmiller@taxa.psyc.missouri.edu>  
To: James Coyne <jcoyne@mail.med.upenn.edu>  
cc: SSCPnet List <sscpnet@listserv.acns.nwu.edu>  
Subject: Re: Healy and Jim Coyne  
In-Reply-To: <a04320405b7ca8dbef219@[128.91.20.17]>  
Message-ID: <Pine.GSO.4.33.0109161833220.19596-  
100000@taxa.psyc.missouri.edu>  
MIME-Version: 1.0  
Content-Type: TEXT/PLAIN; charset=US-ASCII  
Reply-To: mbmiller@taxa.psyc.missouri.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 57

On Sun, 16 Sep 2001, James Coyne wrote:

> Dr. Miller, although you sometimes personally have intelligent things  
> to say on sscpnet, some of your postings convey the critical faculties  
> of a broken lawn chair.  
>  
> I am referring in particular to your postings concerning my role in  
> the reporting in the Canadian press of the rescinding of an offer to  
> Healy from the University of Toronto. First, how I got involved.

[snip]

> Obviously, I am not bothered who is on the opposite side of an issue  
> from me, if their opposition fails to contradict some basic

> considerations. Whatever curiosity we have about what went on at U of  
> T, we should evaluate carefully what is claimed and with what  
> evidence. Dr. Miller, I encourage you to think more critically.

Dr. Coyne:

Thank you for suggesting that I say intelligent things. I really don't understand the basis for your other comments about my postings concerning the Healy affair. I repeat all of them below. If you take me literally, and you should, I have asked for more information and I have not taken sides. I have forwarded newspaper articles to SSCPnet but I haven't uncritically accepted their content as valid.

Mike

---

Date: Fri, 7 Sep 2001 11:43:05 -0500 (CDT)  
From: Mike Miller <mbmiller@taxa.psyc.missouri.edu>  
To: James Coyne <jcoyne@mail.med.upenn.edu>  
Cc: Society for a Scientific Clinical Psychology  
<sscpnet@listserv.it.northwestern.edu>  
Subject: David Healy's situation (was "Re: SSCPNET digest 1692")

On Fri, 1 Jan 1904, James Coyne wrote:

> [snip]  
> I think the fuss, if there is to be any, should be about his being  
> deemed a researcher or made an offer in the the first place.

Maybe so, but it is clearly worse to receive an offer of employment and have it rescinded than to receive no offer in the first place. What did Healy do to deserve the retraction of the offer? When did he do the (sloppy) study of antidepressants and suicide? Wasn't his talk about authoritarian abuses in the history of psychiatry the thing that triggered the retraction of his job offer?

(I don't mean for these questions to be rhetorical -- I'm asking because I don't know the answers.)

Mike

---

Date: Thu, 13 Sep 2001 00:08:28 -0500 (CDT)  
From: Mike Miller <mbmiller@taxa.psyc.missouri.edu>  
To: SSCPnet List <sscpnet@listserv.acns.nwu.edu>  
Subject: more on Healy affair from Globe and Mail (long)

Many people have taken David Healy's side, including two Nobelists and many famous senior scientists. James Coyne has taken the other side in a very public way (not just on SSCPnet) as you will see below (I only mention that because some of you know Dr. Coyne and will want to read these articles because he figures prominently in them). I'm not trying to get into a war here, I'm just relaying a series of news reports. --Mike

-----  
[snip newspaper articles]

From jcoyne@mail.med.upenn.edu Mon Sep 17 09:01:35 2001  
Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id JAA04408  
for <sscpnet@listserv.acns.nwu.edu>; Mon, 17 Sep 2001 09:01:34 -0500 (CDT)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to <jcoyne@mail.med.upenn.edu> using -f  
Received: from pobox.upenn.edu (pobox.upenn.edu [128.91.2.38]) by iris.itcs.northwestern.edu via smap (V2.0)  
id xma004367; Mon, 17 Sep 01 09:01:08 -0500  
Received: from [170.212.113.65] (node.ups.upenn.edu [165.123.243.13]) by pobox.upenn.edu (8.11.6/8.11.6) with ESMTP id f8HE0jR185186; Mon, 17 Sep 2001 10:00:45 -0400 (EDT)  
Mime-Version: 1.0  
Message-Id: <v04220806b7cbb0560f31@[170.212.113.65]>  
Date: Mon, 17 Sep 2001 10:12:03 -0400  
To: sscpnet@listserv.acns.nwu.edu  
From: "James C. Coyne" <jcoyne@mail.med.upenn.edu>  
Subject: "bad marriages kill" and the embargo of this information  
Content-Type: text/plain; charset="us-ascii" ; format="flowed"  
Reply-To: jcoyne@mail.med.upenn.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 58

Below is an abstract of a recent paper of mine that shows the predictive validity of a deliberately crude measure of marital functioning with respect to death among chronic heart failure patients. The measure was usefully crude because we wanted to approximate assessments that could be done quickly clinically by the psychologically unsophisticated. Later work will explicate this

composite measure in terms of more sophisticated observational and self-report measures.

I can send a pdf file of the article to whoever is interested.

Apropos of another discussion, the article was embargoed, once it was accepted. That is, I was not allowed to cite publicly the paper as "in press, in Am J cardiology" until others would be in a position to evaluate independently any claims I made--until the paper actually came out. No press releases, etc. Independent evaluation of claims is the hallmark of science. Not a bad standard for many purposes.

On SSCPnet we often receive propaganda posts from obscure newspapers that make claims about alleged scientific results. Last year, controversy was fueled by postings of "findings" by David Healy that antidepressants made nondepressed persons suicidal. No citation was provided other than a rural Canadian newspaper and a medline search revealed no such study. We weren't in a position to evaluate the claims. This happens with considerable frequency with the same perpetrators and, ironically, one who crows a lot about the need for greater disclosure so that we can evaluate the quality of what are offered as scientific claims. Hmm,,,,

Prognostic importance of marital quality for survival of congestive heart failure

Coyne JC, Rohrbach MJ, Shoham V, Sonnega JS, Nicklas JM, Cranford JA  
AMERICAN JOURNAL OF CARDIOLOGY  
88 (5): 526-529 SEP 1 2001

Abstract:

Mounting evidence indicates that social support is associated with better outcomes of cardiovascular disease and reduced all-cause mortality. Much less is known about the specific contribution of marital functioning to these outcomes, and the potential prognostic significance of marital quality for congestive heart failure (CHF) has not been explored. Interview and observational measures of marital quality obtained from 189 patients with CHF (139 men and 50 women) and their spouses were examined as predictors of patient survival up to 48 months after assessment and compared with prediction based on illness severity (New York Heart Association [NYHA] class). Four-year survival rates were 52.5% and 68% for male patients and female patients, respectively. In Cox regression analyses, a composite measure of marital quality predicted 4-year survival as well as the patient's concurrent NYHA class did (both  $p < 0.001$ ). Adjusting for CHF severity did not diminish the prognostic significance of marital functioning, and prediction of survival from marital quality appeared stronger for female than for male patients. Thus, when marital quality and NYHA class are considered jointly, they both make independent, statistically significant contributions

to the prediction of patient mortality.

James C. Coyne, Ph.D.

Co-Director, Behavioral Sciences and Health Services Research

University of Pennsylvania Comprehensive Cancer Center and

Professor

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11 Gates

3400 Spruce St

Philadelphia, Pa 19104

(215) 662-7035

fax: (215) 349-5067

From jcoyne@mail.med.upenn.edu Mon Sep 17 19:34:18 2001

Received: (from mailnull@localhost)

by iris.it.northwestern.edu (8.9.3/8.9.3) id TAA18230

for <sscpnet@listserv.acns.nwu.edu>; Mon, 17 Sep 2001 19:34:18 -  
0500 (CDT)

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<jcoyne@mail.med.upenn.edu> using -f

Received: from pobox.upenn.edu (pobox.upenn.edu [128.91.2.38]) by  
iris.itcs.northwestern.edu via smap (V2.0)

id xma018204; Mon, 17 Sep 01 19:33:58 -0500

Received: from [128.91.20.35] (DIALIN1081.UPENN.EDU [128.91.20.57])  
(authenticated)

by pobox.upenn.edu (8.11.6/8.11.6) with ESMTP id f8l0XZR523043  
for <sscpnet@listserv.acns.nwu.edu>; Mon, 17 Sep 2001 20:33:35 -

0400 (EDT)

Mime-Version: 1.0

Message-Id: <a0432040eb7cc41c4d1b2@[128.91.20.35]>

Date: Mon, 17 Sep 2001 20:32:29 -0400

To: sscpnet@listserv.acns.nwu.edu

From: James Coyne <jcoyne@mail.med.upenn.edu>

Subject: ssris and suicidality

Content-Type: text/plain; charset="us-ascii" ; format="flowed"

Reply-To: jcoyne@mail.med.upenn.edu

Sender: owner-sscpnet@listserv.it.northwestern.edu

X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN

Status: O

X-Status:

X-Keywords:

X-UID: 59

I have a pdf copy of Healy's article concerning the suicidality of  
his 2 of 20 colleagues to whom he gave an ssri. Healy has posted  
material indicating he had a financial arrangement with the  
manufacturer of the comparison drug. It is apparent the positive  
comparison with the ssri might substantially benefit the marketing of  
the comparison drug. Healy was already involved as a paid consultant  
in a civil action in which publication of this article would be an



advantage. None of this apparent conflict of interest was noted. Healy did not respond to this issue in his letter about me to the Toronto Globe and Mail and he did not take advantage of the opportunity to reply to my statement in e- version of British Medical Journal.

A large epidemiological study recently showed the availability of post-TCA antidepressants reduces suicide on a population basis, which is impressive because of the difficulty demonstrating any public health benefit to most medical innovations.

Critiquing the ethics and scientific merit of the study, even the plausibility of the claim it was intended as a study of quality of life would be an interesting exercise for a graduate seminar.

I will send the pdf file to anyone who requests it, but I caution that it is a large file because it is formatted as a ready readable, but image-only 900k file. If some can tell me how to convert it to a searchable and smaller text using a mac-based adobe, it would be appreciated.

From jcoyne@mail.med.upenn.edu Tue Sep 18 12:33:04 2001  
Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id MAA02480  
for <sscpnet@listserv.acns.nwu.edu>; Tue, 18 Sep 2001 12:33:02 -  
0500 (CDT)  
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<jcoyne@mail.med.upenn.edu> using -f  
Received: from pobox.upenn.edu (pobox.upenn.edu [128.91.2.38]) by  
iris.itcs.northwestern.edu via smap (V2.0)  
id xma002243; Tue, 18 Sep 01 12:32:31 -0500  
Received: from [128.91.20.42] (DIALIN1046.UPENN.EDU [128.91.20.22])  
(authenticated)  
by pobox.upenn.edu (8.11.6/8.11.6) with ESMTP id f8IHW7R276758;  
Tue, 18 Sep 2001 13:32:07 -0400 (EDT)  
Mime-Version: 1.0  
Message-Id: <a04320410b7cd3260fca7@[128.91.20.42]>  
Date: Tue, 18 Sep 2001 13:32:38 -0400  
To: sscpnet@listserv.acns.nwu.edu  
From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: websites on Healy controversy and ssris & suicidality  
Content-Type: text/plain; charset="us-ascii" ; format="flowed"  
Reply-To: jcoyne@mail.med.upenn.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 60

Mike Miller has kindly taken the trouble to post on his website the controversial paper in which Healy reports what he claims are the effects of giving an SSRI to colleagues and underlings at his hospital

[http://taxa.psyc.missouri.edu/~mbmiller/Healy\\_PrimaryCarePsychiatry.pdf](http://taxa.psyc.missouri.edu/~mbmiller/Healy_PrimaryCarePsychiatry.pdf)

Healy himself has taken the controversial step of posting on a website ([www.pharmapolitics.com](http://www.pharmapolitics.com)) the letter in which his offer from the University of Toronto. Nowhere on his own website does Healy refute the conflict of interest charge, nor does he in his numerous statements to the press. The drug that is the focus of claims in the letter that Healy did not reveal a conflict of interest is the same drug that Healy claims is much safer than SSRIs.

Very efficient if this is all true: Make claims that a drug causes suicide and murder and do forensic consultation; then get money from a drug company to promote its competing product; then publish an odd "study" in which that competing drug is safer than the market-dominating SSRIs; and then make lots of money testifying to that effect. Wow, who needs a day job with a gig like that?

There are lots of questions in this whole affair, but I still puzzle why Healy was ever made an offer to run a mood disorders program.

From jcoyne@mail.med.upenn.edu Thu Sep 20 00:28:47 2001  
Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id AAA16195  
for <sscpnet@listserv.it.northwestern.edu>; Thu, 20 Sep 2001  
00:28:47 -0500 (CDT)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<jcoyne@mail.med.upenn.edu> using -f  
Received: from pobox.upenn.edu (pobox.upenn.edu [128.91.2.38]) by  
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id xma016165; Thu, 20 Sep 01 00:28:26 -0500  
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References: <200109200501.AAA10364@iris.it.northwestern.edu>  
Date: Thu, 20 Sep 2001 01:25:52 -0400  
To: Society for a Scientific Clinical Psychology  
<sscpnet@listserv.it.northwestern.edu>  
From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: Re: SSCPNET digest 1705  
Content-Type: multipart/alternative; boundary="===== \_-  
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Reply-To: jcoyne@mail.med.upenn.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 61

--===== \_-1211158882==\_ma=====

Content-Type: text/plain; charset="us-ascii" ; format="flowed"

David Antonuccio, your biases are impervious to the facts, as usual. You posted a link to an article which states "Healy mentioned his worries about Prozac and suicide. Shortly thereafter, the center rescinded his appointment. He was given no reason but merely informed by e-mail that CAMH did not feel that his 'approach was compatible with the goals for development of the academic and clinical resource' of the clinic."

Healy's own website contains a letter from CAMH that raises issues about his failure to acknowledge a conflict of interest stemming from his ties to a drug company which served to benefit financially from his claims about SSRIs. That is interpreted as giving no reason? Healy himself offers no rebuttal to the charge nor to others arising from his paper in Primary Care Psychiatry which Mike Miller made available at his website.

Your behavior in this matter is increasingly sleazy.

Anyone who is interested might want to check out my new statement at the British Medical Journal site.

<http://bmj.com/cgi/eletters/323/7313/591/a#EL1>

David, do you see no ethical issues in having Healy head up a mood disorders clinic? I think patients need to have the information required to make an informed consent about appropriate and effective treatment of depression. Having the head of a mood disorders clinic claiming scientific support for the dangers of antidepressants when (a) he doesn't have the scientific support and (b) he has the appearance of a conflict of interest and a personal benefit for making this claim he does not deny would seem to pose some problems. Additionally, contrary to what Healy claimed to be the "results" of his giving antidepressants to colleagues, epidemiological data suggest the availability of SSRIs reduce suicide on a population basis.

--===== \_-1211158882==\_ma=====

Content-Type: text/html; charset="us-ascii"

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```
<html><head><style type="text/css"><!--
blockquote, dl, ul, ol, li { margin-top: 0 ; margin-bottom: 0 }
--></style><title>Re: SSCPNET digest 1705</title></head><body>
<div><font face="Arial" size="+1">David Antonuccio, your biases are
impervious to the facts, as usual. You posted a link to an article
which states &quot;<font color="#000000">Healy mentioned his worries
about Prozac and suicide. Shortly thereafter, the center rescinded
his appointment. He was given no reason but merely informed by e-mail
that CAMH did not feel that his 'approach was compatible with the
goals for development of the academic and clinical resource&quot; of
the clinic.'</font></font></div>
<div><font face="Arial" size="+1" color="#000000"><br></font></div>
<div><font face="Arial" size="+1" color="#000000">Healy's own website
contains a letter from CAMH that raises issues
about&nbsp;</font><font face="Arial" size="+1"> his failure to
acknowledge a conflict&nbsp;</font><font face="Arial" size="+1"> of interest stemming from his ties to a
drug company which served to benefit financially from his claims
about SSRIs. That is interpreted as giving no reason? Healy himself
offers no rebuttal to the charge nor to others arising from his paper
in Primary Care Psychiatry which Mike Miller made available at his
website.</font></div>
<div><font face="Arial" size="+1"><br></font></div>
<div><font face="Arial" size="+1">Your behavior in this matter is
increasingly sleazy.</font></div>
<div><br></div>
<div>Anyone who is interested might want to check out my new
statement at the British Medical Journal site.</div>
<div><br></div>
<div>http://bmj.com/cgi/eletters/323/7313/591/<span
></span>a#EL1</div>
<div><br></div>
<div>David, do you see no ethical issues in having Healy head up a
mood disorders clinic? I think patients need to have the information
required to make an informed consent about appropriate and effective
treatment of depression. Having the head of a mood disorders clinic
claiming scientific support for the dangers of antidepressants when
(a) he doesn't have the scientific support and (b)&nbsp;</font></font> he has the
appearance of a conflict of interest and a personal benefit for
making this claim he does not deny would seem to pose some problems.
Additionally, contrary to what Healy claimed to be the
&quot;results&quot; of his giving antidepressants to colleagues,
epidemiological data suggest the availability of SSRIs reduce suicide
on a population basis.</div>
</body>
</html>
-----_1211158882==_ma=====
```

From rjm@wjh.harvard.edu Mon Nov 5 12:00:18 2001  
Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id MAA10295

for <sscpnet@listserv.acns.nwu.edu>; Mon, 5 Nov 2001 12:00:17 -  
0600 (CST)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<rjm@wjh.harvard.edu> using -f  
Received: from wjh2.wjh.harvard.edu (wjh2.wjh.harvard.edu  
[140.247.94.106]) by iris.itcs.northwestern.edu via smap (V2.0)  
id xma010165; Mon, 5 Nov 01 11:59:50 -0600  
Received: from localhost (rjm@localhost)  
by wjh2.wjh.harvard.edu (8.11.6/8.11.4) with ESMTP id fA5Hxkt05608;  
Mon, 5 Nov 2001 12:59:48 -0500 (EST)  
Date: Mon, 5 Nov 2001 12:59:43 -0500 (EST)  
From: "Richard J. McNally" <rjm@wjh.harvard.edu>  
To: Larry Beutler <beutler@education.ucsb.edu>  
cc: SSCPNET <sscpnet@listserv.acns.nwu.edu>  
Subject: Re: APA Response  
In-Reply-To: <6001125f9e5f.5f9e5f600112@education.ucsb.edu>  
Message-ID: <Pine.SOL.4.30.0111051258100.5436-  
100000@wjh2.wjh.harvard.edu>  
MIME-Version: 1.0  
Content-Type: TEXT/PLAIN; charset=US-ASCII  
Reply-To: rjm@wjh.harvard.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 62

Dear Larry:

Will do.

Best wishes,

Rich

On Fri, 2 Nov 2001, Larry Beutler wrote:

> Rich (Please pass this on to the SSCP net--I'm unable to access my  
> address book remotely)  
>  
> FYI, Bruce Bongar and I are working with the ARC to revise their  
> procedures. This effort was set back briefly by the resignation of  
> Bernadine Healy who was our initial contact person. I have not gone  
> through the entire procedures book yet, but there are things that need  
> to be re-written. Although there is some mention of "debriefing", CISD  
> is not mentioned.  
>  
> We have been in some brief contact with Richard Gist about what we are

> doing, and plan to request that he and some others come on board as we  
 > get a volunteer consulting team together. It is our express purpose to  
 > expunge the debriefing procedures, although it is not certain at this  
 > point that they have been sanctioned at all by the ARC. We have also  
 > been working with APA (Ray Fowler and Russ Newman and Phil Zimbardo)  
 on  
 > this, at least to the extent that we keep them apprised of our  
 > interactions with the ARC. At this point, they seem quite supportive  
 > of our intentions and reasonably aware of the problems with debriefing  
 > procedures.  
 >  
 > Bruce and I will try to keep the list informed as we make some  
 > progress. We (at least Bruce) have had one face to face meeting and  
 > one telephone conference. We are now reviewing the manual and will be  
 > suggesting changes. We will then be trying to organize a response  
 > procedure and that is the point that we will bring in other consultants.  
 >  
 > Best Wishes,  
 > Larry  
 >  
 >  
 > ----- Original Message -----  
 > From: "Richard J. McNally" <rjm@wjh.harvard.edu>  
 > Date: Thursday, November 1, 2001 2:51 pm  
 > Subject: APA Response  
 >  
 > > Listmembers:  
 > >  
 > > My colleagues and I circulated a letter expressing our concerns  
 > > about the  
 > > apparently widespread application of psychological debriefing  
 > > methods in  
 > > the wake of the terrorist attacks. The letter has appeared in the  
 > > November issue of the "APA Monitor." The approach we criticized -  
 > > -  
 > > variously known as Critical Incident Stress Debriefing, Critical  
 > > Incident Stress Management, or simply "debriefing" -- has  
 > > repeatedly been found to be  
 > > either ineffective or to impede natural recovery following trauma.  
 > >  
 > > The American Psychological Association has seen fit to publish a  
 > > rebuttal to our letter. It is unsigned (see below). On the one  
 > > hand, our  
 > > anonymous critics seem to imply that the APResponse Network  
 > > repudiates the methods criticized in our letter. On the  
 > > other hand, our anonymous critics imply that our letter somehow  
 > > misses the  
 > > mark by "misdirecting criticism" at the wrong targets.  
 > >  
 > > Because the identity of our critics is unknown, it is difficult to ask

> > them what, precisely, the AP\*has\* been doing in New York City if  
> > it has not been debriefing rescue  
> > personnel and others exposed to these horrific events? Can the APA  
> > specify that what it is doing is sufficiently different from  
> > debriefing to  
> > allay the concerns of psychologists familiar with the scientific  
> > literature on the topic? Is what APA sponsors just debriefing by  
> > another name? Or is it something genuinely new and helpful?  
> >  
> > I am posting these queries to SSCPNET in the hope that our critics  
> > will identify themselves and explain how APA's methods in NYC  
> > differ from those  
> > debunked as ineffective (or worse) in the scientific literature.

> >

> > Rich McNally

> >

> > -----

> > -----

> >

> >

> >

> > RESPONSE FROM APA: IT IS important to separate  
> > what psychologists, under the auspices of the  
> > AP are actually doing and what is being suggested is  
> > happening at the New York and Pentagon disaster  
> > sites.

> >

> >

> > The APA/Red Cross program is not based on  
> > debriefing techniques. Anyone who volunteers to  
> > provide mental health services at a Red Cross  
> > disaster site has to be a licensed professional.  
> > It is not the case that anyone can show up at a  
> > disaster site and go to work interacting with  
> > victims. Access to the disaster site is strictly  
> > controlled and the ability to volunteer as a Red  
> > Cross mental health worker is also controlled.  
> > It's also important to note that the great  
> > majority of the work done by psychologists at the  
> > Pentagon and in New York, as has often been the  
> > case since the inception of the Disaster Response  
> > Network in 1992, has been with the fire and  
> > emergency personnel and other Red Cross  
> > responders involved in the recovery effort,  
> > rather than with victims of the attack.

> >

> >

> > Also important to consider when determining what  
> > is helpful to both victims as well as recovery  
> > personnel is the critical role of clinical





Content-Type: multipart/alternative; boundary="===== \_-  
1206967660==\_ma===== "  
Reply-To: jcoyne@mail.med.upenn.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 63

--===== \_-1206967660==\_ma===== "  
Content-Type: text/plain; charset="us-ascii" ; format="flowed"

A month or so ago, David Antonuccio posted an article from American Prospect about the influence of industry on academics.

<http://www.prospect.org/print/V12/17/elliott-c.html>

Some of the claims by the author Carl Elliot did not ring true. As I suspected, we were being had with misinformation. Below is my letter to the American Prospect. I have no idea whether it will be published or in what form, if it is. Poor Carl Elliot has understandably gone on record opposing publication. I guess it is uncool to muckrake the muckrakers. Oh, well. But the whole matter raised some larger issues and I am now writing an article with my esteemed colleague Arthur Caplan about the ethics of industry support, indebtedness, and dissemination of scientific information. We expect it to be accompanied by 15 or so commentaries.

As Don Klein has remarked, the test of whether someone has industry support is a weak reed by which to judge integrity and accuracy. Personally, I have found the most biased, distorted, and misleading postings on the SSCPnet to be by individuals making a fetish of their lack of support from industry. We will probably refer to some of these in the article.

To the editor:

>In a recent article Carl Elliott constructed an ethical world that  
>is refreshingly simple. It is populated by Heroes who sometimes must  
>suffer for having courageously spoken out against the evils of  
>antidepressants; the Evil Pharmaceutical Companies who try to  
>suppress them; and the Tainted who admit to any partnership with the  
>pharmaceutical companies. Dr. Elliott implies that the Tainted can  
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>bed with the pharmaceutical companies  
>  
>As Dr. Elliott tells it, he helped put together a special issue of  
>The Hastings Center Report concerning antidepressants. One of the  
>authors, Hero David Healy was especially critical of the dangers of

>antidepressants and cited his own research which demonstrated that  
>antidepressants cause some people to become suicidal violent. Healy  
>was sufficiently impressed with the dangers to become a legal expert  
>in civil suits in which it is claimed that antidepressants have a  
>causal role in violent crime and suicide. According to Dr. Elliott,  
>Healy had also received a job offer from the University of Toronto  
>that was rescinded. Dr. Elliott claims that Healy was given no  
>reason, but points to a number of connections between Evil  
>Pharmaceutical Company Lilly and the UofT and offers lots of  
>unsubstantiated speculation about how and why Lilly interfered.

>  
>A simple cautionary tale? It appears so only because of what Dr.  
>Elliott has left out of his account. First, Healy was provided a  
>written explanation of the job offer being rescinded, and we know  
>that because Healy took the extraordinary measure of posting the  
>personal correspondence on a special website. This letter suggests  
>that Healy acted in a way that understandably worried clinicians  
>about the prospect of his directing their mood disorders clinic. The  
>letter also indicates that David Healy's relationship to the drug  
>industry is much more complex than what Dr. Elliott reported in the  
>press. He allegedly has had ties to a drug company that could  
>benefit greatly from his criticisms of SSRI antidepressants. The  
>company manufactures an antidepressant for which it seeks a portion  
>of the market share currently held by SSRI. Healy posts this charge  
>and does not deny it.

>  
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>Healy's article in the issue of Hastings Center Report Dr. Elliott  
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>order to evaluate his characterization of the Healy article. Note  
>the way in which unpublished data are favored, while data available  
>in peer review articles are summarily dismissed. Note the citation  
>for a crucial point which is absent in the reference list. But the  
>piece de resistance is Healy's own work which is taken to  
>demonstrate the dangers of SSRI antidepressants.

>  
>Healy's "research" was published in Primary Care Psychiatry, which  
>is difficult to find because it not indexed in Medline. The "study"  
>involved his giving antidepressants to twenty colleagues and  
>underlings at a hospital where Healy has an administrative role. For  
>reasons of both ethics and potential bias, one typically does not  
>conduct research on colleagues and particularly not subordinates  
>Furthermore, If one is truly interested in distinguishing the  
>effects of different medications on quality of life, as he claims he  
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>

>Dr. Healy claims he found that 2/20 of the persons taking an  
>antidepressant became suicidal. One was a medical resident, the  
>other an administrative assistant. It is of course standard practice  
>to provide a proportion of research participants a placebo without  
>either the participants or the researchers knowing who is getting  
>a medication and who is getting the placebo. Dr. Healy did not  
>include this safeguard. Healy had already made quite a reputation  
>with his claims about the alleged dangers of antidepressants and  
>quite a lot of money for appearances to make this point as an expert  
>witness in lawsuits. Dr. Healy's associates taking part in the study  
>were undoubtedly aware of his expectations and it may have  
>influenced their reports when they were debriefed by him. As a paid  
>expert witness already soliciting involvement in civil actions, Dr.  
>Healy had a financial interest in the outcome of this "study" and he  
>had a responsibility to inform readers of his article of this.  
>Moreover, not only did SSRIs emerge as dangerous, the rival drug  
>emerged a safe alternative. I am sure that the manufacturer who had  
>provided financial support was pleased at the return on their  
>investment. However, we are given no basis for evaluating all these  
>issues because no conflict of interest was acknowledged.  
>  
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>Hastings Center caper? Might he concede that his bad judgment may  
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>James C. Coyne. Ph.D.

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Content-Type: text/enriched; charset="us-ascii"

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</excerpt>

<excerpt>James C. Coyne. Ph.D.

</excerpt>

</fontfamily>

--===== \_-1206967660==\_ma=====

From jcoyne@mail.med.upenn.edu Sat Jan 19 07:36:02 2002

Received: (from mailnull@localhost)

by iris.it.northwestern.edu (8.9.3/8.9.3) id HAA11406

for <sscpnet@listserv.acns.nwu.edu>; Sat, 19 Jan 2002 07:36:01 -0600 (CST)

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to <jcoyne@mail.med.upenn.edu> using -f

Received: from pobox.upenn.edu (pobox.upenn.edu [128.91.2.38]) by iris.itcs.northwestern.edu via smap (V2.0)

id xma011398; Sat, 19 Jan 02 07:35:59 -0600

Received: from [12.64.140.67] (slip-12-64-140-67.mis.prserve.net [12.64.140.67])

(authenticated)

by pobox.upenn.edu (8.11.6/8.11.6) with ESMTP id g0JDZvI340345;

Sat, 19 Jan 2002 08:35:57 -0500 (EST)

Mime-Version: 1.0

X-Sender: jcoyne@mail.med.upenn.edu (Unverified)

Message-Id: <a04320401b86f2079580b@[12.64.187.206]>

In-Reply-To: <87.161a386f.297925b7@aol.com>

References: <87.161a386f.297925b7@aol.com>

Date: Sat, 19 Jan 2002 08:34:49 -0500

To: Oliver2@aol.com

From: James Coyne <jcoyne@mail.med.upenn.edu>

Subject: a propaganda list and a science oriented list?

Cc: sscpnet@listserv.acns.nwu.edu

Content-Type: text/plain; charset="iso-8859-1" ; format="flowed"

Content-Transfer-Encoding: 8bit

X-MIME-Autoconverted: from quoted-printable to 8bit by  
iris.it.northwestern.edu id HAB11406  
Reply-To: jcoyne@mail.med.upenn.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 64

>David, in the past year you have generated some highly misleading  
>posts. You posted claims that David Healy had shown that a  
>significant proportion of nondepressed persons taking  
>antidepressants became suicidal. Because of the minimal  
>documentation you provided, we could not independently evaluate this  
>claim initially. It was later discovered that the "experiment"  
>involved a senior psychiatrist giving medication to his underlings  
>who know his hypothesis ahead of time. The study was not published  
>in a journal indexed by medline so it was difficult to track down  
>details.

You later presented Healy as a tireless crusader against the evils of  
SSSRIS. You failed to note that he had accepted payment from a drug  
company that was attempting to cut into the market share for  
antidepressants held by SSRIs. Nor did you note that "experts" making  
claims like Healy's were reaping \$50K fees and more to be experts in  
legal efforts to get murderers off the hook. Healy himself had done  
quite well garnering such fees. Most of us would consider this  
information relevant to evaluating your posts.

And of course, before that, there was your touting of Peter Breggin's claims,,,

You are not alone in generating propaganda which is intended to be  
passed off as empirically established. Promoting a conference  
featuring Nick Coummings, William O'Donohue posted quotes from Nick  
Cummings to the effect that every dollar spent on behavioral health  
care yielded three or four dollars in reduced medical costs. We now  
know that the literature would suggest that such claims are  
unfounded, that Nick Cummings behavioral health care company is  
reported to have spent only a shockingly small fraction of the money  
it received in Ohio providing services (New Republic article), and  
that O'Donohue is paid handsomely by Cummings to be a spokesperson.  
all of this took some digging.

Perhaps the most efficient use of a second list would be for the  
posting of such propaganda so that more science-oriented claims  
could be left to the first and we would not have to track down the  
basis for poorly documented and ultimately erroneous claims.

>Dear All:

>

>The idea of 2 lists offers some interesting possibilities. I have not been  
>following this discussion closely but in the interest of brainstorming let me  
>suggest the possibility of a civil list (SSCPnet 1) and an ad hominem list  
>(SSCPnet 2). This may have already been suggested and I'm sorry if I'm  
>repeating someone else's idea. The first list would offer civil thoughtful  
>discussion, sometimes humorous, sometimes mundane, often reflecting  
>vigorous  
>disagreement, of anything related to the science of psychology. The second  
>list would offer the opportunity for name calling, personal attacks, insults,  
>and even some taunting. In fact, it might even be required to begin your  
>post with something like "Jane you ignorant slut" or "Bill you slimy bastard"  
>for a post to qualify for the second list. Participants could then choose  
>the appropriate list that they prefer to post or read. I suppose it might  
>work to have a moderator direct (but not censor) posts to the most  
>appropriate list but I'm not sure that would be necessary. From our past  
>history, I'm willing to bet both lists would be very busy.

>

>cordially,

>

>David Antonuccio

From Oliver2@aol.com Sun Jan 20 12:36:42 2002

Received: (from mailnull@localhost)

by iris.it.northwestern.edu (8.9.3/8.9.3) id MAA19488

for <sscpnet@listserv.acns.nwu.edu>; Sun, 20 Jan 2002 12:36:41 -  
0600 (CST)

From: Oliver2@aol.com

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<Oliver2@aol.com> using -f

Received: from imo-d04.mx.aol.com (imo-d04.mx.aol.com [205.188.157.36])  
by iris.itcs.northwestern.edu via smap (V2.0)

id xma019386; Sun, 20 Jan 02 12:36:28 -0600

Received: from Oliver2@aol.com

by imo-d04.mx.aol.com (mail\_out\_v31\_r1.25.) id v.32.21020ded  
(3853);

Sun, 20 Jan 2002 13:36:22 -0500 (EST)

Message-ID: <32.21020ded.297c6826@aol.com>

Date: Sun, 20 Jan 2002 13:36:22 EST

Subject: Re: a propaganda list and a science oriented list?

To: sscpnet@listserv.acns.nwu.edu, jcoyne@mail.med.upenn.edu

MIME-Version: 1.0

Content-Type: text/plain; charset="ISO-8859-1"

X-Mailer: AOL 4.0 for Mac - Post-GM sub 147

Content-Transfer-Encoding: 8bit

X-MIME-Autoconverted: from quoted-printable to 8bit by

iris.it.northwestern.edu id MAB19488



Reply-To: Oliver2@aol.com  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 65

DEAR JIM:

OUR EXCHANGES HAVE NOT PROVEN VERY PRODUCTIVE IN THE PAST BUT SINCE YOUR POST WOULD QUALIFY FOR THE CIVIL LIST, I AM HAPPY TO RESPOND AS I TEND TO BE OPTIMISTIC. I CAN ASSURE YOU THAT IF OUR EXCHANGE DETERIORATES INTO AN AD HOMINEM EXCHANGE I WON'T RESPOND FURTHER.

David, in the past year you have generated some highly misleading  
>posts. You posted claims that David Healy had shown that a  
>significant proportion of nondepressed persons taking  
>antidepressants became suicidal. Because of the minimal  
>documentation you provided, we could not independently evaluate this  
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claims like Healy's were reaping \$50K fees and more to be experts in  
legal efforts to get murderers off the hook. Healy himself had done

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TO BORROW FROM AN OLD WOODY ALLEN MOVIE, I HAPPEN TO HAVE DAVID HEALY RIGHT  
HERE: <http://www.academyanalyticarts.org/healyepi.html>  
BASICALLY IT IS DR. HEALY'S VERSION OF THE STORY AND HE RESPONDS TO THE ISSUES YOU RAISE. PEOPLE CAN JUDGE FOR THEMSELVES ABOUT HOW WELL HE DEFENDS HIS POSITION. HAVE YOU PROVIDED EXPERT CONSULTATION IN THE LEGAL ARENA ON THIS ISSUE? IS THAT WHY YOU SEEM TO HAVE SUCH NEGATIVE FEELINGS ABOUT HEALY?

PLEASE NOTE THE REFERENCES IN THE ARTICLE POSTED ABOVE. I DON'T KNOW IF THIS IS A COMPREHENSIVE LIST BUT HEALY DOCUMENTS ARTICLES HE HAS PUBLISHED IN CNS DRUGS, BRITISH JOURNAL OF PSYCHIATRY, INT J RISK & SAFETY IN MEDICINE, JOURNAL OF NERVOUS AND MENTAL DISEASE, JOURNAL OF PSYCHOPHARMACOLOGY, PRIMARY CARE PSYCHIATRY, HASTINGS CENTER REPORT, AND PSYCHOLOGICAL MEDICINE. HE ALSO REFERENCES 2 BOOKS HE HAS HAD PUBLISHED BY HARVARD UNIVERSITY PRESS.

REMEMBER HIS POSITION ABOUT SLIGHTLY INCREASED RISK OF VIOLENT ACTS RELATED TO SSRI USE IS NOT COMPLETELY ISOLATED. TEICHER, COLE, DONOVAN, AND OTHER RESPECTED PROFESSIONALS HAVE ALL RAISED THE QUESTION THAT A SMALL MINORITY OF PATIENTS (<1%), PERHAPS RELATED TO THE WELL DOCUMENTED RISK OF AKATHISIA AND AGITATION, MAY BE PRONE TO INCREASED RISK OF VIOLENT ACTS.

And of course, before that, there was your touting of Peter Breggin's claims,,,

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BESIDES ATTACKING SOMEONE BASED ON WHOM WRITE THEY WRITE EMAILS IS NOT AN EFFECTIVE ARGUMENT, AT LEAST NOT IN MY WAY OF THINKING. THAT STRATEGY IS USUALLY USED BECAUSE THE LOGICAL ARGUMENTS ARE FAILING.

You are not alone in generating propaganda which is intended to be passed off as empirically established. Promoting a conference featuring Nick Coummings, William O'Donohue posted quotes from Nick Cummings to the effect that every dollar spent on behavioral health care yielded three or four dollars in reduced medical costs. We now know that the literature would suggest that such claims are unfounded, that Nick Cummings behavioral health care company is reported to have spent only a shockingly small fraction of the money it received in Ohio providing services (New Republic article), and that O'Donahue is paid handsomely by Cummings to be a spokesperson. all of this took some digging.

I DON'T BELIEVE YOUR ATTACKS ON DR. O'DONOHUE WERE EFFECTIVE. IN FACT YOUR STRATEGY OF SENDING COPIES OF YOUR PERSONAL ATTACK TO ALL OF HIS DEPARTMENT COLLEAGUES, TO HIS CHAIR, TO HIS DEAN, AND TO HE UNIVERSITY PRESIDENT SIMPLY SERVED TO ALIENATE YOU FROM AN ENTIRE UNIVERSITY DEPARTMENT AND IN MY VIEW, WAS TANTAMOUNT TO SPAM EMAILING, AT BEST, AND ELECTRONIC HARRASSMENT, AT WORST, OF PEOPLE WHO WERE NOT INVOLVED AT ALL IN YOUR DISPUTE WITH HIM. . THAT BEHAVIOR CROSSED AN UNACCEPTABLE LINE IN MY VIEW. I MAY BE THE ONLY ONE WHO FEELS THIS WAY BUT I HOPE IF OTHERS AGREE THEY GIVE YOU THAT FEEDBACK SO WE CAN ESTABLISH A CULTURE AT SSCPNET THAT DOES NOT INCLUDE SUCH BEHAVIOR.

I DON'T AGREE WITH YOU ABOUT THE COST OFFSET ISSUE. I MAY BE WRONG ABOUT THIS BUT AS I RECALL, THE RECENT STUDIES YOU REFER TO SEEM TO RELY ON PSYCHOTROPIC INTERVENTIONS RATHER THAN BEHAVIORAL INTERVENTIONS FOR TREATMENT OF MENTAL HEALTH ISSUES. IF THAT IS THE CASE, THEN I WOULD NOT BE SURPRISED IF THOSE INTERVENTIONS ARE ACTUALLY MORE COSTLY BECAUSE OF SIDE EFFECTS AND MEDICAL COMPLICATIONS FROM INTERACTIONS WITH OTHER MEDICATIONS, THEREBY INCREASING THE NEED FOR FURTHER MEDICAL INTERVENTION. I BELIEVE THERE IS AMPLE EVIDENCE THAT NONPHARMACOLOGICAL BEHAVIORAL INTERVENTIONS HAVE REDUCED HEALTH CARE COSTS OVERALL BUT I WILL HAVE TO DEFER TO THE REAL EXPERTS IN THIS AREA. CERTAINLY MODIFYING HEALTH BEHAVIORS (E.G., SMOKING, DRINKING, EXERCISE, NUTRITION) HAS AMPLE EMPIRICAL SUPPORT. AND IF YOU HAVE DATA ON THIS ISSUE, I AM OPEN TO HEARING ABOUT THEM.

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DAVID ANTONUCCIO

From jcoyne@mail.med.upenn.edu Sun Jan 20 21:47:33 2002  
Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id VAA19806  
for <sscpnet@listserv.acns.nwu.edu>; Sun, 20 Jan 2002 21:47:33 -  
0600 (CST)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<jcoyne@mail.med.upenn.edu> using -f  
Received: from pobox.upenn.edu (pobox.upenn.edu [128.91.2.38]) by  
iris.itcs.northwestern.edu via smap (V2.0)  
id xma019785; Sun, 20 Jan 02 21:47:19 -0600  
Received: from [12.64.180.103] (slip-12-64-180-110.mis.prserve.net  
[12.64.180.110])  
(authenticated)  
by pobox.upenn.edu (8.11.6/8.11.6) with ESMTP id g0L3ICl292340;  
Sun, 20 Jan 2002 22:47:12 -0500 (EST)  
Mime-Version: 1.0  
Message-Id: <a04320407b8713310811a@[12.64.180.103]>  
In-Reply-To: <32.21020ded.297c6826@aol.com>  
References: <32.21020ded.297c6826@aol.com>  
Date: Sun, 20 Jan 2002 22:48:02 -0500  
To: Oliver2@aol.com, sscpnet@listserv.acns.nwu.edu  
From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: Re: a propaganda list and a science oriented list?  
Content-Type: multipart/alternative; boundary="=====\_  
1200537601==\_ma===== "  
Reply-To: jcoyne@mail.med.upenn.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 66

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1200537601==\_ma===== "  
Content-Type: text/plain; charset="iso-8859-1" ; format="flowed"  
Content-Transfer-Encoding: quoted-printable

David, obviously we have different heros, different visions of what  
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a much greater tolerance for failures to disclose conflicts of interest..

HEALY: Whatever work involved Healy as a co-author in the past, the recent work he has touted in a flurry of press releases has involved attempting to provide post hoc support for his lucrative role as an expert witness while avoiding peer review. And his claims for which he is paid handsomely are that people are dying every day from dangerous SSRIS. He claims that 2/20 of his staff and underlings quickly became suicidal when given SSRIS. They knew his hypotheses ahead of time. What is your opinion of the ethics and credibility of such a study? Should not Healy have identified his financial interests in publishing a report of it?

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SSCPnet readers can judge for themselves the arrangement that Cummings has worked out for O'Donohue at U Nevada.

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"Permitting children to have sex among themselves would go a long way

toward liberating them from oppressive parental authority." and

"If two little children are fond of each other and if they learn to treat each other with respect, don't worry about what they are doing behind closed doors"

Not my kind of ideas or my kind of guy, is he yours? Is this what you call courageous?

>DEAR JIM:

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>OUR EXCHANGES HAVE NOT PROVEN VERY PRODUCTIVE IN THE PAST BUT SINCE YOUR POST

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Content-Transfer-Encoding: quoted-printable

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<html><head><style type=3D"text/css"><!--
blockquote, dl, ul, ol, li { margin-top: 0 ; margin-bottom: 0 }
--></style><title>Re: a propaganda list and a science oriented
list?</title></head><body>
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HUMAN

BEINGS.&nbsp; AND HE<br>

HAS DEMONSTRATED HIMSELF TO BE A PROLIFIC AUTHOR.  
AMAZON.COM LISTS 20  
BOOKS<br>  
THAT HE HAS PUBLISHED.&nbsp;IT=92S MORE BOOKS THAN I HAVE  
PUBLISHED  
AND IT IS<br>  
PROBABLY MORE THAN YOU HAVE PUBLISHED.&nbsp;NOW DOES  
THAT MEAN I  
AGREE WITH<br>  
EVERYTHING HE HAS EVER WRITTEN OR SAID?&nbsp;THE ANSWER  
TO THAT  
QUESTION IS OF<br>  
COURSE NOT.<br>

<br>  
BESIDES ATTACKING SOMEONE BASED ON WHOM WRITE THEY  
WRITE EMAILS IS  
NOT AN<br>  
EFFECTIVE ARGUMENT, AT LEAST NOT IN MY WAY OF  
THINKING.&nbsp;THAT  
STRATEGY IS<br>  
USUALLY USED BECAUSE THE LOGICAL ARGUMENTS ARE  
FAILING.&nbsp;<br>

<br>  
<br>  
You are not alone in generating propaganda which is intended to be<br>  
<br>  
passed off as empirically established. Promoting a conference<br>  
</blockquote>  
<blockquote type=3D"cite" cite>featuring Nick Coummings, William  
O'Donohue posted quotes from Nick<br>

<br>  
Cummings to the effect that every dollar spent on behavioral  
health<br>  
<br>  
care yielded three or four dollars in reduced medical costs. We  
now<br>  
<br>  
know that the literature would suggest that such claims are<br>  
<br>  
unfounded, that Nick Cummings behavioral health care company is<br>  
<br>  
reported to have spent only a shockingly small fraction of the  
money<br>  
<br>  
it received in Ohio&nbsp;providing services (New Republic article),  
and<br>  
<br>  
that O'Donahue is paid handsomely by Cummings to be a  
spokesperson.<br>

<br>



all of this took some digging.<br>

<br>

I DON'T BELIEVE YOUR ATTACKS ON DR. O'DONOHUE WERE  
EFFECTIVE. IN FACT YOUR  
STRATEGY OF SENDING COPIES OF YOUR PERSONAL ATTACK TO ALL  
OF HIS

DEPARTMENT<br>

COLLEAGUES, TO HIS CHAIR, TO HIS DEAN, AND TO THE UNIVERSITY  
PRESIDENT

SIMPLY<br>

SERVED TO ALIENATE YOU FROM AN ENTIRE UNIVERSITY  
DEPARTMENT AND IN MY

VIEW,<br>

WAS TANTAMOUNT TO SPAM EMAILING, AT BEST, AND ELECTRONIC  
HARRASSMENT,

AT<br>

WORST, OF PEOPLE WHO WERE NOT INVOLVED AT ALL IN YOUR  
DISPUTE WITH

HIM. .<br>

THAT BEHAVIOR CROSSED AN UNACCEPTABLE LINE IN MY

VIEW. I MAY BE

THE ONLY ONE<br>

WHO FEELS THIS WAY BUT I HOPE IF OTHERS AGREE THEY GIVE YOU  
THAT

FEEDBACK SO<br>

WE CAN ESTABLISH A CULTURE AT SSCPNET THAT DOES NOT  
INCLUDE SUCH

BEHAVIOR.<br>

<br>

I DON'T AGREE WITH YOU ABOUT THE COST OFFSET ISSUE. IN

I MAY BE

WRONG ABOUT</blockquote>

<blockquote type="cite">THIS BUT AS I RECALL, THE RECENT  
STUDIES

YOU REFER TO SEEM TO RELY ON<br>

PSYCHOTROPIC INTERVENTIONS RATHER THAN BEHAVIORAL  
INTERVENTIONS FOR

TREATMENT<br>

OF MENTAL HEALTH ISSUES. IF THAT IS THE CASE, THEN I  
WOULD NOT

BE SURPRISED<br>

IF THOSE INTERVENTIONS ARE ACTUALLY MORE COSTLY BECAUSE  
OF SIDE

EFFECTS AND<br>

MEDICAL COMPLICATIONS FROM INTERACTIONS WITH OTHER  
MEDICATIONS,

THEREBY<br>

INCREASING THE NEED FOR FURTHER MEDICAL  
INTERVENTION. IN BELIEVE

THERE IS<br>

AMPLE EVIDENCE THAT NONPHARMACOLOGICAL BEHAVIORAL  
INTERVENTIONS HAVE  
REDUCED<br>  
HEALTH CARE COSTS OVERALL BUT I WILL HAVE TO DEFER TO THE  
REAL  
EXPERTS IN<br>  
THIS AREA. CERTAINLY MODIFYING HEALTH BEHAVIORS (E.G.,  
SMOKING,  
DRINKING,<br>  
EXERCISE, NUTRITION) HAS AMPLE EMPIRICAL SUPPORT. AND IF YOU  
HAVE  
DATA ON<br>  
THIS ISSUE, I AM OPEN TO HEARING ABOUT THEM.&nbsp;&nbsp;&nbsp;<br>  
<br>  
<br>  
Perhaps the most efficient use of a second list would be for the<br>  
<br>  
posting of such propaganda so that&nbsp;&nbsp;&nbsp;more science-oriented  
claims<br>  
<br>  
could be left to the first and we would not have to track down the<br>  
<br>  
basis for poorly documented and ultimately erroneous claims.<br>  
<br>  
<br>  
OK THEN. A SCIENTIFIC LIST, AN AD HOMINEM LIST, AND A  
PROPAGANDA  
LIST.&nbsp;&nbsp;&nbsp;I<br>  
WOULD CHOOSE TO SIGN UP ONLY FOR THE SCIENTIFIC  
LIST.&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;<br>  
<br>  
CORDIALLY,<br>  
<br>  
DAVID ANTONUCCIO</blockquote>  
<div><br></div>  
</body>  
</html>

--===== \_-1200537601==\_ma=====

From jcoyne@mail.med.upenn.edu Mon Jan 21 08:41:46 2002  
Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id IAA27433  
for <sscpnet@listserv.it.northwestern.edu>; Mon, 21 Jan 2002  
08:41:45 -0600 (CST)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<jcoyne@mail.med.upenn.edu> using -f  
Received: from pobox.upenn.edu (pobox.upenn.edu [128.91.2.38]) by  
iris.itcs.northwestern.edu via smap (V2.0)  
id xma027411; Mon, 21 Jan 02 08:41:30 -0600

Received: from [12.64.180.103] (slip-12-64-127-250.mis.prserve.net  
[12.64.127.250])  
    (authenticated)  
    by pobox.upenn.edu (8.11.6/8.11.6) with ESMTP id g0LEfQO43187  
    for <sscpnet@listserv.it.northwestern.edu>; Mon, 21 Jan 2002  
09:41:27 -0500 (EST)  
Mime-Version: 1.0  
Message-Id: <a0432040cb871d3f84f09@[12.64.180.103]>  
In-Reply-To: <200201210603.AAA08818@iris.it.northwestern.edu>  
References: <200201210603.AAA08818@iris.it.northwestern.edu>  
Date: Mon, 21 Jan 2002 09:42:19 -0500  
To: Society for a Scientific Clinical Psychology  
    <sscpnet@listserv.it.northwestern.edu>  
From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: Powerful research tool finds anti-EVT site  
Content-Type: multipart/alternative; boundary="===== \_-  
1200498346==\_ma======"  
Reply-To: jcoyne@mail.med.upenn.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 67

--===== \_-1200498346==\_ma=====  
Content-Type: text/plain; charset="us-ascii" ; format="flowed"

Most users of the internet are aware of search engines such as Yahoo or Lycos. These work search for sites based on particular key words or their semantic equivalents. I consider google.com and the meta-engine dogpile.com among the best, particularly the former.

Few however take advantage of tools providing searches based on site traffic: the sites that internet users have hit before and after a particular site. A tool button for such a tool is typically provided free with internet explorer 5.1. Just go to "tools" and doubleclick at "show related links" to access Alexa. One can find commonalities among sites that are not apparent in searches based on common key words. More sophisticated upgraded "related link" tools allow the exhuming of dead sites like the one that David Adams once used to sell his \$35 doctor of psychologist certificates before it was shut down.

Over the weekend David Antonuccio posted an obscure website in which David Healy presents his defense of his "study" of the ill effects of SSRIs. Use of the basic Alexa linked the www that David posted to its home at the Academy for the Study of the Psychoanalytic Arts in West Bloomfield, MI.

The site is identified as serving "To advance the study of psychoanalytic epistemology, theory, practice, ethics, and education within a psychological framework consisting of philosophy, the arts, and the anthropic sciences as opposed to biology, medicine, and the natural sciences. "

There is some strange stuff at the site including

"The success of the EST movement has generated concern among clinicians whose relationship- and/or insight-oriented approaches to psychotherapy do not lend themselves to the methodology of randomized controlled clinical trials, psychotherapy manuals, and treatment guidelines for specific DSM disorders. Many family-systems, existentialist, humanist, feminist, psychodynamic, and psychoanalytic therapists find their own ways of thinking about human experience incompatible with the model of empirical support used by EST advocates. Increasingly they are wondering, not only how they are going to make a living, but whether the work they do is threatened in more direct ways by the movement toward "empirically supported treatments.""

--===== \_-1200498346==\_ma=====

Content-Type: text/html; charset="us-ascii"

```
<!doctype html public "-//W3C//DTD W3 HTML//EN">
<html><head><style type="text/css"><!--
blockquote, dl, ul, ol, li { margin-top: 0 ; margin-bottom: 0 }
--></style><title>Powerful research tool finds anti-EVT
site</title></head><body>
<div><font face="Times New Roman" size="+1">Most users of the internet
are aware of search engines such as Yahoo or Lycos. These work search
for sites based on particular key words or their semantic
equivalents. I consider google.com and the meta-engine dogpile.com
among the best, particularly the former.</font></div>
<div><font face="Times New Roman" size="+1"><br></font></div>
<div><font face="Times New Roman" size="+1">Few however take
advantage of tools providing searches based on site traffic: the
sites that internet users have hit before and after a particular
site. A tool button for such a tool is typically provided free with
internet explorer 5.1. Just go to &quot;tools&quot; and doubleclick
at &quot;show related links&quot; to access Alexa. One can find
commonalities among sites that are not apparent in searches based on
common key words. More sophisticated upgraded &quot;related
link&quot; tools allow the exhuming of dead sites like the one that
David Adams once used to sell his $35 doctor of psychologist
certificates before it was shut down.</font></div>
<div><font face="Times New Roman" size="+1"><br></font></div>
<div><font face="Times New Roman" size="+1">Over the weekend David
Antonuccio posted an obscure&nbsp; website in which David Healy
presents his defense of his &quot;study&quot; of the ill effects of
SSRIs. Use of the basic Alexa linked the www that David posted to its
```

home at&nbsp;<font color="#000000"> the Academy for the Study of the  
Psychoanalytic Arts</font> in West Bloomfield, MI.</font></div>  
<div><font face="Times New Roman" size="+1"><br></font></div>  
<div><font face="Times New Roman" size="+1">The site is identified as  
serving &quot;<font color="#000000">To advance the study of  
psychoanalytic epistemology, theory, practice, ethics, and education  
within a psychological framework consisting of&nbsp;&nbsp;&nbsp;philosophy, the  
arts, and the anthropic sciences as opposed to biology, medicine, and  
the natural sciences. &quot;</font></div>  
<div><font face="Times New Roman" size="+1"><br></font></div>  
<div><font face="Times New Roman" size="+1" color="#000000">There is  
some strange stuff at the site including</font></div>  
<div><font face="Times New Roman" size="+1"  
color="#000000"><br></font></div>  
<div><font face="Times New Roman" size="+1" color="#000000">&quot;The  
success of the EST movement has generated concern among clinicians  
whose relationship- and/or insight-oriented approaches to  
psychotherapy do not lend themselves to the methodology of randomized  
controlled clinical trials, psychotherapy manuals, and treatment  
guidelines for specific DSM disorders. Many family-systems,  
existentialist, humanist, feminist, psychodynamic, and psychoanalytic  
therapists find their own ways of thinking about human experience  
incompatible with the model of empirical support used by EST  
advocates. Increasingly they are wondering, not only how they are  
going to make a living, but whether the work they do is threatened in  
more direct ways by the movement toward "empirically supported  
treatments."&quot;</font></div>  
</body>  
</html>  
--===== \_-1200498346==\_ma=====

From CMBURCH879@aol.com Mon Jan 21 10:42:24 2002  
Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id KAA16095  
for <sscpnet@listserv.it.northwestern.edu>; Mon, 21 Jan 2002  
10:42:23 -0600 (CST)  
From: CMBURCH879@aol.com  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<CMBURCH879@aol.com> using -f  
Received: from imo-m08.mx.aol.com (imo-m08.mx.aol.com [64.12.136.163])  
by iris.itcs.northwestern.edu via smap (V2.0)  
id xma015997; Mon, 21 Jan 02 10:42:02 -0600  
Received: from CMBURCH879@aol.com  
by imo-m08.mx.aol.com (mail\_out\_v31\_r1.25.) id n.10f.ae3d36c  
(3968);  
Mon, 21 Jan 2002 11:41:49 -0500 (EST)  
Message-ID: <10f.ae3d36c.297d9ecd@aol.com>  
Date: Mon, 21 Jan 2002 11:41:49 EST  
Subject: Re: Powerful research tool finds anti-EVT site  
To: jcoyne@mail.med.upenn.edu, sscpnet@listserv.it.northwestern.edu

MIME-Version: 1.0  
Content-Type: multipart/alternative;  
boundary="part1\_10f.ae3d36c.297d9ecd\_boundary"  
X-Mailer: AOL 6.0 for Windows US sub 10555  
Reply-To: CMBURCH879@aol.com  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 68

--part1\_10f.ae3d36c.297d9ecd\_boundary  
Content-Type: text/plain; charset="US-ASCII"  
Content-Transfer-Encoding: 7bit

Thank you for the information on the search engine. However, I wonder how the statement by David Healy is, in fact, strange. It seems to be a common statement made by individuals who ascribe to theoretical orientations that have fundamentally different philosophical assumptions from empiricism. Given the fact that managed care is relying more and more on empirical research to justify their expenditures, it also seems to be a justifiable concern that is raised. Maybe a more complete explication of his position would have helped but, even in the clipped form that you cited, it appears that the position may not be so strange if we attempt to take his perspective on the issue.

-Colin

--part1\_10f.ae3d36c.297d9ecd\_boundary  
Content-Type: text/html; charset="US-ASCII"  
Content-Transfer-Encoding: 7bit

<HTML><FONT FACE=arial,helvetica><FONT SIZE=2>Thank you for the information on the search engine. However, I wonder how the statement by David Healy is, in fact, strange. It seems to be a common statement made by individuals who ascribe to theoretical orientations that have fundamentally different philosophical assumptions from empiricism. Given the fact that managed care is relying more and more on empirical research to justify their expenditures, it also seems to be a justifiable concern that is raised. Maybe a more complete explication of his position would have helped but, even in the clipped form that you cited, it appears that the position may not be so strange if we attempt to take his perspective on the issue.  
<BR>  
<BR>-Colin</FONT></HTML>

--part1\_10f.ae3d36c.297d9ecd\_boundary--

From jwb@alumni.stanford.org Mon Jan 21 12:55:19 2002  
Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id MAA10211  
for <sscpnet@listserv.it.northwestern.edu>; Mon, 21 Jan 2002  
12:55:18 -0600 (CST)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<jwb@alumni.stanford.org> using -f  
Received: from harrier.prod.itd.earthlink.net (harrier.mail.pas.earthlink.net  
[207.217.120.12]) by iris.itcs.northwestern.edu via smap (V2.0)  
id xma010165; Mon, 21 Jan 02 12:55:13 -0600  
Received: from nycmny1-014-083.elnk.dsl.gtei.net ([4.60.14.83]  
helo=D8FHHX01)  
by harrier.prod.itd.earthlink.net with smtp (Exim 3.33 #1)  
id 16Sjb4-00031L-00; Mon, 21 Jan 2002 10:55:11 -0800  
Message-ID: <000201c1a2ad\$64d50ad0\$2efbfea9@D8FHHX01>  
From: "John Winston Bush" <jwb@alumni.stanford.org>  
To: <jcoyne@mail.med.upenn.edu>,  
"Society for a Scientific Clinical Psychology"  
<sscpnet@listserv.it.northwestern.edu>  
References: <200201210603.AAA08818@iris.it.northwestern.edu>  
<a0432040cb871d3f84f09@[12.64.180.103]>  
Subject: Re: Powerful research tool finds anti-EVT site  
Date: Mon, 21 Jan 2002 13:55:00 -0500  
MIME-Version: 1.0  
Content-Type: text/plain;  
charset="iso-8859-1"  
Content-Transfer-Encoding: 7bit  
X-Priority: 3  
X-MSMail-Priority: Normal  
X-Mailer: Microsoft Outlook Express 5.50.4807.1700  
X-MimeOLE: Produced By Microsoft MimeOLE V5.50.4807.1700  
Reply-To: jwb@alumni.stanford.org  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 69

Jim,

Two comments....

1. I installed Alexa on my site, which provides information on CBT, to see  
what  
it would turn up. The top 10 "related links" were:

- \* A single book listing (among the many about CBT) on Amazon.com.
- \* A site devoted to motorcycle accessories.

- \* Ask Jeeves.
- \* A dead link to what appears to have been a site for federal employees.
- \* Another dead link, nature of target unclear.
- \* A resource for online marketers in Manitoba.
- \* Another dead link.
- \* Dead link to depression.com.
- \* Behavior Online; at last something substantial!
- \* The main page of an online bookstore; no titles featured.

Alexa says it's been tracking my site since 1996; their most recent visit was a month ago.

2. I too was struck by the appearance of the Healy article on a psychoanalytic Web site. Not exactly virtue by association. But I don't advise making too much of that. Either Healy knows what he's talking about or he doesn't, regardless of who finds it convenient to feature his article. You think Healy's full of it; fine, but I don't think this strengthens your argument.

John

-----

Most users of the internet are aware of search engines such as Yahoo or Lycos. These work search for sites based on particular key words or their semantic equivalents. I consider google.com and the meta-engine dogpile.com among the best, particularly the former.

Few however take advantage of tools providing searches based on site traffic: the sites that internet users have hit before and after a particular site. A tool button for such a tool is typically provided free with internet explorer 5.1. Just go to "tools" and doubleclick at "show related links" to access Alexa. One can find commonalities among sites that are not apparent in searches based on common key words. More sophisticated upgraded "related link" tools allow the exhuming of dead sites like the one that David Adams once used to sell his \$35 doctor of psychologist certificates before it was shut down.

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The site is identified as serving "To advance the study of psychoanalytic epistemology, theory, practice, ethics, and education within a psychological framework consisting of philosophy, the arts, and the anthropic sciences as opposed to biology, medicine, and the



natural sciences. "

There is some strange stuff at the site including

"The success of the EST movement has generated concern among clinicians whose relationship- and/or insight-oriented approaches to psychotherapy do not lend themselves to the methodology of randomized controlled clinical trials, psychotherapy manuals, and treatment guidelines for specific DSM disorders. Many family-systems, existentialist, humanist, feminist, psychodynamic, and psychoanalytic therapists find their own ways of thinking about human experience incompatible with the model of empirical support used by EST advocates. Increasingly they are wondering, not only how they are going to make a living, but whether the work they do is threatened in more direct ways by the movement toward "empirically supported treatments.""

From Richard\_Gist@kcmo.org Mon Jan 21 15:19:41 2002

Received: (from mailnull@localhost)

by iris.it.northwestern.edu (8.9.3/8.9.3) id PAA02636

for <sscpnet@listserv.it.northwestern.edu>; Mon, 21 Jan 2002

15:19:40 -0600 (CST)

From: Richard\_Gist@kcmo.org

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to <Richard\_Gist@kcmo.org> using -f

Received: from notesmail.kcmo.org (notesmail.kcmo.org [208.7.35.61]) by iris.itcs.northwestern.edu via smap (V2.0)

id xma002441; Mon, 21 Jan 02 15:19:11 -0600

Subject: Re: Powerful research tool finds anti-EVT site

To: CMBURCH879@aol.com

Cc: jcoyne@mail.med.upenn.edu, sscpnet@listserv.it.northwestern.edu

X-Mailer: Lotus Notes Release 5.0.3 March 21, 2000

Message-ID: <OF9C6F2CE0.6D4F18D6-

ON86256B48.00744B26@kcmo.org>

Date: Mon, 21 Jan 2002 15:18:54 -0600

X-MIMETrack: Serialize by Router on NotesMail/kcmo(Release 5.0.6a

|January 17, 2001) at

01/21/2002 03:15:30 PM

MIME-Version: 1.0

Content-type: text/plain; charset=us-ascii

Reply-To: Richard\_Gist@kcmo.org

Sender: owner-sscpnet@listserv.it.northwestern.edu

X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN

Status: O

X-Status:

X-Keywords:

X-UID: 70

Attempts at "Kantian diplomacy" are always tricky, but this one begs

clarification . . . in all fairness and with all due respect to the various views, it is quite, quite true that those with nonempirical viewpoints find the EST movement troublesome, disenfranchising, and both economically and egoistically threatening. However, it is also important to point out that nonempirical viewpoints simply aren't \*psychological\* viewpoints, by essential definition.

Psychology, by definition, crafts itself an empirical science . . . there are, of course, many alternate epistemologic frames one can apply to matters of similar domain. Those other views--as found in arts, letters, theology, history, and elsewhere--are critical to the explication of the human experience and valuable to learn and appreciate. They are not, however, alternate "psychologies."

If Healy or anyone else wishes to base his or her arguments on these "nonempirical" views, they are welcome to argue as they please . . . their arguments may be compelling or not, convincing or not--but they won't be "psychological" arguments and, when arguing from such a vantage, the proponent should not argue as if a "psychologist" (or psychiatrist, as the case may be). Alchemy and chemistry deal with similar domains but are not alternatives, much less synonymous; astrology and astronomy both describe stars and planets but hardly in the same veins or for the same ends.

'Nuff said . . .

R.

CMBURCH879@aol.com

To: jcoyne@mail.med.upenn.edu,  
Sent by: sscpnet@listserv.it.northwestern.edu  
owner-sscpnet@listserv.it.northw cc:  
estern.edu Subject: Re: Powerful research tool

finds

anti-EVT site

01/21/02 10:41 AM

Please respond to CMBURCH879

Thank you for the information on the search engine. However, I wonder how the statement by David Healy is, in fact, strange. It seems to be a common statement made by individuals who ascribe to theoretical orientations that

have fundamentally different philosophical assumptions from empiricism. Given the fact that managed care is relying more and more on empirical research to justify their expenditures, it also seems to be a justifiable concern that is raised. Maybe a more complete explication of his position would have helped but, even in the clipped form that you cited, it appears that the position may not be so strange if we attempt to take his perspective on the issue.

-Colin

From Oliver2@aol.com Tue Jan 22 11:18:28 2002  
Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id LAA20434  
for <sscpnet@listserv.acns.nwu.edu>; Tue, 22 Jan 2002 11:18:28 -  
0600 (CST)  
From: Oliver2@aol.com  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<Oliver2@aol.com> using -f  
Received: from imo-m09.mx.aol.com (imo-m09.mx.aol.com [64.12.136.164])  
by iris.itcs.northwestern.edu via smap (V2.0)  
id xma020410; Tue, 22 Jan 02 11:18:10 -0600  
Received: from Oliver2@aol.com  
by imo-m09.mx.aol.com (mail\_out\_v31\_r1.25.) id n.13.54a3c77 (3866);  
Tue, 22 Jan 2002 12:17:58 -0500 (EST)  
Message-ID: <13.54a3c77.297ef8c5@aol.com>  
Date: Tue, 22 Jan 2002 12:17:57 EST  
Subject: Re: a propaganda list and a science oriented list? changing to cost  
offset  
To: jcoyne@mail.med.upenn.edu, sscpnet@listserv.acns.nwu.edu  
MIME-Version: 1.0  
Content-Type: text/plain; charset="ISO-8859-1"  
X-Mailer: AOL 4.0 for Mac sub 189  
Content-Transfer-Encoding: 8bit  
X-MIME-Autoconverted: from quoted-printable to 8bit by  
iris.it.northwestern.edu id LAB20434  
Reply-To: Oliver2@aol.com  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 71

In a message dated 1/21/02 3:47:26 AM, jcoyne@mail.med.upenn.edu writes:

<<David, obviously we have different heros, different visions of what  
sscpnet should be and ironically, given some of your posts, you have

a much greater tolerance for failures to disclose conflicts of interest..

DEAR JIM: WHO SAID ANYTHING ABOUT HEROES? IF YOU ARE TRULY INTERESTED IN MY HEROES, THEY WOULD INCLUDE THE MOST PEACEFUL AMONG US, E.G., MARTIN LUTHER KING, MOTHER THERESA, THICH NHAT HANH, AND MY FATHER. I AGREE WITH YOU COMPLETELY THAT WE HAVE DIFFERENT VISIONS OF SSCPNET.

HEALY: Whatever work involved Healy as a co-author in the past, the recent work he has touted in a flurry of press releases has involved attempting to provide post hoc support for his lucrative role as an expert witness while avoiding peer review. And his claims for which he is paid handsomely are that people are dying every day from dangerous SSRIS. He claims that 2/20 of his staff and underlings quickly became suicidal when given SSRIS. They knew his hypotheses ahead of time. What is your opinion of the ethics and credibility of such a study? Should not Healy have identified his financial interests in publishing a report of it?

AS I HAVE SAID MANY TIMES BEFORE, I SUPPORT FULL DISCLOSURE OF FINANCIAL CONFLICTS OF INTEREST. I WISH ALL SCIENTIFIC JOURNALS AND PROFESSIONAL ORGANIZATIONS REQUIRED IT. I AM NOT AWARE OF AN EFFORT BY HEALY TO CONCEAL HIS FINANCIAL CONFLICTS OF INTEREST. I HAVE ALSO DISCLOSED MINE BUT I DON'T BELIEVE YOU HAVE DISCLOSED ALL OF YOUR FINANCIAL CONFLICTS.

BY THE WAY, HERE IS SOME MORE PROPAGANDA FOR YOU. IT IS ABOUT ANOTHER CANADIAN SCIENTIST WHO SPOKE OUT ABOUT SOME PROBLEMS WITH A PHARMACEUTICAL PRODUCT. THE STORY IS RATHER CHILLING.  
<http://www.abc.net.au/rn/talks/8.30/helthrpt/stories/s415425.htm>

For example, you cite the Hastings Center Report paper by Healy. The paper evaded review by anyone with a competency in psychopharmacology. Subsequent exposure of the inaccuracies in it as well as Healy's failure to disclose a blatant conflict of interest led to a change in editorial policies at the HCR. Bioethicist Art Caplan and I are writing an article on more general issues raised by the whole flap. See also my pieces in British Medical Journal (BMJ) on which Healy passed on the opportunity to respond

<http://bmj.com/cgi/eletters/323/7313/591/a#16608>

I READ YOUR CRITIQUE. I'M SORRY BUT I DID NOT FIND IT CONVINCING.

**O'DONOHUE'S RANTING AND THREATS** Your tolerance for Healy's conflicts

of interest and O'Donohue's as well is difficult to reconcile with your numerous statements about the need to make such conflicts explicit. As for O'Donohue's threats of legal action against critics of Nick Cummings, O'Donohue is paid by Cummings through the University of Nevada in an arrangement that reflects badly on the Department of Psychology there. O'Donohue's colleagues should consider on how this arrangement has played out reflects on their once fine program. It would seem rather hypocritical that you don't view O'Donohue's threats as "crossing the line".

SSCPnet readers can judge for themselves the arrangement that Cummings has worked out for O'Donohue at U Nevada.

[www.unr.edu/nevadanews/vol3no113.html](http://www.unr.edu/nevadanews/vol3no113.html)

I DON'T FOLLOW THIS LOGIC. YOU HAVE A BEEF WITH DR. O'DONOHUE SO YOU SEND COPIES OF YOUR MOST VITRIOLIC EMAILS TO ALL OF THE UNIVERSITY OF NEVADA PSYCHOLOGY FACULTY, THE CHAIR, THE DEAN, AND THE PRESIDENT OF THE UNIVERSITY IN ORDER TO TEACH THEM A LESSON? DO I HAVE THAT RIGHT?

BREGGIN: You are not as bothered as most of us are by Peter Breggin's ties to scientology and you seem to like his books. How about

The Psychology of Freedom: Liberty and Love as a Way of Life, by Peter R. Breggin, published by Prometheus Books in 1980. In it he proposes

"Permitting children to have sex among themselves would go a long way toward liberating them from oppressive parental authority." and

"If two little children are fond of each other and if they learn to treat each other with respect, don't worry about what they are doing behind closed doors"

Not my kind of ideas or my kind of guy, is he yours? Is this what you call courageous?

I HAVE A COUPLE OF OBSERVATIONS ABOUT THIS STRATEGY. FIRST OF ALL, YOU OBVIOUSLY HAVE READ MORE OF DR. BREGGIN'S WORK THAN I HAVE. SECONDLY, IT IS NOT ENOUGH TO LABEL DR. BREGGIN A SCIENTOLOGIST IN THE ABSENCE OF ANY EVIDENCE, NOW YOU ARE TRYING TO LABEL HIM A PERVERTED SCIENTOLOGIST BASED ON

A COUPLE OF SENTENCES TAKEN OUT OF CONTEXT. YOU MAY HAVE BEEN LISTENING TO TOO MUCH DR. LAURA. USING YOUR LOGIC OF GUILT BY ASSOCIATION, ANYONE WHO HAS READ ANYTHING BY HIM MUST ALSO BE A PERVERTED SCIENTOLOGIST.

BESIDES, I DON'T KNOW FOR A FACT BUT APPARENTLY CHILDREN UNDER 18 ARE HAVING SEX ALL ACROSS AMERICA. I CERTAINLY HOPE THEY ARE TREATING EACH OTHER RESPECTFULLY. I CAN TELL YOU THAT I PLAN TO PREACH ABSTINENCE TO MY YOUNG SON WHEN HE COMES OF AGE. WHILE I MAY OR MAY NOT BE SUCCESSFUL AT HELPING HIM ACHIEVE THAT GOAL, I AM DETERMINED THAT HE LEARN TO RESPECT HIS PARTNER.

LET'S GO BACK TO SOMETHING YOU BROUGHT UP EARLIER ABOUT COST OFFSET. I AM READY TO BE CONVINCED THAT BEHAVIORAL INTERVENTIONS (NOT JUST PHARMACOLOGICAL) DO NOT RESULT IN A MEDICAL COST OFFSET. IT IS AN INTEREST OF MINE BUT I HAVE TO DEFER TO THE OTHER EXPERTS ON THIS LIST.

SINCERELY,

DAVID ANTONUCCIO

>DEAR JIM:

>

>OUR EXCHANGES HAVE NOT PROVEN VERY PRODUCTIVE IN THE PAST BUT SINCE YOUR POST

>WOULD QUALIFY FOR THE CIVIL LIST, I AM HAPPY TO RESPOND AS I TEND TO BE

>OPTIMISTIC. I CAN ASSURE YOU THAT IF OUR EXCHANGE DETERIORATES INTO AN AD

>HOMINEM EXCHANGE I WON'T RESPOND FURTHER.

>

>David, in the past year you have generated some highly misleading

>

>>posts. You posted claims that David Healy had shown that a

>

>>significant proportion of nondepressed persons taking

>

>>antidepressants became suicidal. Because of the minimal

>

>>documentation you provided, we could not independently evaluate this

>

>>claim initially. It was later discovered that the "experiment"

>

>>involved a senior psychiatrist giving medication to his underlings

>

>>who knew his hypothesis ahead of time. The study was not published

>

>>in a journal indexed by Medline so it was difficult to track down

>

>>details.

>

>

>You later presented Healy as a tireless crusader against the evils of

>

>SSSRIS. You failed to note that he had accepted payment from a drug

>

>company that was attempting to cut into the market share for



>

>antidepressants held by SSRIs. Nor did you note that "experts" making

>

>claims like Healy's were reaping \$50K fees and more to be experts in

>

>legal efforts to get murderers off the hook. Healy himself had done

>

>quite well garnering such fees. Most of us would consider this

>

>information relevant to evaluating your posts.

>

>

>TO BORROW FROM AN OLD WOODY ALLEN MOVIE, I HAPPEN TO  
HAVE DAVID HEALY RIGHT

>HERE: <http://www.academyanalyticarts.org/healyepi.html>

>BASICALLY IT IS DR. HEALY'S VERSION OF THE STORY AND HE  
RESPONDS TO THE

>ISSUES YOU RAISE. PEOPLE CAN JUDGE FOR THEMSELVES ABOUT  
HOW WELL HE DEFENDS

>HIS POSITION. HAVE YOU PROVIDED EXPERT CONSULTATION IN THE  
LEGAL ARENA ON

>THIS ISSUE? IS THAT WHY YOU SEEM TO HAVE SUCH NEGATIVE  
FEELINGS ABOUT HEALY?

>

>PLEASE NOTE THE REFERENCES IN THE ARTICLE POSTED ABOVE. I  
DON'T KNOW IF THIS

>IS A COMPREHENSIVE LIST BUT HEALY DOCUMENTS ARTICLES HE  
HAS PUBLISHED IN CNS

>DRUGS, BRITISH JOURNAL OF PSYCHIATRY, INT J RISK & SAFETY IN MEDICINE,

>JOURNAL OF NERVOUS AND MENTAL DISEASE, JOURNAL OF PSYCHOPHARMACOLOGY, PRIMARY

>CARE PSYCHIATRY, HASTINGS CENTER REPORT, AND PSYCHOLOGICAL MEDICINE. HE ALSO

>REFERENCES 2 BOOKS HE HAS HAD PUBLISHED BY HARVARD UNIVERSITY PRESS.

>

>REMEMBER HIS POSITION ABOUT SLIGHTLY INCREASED RISK OF VIOLENT ACTS RELATED

>TO SSRI USE IS NOT COMPLETELY ISOLATED. TEICHER, COLE, DONOVAN, AND OTHER

>RESPECTED PROFESSIONALS HAVE ALL RAISED THE QUESTION THAT A SMALL MINORITY OF

>PATIENTS (<1%), PERHAPS RELATED TO THE WELL DOCUMENTED RISK OF AKATHISIA AND

>AGITATION, MAY BE PRONE TO INCREASED RISK OF VIOLENT ACTS.

>

>

>And of course, before that, there was your touting of Peter Breggin's

>claims,,,

>

>

>FORGIVE ME BUT I DO NOT UNDERSTAND WHY YOU KEEP BRINGING UP PETER BREGGIN.

>HAVE YOU BEEN ADVERSARIES IN THE COURT ROOM? I BELIEVE I LONG AGO POSTED A

>COUPLE OF WASHINGTON POST ARTICLES THAT INCLUDED QUOTES FROM PETER BREGGIN.

>YOU CONTINUE TO BRING UP BREGGIN REPEATEDLY AS IF HE IS THE DEVIL HIMSELF AND

>THAT ANYONE WHO UTTERS HIS NAME MIGHT BE ONE OF HIS DISCIPLES. AS I'VE

>MENTIONED BEFORE, I ADMIRE HIS COURAGE AND HIS STAMINA AND I THINK HIS WORK

>COMES FROM A PLACE OF DEEP COMPASSION FOR HIS FELLOW HUMAN BEINGS. AND HE

>HAS DEMONSTRATED HIMSELF TO BE A PROLIFIC AUTHOR. AMAZON.COM LISTS 20 BOOKS

>THAT HE HAS PUBLISHED. IT'S MORE BOOKS THAN I HAVE PUBLISHED AND IT IS

>PROBABLY MORE THAN YOU HAVE PUBLISHED. NOW DOES THAT MEAN I AGREE WITH

>EVERYTHING HE HAS EVER WRITTEN OR SAID? THE ANSWER TO THAT QUESTION IS OF

>COURSE NOT.

>

>BESIDES ATTACKING SOMEONE BASED ON WHOM WRITE THEY WRITE EMAILS IS NOT AN

>EFFECTIVE ARGUMENT, AT LEAST NOT IN MY WAY OF THINKING. THAT STRATEGY IS

>USUALLY USED BECAUSE THE LOGICAL ARGUMENTS ARE FAILING.

>

>

>You are not alone in generating propaganda which is intended to be

>

>passed off as empirically established. Promoting a conference

>

>featuring Nick Coummings, William O'Donohue posted quotes from Nick

>

>Cummings to the effect that every dollar spent on behavioral health

>

>care yielded three or four dollars in reduced medical costs. We now

>

>know that the literature would suggest that such claims are

>

>unfounded, that Nick Cummings behavioral health care company is

>

>reported to have spent only a shockingly small fraction of the money

>

>it received in Ohio providing services (New Republic article), and

>

>that O'Donahue is paid handsomely by Cummings to be a spokesperson.

>

>all of this took some digging.

>

>I DON'T BELIEVE YOUR ATTACKS ON DR. O'DONOHUE WERE  
EFFECTIVE. IN FACT YOUR

>STRATEGY OF SENDING COPIES OF YOUR PERSONAL ATTACK TO  
ALL OF HIS DEPARTMENT

>COLLEAGUES, TO HIS CHAIR, TO HIS DEAN, AND TO HE UNIVERSITY  
PRESIDENT SIMPLY

>SERVED TO ALIENATE YOU FROM AN ENTIRE UNIVERSITY  
DEPARTMENT AND IN MY VIEW,

>WAS TANTAMOUNT TO SPAM EMAILING, AT BEST, AND ELECTRONIC  
HARRASSMENT, AT

>WORST, OF PEOPLE WHO WERE NOT INVOLVED AT ALL IN YOUR DISPUTE WITH HIM. .

>THAT BEHAVIOR CROSSED AN UNACCEPTABLE LINE IN MY VIEW. I MAY BE THE ONLY ONE

>WHO FEELS THIS WAY BUT I HOPE IF OTHERS AGREE THEY GIVE YOU THAT FEEDBACK SO

>WE CAN ESTABLISH A CULTURE AT SSCPNET THAT DOES NOT INCLUDE SUCH BEHAVIOR.

>

>I DON'T AGREE WITH YOU ABOUT THE COST OFFSET ISSUE. I MAY BE WRONG ABOUT

>THIS BUT AS I RECALL, THE RECENT STUDIES YOU REFER TO SEEM TO RELY ON

>PSYCHOTROPIC INTERVENTIONS RATHER THAN BEHAVIORAL INTERVENTIONS FOR TREATMENT

>OF MENTAL HEALTH ISSUES. IF THAT IS THE CASE, THEN I WOULD NOT BE SURPRISED

>IF THOSE INTERVENTIONS ARE ACTUALLY MORE COSTLY BECAUSE OF SIDE EFFECTS AND

>MEDICAL COMPLICATIONS FROM INTERACTIONS WITH OTHER MEDICATIONS, THEREBY

>INCREASING THE NEED FOR FURTHER MEDICAL INTERVENTION. I BELIEVE THERE IS

>AMPLE EVIDENCE THAT NONPHARMACOLOGICAL BEHAVIORAL INTERVENTIONS HAVE REDUCED

>HEALTH CARE COSTS OVERALL BUT I WILL HAVE TO DEFER TO THE REAL EXPERTS IN

>THIS AREA. CERTAINLY MODIFYING HEALTH BEHAVIORS (E.G., SMOKING, DRINKING,

>EXERCISE, NUTRITION) HAS AMPLE EMPIRICAL SUPPORT. AND IF YOU HAVE DATA ON

>THIS ISSUE, I AM OPEN TO HEARING ABOUT THEM.

>

>

>Perhaps the most efficient use of a second list would be for the

>

>posting of such propaganda so that more science-oriented claims

>

>could be left to the first and we would not have to track down the

>

>basis for poorly documented and ultimately erroneous claims.

>

>

>OK THEN. A SCIENTIFIC LIST, AN AD HOMINEM LIST, AND A  
PROPAGANDA LIST. I

>WOULD CHOOSE TO SIGN UP ONLY FOR THE SCIENTIFIC LIST.

>

>CORDIALLY,

>

>DAVID ANTONUCCIO>>

From jcoyne@mail.med.upenn.edu Tue Jan 22 13:05:55 2002

Received: (from mailnull@localhost)

by iris.it.northwestern.edu (8.9.3/8.9.3) id NAA15468

for <sscpnet@listserv.acns.nwu.edu>; Tue, 22 Jan 2002 13:05:54 -  
0600 (CST)

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<jcoyne@mail.med.upenn.edu> using -f

Received: from pobox.upenn.edu (pobox.upenn.edu [128.91.2.38]) by  
iris.itcs.northwestern.edu via smap (V2.0)

id xma015421; Tue, 22 Jan 02 13:05:34 -0600

Received: from [170.212.113.65] (node.ups.upenn.edu [165.123.243.13])  
by pobox.upenn.edu (8.11.6/8.11.6) with ESMTP id g0MJ5XO285885;  
Tue, 22 Jan 2002 14:05:33 -0500 (EST)

Mime-Version: 1.0

Message-Id: <v04220814b87367ce7196@[170.212.113.65]>

In-Reply-To: <13.54a3c77.297ef8c5@aol.com>

References: <13.54a3c77.297ef8c5@aol.com>  
Date: Tue, 22 Jan 2002 14:21:21 -0500  
To: Oliver2@aol.com  
From: "James C. Coyne" <jcoyne@mail.med.upenn.edu>  
Subject: Re: a propaganda list and a science oriented list? changing to  
cost offset  
Cc: sscpnet@listserv.acns.nwu.edu  
Content-Type: multipart/alternative; boundary="===== \_-  
1200395214==\_ma=====  
Reply-To: jcoyne@mail.med.upenn.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 72

--===== \_-1200395214==\_ma=====

Content-Type: text/plain; charset="us-ascii" ; format="flowed"

>David, you wrote  
>  
>AS I HAVE SAID MANY TIMES BEFORE, I SUPPORT FULL DISCLOSURE  
OF FINANCIAL  
>CONFLICTS OF INTEREST. I WISH ALL SCIENTIFIC JOURNALS AND  
PROFESSIONAL  
>ORGANIZATIONS REQUIRED IT.

Yet you continue to post material concerning Healy's comparison  
between reboxetine and SSRIs without disclosing Healy's support from  
the manufacturer of reboxetine or his pressing need at the time he  
did this "study" to be able to cite his results in his legal  
consultations. The study is otherwise ethically (use of underlings as  
research subjects) and scientifically flawed (design cannot fit the  
stated purpose of study) in ways you do not reveal in your posts. Are  
you exempt from the ethical standards you propose?

>

David, you wrote

>YOU HAVE A BEEF WITH DR. O'DONOHUE SO YOU SEND COPIES OF  
YOUR MOST  
>VITRIOLIC EMAILS TO ALL OF THE UNIVERSITY OF NEVADA  
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>FACULTY, THE CHAIR, THE DEAN, AND THE PRESIDENT OF THE  
UNIVERSITY IN  
>ORDER TO TEACH THEM A LESSON? DO I HAVE THAT RIGHT?  
>  
>David, I raised issues about conflicts of interest engendered by

>financial support from captains of the managed care industry.  
>O'Dohonue posted threats of legal action against me for doing so. He  
>failed to note his financial support from one of these captains and  
>he is paid through a dubious arrangement between industry and the  
>Department of Psychology of the University of Nevada. Do you think  
>these arrangements should be kept secret? that they contribute to  
>whatever spirit of critical thinking and free inquiry may remain in  
>that department? Don't you worry for the graduate students there and  
>the threats they face? Does this represent another of your  
>dispensations from disclosure?

David, you again post your praise of Peter Breggin and now defend his book *The Psychology of Freedom: Liberty and Love as a Way of Life* in which he suggests parents not interfere with preadolescent sex play. The book is not about teenagers and Breggin now labels it "mistake" and no longer lists it on his website. Seems like a weird guy to me. Courageous, you said?

James C. Coyne, Ph.D.  
Co-Director, Behavioral Sciences and Health Services Research  
University of Pennsylvania Comprehensive Cancer Center and  
Professor  
Department of Psychiatry  
University of Pennsylvania Health System  
11 Gates  
3400 Spruce St  
Philadelphia, Pa 19104  
(215) 662-7035  
fax: (215) 349-5067

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Content-Type: text/enriched; charset="us-ascii"

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AS I HAVE SAID MANY TIMES BEFORE, I SUPPORT FULL DISCLOSURE  
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<fontfamily><param>Times</param><bigger>reboxetine</bigger></fontfamily>  
>  
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<fontfamily><param>Times</param><bigger>reboxetine</bigger></fontfamily>  
>  
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flawed (design cannot fit the stated purpose of study) in ways you do  
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propose?

<excerpt>

</excerpt>

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FACULTY, THE CHAIR, THE DEAN, AND THE PRESIDENT OF THE  
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-----\_1200395214==\_ma-----

From jcoyne@mail.med.upenn.edu Wed Jan 23 13:40:30 2002

Received: (from mailnull@localhost)

by iris.it.northwestern.edu (8.9.3/8.9.3) id NAA15543

for <sscpnet@listserv.acns.nwu.edu>; Wed, 23 Jan 2002 13:40:30 -  
0600 (CST)

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<jcoyne@mail.med.upenn.edu> using -f

Received: from pobox.upenn.edu (pobox.upenn.edu [128.91.2.38]) by  
iris.itcs.northwestern.edu via smap (V2.0)

id xma015531; Wed, 23 Jan 02 13:40:24 -0600

Received: from [170.212.113.65] (node.uphs.upenn.edu [165.123.243.13])  
by pobox.upenn.edu (8.11.6/8.11.6) with ESMTP id g0NJeNO68788;  
Wed, 23 Jan 2002 14:40:23 -0500 (EST)

Mime-Version: 1.0

Message-Id: <v0422080cb874c407e479@[170.212.113.65]>

In-Reply-To: <85.1651b2ce.298048f3@aol.com>

References: <85.1651b2ce.298048f3@aol.com>

Date: Wed, 23 Jan 2002 14:56:15 -0500

To: Oliver2@aol.com, sscpnet@listserv.acns.nwu.edu

From: "James C. Coyne" <jcoyne@mail.med.upenn.edu>

Subject: Re: a propaganda list and a science oriented list? changing to  
cost offset

Content-Type: text/plain; charset="us-ascii" ; format="flowed"

Reply-To: jcoyne@mail.med.upenn.edu

Sender: owner-sscpnet@listserv.it.northwestern.edu

X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN

Status: O

X-Status:  
X-Keywords:  
X-UID: 73

>David, you wrote:

>

>NO JIM, YOU HARRASSED PEOPLE YOU DON'T EVEN KNOW BY  
SENDING THEM UNINVITED

>COPIES OF YOUR MOST INFLAMMATORY EMAILS. FRANKLY I THINK  
YOU OWE THEM AN

>APOLOGY. LET ME REMIND YOU THAT DR. O'DONOHUE ONLY  
FORWARDED MESSAGES FROM

>DR. CUMMINGS AT THE REQUEST OF DR. CUMMINGS ONLY AFTER  
YOU ATTACKED DR.

>CUMMINGS. I THINK DR. CUMMINGS HAS A RIGHT TO DEFEND  
HIMSELF. DR. O'DONOHUE

>HIMSELF DID NOT ASSERT, SAY, OR THREATEN ANYTHING EXCEPT  
THAT HE WAS GOING TO

>IGNORE YOU. TO HIS CREDIT, DR. O'DONOHUE HAS DELIVERED ON  
THIS PROMISE.

>SINCE YOU ARE THE NEW CHAMPION OF FULL DISCLOSURE, I INVITE  
YOU AGAIN TO BE

>FORTHCOMING YOURSELF ABOUT YOUR OWN FINANCIAL  
CONFLICTS OF INTEREST.

>

I am confused, did I somehow invite Dr. O'Donohue posting legal threats from his benefactor Nick Cummings who pays his salary through the University of Nevada? Should Dr O'Donohue have left his title as Nick Cummings Professor off his threatening email when it has been routinely included other emails? Shouldn't the University know what is done within the exceedingly odd financial arrangement that exists there? Don't you think that links between managed care and psychology are fair game for discussion to should I have kept silent to begin with?

What "financial conflicts of interest do you claim I have?"

Finally, I still think you owe us an explanation of your misleading representations of Healy's "research." as well as your praise of Breggin's "courage"

James C. Coyne, Ph.D.  
Co-Director, Behavioral Sciences and Health Services Research  
University of Pennsylvania Comprehensive Cancer Center and  
Professor  
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University of Pennsylvania Health System  
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3400 Spruce St

Philadelphia, Pa 19104  
(215) 662-7035  
fax: (215) 349-5067

From CMBURCH879@aol.com Fri Jan 25 13:18:03 2002  
Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id NAA15707  
for <sscpnet@listserv.it.northwestern.edu>; Fri, 25 Jan 2002 13:18:03 -  
0600 (CST)  
From: CMBURCH879@aol.com  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<CMBURCH879@aol.com> using -f  
Received: from imo-m08.mx.aol.com (imo-m08.mx.aol.com [64.12.136.163])  
by iris.itcs.northwestern.edu via smap (V2.0)  
id xma015691; Fri, 25 Jan 02 13:17:53 -0600  
Received: from CMBURCH879@aol.com  
by imo-m08.mx.aol.com (mail\_out\_v31\_r1.26.) id i.173.2a5ec3a  
(5711);  
Fri, 25 Jan 2002 14:17:15 -0500 (EST)  
Received: from web41.aolmail.aol.com (web41.aolmail.aol.com  
[205.188.161.2]) by air-id04.mx.aol.com (v82.22) with ESMTP id MAILINID44-  
0125141715; Fri, 25 Jan 2002 14:17:15 -0500  
Date: Fri, 25 Jan 2002 14:17:14 EST  
Subject: Re: Powerful research tool finds anti-EVT site  
To: <Richard\_Gist@kcmo.org>  
Cc: <jcoyne@mail.med.upenn.edu>, <sscpnet@listserv.it.northwestern.edu>  
Mime-Version: 1.0  
Content-Type: text/plain; charset=ISO-8859-1  
Content-Transfer-Encoding: 7bit  
X-Mailer: Unknown (No Version)  
Message-ID: <173.2a5ec3a.2983093b@aol.com>  
Reply-To: CMBURCH879@aol.com  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 74

>Attempts at "Kantian diplomacy" are always tricky, but >this one begs  
clarification . . . in all fairness and >with all due respect to the various views, it  
is >quite, quite true that those with nonempirical >viewpoints find the EST  
movement troublesome, >disenfranchising, and both economically and  
>egoistically threatening. However, it is also >important to point out that  
>nonempirical viewpoints simply aren't \*psychological\* >viewpoints, by  
essential definition.

>

>Psychology, be definition, crafts itself an empirical >science . . . there are, of  
course, many alternate >epistemologic frames one can apply to matters of  
>similar domain. Those other views--as found in arts, >letters, theology,

history, and elsewhere--are >critical to the explication of the human experience >and valuable to learn and appreciate. They are not, >however, alternate "psychologies."

>

>If Healy or anyone else wishes to base his or her >arguments on these "nonempirical" views, they are >welcome to argue as they please . . . their arguments >may be compelling or not, convincing or not--but they >won't be "psychological" arguments and, when arguing >from such a vantage, the proponent should not argue as >if a "psychologist" (or psychiatrist, as the case may >be). Alchemy and chemistry deal with similar domains >but are not alternatives, much less synonymous; >astrology and astronomy both describe stars and planets >but hardly in the same veins or for the same ends.

>

>'Nuff said . . .

>

>R.

This is an interesting reply to "Kantian diplomacy". By arguing from definition (though, this definition is also arguable), isn't the argument being made argument about what true psychology IS in a "nonempirical" manner? In other words, this definition is not based on empiricism...this is not an empirical statement. Possibly an empirical statement may be that "many psychologists craft their psychology as an empirical science". Though, even this statement is incomplete. The truth is that the "nonempirical" branches that were spoken of in this context (Existentialism, Psychoanalysis, etc.) should be considered empirical, by definition, even if one does not agree with them. Empiricism, by definition, involves observation. What may be referred to in the previously spoken of psychologist who craft their psychology as an empirical science is the shotgun wedding of empiricism and rationalism (the systemization of these observations), the scientific method. Still, the crafting of psychology as an empirical science i

s not an empirical question...there is no foundation of empiricism in empiricism. It is a philosophical question that, possibly, existentialists, psychoanalysts, etc., do not buy into. I'm not certain that is "'Nuff said..." as this is a very complex issue with large ramifications for the psychological community (as, I think, Healy was addressing).

-Colin

From Richard\_Gist@kcmo.org Fri Jan 25 13:42:25 2002

Received: (from mailnull@localhost)

by iris.it.northwestern.edu (8.9.3/8.9.3) id NAA19096

for <sscpnet@listserv.it.northwestern.edu>; Fri, 25 Jan 2002 13:42:25 - 0600 (CST)

From: Richard\_Gist@kcmo.org

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to

<Richard\_Gist@kcmo.org> using -f

Received: from notesmail.kcmo.org (notesmail.kcmo.org [208.7.35.61]) by  
iris.itcs.northwestern.edu via smap (V2.0)  
id xma019004; Fri, 25 Jan 02 13:41:57 -0600  
Subject: Re: Powerful research tool finds anti-EVT site  
To: CMBURCH879@aol.com  
Cc: jcoyne@mail.med.upenn.edu, sscpnet@listserv.it.northwestern.edu  
X-Mailer: Lotus Notes Release 5.0.7 March 21, 2001  
Message-ID: <OF51750117.9FC9B264-  
ON86256B4C.006A41D1@kcmo.org>  
Date: Fri, 25 Jan 2002 13:41:33 -0600  
X-MIMETrack: Serialize by Router on NotesMail/kcmo(Release 5.0.6a  
January 17, 2001) at  
01/25/2002 01:38:12 PM  
MIME-Version: 1.0  
Content-type: text/plain; charset=us-ascii  
Reply-To: Richard\_Gist@kcmo.org  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 75

Looking into a mirror at a mirror creates an immediate but usually  
unproductive distortion . . . axioms and definitions are not empirical  
propositions. Such semantic convolution yields neither a logical converse  
nor logical inverse--it yields only evidence of logical confusion.

Psychology has systematically defined its epistemology as that of science  
and its domain as that of behavior and its antecedents; both are essential  
terms in the definition. That's a convention; it's not an empirical  
proposition. If one wishes to argue that other epistemologic frames should  
apply and/or that other domains should pertain, one can certainly so argue  
. . . but one cannot empirically falsify a definition. Riding that  
carousel will only make one dizzy; it won't carry you anywhere beyond where  
you got on it.

R.

CMBURCH879@aol.com  
To: <Richard\_Gist@kcmo.org>  
Sent by: owner-sscpnet@listserv.it.northw  
cc: <jcoyne@mail.med.upenn.edu>,  
<sscpnet@listserv.it.northwestern.edu>  
estern.edu  
Subject: Re: Powerful research tool  
finds

anti-EVT site

01/25/2002 01:17 PM

Please respond to CMBURCH879

>Attempts at "Kantian diplomacy" are always tricky, but >this one begs clarification . . . in all fairness and >with all due respect to the various views, it is >quite, quite true that those with nonempirical >viewpoints find the EST movement troublesome, >disenfranchising, and both economically and >egoistically threatening. However, it is also >important to point out that >nonempirical viewpoints simply aren't \*psychological\* >viewpoints, by essential definition.

>

>Psychology, by definition, crafts itself an empirical >science . . . there are, of course, many alternate >epistemologic frames one can apply to matters of >similar domain. Those other views--as found in arts, >letters, theology, history, and elsewhere--are >critical to the explication of the human experience >and valuable to learn and appreciate. They are not, >however, alternate "psychologies."

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-Colin

From jcoyne@mail.med.upenn.edu Mon Feb 11 22:12:01 2002  
Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id WAA12017  
for <sscpnet@listserv.acns.nwu.edu>; Mon, 11 Feb 2002 22:12:01 -  
0600 (CST)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<jcoyne@mail.med.upenn.edu> using -f  
Received: from pobox.upenn.edu (pobox.upenn.edu [128.91.2.38]) by  
iris.itcs.northwestern.edu via smap (V2.0)  
id xma012000; Mon, 11 Feb 02 22:11:52 -0600  
Received: from [32.103.211.209] (slip-32-103-211-29.pa.us.prserve.net  
[32.103.211.29])  
(authenticated)  
by pobox.upenn.edu (8.11.6/8.11.6) with ESMTP id g1C4BnK490672;  
Mon, 11 Feb 2002 23:11:49 -0500 (EST)  
Mime-Version: 1.0  
Message-Id: <a04320403b88e2ff89880@[32.103.211.209]>  
In-Reply-To: <195.218793b.2999c1c6@aol.com>  
References: <195.218793b.2999c1c6@aol.com>  
Date: Mon, 11 Feb 2002 23:15:24 -0500  
To: Oliver2@aol.com  
From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: Re: effective marketing by pharmaceutical industry  
Cc: sscpnet@listserv.acns.nwu.edu  
Content-Type: text/plain; charset="us-ascii" ; format="flowed"  
Reply-To: jcoyne@mail.med.upenn.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 76



David, Your continued biased and distorted posts on the SSCPnet establish what a weak reed a lack of identified association with pharmaceutical companies is for assessing the value of information. You have no rivals in this regard.

I am confused by your comments about the University of Nevada and managed care. You have repeatedly defended O'Dohanue's threats of legal action designed to suppress discussion of managed care's intrusion into psychology and the University of Nevada, Reno's psychology department in particular. In making these posts, you profess intimate knowledge about what University of Nevada faculty and administration feel and think about my exposure of these connections. You are indeed UNR faculty unless this website is in error:

<http://www.unr.edu/med/clinic/psychologyinfo.html#ANTONUCCIO>

I think that your defense of O'Donahue speaks to matters of a lack consistency with avowed principle and integrity.

You are confused or simply again engaging in the spread of misinformation to which we are now all accustomed from you. I am not an employee of Solvay or Lilly. The literature service to which I contribute has received an unrestricted grant from Solvay. That is no secret: One confronts that announcement as soon as one goes to that website. I presume that many of the SSCPnetters know the difference between a unrestricted grant and employment.

I welcome you to identify any element of any review of any article I have posted on the literature service that is tainted or biased in the service of Solvay or any drug company. Indeed, my recent posts (a) complain that antidepressants are overprescribed to cancer patients and this may replace humane care of the dying (a point that I was initially unable to make in the Monitor) and (b) poked fun at the exaggerated claims of psychoneuroimmunology. I am free to suggest articles to be reviewed or to decline reviewing articles, and I cannot see the connection of my reviews to the sales of fluvoxamine. If my criticisms of overprescribing of antidepressants were to have any effect at all, I would presume that it would decrease sales, but I hardly expect there will be that kind of effectiveness achieved by my writing on the literature service or by my paper in this month's JCCP alluding to the same problem in primary care.

I am proud of my reviews and welcome others to examine them and come to their independent opinions

<http://www.depressionnet.org/lrs/issue5/>

I have indeed recently served on an awards panel convened by Chamberlain communication (only this past Friday actually, you are quick). It too gets an unrestricted grant, this one from Lilly. Lilly

employees are not allowed to be present during deliberations. Interestingly, one of the other panel members asked for a legal opinion concerning the status of participation on the panel before he or I joined. He is an employee of the State of NY department of mental health and because Lily is a contractor to the state, he believed that it might conceivably be construed to be a conflict of interest to participate. An attorney for the state of NY reviewed the nature of the relationship between the panel, the psychiatrist, and Lily and concluded there was no conflict of interest. I don't think I can reveal who will get awards from this committee until May, but I think I say that one of the awardees has had his work repeatedly cited favorably by you. I am proud of the other persons we selected as well and proud of being able to remove one person from further consideration because of what I saw as his cultural insensitivity.

While both of these activities were fun and ultimately public, the financial reward was considerably less than if I spent the same amount of time seeing patients.

As for Elliot, it is typical of you that you did not reveal the context of my comments about him. You had originally posted on SSCPnet Elliott's praise of David Healy's "experiment" with SSRIs done with his underlings at a hospital where Healy was an administrator. When I checked out your source, it was apparent that both you and Elliott were conveniently hiding the immediate financial benefits that Healy served to gain from getting his claims about SSRIs published. It is no small bit of irony that both you and Elliot make a fetish about alleged conflicts of interest. I subsequently asked to have a letter discussing this conflict of interest considered for publication in the magazine where Elliot's article originally appeared and I alerted Elliot that I was doing so that he could reply. He went on record opposing me getting my letter published and it was rejected before I even submitted it. After Elliot made quite a fuss about the alleged conflict of interest of a former member of his center, I blew the whistle on his failure to reveal his collusion in a conflict of interest. I continue to insist that it was negligent of both you and Elliot not to reveal Healy's conflict of interest or even to provide a sufficient citation for Healy's article so that readers of your post could evaluate its character for themselves. It goes beyond merely hypocritical. Incidentally, the Hastings Center Report editorial staff were sufficiently offended by Elliot's behavior to change their policies to reduce the chance that articles like his would get published without adequate fact checking.

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I have no idea what to make of your allegations about my being media trained.

Finally David, as previously I encourage you to make public the services that generate your frequently biased and inaccurate posts. When I have tracked them down, i have ended up at sites associated with scientology (prozac survivors) or legal firms generating large quantities of press releases intended to generate product liability suits. Please facilitate our getting to these sites and sources on our own. tell us, David.

From Oliver2@aol.com Tue Feb 12 13:43:54 2002  
Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id NAA21705  
for <sscpnet@listserv.acns.nwu.edu>; Tue, 12 Feb 2002 13:43:53 -  
0600 (CST)  
From: Oliver2@aol.com  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<Oliver2@aol.com> using -f  
Received: from imo-m01.mx.aol.com (imo-m01.mx.aol.com [64.12.136.4]) by  
iris.itcs.northwestern.edu via smap (V2.0)  
id xma021638; Tue, 12 Feb 02 13:43:28 -0600  
Received: from Oliver2@aol.com  
by imo-m01.mx.aol.com (mail\_out\_v32.5.) id n.17a.37f69b4 (3996);  
Tue, 12 Feb 2002 14:43:18 -0500 (EST)  
Message-ID: <17a.37f69b4.299aca56@aol.com>  
Date: Tue, 12 Feb 2002 14:43:18 EST  
Subject: Re: effective marketing by pharmaceutical industry  
To: jcoyne@mail.med.upenn.edu, sscpnet@listserv.acns.nwu.edu  
MIME-Version: 1.0  
Content-Type: text/plain; charset="US-ASCII"  
Content-Transfer-Encoding: 7bit  
X-Mailer: AOL for Macintosh OS X US sub 20  
Reply-To: Oliver2@aol.com  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 77

DEAR JIM:

In a message dated 2/11/02 8:12:05 PM, jcoyne@mail.med.upenn.edu writes:

<< David, Your continued biased and distorted posts on the SSCPnet establish what a weak reed a lack of identified association with pharmaceutical companies is for assessing the value of information. You have no rivals in this regard.

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<http://www.unr.edu/med/clinic/psychologyinfo.html#ANTONUCCIO>

AS THE WEBSITE INDICATES I AM A FACULTY MEMBER OF THE DEPT. OF PSYCHIATRY. I HAVE MANY FRIENDS IN THE DEPT. OF PSYCHOLOGY BUT I DON'T HAVE A CLUE ABOUT HOW THAT DEPT. IS FINANCED.

I think that your defense of O'Donahue speaks to matters of a lack consistency with avowed principle and integrity. You are confused or simply again engaging in the spread of misinformation to which we are now all accustomed from you. I am not an employee of Solvay or Lilly. The literature service to which I contribute has received an unrestricted grant from Solvay. That is no secret: One confronts that announcement as soon as one goes to that website. I presume that many of the SSCPnetters know the difference between a unrestricted grant and employment.

THIS IS FROM MY SCRIBNER-BANTAM PAPERBACK DICTIONARY.

EMPLOYEE: NOUN, "ONE WHO WORKS FOR ANOTHER FOR PAY".

I welcome you to identify any element of any review of any article I have posted on the literature service that is tainted or biased in the service of Solvay or any drug company. Indeed, my recent posts (a) complain that antidepressants are overprescribed to cancer patients and this may replace humane care of the dying (a point that I was initially unable to make in the Monitor) and (b) poked fun at the exaggerated claims of psychoneuroimmunology. I am free to suggest articles to be reviewed or to decline reviewing articles, and I cannot see the connection of my reviews to the sales of fluvoxamine.

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THE QUESTION STILL REMAINS ABOUT ANY POSSIBLE SELECTION BIAS BY THE SERVICE OF ARTICLES CRITICAL OR SUPPORTIVE OF FLUVOXAMINE OR ITS COMPETITORS.

I am proud of my reviews and welcome others to examine them and come to their independent opinions

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I have indeed recently served on an awards panel convened by Chamberlain communication (only this past Friday actually, you are quick). It too gets an unrestricted grant, this one from Lily. Lily employees are not allowed to be present during deliberations. Interestingly, one of the other panel members asked for a legal opinion concerning the status of participation on the panel before he or I joined. He is an employee of the State of NY department of mental health and because Lily is a contractor to the state, he believed that it might conceivably be construed to be a conflict of interest to participate. An attorney for the state of NY reviewed the nature of the relationship between the panel, the psychiatrist, and Lily and concluded there was no conflict of interest. I don't think I can reveal who will get awards from this committee until May, but I think I say that one of the awardees has had his work repeated cited favorably by you. I am proud of the other persons we selected as well and proud of being able to remove one person from further consideration because of what I saw as his cultural insensitivity.

While both of these activities were fun and ultimately public, the financial reward was considerably less than if I spent the same amount of time seeing patients.

THANK YOU FOR ACKNOWLEDGING YOUR WORK FOR THE INDUSTRY. AT LEAST WE HAVE ESTABLISHED A CONTEXT FOR YOUR BEHAVIOR. HOWEVER, I DO FIND IT INTERESTING HOW YOU SEEM TO IMPLY THAT YOU ARE THE ONLY ONE WHO IS PAID BY "OUTSIDE SOURCES" WHO CAN POSSIBLY AVOID BEING INFLUENCED BY SUCH A CONFLICT OF INTEREST.

As for Elliot, it is typical of you that you did not reveal the context of my comments about him. You had originally posted on

SSCPnet Elliott's praise of David Healy's "experiment" with SSRIs done with his underlings at a hospital where Healy was an administrator. When I checked out your source, it was apparent that both you and Elliott were conveniently hiding the immediate financial benefits that Healy served to gain from getting his claims about SSRIs published. It is no small bit of irony that both you and Elliot make a fetish about alleged conflicts of interest. I subsequently asked to have have a letter discussing this conflict of interest considered for publication in the magazine where Elliot's article originally appeared and I alerted Elliot that I was doing so that he could reply. He went on record opposing me getting my letter published and it was rejected before I even submitted it. After Elliot made quite a fuss about the alleged conflict of interest of a former member of his center, I blew the whistle on his failure to reveal his collusion in a conflict of interest. I continue to insist that it was negligent of both you and Elliot not to reveal Healy's conflict of interest or even to provide a sufficient citation for Healy's article so that readers of your post could evaluate its character for themselves. It goes beyond merely hypocritical. Incidentally, the Hastings Center Report editorial staff were sufficiently offended by Elliot's behavior to change their policies to reduce the chance that articles like his would get published without adequate fact checking.

I UNDERSTAND WHY YOU WOULD SEND AN EMAIL TO DR. ELLIOT BUT I STILL DO NOT UNDERSTAND YOUR RATIONALE FOR SENDING COPIES OF YOUR EMAIL ATTACKS TO DR. ELLIOT'S COLLEAGUES AND SUPERIORS? IT JUST SEEMS LIKE BULLYING AND HARRASSING BEHAVIOR TO ME.

David, there is not a lot of consistent principle that can be inferred from your pattern of outrage. It is somehow OK for O'Dohonue to make legal threats on behalf of Cummings, but not for me to complain to the university that delivers the payment for his services from Cummings. I think that the faculty and administrators who posed for the photo op associated with Cummings paying the money for O'Dohonue's position ought to be nudged to take stock of what this arrangement has come to. And it is ok for you and Elliott to post Healy's claims without revealing the blatant conflict of interest and direct financial benefit to him.. Just how do we make sense of these kinds of things?

I have no idea what to make of your allegations about my being media trained.

AS I INDICATED IN MY ORIGINAL EMAIL, MEDIA TRAINING IS APPARENTLY A COMMON

PRACTICE ASSOCIATED WITH ADVISORY PANELS. THOUGH IT  
WOULD NOT SURPRISE ME,  
I DON'T HAVE A CLUE IF YOU HAVE BEEN SO TRAINED. THOUGH IF  
YOU HAVE, YOU  
MIGHT CONSIDER SUING YOUR INSTRUCTOR.

Finally David, as previously I encourage you to make public the  
services that generate your frequently biased and inaccurate posts.  
When I have tracked them down, i have ended up at sites associated  
with scientology (prozac survivors) or legal firms generating large  
quantities of press releases intended to generate product liability  
suits. Please facilitate our getting to these sites and sources on  
our own. tell us, David. >>

FORGIVE ME FOR SAYING THIS BUT YOU SEEM OBSESSED WITH  
SCIENTOLOGY.

David Antonuccio, Ph.D.  
Professor, Dept. of Psychiatry and Behavioral Sciences  
University of Nevada School of Medicine  
401 W. 2nd St., Suite 216  
Reno, NV 89503  
775-784-6388 x229  
FAX 775-784-1428

and

Staff Psychologist and Director, Stop Smoking Clinic  
V.A. Medical Center  
1000 Locust St.  
Reno, NV 89502  
775-328-1490  
FAX

SINCERELY,

DAVID

From beutler@education.ucsb.edu Tue Feb 12 16:40:50 2002  
Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id QAA26411  
for <sscpnet@listserv.acns.nwu.edu>; Tue, 12 Feb 2002 16:40:50 -  
0600 (CST)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<beutler@education.ucsb.edu> using -f  
Received: from kady.education.ucsb.edu (kady.education.ucsb.edu  
[128.111.207.251]) by iris.itcs.northwestern.edu via smap (V2.0)  
id xma026386; Tue, 12 Feb 02 16:40:38 -0600  
Received: from PC134.education.ucsb.edu ([128.111.206.134]) by  
kady.education.ucsb.edu (Netscape Messaging Server 4.15) with

ESMTP id GRFZ3M00.290; Tue, 12 Feb 2002 14:42:58 -0800  
Message-Id:  
<5.1.0.14.1.20020212134944.00a4a3a0@kady.education.ucsb.edu>  
X-Sender: beutler@kady.education.ucsb.edu  
X-Mailer: QUALCOMM Windows Eudora Version 5.1  
Date: Tue, 12 Feb 2002 14:43:34 -0800  
To: Oliver2@aol.com, sscpnet@listserv.acns.nwu.edu  
From: "Larry Beutler" <beutler@education.ucsb.edu>  
Subject: Re: effective marketing by pharmaceutical industry  
In-Reply-To: <17a.37f69b4.299aca56@aol.com>  
Mime-Version: 1.0  
Content-Type: text/plain; charset="us-ascii"; format=flowed  
Reply-To: beutler@education.ucsb.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 78

Colleagues,

By pointing out the double standard by which Jim Coyne judged the presence of Antonuccio's "Conflict of Interest"-----to wit, "YOU SEEM TO IMPLY THAT YOU ARE THE ONLY ONE WHO IS PAID BY "OUTSIDE SOURCES" WHO CAN POSSIBLY AVOID BEING INFLUENCED BY SUCH A CONFLICT OF INTEREST", David Antonuccio may have identified one of the reasons that some have considered the banter on this listserve to be aversive and the speakers to often be "self-righteous".

When the posts of the other guy are "biased and distorted" but one's own are not found to be "tainted" or "biased" in any way, because those who pay us to espouse them have told us that their support is "unrestricted", we have a recipe for an environment that reduces the content value of communication. Such a ignoble stance ignores the multiple and often subtle ways in which all of our opinions might be formed and reinforced.

Larry Beutler

At 02:43 PM 02/12/2002 -0500, you wrote:  
>DEAR JIM:  
>  
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>  
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>  
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>  
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>  
>I welcome you to identify any element of any review of any article I  
>have posted on the literature service that is tainted or biased in  
>the service of Solvay or any drug company. Indeed, my recent posts  
>(a) complain that antidepressants are overprescribed to cancer  
>patients and this may replace humane care of the dying (a point that  
>I was initially unable to make in the Monitor)  
>and (b) poked fun at the exaggerated claims of psychoneuroimmunology. I  
am  
>free to suggest  
>articles to be reviewed or to decline reviewing articles, and I  
>cannot see the connection of my reviews to the sales of fluvoxamine.  
>If my criticisms of overprescribing of antidepressants were to have  
>any effect at all, I would presume that it would decrease sales, but  
>I hardly expect there will be that kind of effectiveness achieved by  
>my writing on the literature service or by my paper in this month's  
>JCCP alluding to the same problem in primary care.

>  
>THE QUESTION STILL REMAINS ABOUT ANY POSSIBLE SELECTION  
>BIAS BY THE SERVICE  
>OF ARTICLES CRITICAL OR SUPPORTIVE OF FLUVOXAMINE OR ITS  
>COMPETITORS.  
>  
>I am proud of my reviews and welcome others to examine them and come  
>to their independent opinions  
>  
><http://www.depressionnet.org/lrs/issue5/>  
>  
>I have indeed recently served on an awards panel convened by  
>Chamberlain communication (only this past Friday actually, you are  
>quick). It too gets an unrestricted grant, this one from Lily. Lily  
>employees are not allowed to be present during deliberations.  
>Interestingly, one of the other panel members asked for a legal  
>opinion concerning the status of participation on the panel before he  
>or I joined. He is an employee of the State of NY department of  
>mental health and because Lily is a contractor to the state, he  
>believed that it might conceivably be construed to be a conflict of  
>interest to participate. An attorney for the state of NY reviewed the  
>nature of the relationship between the panel, the psychiatrist, and  
>Lily and concluded there was no conflict of interest. I don't think I  
>can reveal who will get awards from this committee until May, but I  
>think I say that one of the awardees has had his work repeatedly  
>favorably by you. I am proud of the other persons we selected as well  
>and proud of being able to remove one person from further  
>consideration because of what I saw as his cultural insensitivity.  
>  
>While both of these activities were fun and ultimately public, the  
>financial reward was considerably less than if I spent the same  
>amount of time seeing patients.  
>  
>THANK YOU FOR ACKNOWLEDGING YOUR WORK FOR THE  
>INDUSTRY. AT LEAST WE HAVE  
>ESTABLISHED A CONTEXT FOR YOUR BEHAVIOR. HOWEVER, I DO  
>FIND IT INTERESTING  
>HOW YOU SEEM TO IMPLY THAT YOU ARE THE ONLY ONE WHO IS  
>PAID BY "OUTSIDE  
>SOURCES" WHO CAN POSSIBLY AVOID BEING INFLUENCED BY SUCH  
>A CONFLICT OF  
>INTEREST.  
>  
>As for Elliot, it is typical of you that you did not reveal the  
>context of my comments about him. You had originally posted on  
>SSCPnet Elliott's praise of David Healy's "experiment" with SSRIs  
>done with his underlings at a hospital where Healy was an  
>administrator. When I checked out your source, it was apparent that  
>both you and Elliott were conveniently hiding the immediate financial  
>benefits that Healy served to gain from getting his claims about

>SSRIs published. It is no small bit of irony that both you and Elliot  
>make a fetish about alleged conflicts of interest. I subsequently  
>asked to have have a letter discussing this conflict of interest  
>considered for publication in the magazine where Elliot's article  
>originally appeared and I alerted Elliot that I was doing so that he  
>could reply. He went on record opposing me getting my letter  
>published and it was rejected before I even submitted it. After  
>Elliot made quite a fuss about the alleged conflict of interest of a  
>former member of his center, I blew the whistle on his failure to  
>reveal his collusion in a conflict of interest. I continue to insist  
>that it was negligent of both you and Elliot not to reveal Healy's  
>conflict of interest or even to provide a sufficient citation for  
>Healy's article so that readers of your post could evaluate its  
>character for themselves. It goes beyond merely hypocritical.  
>Incidentally, the Hastings Center Report editorial staff were  
>sufficiently offended by Elliot's behavior to change their policies  
>to reduce the chance that articles like his would get published  
>without adequate fact checking.

>  
>I UNDERSTAND WHY YOU WOULD SEND AN EMAIL TO DR. ELLIOT  
BUT I STILL DO NOT  
>UNDERSTAND YOUR RATIONALE FOR SENDING COPIES OF YOUR  
EMAIL ATTACKS TO DR.  
>ELLIOT'S COLLEAGUES AND SUPERIORS? IT JUST SEEMS LIKE  
BULLYING AND  
>HARRASSING BEHAVIOR TO ME.

>  
>David, there is not a lot of consistent principle that can be  
>inferred from your pattern of outrage. It is somehow OK for O'Dohonue  
>to make legal threats on behalf of Cummings, but not for me to  
>complain to the university that delivers the payment for his services  
>from Cummings. I think that the faculty and administrators who posed  
>for the photo op associated with Cummings paying the money for  
>O'Dohonue's position ought to be nudged to take stock of what this  
>arrangement has come to. And it is ok for you and Elliott to post  
>Healy's claims without revealing the blatant conflict of interest and  
>direct financial benefit to him.. Just how do we make sense of these  
>kinds of things?

>  
>I have no idea what to make of your allegations about my being media  
trained.

>  
>AS I INDICATED IN MY ORIGINAL EMAIL, MEDIA TRAINING IS  
APPARENTLY A COMMON  
>PRACTICE ASSOCIATED WITH ADVISORY PANELS. THOUGH IT  
WOULD NOT SURPRISE ME,  
>I DON'T HAVE A CLUE IF YOU HAVE BEEN SO TRAINED. THOUGH IF  
YOU HAVE, YOU  
>MIGHT CONSIDER SUING YOUR INSTRUCTOR.

>

>Finally David, as previously I encourage you to make public the  
>services that generate your frequently biased and inaccurate posts.  
>When I have tracked them down, i have ended up at sites associated  
>with scientology (prozac survivors) or legal firms generating large  
>quantities of press releases intended to generate product liability  
>suits. Please facilitate our getting to these sites and sources on  
>our own. tell us, David. >>  
>  
>FORGIVE ME FOR SAYING THIS BUT YOU SEEM OBSESSED WITH  
SCIENTOLOGY.  
>  
>David Antonuccio, Ph.D.  
>Professor, Dept. of Psychiatry and Behavioral Sciences  
>University of Nevada School of Medicine  
>401 W. 2nd St., Suite 216  
>Reno, NV 89503  
>775-784-6388 x229  
>FAX 775-784-1428  
>  
>and  
>  
>Staff Psychologist and Director, Stop Smoking Clinic  
>V.A. Medical Center  
>1000 Locust St.  
>Reno, NV 89502  
>775-328-1490  
>FAX  
>  
>SINCERELY,  
>  
>DAVID

From jcoyne@mail.med.upenn.edu Wed Feb 13 14:29:34 2002  
Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id OAA18930  
for <sscpnet@listserv.acns.nwu.edu>; Wed, 13 Feb 2002 14:29:33 -  
0600 (CST)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<jcoyne@mail.med.upenn.edu> using -f  
Received: from pobox.upenn.edu (pobox.upenn.edu [128.91.2.38]) by  
iris.itcs.northwestern.edu via smap (V2.0)  
id xma018905; Wed, 13 Feb 02 14:29:20 -0600  
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by pobox.upenn.edu (8.11.6/8.11.6) with ESMTP id g1DKTIS485727;  
Wed, 13 Feb 2002 15:29:19 -0500 (EST)  
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References:

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<5.1.0.14.1.20020213080527.00a76220@kady.education.ucsb.edu>

Date: Wed, 13 Feb 2002 15:45:48 -0500

To: "Larry Beutler" <beutler@education.ucsb.edu>

From: "James C. Coyne" <jcoyne@mail.med.upenn.edu>

Subject: Re: Beutler on his conflict of interest and return to basic  
issues: radical perspectives

Cc: sscpnet@listserv.acns.nwu.edu

Content-Type: text/plain; charset="us-ascii" ; format="flowed"

Reply-To: jcoyne@mail.med.upenn.edu

Sender: owner-sscpnet@listserv.it.northwestern.edu

X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN

Status: O

X-Status:

X-Keywords:

X-UID: 79

Larry, oh the delicacy of phrasing and the slipperiness of slopes. I think enough us remember the past exchanges on the sscpnet not to have to repeat them again.

But less get back to the emerging issues:

You and David A seem to suggest that anyone who has ever been involved in events financed by unrestricted funds are in the employment of the original sources of the funds and are tainted by the financial interests of that original source. That covers lots of people at lots of events, particularly if one goes out two degrees of separation. Like David being at University of Nevada where faculty who receive funds derived from the managed care and then David defending these faculty's delivering threats of legal action against the critics of behavioral health care.

As I and others have said before, finances are relevant but are a weak reed by which to judge bias. If someone repeatedly posts claims that antidepressants variously cause suicide and rotted teeth (yup, one of David's claims) and that they are addictive and and these claims rely on dubious secondary sources for the authority of these claims, we can judge bias.

There are lots of sources of bias and source credibility is a persistent issue in the evaluation of incomplete information and whether to invest resources in gathering more information.

If someone such as David or Carl Elliot (a very interesting case in point) repeatedly pass on claims about the dangers of SSRIs made by someone (Healy) who has substantial direct financial gain if those claims are accepted, and data are not presented in a way that allows

independent evaluation and Healy's gig is not disclosed, we can judge bias.

Discussions such as these are inherently inefficient, but by now I thought we might get to some basics. To be provocative, let me suggest

1. That we (society and even psychology) need pharmaceutical companies to finance research because we are unwilling to make the tough choices of taking resources from other research (including behavioral sciences) to do drug research. Drug research is quite inefficient and much of it yields nothing. This poses lots of problems, but the solutions are not to be found in public financing of the bulk of drug research.

2. We need to rely in part on industry support of education, including advances in drug treatment, because, again, we are not willing to divert the resources to keep health professionals abreast of these developments. There are lots of problems inherent in this, but, again, Taliban solutions of banning contact between industry and doctors, residents, and students are going to be dismissed.

3. There are lots of aspects of university function and public service that now depend on industry support. Again, this poses numerous problems, but demanding that these intrusions have a wholesale halt are not going to be heeded.

4. There are probably areas of drug promotion where presentations have a huge effect, but not in saturated areas like antidepressants. They are most powerful where there are not competitive alternatives. And we need to give docs and residents more credit for their skepticism and indifference.

5. We need to keep drug research tied to universities because it is more corruptible and corrupting if it drifts free into the various intermediary companies that increasingly recruit patients in the community.

6. I have not had the time, opportunity, or inclination to pursue much industry support, but arguably for many purposes, more such sources is better than one or a few sources. The ability to grant unlimited benefits that are not otherwise available is the ability to coerce and corrupt.

7. There are lots of kinds of influences and conflicts of interest that are not industry related. One that should be of immediate concern to psychologists is the ties of positive psychology to right wing religious influences. I was not persuaded by Seligman's recent reassurances in the Monitor and I encourage others to check that out.

James C. Coyne, Ph.D.  
Co-Director, Behavioral Sciences and Health Services Research  
University of Pennsylvania Comprehensive Cancer Center and  
Professor  
Department of Psychiatry  
University of Pennsylvania Health System  
11 Gates  
3400 Spruce St  
Philadelphia, Pa 19104  
(215) 662-7035  
fax: (215) 349-5067

From jwb@alumni.stanford.org Thu Mar 28 07:18:55 2002  
Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id HAA20013  
for <sscpnet@listserv.it.northwestern.edu>; Thu, 28 Mar 2002 07:18:55  
-0600 (CST)

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<jwb@alumni.stanford.org> using -f

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for sscpnet@listserv.it.northwestern.edu; Thu, 28 Mar 2002 05:18:47 -  
0800

Message-ID: <006601c1d65b\$731c3140\$2efbfea9@D8FHHX01>

From: "John Winston Bush" <jwb@alumni.stanford.org>

To: "List: SSCPnet" <sscpnet@listserv.it.northwestern.edu>

Subject: Fw: [psychiatry-research] The Creation of Psychopharmacology

Date: Thu, 28 Mar 2002 08:04:44 -0500

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Reply-To: jwb@alumni.stanford.org

Sender: owner-sscpnet@listserv.it.northwestern.edu

X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN

Status: O

X-Status:

X-Keywords:

X-UID: 80

The Creation of Psychopharmacology  
David Healy  
\$39.95 Harvard

David Canter is professor of psychology at the University of Liverpool where he directs the Centre for Investigative Psychology

IT USED to be all repressed urges or childhood abuse. Now, the root cause of sadness is low levels of serotonin. Psychobabble has given way to biobabble. And as psychotropic drugs to treat the levels of feel-good brain chemicals proliferate, the definitions of all kinds of mental suffering are changing.

Everything from catatonia to shyness, it seems, is now a biological process that drugs can cure. We are now "medicalising distress", as David Healy says in his remarkably thorough history of the phenomenon, *The Creation of Psychopharmacology*.

Healy, a reader in psychological medicine at the University of Wales College of Medicine, shows how this bio-monopoly emerged to save psychiatry in the 1950s.

At the time there were a huge variety of talking cures and other treatments for mental illness, so the "awakening" of severely psychotic patients on chlorpromazine looked near-magical, the classic miracle cure. It inaugurated the new industry of psychopharmacology, and paved the way for a Faustian contract between psychiatrists and the pharmaceuticals companies.

Full text

<http://www.newscientist.com/opinion/opbooks.jsp?id=ns233610>

THE CREATION OF PSYCHOPHARMACOLOGY  
DAVID HEALY

Hardcover - 416 pages (January 2002)

Harvard Univ Pr; ISBN: 0674006194

AMAZON - US

<http://www.amazon.com/exec/obidos/ASIN/0674006194/darwinanddarwini/>

AMAZON - UK

<http://www.amazon.co.uk/exec/obidos/ASIN/0674006194/humannaturecom/>

David Healy follows his widely praised study, *The Antidepressant Era*, with an even more ambitious and dramatic story: the discovery and development of antipsychotic medication. Healy argues that the discovery of chlorpromazine (more generally known as Thorazine) is as significant in the history of medicine as the discovery of penicillin, reminding readers of the worldwide prevalence of insanity within living memory.

But Healy tells not of the triumph of science but of a stream of fruitful



accidents, of technological discovery leading neuroscientific research, of fierce professional competition and the backlash of the antipsychiatry movement of the 1960s. A chemical treatment was developed for one purpose, and as long as some theoretical rationale could be found, doctors administered it to the insane patients in their care to see if it would help. Sometimes it did, dramatically. Why these treatments worked, Healy argues provocatively, was, and often still is, a mystery. Nonetheless, such discoveries made and unmade academic reputations and inspired intense politicking for the Nobel Prize.

Once pharmaceutical companies recognized the commercial potential of antipsychotic medications, financial as well as clinical pressures drove the development of ever more aggressively marketed medications. With verve and immense learning, Healy tells a story with surprising implications in a book that will become the leading scholarly work on its compelling subject.

David Healy is Reader in Psychological Medicine at the University of Wales College of Medicine. He is the author of *The Antidepressant Era* (Harvard).

#### Editorial Reviews

"A tour de force--the finest work on the history of psychiatry since Ellenberger's *The Discovery of the Unconscious*." --Edward Shorter, University of Toronto.

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18:26:27 -0400 (EDT)  
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To: sscpnet@listserv.it.northwestern.edu  
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X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 81

Dear All,

FYI

doa

Friday, April 26, 2002

To all Centre Staff:

On Thursday, April 25, 2002, the Centre participated in mediation talks  
with Dr. David Healy and the University of Toronto. Mediation is a  
regular part of the litigation process in which parties come together to

discuss the issues related to the legal action.

An agreement has been reached among the parties. We are pleased to have a

resolution to this situation, and we are particularly pleased that Dr.

Healy has accepted our assurances that pharmaceutical companies played no

role in our decision to rescind his clinical appointment.

Under the terms of the agreement, all parties agreed not to discuss any other details of the mediation or the settlement.

Below is the joint statement of Dr. David Healy, the Centre for Addiction and Mental Health and the University of Toronto.

Sincerely,

Paul Garfinkel , MD FRCP (C) Jean Simpson

President and CEO

COO and Executive Vice President

JOINT STATEMENT OF DR. DAVID HEALY, THE CENTRE FOR  
ADDICTION AND MENTAL

HEALTH

AND THE UNIVERSITY OF TORONTO

Dr. David Healy, the Centre for Addiction and Mental Health, and the University of Toronto are pleased to announce the settlement of all litigation and other outstanding disputes.

Although Dr. Healy believes that his clinical appointment was

rescinded because of his November 30, 2000 speech at CAMH,  
Dr. Healy accepts assurances that pharmaceutical companies  
played no role in either CAMH's decision to rescind his clinical  
appointment  
or the University of Toronto's decision to rescind his academic appointment  
following upon the rescission of his clinical appointment.

Dr. Healy intends to continue to write and speak on issues concerning  
pharmaceutical companies, research and academic freedom.

The University of Toronto underscores its support for the free expression  
of critical views and acknowledges Dr. Healy's scholarship by confirming  
that it will be appointing him as a Visiting Professor in the Faculty of  
Medicine. For the next three academic years it is expected that Dr.  
Healy will visit the University for a period of one week per year to  
interact with a range of students, trainees, and faculty and carry forward  
his  
collaborative activities with colleagues in Toronto.

## Media Release

### Settlement in Healy Legal Dispute a Vindication

(Ottawa - April 29, 2002) The University of Toronto has agreed to a  
settlement in the highly-publicized case of Dr. David Healy and the Centre  
of Addiction and Mental Health.

Healy had launched a lawsuit last year against the University and CAMH alleging that his contract to be Clinical Director, Mood and Anxiety Program

with CAMH and Professor of Psychiatry with the University of Toronto had been inappropriately cancelled following a lecture he gave critical of the role of pharmaceutical companies in university research.

We see the settlement as a complete vindication for Dr. Healy, said Vic Catano, president of the Canadian Association of University Teachers.

In the joint statement released by the parties, the University said it underscores its support for free expression of critical views and acknowledges Dr. Healy's scholarship by confirming it will be appointing him as a Visiting Professor in the Faculty of Medicine.

This is a clear acknowledgement of the quality and integrity of Dr. Healy's scholarly work, Catano said.

The joint statement also indicates that Dr. Healy intends to continue to write and speak on issues concerning pharmaceutical companies, research and academic freedom.

Our hope, Catano said, is that the case also motivates the University of Toronto and all other universities in Canada to more vigorously defend the academic freedom of faculty appointed at university- affiliated teaching hospitals and research institutions.

David Antonuccio, Ph.D.  
Diplomate in Clinical Psychology, ABPP  
Professor, Dept. of Psychiatry and Behavioral Sciences

University of Nevada School of Medicine  
401 W. 2nd St., Suite 216  
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775-784-6388 x229  
FAX 775-784-1428

and

Director, Stop Smoking Program and Staff Psychologist  
Mental Health Service  
V.A. Sierra Nevada Health Care Network  
1000 Locust St.  
Reno, NV 89502  
775-328-1490  
FAX 775-328-1858

From Oliver2@aol.com Thu May 2 23:47:20 2002  
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by iris.it.northwestern.edu (8.9.3/8.9.3) id XAA11921  
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0400 (EDT)  
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Status: O  
X-Status:  
X-Keywords:  
X-UID: 82

Dear All:

the latest issue of Perspectives in Biology and Medicine has an article by

David Healy that is well-worth reading by anyone interested in the University of Toronto affair.

The exact reference is Healy, D. (2002) Conflicting Interests in Toronto. Perspectives in Biology and Medicine, 45 (2), 250-263.

I'd be happy to send the PDF to anyone who is interested but cannot access it on the web directly.

cordially,

David

David Antonuccio, Ph.D.  
Diplomate in Clinical Psychology, ABPP  
Professor, Dept. of Psychiatry and Behavioral Sciences  
University of Nevada School of Medicine  
401 W. 2nd St., Suite 216  
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775-784-6388 x229

and

Director, Stop Smoking Program and Staff Psychologist  
Mental Health Service  
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1000 Locust St.  
Reno, NV 89502  
775-328-1490

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for <sscpnet@listserv.acns.nwu.edu>; Mon, 13 May 2002 13:58:24 -  
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Date: Mon, 13 May 2002 14:13:42 -0400

To: sscpnet@listserv.acns.nwu.edu

From: "James C. Coyne" <jcoyne@mail.med.upenn.edu>

Subject: Reply to Query from Manchester Guardian (Fwd: Re: Dr Healy)  
Content-Type: multipart/alternative; boundary="===== \_-  
1190808873==\_ma===== "  
Reply-To: jcoyne@mail.med.upenn.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 83

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Content-Type: text/plain; charset="us-ascii" ; format="flowed"

>Date: Mon, 13 May 2002 14:11:20 -0400  
>To: Sarah.Boseley@guardian.co.uk  
>From: "James C. Coyne" <jcoyne@mail.med.upenn.edu>  
>Subject: Re: Dr Healy  
>Cc:  
>Bcc:  
>X-Attachments:

>

>>Dear. Ms. Bosley:

>>

>>I only know about the settlement because one of Healy's publicists,  
>>David Antonuccio has been keeping us informed on a clinical  
>>psychology listserv, SSCPnet. From the materials posted there, it  
>>appears that Healy and the University of Toronto agree that the  
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>>information that changed his mind. I don't know. He has not, to my  
>>knowledge retracted these earlier statements, but now merely  
>>contradicts them.

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>My limited involvement in the Healy/University of Toronto matter  
>began with a Toronto Globe and Mail reporter asked me to comment on  
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>because they claimed great familiarity with the whole affair.



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>and was able to substantiate my concerns about it. (1) he was  
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>that he had scientific support for the points (including that  
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University of Pennsylvania Comprehensive Cancer Center and  
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Department of Psychiatry  
University of Pennsylvania Health System  
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3400 Spruce St  
Philadelphia, Pa 19104  
(215) 662-7035  
fax: (215) 349-5067

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Content-Transfer-Encoding: quoted-printable

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fax: (215) 349-5067

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From jcoyne@mail.med.upenn.edu Thu May 23 11:50:14 2002

Received: (from mailnull@localhost)

by iris.it.northwestern.edu (8.9.3/8.9.3) id LAA24545

for <sscpnet@listserv.acns.nwu.edu>; Thu, 23 May 2002 11:50:14 -0500 (CDT)

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to <jcoyne@mail.med.upenn.edu> using -f

Received: from pobox.upenn.edu (pobox.upenn.edu [128.91.2.38]) by iris.itcs.northwestern.edu via smap (V2.0)

id xma024467; Thu, 23 May 02 11:49:46 -0500

Received: from [170.212.113.65] (node1.uphs.upenn.edu [165.123.243.76]) by pobox.upenn.edu (8.12.3/8.12.3) with ESMTP id

g4NGnY9G187164;

Thu, 23 May 2002 12:49:34 -0400 (EDT)

Mime-Version: 1.0

Message-Id: <v04220813b912c9abc107@[170.212.113.65]>

Date: Thu, 23 May 2002 13:05:13 -0400

To: sscpnet@listserv.acns.nwu.edu

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Subject: Re: Dr Healy (again or get out your crap/baloney detectors)

Cc: Sarah.Boseley@guardian.co.uk

Content-Type: multipart/alternative; boundary="===== \_-1189948982==\_ma====="

Reply-To: jcoyne@mail.med.upenn.edu

Sender: owner-sscpnet@listserv.it.northwestern.edu

X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN

Status: O

X-Status:

X-Keywords:

X-UID: 84

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Content-Type: text/plain; charset="us-ascii" ; format="flowed"

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>Dear Dr Coyne

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>I am writing a piece for the Guardian newspaper in London on the settlement of

>Dr David Healy's case against the University of Toronto, following their withdrawal of a job offer from him.

>

>I see that you have been a trenchant critic of Dr Healy - I note your letters to

>the BMJ. Can I ask you for your reaction to the settlement?

>

>Since Dr Healy's allegations centre on the influence of those who owe at least

>some of their livelihood to the pharmaceutical companies, however, may I also

>ask whether it is correct that you are or have been a paid consultant to Eli

>Lilly, for the Chamberlain Communications Group in New York which is employed by

>Eli Lilly and also for Solvay-Duphar? Is there any connection between those links and your criticisms of Dr Healy?

>

>Thank you for your time.  
>  
>Yours sincerely  
>Sarah Boseley  
>Health Editor  
>The Guardian  
>-----  
>  
>Visit Guardian Unlimited - the UK's most popular newspaper website  
><http://guardian.co.uk>      <http://observer.co.uk>  
>  
>-----  
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I did more research on the Healy article on Primary Care Psychiatry and was able to substantiate my concerns about it. (1) he was receiving substantial payments for testimony in which he claimed that he had scientific support for the points (including that particular antidepressants, SSRIs, make people suicidal) made in the article apparently BEFORE he conducted the research in which he now cites in support of these points and (2) he had received substantial payments from a drug company that would benefit from getting a market share of what is now held by SSRIs. Neither of these pre-existing conflicts of interest were noted on the article.

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best

Jim Coyne

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Dr David Healy's case against the University of Toronto, following their

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some of their livelihood to the pharmaceutical companies, however, may I also

ask whether it is correct that you are or have been a paid consultant to Eli

Lilly, for the Chamberlain Communications Group in New York which is employed by

Eli Lilly and also for Solvay-Duphar? Is there any connection between those

links and your criticisms of Dr Healy?

Thank you for your time.

Yours sincerely

Sarah Boseley

Health Editor

The Guardian

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</excerpt>

James C. Coyne, Ph.D.  
Co-Director, Behavioral Sciences and Health Services Research  
University of Pennsylvania Comprehensive Cancer Center and  
Professor  
Department of Psychiatry  
University of Pennsylvania Health System  
11 Gates  
3400 Spruce St

Philadelphia, Pa 19104

(215) 662-7035

fax: (215) 349-5067

--===== \_-1189948982==\_ma=====

From Sarah.Boseley@guardian.co.uk Thu May 23 12:42:47 2002

Received: (from mailnull@localhost)

by iris.it.northwestern.edu (8.9.3/8.9.3) id MAA06753

for <sscpnet@listserv.acns.nwu.edu>; Thu, 23 May 2002 12:42:46 -0500 (CDT)

From: Sarah.Boseley@guardian.co.uk

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to <Sarah.Boseley@guardian.co.uk> using -f

Received: from ldnmta01.guardian.co.uk (unknown [193.115.130.195]) by iris.itcs.northwestern.edu via smap (V2.0)

id xma006711; Thu, 23 May 02 12:42:27 -0500

Received: by ldnmta01.guardian.co.uk (Lotus SMTP MTA v4.6.7 (934.1 12-30-1999)) id 80256BC2.00626043 ; Thu, 23 May 2002 18:54:31 +0100

X-Lotus-FromDomain: GNL

To: sscpnet@listserv.acns.nwu.edu

Message-ID: <80256BC2.00625E45.00@ldnmta01.guardian.co.uk>

Date: Thu, 23 May 2002 18:40:41 +0100

Subject: Dr Coyne's diatribe

Mime-Version: 1.0

Content-type: text/plain; charset=us-ascii

Content-Disposition: inline

Reply-To: Sarah.Boseley@guardian.co.uk

Sender: owner-sscpnet@listserv.it.northwestern.edu

X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN

Status: O

X-Status:

X-Keywords:

X-UID: 85

Since Dr Coyne has felt the need to post a diatribe against me - a UK journalist

- on this list, I am posting my reply to him. I have no wish to engage in a public brawl, so I hope that will be the end of the matter.

Dear Dr Coyne

For the record, I have no connection whatsoever with the scientiologists. If you

looked further back you might find an article which I'm sure they have not

posted on their website, which was an attempt to expose their cult in the UK. I am not able to prevent them putting my articles on any website they have (I have never seen this site and was not aware they had done so). They have mailed me various things about drugs, but I always bin them.

I'm sorry you take exception to what I wrote about you. I felt it was fair. We obviously disagree. I note that you didn't reply to my second email, asking what you meant when you said you had received "hate mail" from Healy supporters. If you could have substantiated your allegations, I would have been happy to include those too.

I make no apology for having written plenty of stories about Dr Healy. I have done so because I find his allegations about the SSRIs disturbing and because I have yet to receive convincing evidence that he is wrong. When and if I do receive such evidence I will cease to write about these issues.

Can I say that I take exception to what I consider your bullying and intimidatory behaviour.

Yours  
Sarah Boseley  
Health Editor  
The GUardian

## MARS ATTACKS

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From Michael\_Bagby@camh.net Thu May 23 15:03:34 2002  
Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id PAA03068  
for <sscpnet@listserv.acns.nwu.edu>; Thu, 23 May 2002 15:03:27 -  
0500 (CDT)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<Michael\_Bagby@camh.net> using -f  
Received: from smtp.camh.net (smtp.camh.net [206.248.3.200]) by  
iris.itcs.northwestern.edu via smap (V2.0)  
id xma002981; Thu, 23 May 02 15:03:07 -0500  
Received: FROM cipems.camh.net BY smtp.camh.net ; Thu May 23 16:09:28  
2002 -0400  
Received: by cipems.camh.net with Internet Mail Service (5.5.2653.19)  
id <JGF94VFC>; Thu, 23 May 2002 16:02:07 -0400  
Message-ID:  
<3DC02523260FD41191A00090273DF0F301D4BF22@cipems.camh.net>  
From: Michael Bagby <Michael\_Bagby@camh.net>  
To: "James C. Coyne" <jcoyne@mail.med.upenn.edu>,  
sscpnet@listserv.acns.nwu.edu  
Cc: Sarah.Boseley@guardian.co.uk  
Subject: RE: Dr Healy (again or get out your crap/baloney detectors)  
Date: Thu, 23 May 2002 16:02:06 -0400  
MIME-Version: 1.0  
X-Mailer: Internet Mail Service (5.5.2653.19)  
Content-Type: multipart/mixed;  
boundary="-----\_=\_NextPart\_000\_01C20294.B67F3300"  
Reply-To: Michael\_Bagby@camh.net  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 86

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this format, some or all of this message may not be legible.

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boundary="-----\_=\_NextPart\_001\_01C20294.B67F3300"

-----\_=\_NextPart\_001\_01C20294.B67F3300  
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charset="iso-8859-1"

I would you like all of you to go to the CAMH website where it is stated, as part of the settlement, that Dr. Healy accepts that industry pressure did not influence the retraction of his offer. Seems to me that closes the case and indicates other factors played a role. I suppose that the more cynical among you would argue that Dr. Healy just made that concession to settle and walk away with an undisclosed \$ payment. However, Dr. Healy has become a champion for academic freedom and would, therefore, not alter the truth or distort the facts for a sum of money or the other inducements that were part of the settlement. I also attach a letter that I sent to the Globe & Mail in response to an article by Michael Valpy, a writer for the G&M, who covered the CAMH/Healy settlement. To my knowoledge, the G&M chose not to published it.

R. Michael Bagby, Ph.D., C.Psych.  
Professor, Department of Psychiatry  
University of Toronto  
Head, Section on Personality and Psychopathology  
Centre for Addiction and Mental Health

Mailing address:

Centre for Addiction and Mental Health  
Clarke Site  
250 College Street  
Toronto, Ontario M5T 1R8  
Canada

Tele: 1-416-535-8501, ext 6939  
FAX: 1-416-979-6821  
e-mail: michael\_bagby@camh.net

-----Original Message-----

From: James C. Coyne [mailto:jcoyne@mail.med.upenn.edu]  
Sent: Thursday, May 23, 2002 1:05 PM  
To: sscpnet@listserv.acns.nwu.edu  
Cc: Sarah.Boseley@guardian.co.uk  
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STEP 1 Go to GOOGLE.COM and do a search on SARAH BOSELEY. She has quite a trail of writings on Healy (see for instance [www.pssg.org/infopacket.htm](http://www.pssg.org/infopacket.htm)). However, the interesting STEP 2 if you use INTERNET EXPLORER. go to TOOLS and request SHOW RELATED LINKS for some of them. Voila! with a few trials we are in the la la land of Peter Breggin (<http://www.breggin.com/>) and scientology sites. Sarah Boseley's collected works. The SHOW RELATED LINKS, unlike GOOGLE, relies on tracking web traffic, not semantic similarities. Now, travel around in the SCIENTOLOGY sites and you will find the source of many of Antonuccio's postings (including Boseley articles) from newspapers scattered hither and yon. None of us really thought he read all these newspapers, did we? Happy surfing.

Ms. BOSELEY , Je vous accuse. you lack journalistic integrity. How about finally discussing Healy's conflicts of interest around which you tactfully tiptoe .Are they not relevant?

>From the Financial Times Limited via NewsEdge Corporation : Source: The Guardian, May

21, 2002

"Professor Coyne told the Globe and Mail that he did not have drug company funding for his research. His name, however, is on the Eli Lilly website as a member of a committee handing out awards"to recognise excellence and courage in the mental health community". He is also a member of the Depression Knowledge Center Advisory Board, which describes itself as an independent institution, but is funded by Solvay Pharmaceuticals, which

manufactures an SSRI.

The professor says he was paid \$1,000 by Chamberlain Communications to judge an Eli Lilly-funded award. It was Chamberlain that organised prominent

scientists to write reviews of the book Prozac Backlash, lambasting it for its criticisms of Lilly's best-selling drug, which were then sent to

newspapers. Professor Coyne says he was also paid \$400 indirectly by Solvay

for an article criticising over-reliance on antidepressants at the end of life. "I leave for you to decide for yourself if these interests motivate my critiques of Healy. If these payments are the source for my critiques, I obviously come cheap," he told the Guardian.

Dr Healy says that, to his anger, Professor Coyne's criticisms of him in the

BMJ were later passed to a journalist from Health Which in the UK by the Royal College of Psychiatrists, without an opportunity for him to refute them. He claims that the findings from his study have since been supported by a great deal more evidence that he has obtained through the court hearings and in company archives. He has passed much of his evidence to the

Medicines Control Agency, which regulates the drugs.

The Healy case has shown up the blurring of the boundaries between academic

institutions, which are short of money, and an industry that has a bottomless wallet - certainly in an area like psychiatry, where drugs have become hugely important. There is an urgent need for more openness, but the

stakes have become very high."



MY ORIGINAL E-MAIL FROM WHICH THESE INFERENCES WERE  
DRAWN

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James C. Coyne, Ph.D.

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University of Pennsylvania Health System

11 Gates

3400 Spruce St

Philadelphia, Pa 19104

(215) 662-7035

fax: (215) 349-5067

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would you like all of you to go to the CAMH website where it is stated,&nbsp;as

part of the settlement, </SPAN></FONT></DIV>

<DIV><FONT color=#0000ff face=Arial size=2><SPAN class=940403219-23052002>that

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face=Arial size=2><SPAN class=940403219-23052002>&nbsp;</SPAN></FONT></DIV>  
<DIV>&nbsp;</DIV>  
<P><FONT face=Arial size=2>R. Michael Bagby, Ph.D., C.Psych.</FONT>  
<BR><FONT face=Arial size=2>Professor, Department of Psychiatry</FONT>  
<BR><FONT face=Arial size=2>University of Toronto</FONT> <BR><FONT face=Arial size=2>Head,  
Section on Personality and Psychopathology</FONT> <BR><FONT face=Arial  
size=2>Centre for Addiction and Mental Health</FONT> </P>  
<P><FONT face=Arial size=2>Mailing address: </FONT></P>  
<P><FONT face=Arial size=2>Centre for Addiction and Mental Health</FONT>

<BR><FONT face=Arial size=2>Clarke Site</FONT> <BR><FONT face=Arial size=2>250

College Street</FONT> <BR><FONT face=Arial size=2>Toronto, Ontario M5T

1R8</FONT> <BR><FONT face=Arial size=2>Canada </FONT></P>

<P><FONT face=Arial size=2>Tele: 1-416-535-8501, ext 6939</FONT>

<BR><FONT

face=Arial size=2>FAX: 1-416-979-6821</FONT> <BR><FONT face=Arial size=2>e-mail:

michael\_bagby@camh.net</FONT> </P>

<BLOCKQUOTE style="MARGIN-RIGHT: 0px">

<DIV align=left class=OutlookMessageHeader dir=ltr><FONT face=Tahoma size=2>-----Original Message-----<BR><B>From:</B> James C. Coyne [mailto:jcoyne@mail.med.upenn.edu]<BR><B>Sent:</B> Thursday, May 23, 2002 1:05

PM<BR><B>To:</B> sscpnet@listserv.acns.nwu.edu<BR><B>Cc:</B>

Sarah.Boseley@guardian.co.uk<BR><B>Subject:</B> Re: Dr Healy (again or get out

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<P>STEP 1 Go to GOOGLE.COM and do a search on SARAH BOSELEY.

She has quite a

trail of writings on Healy (see for instance <FONT color=#008000 face=Arial>www.pssg.org/infopacket.htm</FONT>). However, the interesting

STEP

2 if you use INTERNET EXPLORER. go to TOOLS and request SHOW RELATED LINKS for

some of them. Voila! with a few trials we are in the la la land of Peter Breggin (<http://www.breggin.com/>) and scientology sites. Sarah Boseley's collected works. The SHOW RELATED LINKS, unlike GOOGLE, relies on

tracking web

traffic, not semantic similarities. Now, travel around in the SCIENTOLOGY sites and you will find the source of many of Antonuccio's postings (including Boseley articles) from newspapers scattered hither and yon. None of us

really

thought he read all these newspapers, did we? Happy surfing.

</P><BR><BR>

<P>Ms. BOSELEY , Je vous accuse. you lack journalistic integrity. How about

finally discussing Healy's conflicts of interest around which you tactfully tiptoe .Are they not relevant? </P><BR><BR>

<P>From the Financial Times Limited via NewsEdge Corporation : Source: The

Guardian, May  
<P>21, 2002 </P><BR>  
<P><B>"Professor Coyne told the Globe and Mail that he did not have drug  
company </B></P>  
<P><B>funding for his research. His name, however, is on the Eli Lilly  
website  
as </B></P>  
<P><B>a member of a committee handing out awards"to recognise  
excellence and  
</B></P>  
<P><B>courage in the mental health community". He is also a member of  
the  
</B></P>  
<P><B>Depression Knowledge Center Advisory Board, which describes  
itself as an  
</B></P>  
<P><B>independent institution, but is funded by Solvay Pharmaceuticals,  
which  
</B></P>  
<P><B>manufactures an SSRI. </B></P>  
<P><B>The professor says he was paid \$1,000 by Chamberlain Communi  
cations to  
</B></P>  
<P><B>judge an Eli Lilly-funded award. It was Chamberlain that organised  
prominent </B></P>  
<P><B>scientists to write reviews of the book Prozac Backlash, lambasting  
it  
for </B></P>  
<P><B>its criticisms of Lilly's best-selling drug, which were then sent to  
</B></P>  
<P><B>newspapers. Professor Coyne says he was also paid \$400 indirectly  
by  
Solvay </B></P>  
<P><B>for an article criti cising over-reliance on antidepressants at the end  
of </B></P>  
<P><B>life."I leave for you to decide for yourself if these interests motivate  
my </B></P>  
<P><B>critiques of Healy. If these payments are the source for my critiques,  
I  
</B></P>  
<P><B>obviously come cheap,"he told the Guardian. </B></P>  
<P><B>Dr Healy says that, to his anger, Professor Coyne's criticisms of him  
in  
the </B></P>  
<P><B>BMJ were later passed to a journalist from Health Which in the UK  
by the  
</B></P>  
<P><B>Royal College of Psychiatrists, without an opportunity for him to  
refute  
</B></P>



<P><B>them. He claims that the findings from his study have since been supported </B></P>  
<P><B>by a great deal more evidence that he has obtained through the court  
</B></P>  
<P><B>hearings and in company archives. He has passed much of his evidence to  
the </B></P>  
<P><B>Medicines Control Agency, which regulates the drugs. </B></P>  
<P><B>The Healy case has shown up the blurring of the boundaries between  
academic </B></P>  
<P><B>institutions, which are short of money, and an industry that has a  
</B></P>  
<P><B>bottomless wallet - certainly in an area like psychiatry, where drugs have  
</B></P>  
<P><B>become hugely important. There is an urgent need for more openness, but  
the </B></P>  
<P><B>stakes have become very high." </B></P><BR><BR>  
<P>MY ORIGINAL E-MAIL FROM WHICH THESE INFERENCES WERE DRAWN </P><BR>  
<P>Dear. Ms. Bosley: </P><BR>  
<P>I only know about the settlement because one of Healy's publicists, David  
<FONT face=Times\_New\_Roman size=4>Antonuccio has been keeping us informed on a  
clinical psychology listserv, SSCPnet. From the materials posted there, it appears that Healy and the University of Toronto agree that the drug companies  
played no role in his appointment at U of T getting rescinded. I do know how to reconcile that statement with others Healy has made. To give Healy the benefit of a doubt, perhaps in some recent negotiation, the University of Toronto provided some information that changed his mind. I don't know. He has  
not, to my knowledge retracted these earlier statements, but now merely contradicts them. </FONT></P><BR>  
<P>My limited involvement in the Healy/University of Toronto matter began with  
a Toronto Globe and Mail reporter asked me to comment on the offer to him being rescinded. She would not disclose how she got my name and when I stated  
that I was unfamiliar with his recent research (I knew of his earlier book, the antidepressant era and liked it, even if there were some exaggerated statements in it), she offered to fax me his recent article in Primary Care Psychiatry. I read it, did not like it, and told her so in a subsequent telephone call. She got angry and called me a tool of the drug companies, and  
indicated that she could not use the report on the Primary Care Psychiatry article I had prepared for her. I sent a letter to the Globe and Mail

describing this experience and got a series of threatening emails in response,  
apparently from Healy associates, because they claimed great familiarity with  
the whole affair. </P><BR>

<P>I did more research on the Healy article on Primary Care Psychiatry and was  
able to substantiate my concerns about it. (1) he was receiving substantial  
payments for testimony in which he claimed that he had scientific support for  
the points (including that particular antidepressants, SSRIs, make people  
suicidal) made in the article apparently BEFORE he conducted the research  
in

which he now cites in support of these points and (2) he had received  
substantial payments from a drug company that would benefit from getting a  
market share of what is now held by SSRIs. Neither of these pre-existing  
conflicts of interest were noted on the article. </P><BR>

<P>The article was published in a source that is not indexed in the Medline.  
Primary Care Psychiatry apparently does not meet the minimal standards for  
inclusion in Medline and is thus not accessible to most peers. Yet Healy and  
his publicists engaged in a flurry of direct press release communications to  
newspaper reporters via legal firms and prozac-survivor type fringe groups.  
Another of Healy's publicists, Carl Elliot, published Healy's claims in  
Hastings Center Report. This apparently led to quite a flap and a change in  
editorial policies so that such claims now receive peer review. What's the  
point here? Healy's claims were published and promoted in a way that most  
professionals would find unorthodox at best, and unprofessional at worst.  
</P><BR>

<P>The "research" reported by Healy involved administering drugs to  
subordinates at a hospital where he worked. He reported results so that an  
underling trainee and an administrative support person who claimed adverse  
reactions were clearly identifiable. I do not know what standards exist in the  
UK, but at the hospital where I work, I would be subject to serious  
disciplinary action for breaches of the rights of subordinates and of  
participants in research if I had done this. </P><BR>

<P>Healy's "research" finds that 1/10 persons taking an SSRI  
antidepressant

will become suicidal. This strains credibility. I am all for reporting  
provocative findings, but generally expect that one should try to reconcile  
one's findings with what other researchers claim, if only to assert how they  
got the wrong results. Here, as elsewhere Healy is violating some norms of  
scientific communication and conduct. </P><BR>

<P>In general, Healy's cover story that he was just doing quality of life  
research and had this surprising result is not credible. One does not do  
quality of life research on colleagues and certainly not underlings, and  
quality of life research typically involves sophisticated controls that were  
lacking in what Healy reported. </P><BR>

<P>To summarize, I am a great fan of John Stauber's entertaining book,  
Trust

us, we're experts, about how various special interest groups manipulate the  
press and therefore the public. From what I know, Healy's behavior seems to

fit this model. </P><BR>

<P>As for my own financial interests, I received \$1000 from Chamberlain Communications to judge candidates for an award for efforts to de-stigmatize depression. I was particularly impressed by an Ethiopian who had done work with immigrants in Washington, DC and will present him with \$5,000 to be donated to a charity of his choice. Lilly gives money to Chamberlain for their awards program. </P><BR>

<P>When I first made public statements about Healy, Dr. David David

<FONT

face=Times\_New\_Roman size=4>Antonuccio</FONT> accused me of being paid by

Solvay-Duphar. the best I can figure is that this company must have been the

financial supporter for a Dutch Depression Literature Review service on the internet. I think the service is defunk, but I wrote for them an article criticizing the medicalization of end of life care and the overreliance on antidepressants in place of support and compassion. I think I was paid \$400.

</P><BR>

<P>I think judgments of conflicts of interest and attributions of reasons for expressing opinions are best made by someone other than the person voicing an

opinion, so I leave for you to decide for yourself if these interests motivate my critiques of Healy. If these payments are the source for my critiques, I obviously come cheap. </P><BR>

<P>best </P><BR>

<P>Jim Coyne </P><BR><BR><BR><BR><BR>

<P>Dear Dr Coyne </P><BR>

<P>I am writing a piece for the Guardian newspaper in London on the settlement of </P>

<P>Dr David Healy's case against the University of Toronto, following their </P>

<P>withdrawal of a job offer from him. </P><BR>

<P>I see that you have been a trenchant critic of Dr Healy - I note your letters to </P>

<P>the BMJ. Can I ask you for your reaction to the settlement? </P><BR>

<P>Since Dr Healy's allegations centre on the influence of those who owe at least </P>

<P>some of their livelihood to the pharmaceutical companies, however, may

I

also </P>

<P>ask whether it is correct that you are or have been a paid consultant to Eli </P>

<P>Lilly, for the Chamberlain Communications Group in New York which is employed by </P>

<P>Eli Lilly and also for Solvay-Duphar? Is there any connection between those

</P>

<P>links and your criticisms of Dr Healy? </P><BR>

<P>Thank you for your time. </P><BR>  
<P>Yours sincerely </P>  
<P>Sarah Boseley </P>  
<P>Health Editor </P>  
<P>The Guardian </P>  
<P>----- </P><BR>  
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</P>  
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<P>James C. Coyne, Ph.D. </P>  
<P>Co-Director, Behavioral Sciences and Health Services Research </P>  
<P>University of Pennsylvania Comprehensive Cancer Center and </P>  
<P>Professor </P>  
<P>Department of Psychiatry </P>  
<P>University of Pennsylvania Health System </P>  
<P>11 Gates </P>  
<P>3400 Spruce St </P>  
<P>Philadelphia, Pa 19104 </P>  
<P>(215) 662-7035 </P>  
<P>fax: (215) 349-5067 </P></BLOCKQUOTE></BODY></HTML>

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Received: from Oliver2@aol.com  
by imo-m06.mx.aol.com (mail\_out\_v32.5.) id n.196.77f8ad3 (25309);  
Fri, 24 May 2002 14:06:02 -0400 (EDT)  
Message-ID: <196.77f8ad3.2a1fdb09@aol.com>  
Date: Fri, 24 May 2002 14:06:01 EDT  
Subject: Answer: Chamberlain Communications Group, Eli Lilly, and Dr.  
Coyne  
To: jcoyne@mail.med.upenn.edu  
CC: sscpnet@listserv.it.northwestern.edu, Sarah.Boseley@guardian.co.uk  
MIME-Version: 1.0  
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Question: Which Public Relations firm, giant pharmaceutical corporation, and psychologist can all fit into the same bed?

Dear Jim:

I really do try to ignore you. I guess I'm just not very good at it. You probably notice that I never initiate contact with you until you accuse me of something ridiculous at least several times and then for some reason (cultural?) I decide I want to respond. I ignored the initial posting of your letter to Ms. Boseley partly because I thought it showed that you actually did have a sense of humor and I appreciated it for that reason. But it now appears you did not intend it to be funny. You suggest that I told Ms. Boseley about you and your drug company connections. Please be assured that I have never had any contact whatsoever, email or otherwise, with Sara Boseley, though I will say that I admire her work and I'd be happy to talk with her if she would like. The truth is that I would never suggest that any reporter contact you ever under any circumstances because I would only refer a reporter to someone with credibility, and I'm afraid yours has run out. Your cover is blown and your industry connections are now well documented. You denied them for a long time and seem only to acknowledge them now because they have been uncovered. I am starting to think that all of us on SSCPnet should have to disclose all financial conflicts of interest as is done in top publications and other public forums. If it were up to me, public relations firms would not be permitted to have any input into SSCPnet.

Let me be very clear about my perspective. You work for Chamberlain Communications Group. The key word is COMMUNICATIONS. CCG is Lilly's public

relations firm. Their job is to promote Lilly's products and to challenge those who they deem to be in opposition to this goal. Since they pay you, that is also your real job. You indicated that they paid you (and I'm supposing each of the other awards committee members) \$1000 to choose an award. It is good work if you can get it. Would you care to tell us who attends the meetings and whether you have ever discussed Dr. Healy during your meetings with CCG? Is there anyone else who has posted to SSCPnet who works for CCG? If so, this might as well come out now because chances are that it will eventually be uncovered anyway. It appears to me that you are their primary viral marketing expert but there may be others. Apparently you are their designated internet bully (it is surprising how many people have independently used that word to describe your behavior) whose job is to attempt to character assassinate those that CCG sees as a threat to Lilly. You're like the guy on the hockey team who likes to fight and doesn't care if he gets bloodied in the process. Does CCG know exactly what you are up to? If not, please send them copies of all of these exchanges. I wouldn't be surprised if CCG decides that your Jerry Springer inspired public relations efforts are not working, especially now that everyone knows you are in their employ. From my perspective your efforts are making CCG look bad. Your letters to the editor about Dr. Healy and Dr. Elliot are transparent public relations strategies. Whatever CCG is paying you, they are not getting their money's worth. In fact, I wouldn't be surprised if Lilly decides to change PR firms if you continue your bullying behavior. Surely a smart and successful company like Lilly will realize that such public brawling is not in their best interests.

As is mentioned in Ms. Boseley's article, it is well documented that CCG orchestrated efforts to discredit Dr. Glenmullen when his book Prozac Backlash came out. If anyone doubts this, I have a jpg file with a copy of a letter on CCG letterhead sent to Newsday offering to provide experts to "balance" the claims in Dr. Glenmullen's book. I'd be happy to email it to anyone who might be interested (it may have to wait until after the holiday weekend though). There is really nothing earth shattering about this letter or these strategies. This is just good public relations but usually the public doesn't understand how well the effort is coordinated. It is designed to appear as if independent experts are taking it upon themselves to challenge other scientists. Nothing could be further from the truth in the cases of Dr. Glenmullen or Dr. Healy and probably many others. The clever use of "experts" is outlined pretty well in a May 15 New York Times piece by Melody Peterson about the marketing of the drug neurontin and of course also in the book Trust Us, We're Experts.

Now I would like to make a public request that you simply ignore me and I will pledge to ignore you. I'm sure this list has better things to discuss.

Have a good holiday weekend.

Sincerely,

David

David Antonuccio, Ph.D.  
Diplomate in Clinical Psychology, ABPP  
Professor of Psychiatry and Behavioral Sciences  
University of Nevada School of Medicine  
401 W. 2nd St., Suite 216  
Reno, NV 89503  
775-784-6388 x229  
FAX 775-784-1428

and

Director, Stop Smoking Program and Staff Psychologist  
Mental Health Service  
V.A. Sierra Nevada Health Care Network  
1000 Locust St.  
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775-328-1490  
FAX 775-328-1858

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Message-Id: <v04220813b912c9abc107@[170.212.113.65]>

Date: Thu, 23 May 2002 13:05:13 -0400

To: sscpnet@listserv.acns.nwu.edu

From: "James C. Coyne" <jcoyne@mail.med.upenn.edu>

Subject: Re: Dr Healy (again or get out your crap/baloney detectors)

Cc: Sarah.Boseley@guardian.co.uk

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>On 5/13 I responded to a reporter's questions with the attached

>(below) email and cc'ed sscpnet. Here, in quotes, is how it got

>written up in the Manchester Guardian. I am flattered that Ms.



>Boseley considers me so well connected and influential --or maybe I  
>should be indignant that she thinks I come so cheap. Thanks, David  
>Antonuccio for bringing me to her attention. But ,anyway here is the  
>more interesting and broader lesson in crap/baloney detecting,  
>complete with some tools you can use yourself.

>STEP 1 Go to GOOGLE.COM and do a search on SARAH BOSELEY. She  
has

>quite a trail of writings on Healy (see for instance

>[www.pssg.org/infopacket.htm](http://www.pssg.org/infopacket.htm)). However, the interesting STEP 2 if you

>use INTERNET EXPLORER. go to TOOLS and request SHOW RELATED  
LINKS

>for some of them. Voila! with a few trials we are in the la la land

>of Peter Breggin (<http://www.breggin.com/>) and scientology sites.

>Sarah Boseley's collected works. The SHOW RELATED LINKS, unlike

>GOOGLE, relies on tracking web traffic, not semantic similarities.

>Now, travel around in the SCIENTOLOGY sites and you will find the

>source of many of Antonuccio's postings (including Boseley articles)

>from newspapers scattered hither and yon. None of us really thought

>he read all these newspapers, did we? Happy surfing.

Ms. BOSELEY , Je vous accuse. you lack journalistic integrity. How  
about finally discussing Healy's conflicts of interest around which  
you tactfully tiptoe .Are they not relevant?

From the Financial Times Limited via NewsEdge Corporation : Source:  
The Guardian, May

21, 2002

"Professor Coyne told the Globe and Mail that he did not have drug company funding for his research. His name, however, is on the Eli Lilly website as a member of a committee handing out awards "to recognise excellence and courage in the mental health community". He is also a member of the Depression Knowledge Center Advisory Board, which describes itself as an independent institution, but is funded by Solvay Pharmaceuticals, which manufactures an SSRI.

The professor says he was paid \$1,000 by Chamberlain Communications to judge an Eli Lilly-funded award. It was Chamberlain that organised prominent scientists to write reviews of the book Prozac Backlash, lambasting it for its criticisms of Lilly's best-selling drug, which were then sent to newspapers. Professor Coyne says he was also paid \$400 indirectly by Solvay

for an article criticising over-reliance on antidepressants at the end of life. "I leave for you to decide for yourself if these interests motivate my critiques of Healy. If these payments are the source for my critiques, I obviously come cheap," he told the Guardian.

Dr Healy says that, to his anger, Professor Coyne's criticisms of him in the BMJ were later passed to a journalist from Health Which in the UK by the Royal College of Psychiatrists, without an opportunity for him to refute them. He claims that the findings from his study have since been supported by a great deal more evidence that he has obtained through the court hearings and in company archives. He has passed much of his evidence to the

Medicines Control Agency, which regulates the drugs.

The Healy case has shown up the blurring of the boundaries between academic

institutions, which are short of money, and an industry that has a

bottomless wallet - certainly in an area like psychiatry, where drugs have

become hugely important. There is an urgent need for more openness, but the

stakes have become very high."

MY ORIGINAL E-MAIL FROM WHICH THESE INFERENCES WERE  
DRAWN

>Dear. Ms. Bosley:

>

>I only know about the settlement because one of Healy's publicists,

>David Antonuccio has been keeping us informed on a clinical

>psychology listserv, SSCPnet. From the materials posted there, it

>appears that Healy and the University of Toronto agree that the drug

>companies played no role in his appointment at U of T getting

>rescinded. I do know how to reconcile that statement with others

>Healy has made. To give Healy the benefit of a doubt, perhaps in

>some recent negotiation, the University of Toronto provided some

>information that changed his mind. I don't know. He has not, to my

>knowledge retracted these earlier statements, but now merely

>contradicts them.

My limited involvement in the Healy/University of Toronto matter

began with a Toronto Globe and Mail reporter asked me to comment on

the offer to him being rescinded. She would not disclose how she got my name and when I stated that I was unfamiliar with his recent research (I knew of his earlier book, the antidepressant era and liked it, even if there were some exaggerated statements in it), she offered to fax me his recent article in Primary Care Psychiatry. I read it, did not like it, and told her so in a subsequent telephone call. She got angry and called me a tool of the drug companies, and indicated that she could not use the report on the Primary Care Psychiatry article I had prepared for her. I sent a letter to the Globe and Mail describing this experience and got a series of threatening emails in response, apparently from Healy associates, because they claimed great familiarity with the whole affair.

I did more research on the Healy article on Primary Care Psychiatry and was able to substantiate my concerns about it. (1) he was receiving substantial payments for testimony in which he claimed that he had scientific support for the points (including that particular antidepressants, SSRIs, make people suicidal) made in the article apparently BEFORE he conducted the research in which he now cites in support of these points and (2) he had received substantial payments from a drug company that would benefit from getting a market share of what is now held by SSRIs. Neither of these pre-existing conflicts of interest were noted on the article.

The article was published in a source that is not indexed in the Medline. Primary Care Psychiatry apparently does not meet the minimal

standards for inclusion in Medline and is thus not accessible to most peers. Yet Healy and his publicists engaged in a flurry of direct press release communications to newspaper reporters via legal firms and prozac-survivor type fringe groups. Another of Healy's publicists, Carl Elliot, published Healy's claims in Hastings Center Report. This apparently led to quite a flap and a change in editorial policies so that such claims now receive peer review. What's the point here? Healy's claims were published and promoted in a way that most professionals would find unorthodox at best, and unprofessional at worst.

The "research" reported by Healy involved administering drugs to subordinates at a hospital where he worked. He reported results so that an underling trainee and an administrative support person who claimed adverse reactions were clearly identifiable. I do not know what standards exist in the UK, but at the hospital where I work, I would be subject to serious disciplinary action for breaches of the rights of subordinates and of participants in research if I had done this.

Healy's "research" finds that 1/10 persons taking an SSRI antidepressant will become suicidal. This strains credibility. I am all for reporting provocative findings, but generally expect that one should try to reconcile one's findings with what other researchers claim, if only to assert how they got the wrong results. Here, as elsewhere Healy is violating some norms of scientific communication

and conduct.

In general, Healy's cover story that he was just doing quality of life research and had this surprising result is not credible. One does not do quality of life research on colleagues and certainly not underlings, and quality of life research typically involves sophisticated controls that were lacking in what Healy reported.

To summarize, I am a great fan of John Stauber's entertaining book, Trust us, we're experts, about how various special interest groups manipulate the press and therefore the public. From what I know, Healy's behavior seems to fit this model.

As for my own financial interests, I received \$1000 from Chamberlain Communications to judge candidates for an award for efforts to de-stigmatize depression. I was particularly impressed by an Ethiopian who had done work with immigrants in Washington, DC and will present him with \$5,000 to be donated to a charity of his choice. Lilly gives money to Chamberlain for their awards program.

When I first made public statements about Healy, Dr. David David Antonuccio accused me of being paid by Solvay-Duphar. the best I can figure is that this company must have been the financial supporter for a Dutch Depression Literature Review service on the internet. I think the service is defunk, but I wrote for them an article criticizing the medicalization of end of life care and the overreliance on antidepressants in place of support and compassion. I

think I was paid \$400.

I think judgments of conflicts of interest and attributions of reasons for expressing opinions are best made by someone other than the person voicing an opinion, so I leave for you to decide for yourself if these interests motivate my critiques of Healy. If these payments are the source for my critiques, I obviously come cheap.

best

Jim Coyne

>Dear Dr Coyne

>

>I am writing a piece for the Guardian newspaper in London on the settlement of

>Dr David Healy's case against the University of Toronto, following their

>withdrawal of a job offer from him.

>

>I see that you have been a trenchant critic of Dr Healy - I note

>your letters to

>the BMJ. Can I ask you for your reaction to the settlement?

>

>Since Dr Healy's allegations centre on the influence of those who owe at least

>some of their livelihood to the pharmaceutical companies, however, may I also

>ask whether it is correct that you are or have been a paid consultant to Eli

>Lilly, for the Chamberlain Communications Group in New York which is

>employed by

>Eli Lilly and also for Solvay-Duphar? Is there any connection between those

>links and your criticisms of Dr Healy?

>

>Thank you for your time.

>

>Yours sincerely

>Sarah Boseley

>Health Editor

>The Guardian

>-----

>

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>

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>

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James C. Coyne, Ph.D.

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Professor

Department of Psychiatry

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11 Gates

3400 Spruce St

Philadelphia, Pa 19104

(215) 662-7035

fax: (215) 349-5067

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Content-Type: text/enriched; charset="us-ascii"

Content-Transfer-Encoding: quoted-printable>>

From Oliver2@aol.com Fri May 24 13:15:46 2002  
Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id NAA21572  
for <sscpnet@listserv.it.northwestern.edu>; Fri, 24 May 2002 13:15:45  
-0500 (CDT)  
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<Oliver2@aol.com> using -f  
Received: from imo-m09.mx.aol.com (imo-m09.mx.aol.com [64.12.136.164])  
by iris.itcs.northwestern.edu via smap (V2.0)  
id xma021540; Fri, 24 May 02 13:15:37 -0500  
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by imo-m09.mx.aol.com (mail\_out\_v32.5.) id h.34.280aa79e (25309);  
Fri, 24 May 2002 14:14:58 -0400 (EDT)  
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Date: Fri, 24 May 2002 14:14:58 EDT  
Subject: BMJ summary of Healy settlement  
To: Michael\_Bagby@camh.net, Sarah.Boseley@guardian.co.uk  
CC: sscpnet@listserv.it.northwestern.edu  
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Sender: owner-sscpnet@listserv.it.northwestern.edu  
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X-UID: 88

Dear Dr. Bagby:

Apparently ACCEPTING and BELIEVING the CAMH assurances are two different things. Here is a summary of the settlement from a recent issue of the British Medical Journal. I think it paints a pretty balanced picture. It is interesting to me that the university chose to hire Dr. Healy as a visiting scholar over the next 3 years. Presumably that decision reflects the fact that he is eminently qualified for the position.

cordially,

David

David Antonuccio, Ph.D.  
Diplomate in Clinical Psychology, ABPP  
Professor, Dept. of Psychiatry and Behavioral Sciences

University of Nevada School of Medicine  
401 W. 2nd St., Suite 216  
Reno, NV 89503  
775-784-6388 x229  
FAX 775-784-1428

and

Director, Stop Smoking Program and Staff Psychologist  
Mental Health Service  
V.A. Sierra Nevada Health Care Network  
1000 Locust St.  
Reno, NV 89502  
775-328-1490  
FAX 775-328-1858

BMJ 2002;324:1177 ( 11 May )

News roundup

Psychiatrist settles dispute with Toronto University

David Spurgeon Quebec

David Healy, the psychiatrist from the University of Wales who sued the University of Toronto for \$C9.4 million (£4.1m; \$US6m; ?6.6m), claiming violation of academic freedom and defamation as a scientist and physician, has been named visiting professor in the Canadian university's medical faculty. His supporters regard this as a vindication for Dr Healy.

In September 2000, Dr Healy accepted the post of director of the mood and anxiety disorders programme at the university's affiliated Centre for Addiction and Mental Health, which included a university professorship. After delivering a lecture at the Centre in November 2000, during which he voiced criticisms of psychotropic drugs, the offer was abruptly rescinded. Dr Healy and his supporters believed the rescindment was due to his remarks about the drugs, which included Prozac (fluoxetine), manufactured by Eli Lilly, which donated funds to the centre (BMJ 2001;323:591).

In a letter to the university president, an international group of renowned scientists accused the university of violating academic freedom for fear of losing research funds, saying the decision to rescind Dr Healy's offer

"besmirched" the name of the university and "poisoned the reputation" of the centre. It called the affair "an affront to the standards of free speech and academic freedom." Last October, Dr Healy launched a law suit against the university (BMJ 2001;323:770).

University and centre officials denied the decision had anything to do with academic freedom. They claimed he had expressed extreme views that were incompatible with scientific evidence and that it would thus be difficult for Dr Healy to have the trust of his colleagues and effectively lead a clinical programme.

The centre's website carries a statement announcing Dr Healy's appointment as visiting professor and "the settlement of all litigation and other outstanding disputes."

The joint statement from Dr Healy, the centre, and the university says: "Although Dr Healy believes that his clinical appointment was rescinded because of his November, 2000, speech at the CAMH [Centre for Addiction and Mental Health], Dr Healy accepts assurances that pharmaceutical companies played no role in either CAMH's decision to rescind his clinical appointment or the University of Toronto's decision to rescind his academic appointment."

The statement says that Dr Healy will continue to write and speak on issues concerning pharmaceutical companies, research, and academic freedom, and that the university "underscores its support for the free expression of critical views."

Under the terms of his new appointment, Dr Healy will visit the university for periods of a week for the next three years.

"We see the settlement as a complete vindication for Dr Healy," said Vic Catano, president of the Canadian Association of University Teachers.

"This is a clear acknowledgment of the quality and integrity of Dr Healy's scholarly work. Our hope is that the case also motivates the University of Toronto and all other universities in Canada to more vigorously defend the academic freedom of faculty appointed at university affiliated teaching hospitals and research institutions."

More information can be accessed at [www.camh.net](http://www.camh.net) and at [www.leadingedgeseminars.org/healy2.html](http://www.leadingedgeseminars.org/healy2.html)

From Michael\_Bagby@camh.net Fri May 24 14:56:50 2002  
Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id OAA11836  
for <sscpnet@listserv.it.northwestern.edu>; Fri, 24 May 2002 14:56:49  
-0500 (CDT)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<Michael\_Bagby@camh.net> using -f  
Received: from smtp.camh.net (smtp.camh.net [206.248.3.200]) by  
iris.itcs.northwestern.edu via smap (V2.0)  
id xma011795; Fri, 24 May 02 14:56:32 -0500  
Received: FROM cipems.camh.net BY smtp.camh.net ; Fri May 24 16:03:01  
2002 -0400  
Received: by cipems.camh.net with Internet Mail Service (5.5.2653.19)  
id <LQYBTJN4>; Fri, 24 May 2002 15:56:14 -0400  
Message-ID:  
<3DC02523260FD41191A00090273DF0F301D4BF38@cipems.camh.net>  
From: Michael Bagby <Michael\_Bagby@camh.net>  
To: "Oliver2@aol.com" <Oliver2@aol.com>,  
Michael Bagby  
<Michael\_Bagby@camh.net>, Sarah.Boseley@guardian.co.uk  
Cc: sscpnet@listserv.it.northwestern.edu,  
David Goldbloom  
<David\_Goldbloom@camh.net>  
Subject: RE: BMJ summary of Healy settlement  
Date: Fri, 24 May 2002 15:56:13 -0400  
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iris.it.northwestern.edu id OAB11836  
Reply-To: Michael\_Bagby@camh.net  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 89

I suppose believing and accepting is a knife that  
cuts both ways. Thanks for the article.

R. Michael Bagby, Ph.D., C.Psych.  
Professor, Department of Psychiatry  
University of Toronto

Head, Section on Personality and Psychopathology  
Centre for Addiction and Mental Health

Mailing address:

Centre for Addiction and Mental Health  
Clarke Site  
250 College Street  
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Canada

Tele: 1-416-535-8501, ext 6939  
FAX: 1-416-979-6821  
e-mail: michael\_bagby@camh.net

-----Original Message-----

From: Oliver2@aol.com [mailto:Oliver2@aol.com]  
Sent: Friday, May 24, 2002 2:15 PM  
To: Michael\_Bagby@camh.net; Sarah.Boseley@guardian.co.uk  
Cc: sscpnet@listserv.it.northwestern.edu  
Subject: BMJ summary of Healy settlement

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From jcoyne@mail.med.upenn.edu Tue Jun 18 06:02:04 2002  
Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id GAA19728  
for <sscpnet@listserv.acns.nwu.edu>; Tue, 18 Jun 2002 06:02:03 -  
0500 (CDT)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<jcoyne@mail.med.upenn.edu> using -f  
Received: from pobox.upenn.edu (pobox.upenn.edu [128.91.2.38]) by  
iris.itcs.northwestern.edu via smap (V2.0)  
id xma019669; Tue, 18 Jun 02 06:01:41 -0500  
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[68.81.12.92])  
(authenticated bits=0)  
by pobox.upenn.edu (8.12.3/8.12.3) with ESMTP id g5IB1STn352233;  
Tue, 18 Jun 2002 07:01:34 -0400 (EDT)  
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References: <009301c2167b\$67fb0dd0\$90d0fea9@D8FHHX01>  
Date: Tue, 18 Jun 2002 07:00:42 -0400  
To: "John Winston Bush" <jwb@alumni.stanford.org>  
From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: Re: Fw: [criticalpsychiatry] Ciprallex deconstructed  
Cc: sscpnet@listserv.acns.nwu.edu, Sarah.Boseley@guardian.co.uk  
Content-Type: text/plain; charset="iso-8859-1" ; format="flowed"  
Content-Transfer-Encoding: 8bit  
X-MIME-Autoconverted: from quoted-printable to 8bit by  
iris.it.northwestern.edu id GAB19728  
Reply-To: jcoyne@mail.med.upenn.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 90

>John, have you turned off your crap detector for the summer?

I checked out the link you provided below. the issue is the quality  
of evidence we enter into discussion and the standards this evidence  
establishes.

"This seems to me to be a strikingly stark demonstration of a  
pharmaceutical corporation throwing scientific honesty to the wind in  
the pursuit of profit."

(1) The critic cited is one David Pyle. Maybe your search engines are better than mine, but I can find no published research for this guy. We must rely on Ms Boseley's declaration of him as an expert.

(2) Boseley is a regular on the SSCPnet, thanks to David Antonuccio. You can also get her material at a variety of scientology and product liability sites.

(3) Boseley pits her expert against Jack Gorman of Columbia University, New York, whom she portrays as a drug company whore based on receipt of "\$5,000 (£350) [sic] of consulting fees or honoraria from the manufacturer of the drug. Whether \$5,000 or 350 pounds, if we accept the argument he sold his soul, he comes cheap.

(4) Boseley used a similar tactic with me when I revealed that over time I had received a whopping \$1400 from drug companies for specific activities unrelated to my criticisms of David Healy, a connection she had drawn.

(5) Boseley promotes Healy as a critic of SSRIs and that is why she went after me. She failed to mention his honoraria etc. Leading up to his job offer in Toronto, Healy made numerous trips to discuss a project with a Toronto psychiatrist. The project was intended to show that reboxetine was superior to SSRIs. The project was to be funded by the manufacturer of reboxetine. Each of Healy's trips were financed by the drug company. I am confident that the costs of any one of these trips was considerably more than 1,400. Healy also published in a journal supplement financed by the drug company hoping to gain a market share from SSRIs. The whole deal fell through when the US FDA failed to approve reboxetine. Who knows, maybe that contributed to the withdrawal of the job offer from CAMH that the trips financed by the drug company.

(6) In her many articles, Boseley makes no mention of these inconvenient facts. When I confronted her, she replied (Thursday, 23 May 2002 18:57:22)

"On the conflicts of interest - Healy makes no secret of being paid as a witness, nor of having been retained as a consultant by quite a list of companies in the past. In a court, your credibility as a scientist depends on the truth of what you say so I don't see that's an issue. On the other companies - as I understand it, everybody does it. He's no different in that respect, but I don't think it disqualifies him from asking some fundamental questions about the data on the SSRIs."

Perhaps Healy "makes no secret", but Boseley does. Perhaps his defense is everyone does it, but given the fuss Boseley makes about

modest payments to others, I doubt she would allow them that defense.

><http://society.guardian.co.uk/mentalhealth/story/0,8150,738940,00.html>  
>  
>'Radical' drug criticised as only a commercial device  
>  
>Sarah Boseley, health editor  
>Monday June 17, 2002  
>The Guardian <<http://www.guardian.co.uk>>  
>  
>An antidepressant which is being launched today with a widespread  
>publicity campaign as the most effective and fast-acting yet to go on  
>the market, is no different from any of the others and is merely the  
>means for a drug company to make more money by exploiting the patent  
>system, according to critics.

From jwb@alumni.stanford.org Tue Jun 18 12:01:31 2002  
Received: (from mailnull@localhost)  
by iris.it.northwestern.edu (8.9.3/8.9.3) id MAA03226  
for <sscpnet@listserv.acns.nwu.edu>; Tue, 18 Jun 2002 12:01:30 -  
0500 (CDT)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<jwb@alumni.stanford.org> using -f  
Received: from pintail.mail.pas.earthlink.net (pintail.mail.pas.earthlink.net  
[207.217.120.122]) by iris.itcs.northwestern.edu via smap (V2.0)  
id xma003157; Tue, 18 Jun 02 12:01:12 -0500  
Received: from nycmny1-ar1-4-43-225-090.elnk.dsl.gtei.net ([4.43.225.90]  
helo=D8FHHX01)  
by pintail.mail.pas.earthlink.net with smtp (Exim 3.33 #2)  
id 17KMLt-00060L-00; Tue, 18 Jun 2002 10:01:09 -0700  
Message-ID: <00a301c216ea\$127cc3c0\$90d0fea9@D8FHHX01>  
From: "John Winston Bush" <jwb@alumni.stanford.org>  
To: "James Coyne" <jcoyne@mail.med.upenn.edu>  
Cc: <sscpnet@listserv.acns.nwu.edu>, <Sarah.Boseley@guardian.co.uk>  
References: <009301c2167b\$67fb0dd0\$90d0fea9@D8FHHX01>  
<a04320427b934b8fd833c@[68.81.12.92]>  
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Date: Tue, 18 Jun 2002 13:02:53 -0400  
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Reply-To: jwb@alumni.stanford.org  
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Jim,

I hope I haven't turned my crap detector off. When it's on, I try to judge reports by their content in preference to their sources.

Your comments focus on Pyle, Boseley, Healy, Gorman and yourself. Following my preferred approach, I checked Micromedex (a source cited in the Guardian article) at <http://cpmcnet.columbia.edu:70/mdxdocs/invest1.htm>. Here's the result:

### ESCITALOPRAM

Escitalopram is an investigational selective serotonin reuptake inhibitor (SSRI); it is the S(+)-enantiomer of citalopram. The drug has been effective in treating major depressive disorder and anxiety/depression. Available data do not suggest a significant advantage of this agent over citalopram or other SSRIs.

I'm not proposing that the Micromedex statement is the last word on escitalopram. However, neither presumably is Jack Gorman's opinion, for which I haven't been able to find a source. (My PubMed search failed to turn up a reference.) If you can track it down, I hope you'll post it to the list so we can all get a look at the other side.

However, I did find one error in Boseley's article: \$5,000 is worth £3,356.94 as of today.

John

-----\

John, have you turned off your crap detector for the summer?

I checked out the link you provided below. the issue is the quality of evidence we enter into discussion and the standards this evidence establishes.

"This seems to me to be a strikingly stark demonstration of a pharmaceutical corporation throwing scientific honesty to the wind in the pursuit of profit."

(1) The critic cited is one David Pyle. Maybe your search engines are better than mine, but I can find no published research for this guy. We must rely on Ms Boseley's declaration of him as an expert.

(2) Boseley is a regular on the SSCPnet, thanks to David Antonuccio. You can also get her material at a variety of scientology and product liability sites.

(3) Boseley pits her expert against Jack Gorman of Columbia University, New York, whom she portrays as a drug company whore based on receipt of "\$5,000 (£350) [sic] of consulting fees or honoraria from the manufacturer of the drug. Whether \$5,000 or 350 pounds, if we accept the argument he sold his soul, he comes cheap.

(4) Boseley used a similar tactic with me when I revealed that over time I had received a whopping \$1400 from drug companies for specific activities unrelated to my criticisms of David Healy, a connection she had drawn.

(5) Boseley promotes Healy as a critic of SSRIs and that is why she went after me. She failed to mention his honoraria etc. Leading up to his job offer in Toronto, Healy made numerous trips to discuss a project with a Toronto psychiatrist. The project was intended to show that reboxetine was superior to SSRIs. The project was to be funded by the manufacturer of reboxetine. Each of Healy's trips were financed by the drug company. I am confident that the costs of any one of these trips was considerably more than 1,400. Healy also published in a journal supplement financed by the drug company hoping to gain a market share from SSRIs. the whole deal fell through when the US FDA failed to approve reboxetine. Who knows, maybe that contributed to the withdrawal of the job offer from CAMH that the trips financed by the drug company.

(6) In her many articles, Boseley makes no mention of these inconvenient facts. When I confronted her, she replied (Thursday, 23 May 2002 18:57:22)

"On the conflicts of interest - Healy makes no secret of being paid as a witness, nor of having been retained as a consultant by quite a list of companies in the past. In a court, your credibility as a scientist depends on the truth of what you say so I don't see that's an issue. On the other companies - as I understand it, everybody does it. He's no different in that respect, but I don't think it disqualifies him from asking some fundamental questions about the data on the SSRIs."

Perhaps Healy "makes no secret", but Boseley does. Perhaps his defense is everyone does it, but given the fuss Boseley makes about modest payments to others, I doubt she would allow them that defense.

><http://society.guardian.co.uk/mentalhealth/story/0,8150,738940,00.html>  
>  
>'Radical' drug criticised as only a commercial device  
>  
>Sarah Boseley, health editor  
>Monday June 17, 2002  
>The Guardian <<http://www.guardian.co.uk>>  
>  
>An antidepressant which is being launched today with a widespread  
>publicity campaign as the most effective and fast-acting yet to go on  
>the market, is no different from any of the others and is merely the  
>means for a drug company to make more money by exploiting the patent  
>system, according to critics.

From jwb@alumni.stanford.org Mon Jul 22 15:27:08 2002  
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by iris.itcs.northwestern.edu (8.9.3/8.9.3) id PAA05219  
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## Disorders Made to Order

By Brendan Koerner

Mother Jones  
August 1, 2002

Word of the hidden epidemic began spreading in the spring of 2001. Local newscasts around the country reported that as many as 10 million Americans suffered from an unrecognized disease. Viewers were urged to watch for the symptoms: restlessness, fatigue, irritability, muscle tension, nausea, diarrhea, and sweating, among others. Many of the segments featured sound bites from Sonja Burkett, a patient whoâ€™d finally received treatment after two years trapped at home by the illness, and from Dr. Jack Gorman, an esteemed psychiatrist at Columbia University. Their testimonials were intercut with peaceful images of a woman playing with a bird, and another woman taking pills.

The disease was generalized anxiety disorder (GAD), a condition that, according to the reports, left sufferers paralyzed with irrational fears. Mental-health advocates called it â€œthe forgotten illness.â€ Print periodicals were awash in stories of young women plagued by worries over money and men. â€œEverything took 10 times more effort for me than it did for anyone else,â€ one woman told the Chicago Tribune. â€œThe thing about GAD is that worry can be a full-time job. So if you add that up with what I was doing, which was being a full-time achiever, I was exhausted, constantly exhausted.â€

The timing of the media frenzy was no accident. On April 16, 2001, the U.S. Food and Drug Administration (FDA) had approved the antidepressant Paxil, made by British pharmaceutical giant GlaxoSmithKline, for the treatment of generalized anxiety disorder. But GAD was a little-known ailment; according to a 1989 study, as few as 1.2 percent of the population merited the diagnosis in any given year. If GlaxoSmithKline hoped to capitalize on Paxilâ€™s new indication, it would have to raise GADâ€™s profile.

That meant revving up the company's public-relations machinery. The widely featured quotes from Sonja Burkett, and the images of birds and pills, were part of a "video news release" the drugmaker had distributed to TV stations around the country; the footage also included the comments of Dr. Gorman, who has frequently served as a paid consultant to GlaxoSmithKline. On April 16—the date of Paxil's approval—a patient group called Freedom From Fear released a telephone survey according to which "people with GAD spend nearly 40 hours per week, or a "full-time job," worrying. The survey mentioned neither GlaxoSmithKline nor Paxil, but the press contact listed was an account executive at Cohn & Wolfe, the drugmaker's P.R. firm.

GlaxoSmithKline's modus operandi—marketing a disease rather than selling a drug—is typical of the post-Prozac era. "The strategy [companies] use" it's almost mechanized by now," says Dr. Loren Mosher, a San Diego psychiatrist and former official at the National Institute of Mental Health. Typically, a corporate-sponsored "disease awareness" campaign focuses on a mild psychiatric condition with a large pool of potential sufferers. Companies fund studies that prove the drug's efficacy in treating the affliction, a necessary step in obtaining FDA approval for a new use, or "indication." Prominent doctors are enlisted to publicly affirm the malady's ubiquity. Public-relations firms launch campaigns to promote the new disease, using dramatic statistics from corporate-sponsored studies. Finally, patient groups are recruited to serve as the "public face" for the condition, supplying quotes and compelling human stories for the media; many of the groups are heavily subsidized by drugmakers, and some operate directly out of the offices of drug companies' P.R. firms.

The strategy has enabled the pharmaceutical industry to squeeze millions in additional revenue from the blockbuster drugs known as selective serotonin reuptake inhibitors (SSRIs), a family of pharmaceuticals that includes Paxil, Prozac, Zoloft, Celexa, and Luvox. Originally approved solely as antidepressants, the SSRIs are now prescribed for a wide array of heretofore obscure afflictions—GAD, social anxiety disorder, premenstrual dysphoric disorder. The proliferation of diagnoses has contributed to a dramatic rise in antidepressant sales, which increased eightfold between 1990 and 2000. Prozac alone has been used by more than 22 million Americans since it first came to market in 1988.

For pharmaceutical companies, marketing existing drugs for new uses makes perfect sense: A new indication can be obtained in less than 18 months, compared to the eight years it takes to bring a drug from the lab to the



pharmacy. Managed-care companies also have been encouraging the use of medication, rather than more costly psychotherapy, to treat problems like anxiety and depression.

But while most health experts agree that SSRIs have revolutionized the treatment of mental illness, a growing number of critics are disturbed by the degree to which corporate-sponsored campaigns have come to define what qualifies as a mental disorder and who needs to be medicated. "You often hear: 'There are 10 million Americans with this, 3 million Americans with that,'" says Barbara Mintzes, an epidemiologist at the University of British Columbia's Centre for Health Services and Policy Research. "If you start adding up all those millions, eventually you'll be hard put to find some Americans who don't have such diagnoses."

When Paxil hit the market in 1993, the drug's manufacturer, then known as SmithKline Beecham, lagged far behind its competitors. Eli Lilly's Prozac, the first FDA-approved SSRI, had already been around for five years, and Pfizer had beaten SmithKline to the punch with Zoloft's debut in 1992. With only a finite number of depression patients to target, Paxil's sales prospects seemed limited. But SmithKline found a way to set its drug apart from the other SSRIs: It positioned Paxil as an anti-anxiety drug—a latter-day Valium—rather than as a depression treatment.

SmithKline was especially interested in a series of minor entries in the Diagnostic and Statistical Manual of Mental Disorders (DSM), the psychiatric bible. Published by the American Psychiatric Association since the 1950s, the DSM is designed to give doctors and scientists a common set of criteria to describe mental conditions. Entries are often influenced by cultural norms (until 1973, homosexuality was listed as a mental disorder) and political compromise: The manual is written by committees of mental-health professionals who debate, sometimes heatedly, whether to include specific disorders. The entry for GAD, says David Healy, a scholar at the University of Wales college of Medicine and author of the 1998 book *The Antidepressant Era*, was created almost by default: "Floundering somewhat, members of the anxiety disorders subcommittee stumbled on the notion of generalized anxiety disorder," he writes, "and consigned the greater part of the rest of the anxiety disorders to this category."

Critics note that the DSM process has no formal safeguards to prevent researchers with drug-company ties from participating in decisions of interest to their sponsors. The committee that recommended the GAD entry in 1980, for example, was headed by Robert L. Spitzer of the New York State Psychiatric Institute, which has been a leading recipient of industry grants

to research drug treatments for anxiety disorders. "It's not so much that the industry is there in some Machiavellian way," says Healy. "But if you spend an awful lot of time with pharmaceutical companies, if you talk on their platforms, if you run clinical trials for them, you can't help but be influenced." SmithKline's first forays into the anxiety market involved two fairly well-known illnesses—panic disorder and obsessive-compulsive disorder. Then, in 1998, the company applied for FDA approval to market Paxil for something called social phobia or "social anxiety disorder" (SAD), a debilitating form of shyness the DSM characterized as "extremely rare."

Obtaining such a new indication is a relatively simple affair. The FDA considers a DSM notation sufficient proof that a disease actually exist and, unlike new drugs, existing pharmaceuticals don't require an exhaustive round of clinical studies. To show that a drug works in treating a new disease, the FDA often accepts in-house corporate studies, even when companies refuse to disclose their data or methodologies to other researchers, as is scientific custom.

With FDA approval for Paxil's new use virtually guaranteed, SmithKline turned to the task of promoting the disease itself. To "position social anxiety disorder as a severe condition," as the trade journal PR News put it, the company retained the New York-based public-relations firm Cohn & Wolfe. (Representatives of GlaxoSmithKline and Cohn & Wolfe did not return phone calls.)

By early 1999 the firm had created a slogan, "Imagine Being Allergic to People," and wallpapered bus shelters nationwide with pictures of a dejected-looking man vacantly playing with a teacup. "You blush, sweat, shake—even find it hard to breath," read the copy. "That's what social anxiety disorder feels like." The posters made no reference to Paxil or SmithKline; instead, they bore the insignia of a group called the Social Anxiety Disorder Coalition and its three nonprofit members, the American Psychiatric Association, the Anxiety Disorders Association of America, and Freedom From Fear.

But the coalition was not a grassroots alliance of patients in search of a cure. It had been cobbled together by SmithKline Beecham, whose P.R. firm, Cohn & Wolfe, handled all media inquiries on behalf of the group. (Today, callers to the coalition's hot line are greeted by a recording that announces simply, "This program has successfully concluded.")

There were numerous good reasons for SmithKline to keep its handwork discreet. One was the public's mistrust of pharmaceutical companies; another was the FDA's advertising regulations. "If you are carrying out a disease-awareness campaign, legally the company doesn't have to list the product risks," notes Mintzes, the University of British Columbia researcher. Because the "Imagine Being Allergic to People" posters did not name a product, they didn't have to mention Paxil's side effects, which can include nausea, decreased appetite, decreased libido, and tremors.

Cohn & Wolfe's strategy did not end with posters. The firm also created a video news release, a radio news release, and a matte release, a bylined article that smaller newspapers often run unedited. Journalists were given a press packet stating that SAD "affects up to 13.3 percent of the population, or 1 in 8 Americans, and is the third most common psychiatric disorder in the United States, after depression and alcoholism." By contrast, the Diagnostic and Statistical Manual cites studies showing that between 3 and 13 percent of people may suffer the disease at some point in their lives, but that only 2 percent "experience enough impairment or distress to warrant a diagnosis of social phobia."

Cohn & Wolfe also supplied journalists with eloquent patients, helping to "put a face on the disorder," as account executive Holly White told PR News.

P.R. firms often handpick patients to help publicize a disease, offering them media training and sending them on promotional tours. In 1994, for example, drugmakers Upjohn and Solvay funded a traveling art show by Mary Hull, a Californian who suffered from obsessive-compulsive disorder and spoke frequently with journalists about the disorder's toll as well as her SSRI-aided recovery. Not coincidentally, the companies were awaiting FDA approval to market their SSRI, Luvox, for the treatment of obsessive-compulsive disorder. Among the patients most frequently quoted in stories about social anxiety disorder was a woman named Grace Dailey, who had also appeared in a promotional video produced by Cohn & Wolfe.

Also featured on that video was Jack Gorman, the Columbia University professor who would later make the rounds on Paxil's behalf during the GAD media campaign. Gorman appeared on numerous television shows, including ABC's Good Morning America. "It is our hope that patients will now know that they are not alone, that their disease has a name, and it is treatable," he said in a Social Anxiety Disorder Coalition press release. Dr. Gorman was not a disinterested party in Paxil's promotion. He has served as a paid consultant to at least 13 pharmaceutical firms, including

SmithKline Beecham, Eli Lilly, and Pfizer. Another frequent talking head in the SAD campaign, Dr. Murray Stein of the University of California at San Diego, has also served as a SmithKline consultant, and the company funded many of his clinical trials on SAD.

Retaining high-profile academic researchers for promotional purposes is standard practice among drug companies, says Mosher, the former National Institute of Mental Health official. "They are basically paid for going on TV and saying, 'You know, there's this big new problem, and this drug seems

to be very helpful.'"

Cohn & Wolfe's full-court press on SAD paid immediate dividends. In the two

years preceding Paxil's approval, fewer than 50 stories on social anxiety disorder had appeared in the popular press. In May 1999, the month when the FDA handed down its decision, hundreds of stories about the illness appeared in U.S. publications and television news programs, including the New York Times, Vogue, and Good Morning America. A few months later, SmithKline launched a series of ads touting Paxil's efficacy in helping SAD sufferers brave dinner parties and public speaking. By the end of last year, Paxil had supplanted Zoloft as the nation's number-two SSRI, and its sales were virtually on par with those of Eli Lilly's Prozac. (Neither Prozac nor Zoloft has an indication for SAD.)

The success of the Cohn & Wolfe campaign didn't escape notice in the industry: Trade journals applauded GlaxoSmithKline for creating "a strong anti-anxiety position" and assuring a bright future for Paxil. Increasing public awareness of SAD and other disorders, the consulting firm Decision Resources predicted last year, would expand the "anxiety market" to at least

\$3 billion by 2009. In 2000, the New York chapter of the Public Relations Society of America named the Cohn & Wolfe SAD campaign "Best P.R. Program of 1999."

The Lessons of "Imagine Being Allergic to People" were also not lost on

Zoloft's manufacturer, Pfizer. In 1999, Pfizer gained FDA approval to market

Zoloft as a treatment for post-traumatic stress disorder (PTSD). Until then, the condition had been associated almost exclusively with combat veterans and victims of violent crime; now, Pfizer set out to convince Americans that PTSD could, in fact, afflict almost anyone.

The company funded the creation of the PTSD Alliance, a group that is staffed by employees of Pfizer's New York public-relations firm, the Chandler Chicco Agency, and operates out of the firm's offices. The Alliance

connects journalists with PTSD experts such as Jerilyn Ross, president and CEO of the Anxiety Disorders Association of America, a group that is heavily subsidized by Pfizer as well as GlaxoSmithKline, Eli Lilly, and other drug-industry titans.

In the months following the launch of Pfizer's campaign, media mentions of PTSD skyrocketed. Just weeks after the Alliance's founding in 2000, for example, the New York Times ran a story citing Pfizer-supplied statistics on childhood PTSD, according to which 1 in 6 minors who experience the "sudden death of a close friend or relative" will develop the disorder. Other stories highlighted studies promoted by the alliance according to which 1 in 13 Americans will suffer from PTSD at some point in their lives. Eye-catching figures are integral to disease marketing campaigns, though the quality of the data is sometimes dubious. A report published last February in the Archives of General Psychiatry warned that high estimates on the number of people suffering mental-health conditions often include people whose symptoms are so mild as to not require treatment. "When people look at numbers that say close to 30 percent of the American public has a mental disorder and therefore needs treatment, most would say that is implausibly too high," the study's lead author, William E. Narrow, told the Associated Press.

Many of the statistics used to promote new disorders are taken from studies published in second-tier journals, which frequently depend on direct corporate support. One publication that has drawn fire is the Journal of Clinical Psychiatry, whose major funders include GlaxoSmithKline and Eli Lilly. In 1993, the journal published a study claiming that anxiety disorders cost the United States \$46.6 billion per year, primarily due to lost productivity. That figure was repeated in countless press releases and made its way into articles in the Washington Post and USA Today.

The study was produced by the Institute for Behavior and Health, a research firm headed by Dr. Robert DuPont, who served as President Ford's drug czar.

The institute's tax returns indicate that its programs are funded almost exclusively by industry research grants; in 1999, for example, it conducted clinical trials on behalf of Merck, Pfizer, and Solvay. DuPont was paid more than \$50,000 that year for 10 hours of work per week, in addition to a \$56,000 fee that the institute paid to his for-profit consulting firm. The 1993 anxiety study was paid for in part by Upjohn, maker of the SSRI Luvox.

Studies published in medical journals are also useful in reaching a key audience for disease-awareness campaigns: doctors. Physicians, especially general practitioners, are under growing pressure to make quick diagnoses and to treat mental-health conditions with drugs rather than refer patients to psychotherapy. Primary-care physicians now write upwards of 60 percent of antidepressant prescriptions, according to the American Psychiatric Association. "There is a pressure to have treatments that are perceived as faster or more efficient," says Dr. Robert Michels, chief of psychiatry at Cornell Medical College.

Drug companies are understandably eager to help physicians identify conditions that can be treated with their products. One widely distributed diagnostic checklist, a 15-minute test that promises to screen for 17 different disorders using special software, was developed by GlaxoSmithKline. Pfizer has funded a test designed to help obstetricians and gynecologists identify women with mental-health problems. According to a 2000 study, sponsored by Pfizer and published in the American Journal of Obstetrics, a full 20 percent of all ob-gyn patients may need psychiatric treatment for anything from depression and anxiety to eating disorders. Most of all, though, pharmaceutical makers seek to build word of mouth about a condition in the general public—the kind of water-cooler buzz that prompts people to ask their doctor about a disease, and the drug that might treat it. To that end, corporations have increasingly embraced patient organizations that work to publicize mental illness. One such group is the National Mental Health Awareness Campaign, created two years ago to eliminate “the fear and shame that is still strongly associated with mental disorders.” The organization is particularly concerned with teenagers, and has run several ads on MTV that encourage unhappy youths to call a toll-free number or visit its Web site. A couple of weeks after the September 11 terrorist attacks, it released the results of a survey, which found that 30 percent of adults questioned felt their mental health had worsened since the tragedy. The group’s press release urged “parents and children traumatized by the recent terrorist attacks to avail themselves of the opportunity to speak to mental health professionals.”

The campaign’s brochures say it has received financial support from the Surgeon General’s office. The organization is less forthright about its ties to FoxKiser, a pharmaceutical lobbying firm whose clients include Bristol-Myers Squibb and AstraZeneca. Michael Waitzkin, a partner at FoxKiser, is on the campaign’s board of directors, and until recently the campaign was headquartered in FoxKiser’s Washington office. (It now operates from the office of the P.R. firm Health Strategies Consultancy.)

The National Mental Health Awareness Campaign wasn’t the only group to step-up its profile in the wake of the attacks. On September 26 the PTSD Alliance—the group headquartered in the offices of Pfizer’s P.R. agency, Chandler Chicco—issued a statement warning that post-traumatic stress can affect anyone who has “witnessed a violent act” or experienced “natural disasters or other unexpected, catastrophic, or psychologically distressing events such as the September 11 terrorist attacks.” During the following month, according to the trade journal Psychiatric News, Pfizer spent \$5.6 million advertising the benefits of Zoloft in treating PTSD—25 percent more than it had spent, on average, from January to June. But the biggest presence in TV drug advertising after September 11 was GlaxoSmithKline, which in October 2001 spent \$16 million promoting

Paxilâ€™more than it had spent in the first six months of the year combined. In December, the company rolled out a series of new commercials, often broadcast during prime-time news programs and built around lines such as â€œIâ€™m always thinking something terrible is going to happenâ€ and â€œItâ€™s like a tape in my mind. It just goes over and over and over.â€

In their search for new uses, SSRI makers are no longer limiting themselves to disorders with chiefly psychological symptoms. In the March 15 issue of the Journal of Clinical Oncology, Mayo Clinic researchers funded by Eli Lilly reported that Prozac â€œis a realistic alternative to estrogen replacement for reducing hot flashesâ€ in menopausal women. A recent study at the University of Pennsylvania, funded by the pharmaceutical companies Aventis and Novartis, indicated that SSRIs can decrease the risk of heart attack in smokers.

But by far the most controversial addition to the list of maladies treatable with SSRIs is a condition whose very existence is in dispute: premenstrual dysphoric disorder (PMDD), a female ailment whose symptoms include sharp monthly mood swings and physical pain. PMDD has been listed since 1987 in the Diagnostic and Statistical Manual appendix, which catalogs potential disorders â€œproposed for further study.â€

According to Paula J. Caplan, a psychologist and visiting scholar at Brown University who was a member of a DSM committee that evaluated research on PMDD, proponents of including the condition â€œclaimed they were so careful in defining it that it wasnâ€™t just going to be someone with cramps during their period. But they were talking about 3 to 5 percent of [menstruating] women. If you do the math as conservatively as possible, 3 to 5 percent gives you one and a half million women [in the United States].â€ Caplan resigned from the committee before it voted to list PMDD in the appendix.

Though the condition remains controversial in the medical professionâ€™one 1992 study found that men and women suffered from PMDDâ€™s symptoms at almost

the same rate-its inclusion in the DSM proved a godsend for Eli Lilly, the manufacturer of Prozac. In 2000, the company gained FDA approval to market

Prozac as a treatment for the condition; Eli Lilly promptly repackaged Prozac as a pink-coated pill called Sarafem and launched a P.R. campaign warning that â€œmillions of menstruating womenâ€ suffer from PMDD.

â€œDoes

juggling work, family and personal commitments leave you feeling frazzled and stressed out?â€ the Sarafem Web site asks. â€œWe have some tools to help.â€

The idea of characterizing uncomfortable menstrual symptoms as a mental

disorder troubles Caplan, who wonders where the medical community will draw the line. "I could say to you, "Well, your propensity to call people and ask them probing questions is a disorder," she says. "We'll call it intrusive exploratory disorder."

No such malady is yet listed in the DSM. But the quest for new uses for the SSRIs is continuing. At last year's annual convention of the American Psychiatric Association, researchers presented a major study on a new "hidden epidemic" — compulsive shopping. Jack Gorman, the Columbia psychiatrist who had earlier helped publicize anxiety disorders, made another appearance on Good Morning America to discuss the new condition, which host Charles Gibson told viewers could affect as many as 20 million Americans, 90 percent of them women. In the wake of the new study, Gorman said, scientists would "almost certainly" look into treating the disease with SSRIs.

The study in question was funded by Forest Laboratories, for which Gorman has served as a consultant. A laggard in the SSRI business, the company hopes to carve out the compulsive-shopping niche for its pill, Celexa. Expect the publicity machine for something akin to "persistent purchasing disorder" to rev up soon.

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Fri, 9 Aug 2002 15:52:12 -0400 (EDT)

Mime-Version: 1.0

Message-Id: <a0432040000003afe9e6d@[68.81.12.92]>

In-Reply-To: <3D52AF48.1813FE51@earthlink.net>

References: <3D52AF48.1813FE51@earthlink.net>

Date: Fri, 9 Aug 2002 15:55:42 -0400

To: Howard Eisman <howeis7@earthlink.net>

From: James Coyne <jcoyne@mail.med.upenn.edu>

Subject: Re: misguided medicine: treatment of depression

Cc: sscpnet@listserv.acns.nwu.edu

Content-Type: multipart/alternative; boundary="===== \_-1183199546==\_ma====="

Reply-To: jcoyne@mail.med.upenn.edu

Sender: owner-sscpnet@listserv.it.northwestern.edu

X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN

Status: O

X-Status:

X-Keywords:

X-UID: 93

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Content-Type: text/plain; charset="us-ascii" ; format="flowed"

>Howard Eisman <howeis7@earthlink.net> wrote

I work in a hospital and the general prescribing atmosphere is very much an "anything goes" personal preference (in choice of medication and dosage) over any adherence to published standards. In fact, there are sales reps all over the place pushing "off label" usage (e.g., anticonvulsants as psychotropics). There is little monitoring of the prescribing practices of staff.

>I suspect that actual medication usage is less efficacious than the results of  
>research studies would suggest. I have wanted to do a study of this,  
>but any such  
>study would encounter great practical difficulties in getting set up. Any  
>monitoring of physician behavior and/or individual efficacy is  
>frowned upon by the  
>medical establishment.

Your point about overprescribing is well taken, but we have actually been collecting data and find amazing results which we are currently submitting for publication. For instance, over a third of breast

cancer patients have a prescription for an antidepressant. While some of this represents appropriate off label prescribing such as for hot flashes, much of it is in response to any indications of psychological distress, not clinical depression. the evidence is quite strong that subsyndromal depression does not benefit from treatment with antidepressants. We find, incidentally that almost half of breast cancer patients with a prescription for an antidepressant have no current and no life time history of depression (life time rates being about 26%) I worry too that casual prescribing is an alternative to providing supportive, empathic responses to patients who are upset, but not depressed. Ironically, the problem seems to be oncology clinicians adopting a position advocated by Beutler: eschewing diagnostic distinctions and responding to distress regardless of whether diagnostic criteria are met.

As for Larry's comments--

>

>Larry Beutler wrote:

>

>> Of course, Don, the controversy about whether the Kirsch findings are  
>> accurate could be resolved by data. You raise an interesting alternative  
>> hypothesis, that : "such studies [as required by the FDA] barely  
>> establish the specific causality the fda properly demands, but are  
>>too flawed  
>> to demonstrate how good the drugs are when properly administered by  
skilled  
>> clinicians, in correct dose, over sufficient time, to correctly diagnosed  
>> patients." What empirical evidence is there to indicate that the effect  
>> sizes obtained by expert clinicians are higher than those obtained in FDA  
>> trials, or are these merely speculations based on your informed hunch?  
>>

> > Larry Beutler

>>

Larry, the difference between competent care for depression and what goes on in many community based trials reported to the FDA is not whether there is an expert clinician, but whether there is minimally adequate monitoring and follow up of clinical response. Katon showed that introducing a psychiatrist into primary care improved the outcome of treatment of depression. However, later analyses showed that it was not the psychiatrist per se, but the increased likelihood that patients who needed adjustments in medication got an appointment in which this was discovered.

we cover this is a recent review Coyne JC, Thompson R, Klinkman MS, et al. Emotional disorders in primary care J CONSULT CLIN PSYCH 70 (3): 798-809 JUN 2002 [pdf available on request]

we get significant improvements in the outcome of treatment of depression in the community using masters level persons doing the monitoring, not psychiatrists.

see Schulberg HC, Bryce C, Chism K, et al.[inc Coyne]  
Managing late-life depression in primary care practice: a case study  
of the Health Specialist's role INT J GERIATR PSYCH 16 (6): 577-584  
JUN 2001  
[pdf available.]

Many trials submitted to FDA are quite shoddy. and would not be publishable. Unfairly bad data on reboxetine led to the rescinding of Daved Healy's job offer in Toronto and it was not even his data. but that is another interesting story.

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Content-Type: text/html; charset="us-ascii"

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<html><head><style type="text/css"><!--
blockquote, dl, ul, ol, li { margin-top: 0 ; margin-bottom: 0 }
--></style><title>Re: misguided medicine: treatment of
depression</title></head><body>
<blockquote type="cite" cite>Howard Eisman
&lt;howeis7@earthlink.net&gt; wrote</blockquote>
<div><br>
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<u>Emotional disorders in primary care</u> J CONSULT CLIN PSYCH 70 (3):



Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 94

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Content-Type: text/plain; charset="us-ascii" ; format="flowed"

>Irving, surely you jest. Of course you did not invent last  
>observation carried forward (LOCF) analyses, you merely misapply it  
>to questions for which it is not designed to answer. And it does  
>indeed involve counting observation periods in which patients are  
>taking a drug in making comparisons to patients assigned to placebo.  
>You call this "conservative", I call it systematically misleading.  
>What possible occult process could you be aiming to elucidate? is it  
>expected that drugs should work still in the bottle, sort of like  
>prayer at a distance?

As you well know, LOCF analyses are biased against finding efficacy for a drug for all the text book reasons. the most basic, clinical epi 101, is that specific effect of a drug requires sustained exposure, achievement and maintenance of blood levels etc. This is not necessarily true of placebos. Moreover, most inadequacies of design and any nonspecific effects of the trial tend to diminish power to detect an active drug effect and, in a head to head comparison attribute a greater potency to placebo. For instance, in the low range of severity of many depressed patients entered into FDA trials, natural fluctuations in depressive symptoms (what some call spontaneous recovery) gets attributed to what you lump as the net placebo effect.

And, Irving, please don't misrepresent my positions on either the laxity of FDA trials or the lack of effectiveness of antidepressants in community settings. You obviously are not familiar with my writings or care to ignore them.

For me the point is not about the FDA and its shortcomings, but your misuse of data and analytic techniques to deliver a predetermined message. Of course, there are shortcomings to FDA data. Of course, these data provide some evaluation of toxicity and a floor evaluation of efficacy. these data marginally serve regulatory/bureaucratic purposes. But they don't lend themselves to basic questions about relative efficacy of taking a drug vs taking a placebo. Systematic analyses of reports of recent FDA trials of psychotropic drugs suggest only 1/5 to somewhat less than a 1/3 are adequate by revised CONSORT standards. And you know that.

For a point by point

You state

>  
>Isn't it interesting that people who don't like particular data, but  
>don't have contrary data with which to respond, tend to resort to  
>character assassination instead? Surely Coyne must know that I did  
>not invent, support, promote, or praise the LOCF method of coping  
>with attrition in clinical trials. I simply analyzed the data  
>presented by the pharmaceutical companies to the FDA.

Irv, the point is you don't present data appropriate to your question or the conclusions ("Although the difference in response between antidepressant medication and inert placebo was statistically significant, in clinical terms it was very small, leading us to ask whether these medications are "the emperor's new drugs.") and LOCF is not appropriate to your question, even with better data.

You state

>  
>  
>I wish that Coyne and Klein and a few other critics would read my  
>paper a little more carefully (or report what they read more  
>accurately).

Irv, I read your paper in deciding that it had not had suitable peer review (if you dispute that assessment, show us the reviews!) and I read it again when the debate started on SSCPnet. In fact, I had to take the batteries out of my crap detector. Every time I opened the Prevention and Treatment website to your paper, it screeched so loudly that my poor dog hid behind the couch and would not come out for hours.

I focused on your abuse of LOCF and your labeling of it as merely "conservative" because this is outrageous as to be pre-emptive. A fatal flaw to a paper, and reflects badly on authors that they would resort to this strategy. And you have had ample opportunity to respond to Don Klein's published critique of your methods and conclusions and have chosen such a patently dismissive attitude to suggest to you are oblivious to this sort of critique.

>

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Content-Type: text/html; charset="us-ascii"

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blockquote, dl, ul, ol, li { margin-top: 0 ; margin-bottom: 0 }

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story ab</title></head><body>

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<blockquote type="cite" cite><br></blockquote>

<div><br></div>

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From jcoyne@mail.med.upenn.edu Thu Sep 19 10:33:38 2002  
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by iris.itcs.northwestern.edu (8.9.3/8.9.3) id KAA19989  
for <sscpnet@listserv.acns.nwu.edu>; Thu, 19 Sep 2002 10:33:37 -  
0500 (CDT)  
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Date: Thu, 19 Sep 2002 11:32:41 -0400  
To: sscpnet@listserv.acns.nwu.edu  
From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: Did University of Pennsylvania professor influence rescinding of  
offer at University of Toronto?  
Cc: ellio023@tc.umn.edu  
Content-Type: text/plain; charset="us-ascii" ; format="flowed"  
Reply-To: jcoyne@mail.med.upenn.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
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X-UID: 95

The title of this message is David Healy's latest theory concerning withdrawal of his job offer espoused in Canada's National Post Business (Sept 2002). The professor named in the article is to my surprise, me. (Healy even attempts to give credibility to his claim by labeling me "prominent"-- thanks, David)

Brad Fraught, the author of the interesting and relatively balanced piece is appropriately dismissive of the idea, but in end, gives Healy plenty of rope to hang himself. Healy discloses facts that give considerable support to my account below of what I think really happened. Healy and I mainly disagree on when his generous support ended from a drug company that was attempting to cut into the SSRI market.

There are lots of morals that can be drawn in this tale. most interesting, perhaps, is a demonstration of the limitations of FDA trials as seen in Healy's reversal of fortune. He tied his lucrative consulting activities to what was probably a decent drug. He was flown back and forth across the Atlantic by a drug company seeking to

dent the market share of SSRIs with reboxetine, a non SSRI antidepressant. Not a bad drug, according to numerous clinical trials conducted abroad. Healy was a good soldier of the drug company, making claims that SSRIs cause suicide, reboxetine produces better social adjustment, etc and keeping his conflict of interest to himself. He even got a nondepressed medical resident and a nondepressed administrator in his hospital to claim that an SSRI, but not reboxetin emade them want to kill themselves. Got good press for that and warmed the hearts of the industry folks, but so much for the confidentiality of research participants. To the Clarke Institute (later called Center for Addictions and Mental Health), it looked like Healy was bringing the proverbial fatted calf and a collaborator in his plan arranged a job offer.

Here is where FDA enters the picture: Reboxetine was well tested in Europe and found to be effective. FDA first made a preliminary announcement of intentions to approve reboxetine on this basis, adding to the momentum of Healy's efforts. The drug company's plan: get him to crack the north american market by trashing ssris. meanwhile the drug company had been accumulating safety data in sloppy trials done in the U.S. They did not care about demonstrations of efficacy, which they did not believe they needed. Well, FDA unexpectedly asked for data collected in the u.s. Crummy data that was good enough for FDA led to a rejection of the drug as ineffective. It did not matter that better designed trials showed otherwise, that is not what FDA is about.

So, the drug company gave up its marketing effort and abandoned Healy. His key supporter at the Clarke split and the institution was left with an embarrassing dude making outrageous claims, hiding conflict of interest, and violating a full range of ethical and scientific conventions in what he presented as "research". Offer rescinded.

I suppose that there is a moral or two here. and it is not the story of a hero struck down by the evil drug company that Antonnucio gave us on SSCPnet (the story that Healy now denies himself) or that hapless Carl Elliott gave us in Hastings Center Report. Such supporters have been left in the lurch with Healy's denials of past claims and leaking of new details. I would be quite embarrassed if I were them.

postscript: When I confronted Healy's English publicist Sarah Borseley about the role of his heavy involvement with a drug company, she dismissed it with "everyone does it".

From mbmiller@taxa.epi.umn.edu Thu Nov 28 19:51:00 2002  
Received: (from mailnull@localhost)  
by iris.itcs.northwestern.edu (8.9.3/8.9.3) id TAA23858

for <sscpnet@listserv.it.northwestern.edu>; Thu, 28 Nov 2002  
19:50:59 -0600 (CST)  
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by taxa.epi.umn.edu (8.10.2+Sun/8.10.2) with ESMTP id  
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for <sscpnet@listserv.it.northwestern.edu>; Thu, 28 Nov 2002  
19:50:28 -0600 (CST)  
Date: Thu, 28 Nov 2002 19:50:28 -0600 (CST)  
From: Mike Miller <mbmiller@taxa.epi.umn.edu>  
To: SSCPnet List <sscpnet@listserv.it.northwestern.edu>  
Subject: [psychiatry-research] The Creation of Psychopharmacology (fwd)  
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X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 96

I know that some of you will enjoy this book review...

----- Forwarded message -----  
Date: Thu, 28 Nov 2002 17:14:27 -0600  
From: Human Nature Review <ian.pitchford@scientist.com>  
To: psychiatry-research@yahoogroups.com  
Cc: evolutionary-psychology@yahoogroups.com  
Subject: [psychiatry-research] The Creation of Psychopharmacology

Human Nature Review 2002 Volume 2: 534-539 ( 28 November )  
URL of this document <http://human-nature.com/nibbs/02/healy.html>

Book Review  
The Creation of Psychopharmacology  
by David Healy  
Harvard University Press, Cambridge, MA, 2002

Reviewed by Donald F. Klein, M.D., Professor of Psychiatry, Department of  
Psychiatry at the College of Physicians and Surgeons of Columbia University,  
Director of Psychiatric Research and of the Department of Therapeutics, New  
York State Psychiatric Institute, New York, NY, USA.

David Healy, a Reader in Psychological Medicine at the University of Wales, College of Medicine, is best known among research psychopharmacologists, for his stimulating three volume set of interviews; *The Psychopharmacologists*. This oral history candidly describes, in lively, entertaining style, the vicissitudes of life, career, scientific funding and the commercial and social context of discovery of internationally known figures.

Healy prepared extremely well for these interviews, showing a detailed knowledge of specific antecedents and implications of each scientist's work. He used these interviews in a previous historical survey, *The Antidepressant Era* and now in an even more broad ranging study of the discovery and development of anti-psychotic medication. The book is aimed at the general readership interested in mental health, psychiatric treatment and science history.

The author does not hesitate to present his own opinions, sweeping generalizations and pointed conclusions. At issue is whether these views are personal or ideological reactions or derive from thoughtful analysis of the relevant facts.

This reviewer (interviewed kindly in Healy's initial oral history) gives ready assent to many of his conclusions; the key role of serendipity in discovery or as Pasteur says "chance and the prepared mind", that the distinctive American contribution was a systematic effort to evaluate reliably using double blind, randomized, placebo controlled trials (RCT) under Jonathan Cole's leadership of the Psychopharmacology Research Center within the National Institute of Mental Health, that multiple seminal meetings during the 1950's were held in France, the United States, Italy and elsewhere to grapple with the amazing clinical and scientific impact of chlorpromazine, that clinical rating scales become of validating importance, that there were vigorous disputes about lithium utility and the concept of panic disorder, that there was an unfortunate shift away from clinical significance to statistical significance, that the pharmaceutical industry dominates clinical research, that this is facilitated by the abdication by NIMH and academia of clinical psychopharmacological science in pursuit of the sub-synaptic, that industry's narrow, profit maximization focus on patent time limits and rapid approval by national regulatory agencies (e.g., FDA) dominates marketing strategies, dissemination of positive information, downplays side effects, limits research to acute efficacy studies, limits post-marketing surveillance, and promotes debatable, simplistic, theories of drug action to provide a persuasive veneer of scientific solidity to therapeutic claims.

So far, so good. But these useful views are immersed in so many problematic statements that their credibility is damaged by their dubious context.

Full text

<http://human-nature.com/nibbs/02/healy.html>

The Creation of Psychopharmacology

<http://human-nature.com/r/healy.htm>

The Creation of Psychopharmacology

by David Healy

Hardcover: 416 pages ; Dimensions (in inches): 1.44 x 9.27 x 6.31

Publisher: Harvard Univ Pr; ISBN: 0674006194; (April 2002)

AMAZON - US

<http://www.amazon.com/exec/obidos/ASIN/0674006194/darwinanddarwin/>

AMAZON - UK

<http://www.amazon.co.uk/exec/obidos/ASIN/0674006194/humannaturecom/>

Editorial Reviews

>From Library Journal

The standard historical view of psychiatry claims that the invention of chlorpromazine (a.k.a. Thorazine) in 1952 ushered in biologically based "scientific" psychiatry. Healy (The Antidepressant Era) claims that earlier psychiatry was also scientifically based and had some notable successes, such

as the treatment of catatonia with shock therapy. Healy's second theme is that because the success of psychiatric drugs, the choice of treatment options is largely dependent on the financial preferences of the pharmaceutical industry. For example, the author argues that "randomized controlled trials" of drugs are

avored by the pharmaceutical industry because they allow products to be marketed to a wide audience, but what is desperately needed is more research on

the effects of medications on more specific types of patients. While this theme has certainly been sounded before (T.R. Luhrmann's *Of Two Minds* is an accessible discussion of the pitfalls of drug-based psychiatry), the detailed history of the development of psychiatric drugs and the "culture" surrounding them makes this book unique. For academic libraries. Mary Ann Hughes, Neill P.L., Pullman, WA

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Julie Wheelwright, *The Independent* [UK], May 7, 2002

David Healy is a respected historian of psychiatry who has written a book that should spark a major debate...

Janice Paskey, *Chronicle of Higher Education*, January 25, 2002

Healy does groundbreaking work...The Creation of Psychopharmacology details how

psychiatric medication intersects with academic squabbles and popular culture.

Richard Restak, Washington Times, March 25, 2002

[A] good place to start...to get an overview of the role of drugs in the treatment of mental illness.

#### Book Description

"A tour de force--the finest work on the history of psychiatry since Ellenberger's *The Discovery of the Unconscious*." --Edward Shorter, University

of Toronto David Healy follows his widely praised study, *The Antidepressant Era*, with an even more ambitious and dramatic story: the discovery and development of antipsychotic medication. Healy argues that the discovery of chlorpromazine (more generally known as Thorazine) is as significant in the history of medicine as the discovery of penicillin, reminding readers of the worldwide prevalence of insanity within living memory. But Healy tells not of the triumph of science but of a stream of fruitful accidents, of technological discovery leading neuroscientific research, of fierce professional competition and the backlash of the antipsychiatry movement of the 1960s. A chemical treatment was developed for one purpose, and as long as some theoretical rationale could be found, doctors administered it to the insane patients in their care to see if it would help. Sometimes it did, dramatically. Why these treatments worked, Healy argues provocatively, was, and often still is, a mystery. Nonetheless, such discoveries made and unmade academic reputations and inspired intense politicking for the Nobel Prize. Once pharmaceutical companies recognized the commercial potential of antipsychotic medications, financial as well as clinical pressures drove the development of ever more aggressively marketed medications. With verve and immense learning, Healy tells a story with surprising implications in a book that will become the leading scholarly work on its compelling subject.

#### About the Author

He is the author of *The Antidepressant Era* (Harvard).

News in Brain and Behavioural Sciences - Issue 78 - 23rd November, 2002  
<http://human-nature.com/nibbs/issue78.html>

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From mantony@stjosham.on.ca Sun Dec 1 10:29:15 2002

Received: (from mailnull@localhost)

by iris.itcs.northwestern.edu (8.9.3/8.9.3) id KAA13548

for <sscpnet@listserv.it.northwestern.edu>; Sun, 1 Dec 2002 10:29:14 -0600 (CST)

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iris.itcs.northwestern.edu via smap (V2.0)  
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Cc: sscpnet@listserv.it.northwestern.edu  
From: "Martin Antony" <mantony@stjosham.on.ca>  
References: <Pine.GSO.4.44.0211281948120.25239-  
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By the way,

For those with an interest in David Healy and the controversy surrounding his writings, the April issue of The Clinical Psychologist will include an editorial by David Healy about the marketing of psychotropic medications, accompanied by a number of commentaries reflecting very different perspectives (about half of the commentaries are being written by regular contributors to SSCPnet).

Marty

mbmiller@taxa.epi.umn.edu writes:  
>I know that some of you will enjoy this book review...  
>  
>  
>----- Forwarded message -----  
>Date: Thu, 28 Nov 2002 17:14:27 -0600  
>From: Human Nature Review <ian.pitchford@scientist.com>  
>To: psychiatry-research@yahoogroups.com  
>Cc: evolutionary-psychology@yahoogroups.com  
>Subject: [psychiatry-research] The Creation of Psychopharmacology  
>  
>Human Nature Review 2002 Volume 2: 534-539 ( 28 November )



>URL of this document <http://human-nature.com/nibbs/02/healy.html>  
>  
>Book Review  
>The Creation of Psychopharmacology  
>by David Healy  
>Harvard University Press, Cambridge, MA, 2002  
>  
>Reviewed by Donald F. Klein, M.D., Professor of Psychiatry, Department of  
>Psychiatry at the College of Physicians and Surgeons of Columbia  
University,  
>Director of Psychiatric Research and of the Department of Therapeutics,  
New  
>York State Psychiatric Institute, New York, NY, USA.  
>  
>David Healy, a Reader in Psychological Medicine at the University of Wales,  
>College of Medicine, is best known among research psychopharmacologists,  
for  
>his stimulating three volume set of interviews; The Psychopharmacologists.  
This  
>oral history candidly describes, in lively, entertaining style, the  
>vicissitudes of life, career, scientific funding and the commercial and social  
>context of discovery of internationally known figures.  
>  
>Healy prepared extremely well for these interviews, showing a detailed  
>knowledge of specific antecedents and implications of each scientist's work.  
He  
>used these interviews in a previous historical survey, The Antidepressant  
Era  
>and now in an even more broad ranging study of the discovery and  
development of  
>anti-psychotic medication. The book is aimed at the general readership  
>interested in mental health, psychiatric treatment and science history.  
>  
>The author does not hesitate to present his own opinions, sweeping  
>generalizations and pointed conclusions. At issue is whether these views are  
>personal or ideological reactions or derive from thoughtful analysis of the  
>relevant facts.  
>  
>This reviewer (interviewed kindly in Healy's initial oral history) gives ready  
>assent to many of his conclusions; the key role of serendipity in discovery or  
>as Pasteur says "chance and the prepared mind", that the distinctive  
American  
>contribution was a systematic effort to evaluate reliably using double blind,  
>randomized, placebo controlled trials (RCT) under Jonathan Cole's  
leadership of  
>the Psychopharmacology Research Center within the National Institute of  
Mental  
>Health, that multiple seminal meetings during the 1950's were held in  
France,

- >the United States, Italy and elsewhere to grapple with the amazing clinical and
- >scientific impact of chlorpromazine, that clinical rating scales become of
- >validating importance, that there were vigorous disputes about lithium utility
- >and the concept of panic disorder, that there was an unfortunate shift away
- >from clinical significance to statistical significance, that the pharmaceutical
- >industry dominates clinical research, that this is facilitated by the
- >abdication by NIMH and academia of clinical psychopharmacological science in
- >pursuit of the sub-synaptic, that industry's narrow, profit maximization focus
- >on patent time limits and rapid approval by national regulatory agencies (e.g.,
- >FDA) dominates marketing strategies, dissemination of positive information,
- >downplays side effects, limits research to acute efficacy studies, limits
- >post-marketing surveillance, and promotes debatable ,simplistic, theories of
- >drug action to provide a persuasive veneer of scientific solidity to
- >therapeutic claims.
- >
- >So far, so good. But these useful views are immersed in so many
- >problematic statements that their credibility is damaged by their dubious
- >context.
- >
- >Full text
- ><http://human-nature.com/nibbs/02/healy.html>
- >The Creation of Psychopharmacology
- ><http://human-nature.com/r/healy.htm>
- >
- >The Creation of Psychopharmacology
- >by David Healy
- >Hardcover: 416 pages ; Dimensions (in inches): 1.44 x 9.27 x 6.31
- >Publisher: Harvard Univ Pr; ISBN: 0674006194; (April 2002)
- >AMAZON - US
- ><http://www.amazon.com/exec/obidos/ASIN/0674006194/darwinanddarwini/>
- >AMAZON - UK
- ><http://www.amazon.co.uk/exec/obidos/ASIN/0674006194/humannaturecom/>
- >
- >Editorial Reviews
- >>From Library Journal
- >The standard historical view of psychiatry claims that the invention of
- >chlorpromazine (a.k.a. Thorazine) in 1952 ushered in biologically based
- >"scientific" psychiatry. Healy (The Antidepressant Era) claims that earlier
- >psychiatry was also scientifically based and had some notable successes, such
- >as the treatment of catatonia with shock therapy. Healy's second theme is that
- >because the success of psychiatric drugs, the choice of treatment options is
- >largely dependent on the financial preferences of the pharmaceutical industry.
- >For example, the author argues that "randomized controlled trials" of drugs are

- >favored by the pharmaceutical industry because they allow products to be
- >marketed to a wide audience, but what is desperately needed is more research on
- >the effects of medications on more specific types of patients. While this theme
- >has certainly been sounded before (T.R. Luhrmann's *Of Two Minds* is an
- >accessible discussion of the pitfalls of drug-based psychiatry), the detailed
- >history of the development of psychiatric drugs and the "culture" surrounding
- >them makes this book unique. For academic libraries. Mary Ann Hughes, Neill
- >P.L., Pullman, WA
- >Copyright 2002 Cahners Business Information, Inc.
- >
- >Julie Wheelwright, *The Independent* [UK], May 7, 2002
- >David Healy is a respected historian of psychiatry who has written a book that
- >should spark a major debate...
- >
- >Janice Paskey, *Chronicle of Higher Education*, January 25, 2002
- >Healy does groundbreaking work...The Creation of Psychopharmacology details how
- >psychiatric medication intersects with academic squabbles and popular culture.
- >
- >Richard Restak, *Washington Times*, March 25, 2002
- >[A] good place to start...to get an overview of the role of drugs in the
- >treatment of mental illness.
- >
- >Book Description
- >"A tour de force--the finest work on the history of psychiatry since
- >Ellenberger's *The Discovery of the Unconscious*." --Edward Shorter, University
- >of Toronto David Healy follows his widely praised study, *The Antidepressant*
- >Era, with an even more ambitious and dramatic story: the discovery and
- >development of antipsychotic medication. Healy argues that the discovery of
- >chlorpromazine (more generally known as Thorazine) is as significant in the
- >history of medicine as the discovery of penicillin, reminding readers of the
- >worldwide prevalence of insanity within living memory. But Healy tells not of
- >the triumph of science but of a stream of fruitful accidents, of technological
- >discovery leading neuroscientific research, of fierce professional competition
- >and the backlash of the antipsychiatry movement of the 1960s. A chemical
- >treatment was developed for one purpose, and as long as some theoretical
- >rationale could be found, doctors administered it to the insane patients in
- >their care to see if it would help. Sometimes it did, dramatically. Why these
- >treatments worked, Healy argues provocatively, was, and often still is, a
- >mystery. Nonetheless, such discoveries made and unmade academic reputations and
- >inspired intense politicking for the Nobel Prize. Once pharmaceutical companies

>recognized the commercial potential of antipsychotic medications, financial  
as  
>well as clinical pressures drove the development of ever more aggressively  
>marketed medications. With verve and immense learning, Healy tells a story  
with  
>surprising implications in a book that will become the leading scholarly work  
>on its compelling subject.  
>  
>About the Author  
>He is the author of The Antidepressant Era (Harvard).  
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>  
>News in Brain and Behavioural Sciences - Issue 78 - 23rd November, 2002  
><http://human-nature.com/nibbs/issue78.html>  
>  
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>

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Director, Anxiety Treatment and Research Centre  
St. Joseph's Healthcare, Hamilton  
50 Charlton Ave. East  
Hamilton, ON L8N 4A6  
Canada

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Fax: 905-521-6120  
E-Mail: [mantony@stjosham.on.ca](mailto:mantony@stjosham.on.ca)  
Webpage: [www.martinantony.com](http://www.martinantony.com)

From Oliver2@aol.com Tue Feb 25 09:08:39 2003  
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Dear All:

The following article just came out yesterday. I think it is well worth reading because of its careful analysis and somewhat surprising results. I found the evidence reasonably convincing that SSRIs may increase suicide risk in some patients. I'd be happy to send a pdf version to anyone who requests it.

cordially,

David Antonuccio

Healy, D. (2003). Lines of evidence on the risk of suicide with selective serotonin reuptake inhibitors. *Psychotherapy and Psychosomatics*, 72, 71-79.

Abstract

Background: There has been a long-standing controversy about the possibility that SSRI antidepressants might induce suicidality in some patients.

Methods: Starting from the clinical studies that gave rise to this issue, this paper reviews an unselected cohort of RCTs, a series of meta-analyses undertaken to investigate aspects of the problem, studies in recurrent brief depressive disorders, epidemiological studies, and healthy volunteer studies

using SSRIs to shed light on this issue.

Results: The original clinical studies produced evidence of a dose-dependent link, present on a challenge-dechallenge and rechallenge basis, between SSRIs

and both agitation and suicidality. Meta-analyses of RCTs conducted around this time indicate that SSRIs may reduce suicidal ideation in some patients.

These same RCTs however yield an excess of suicides and suicide attempts on

active treatments compared to placebos. This excess also appears in the best-controlled epidemiological studies. Finally, healthy volunteer studies give indications that SSRIs may induce agitation and suicidality in some individuals.

Conclusions: The data reviewed here, which indicate a possible doubling of the relative risk of both suicides and suicide attempts on SSRIs compared to older antidepressants or non-treatment, make it difficult to sustain a null hypothesis that SSRIs do not cause problems in some individuals to whom they

are given. Further studies or further access to data are indicated to establish the magnitude of any risk and the characteristics of patients who may be most at risk.

David Antonuccio, Ph.D.  
Diplomate in Clinical Psychology, ABPP  
Professor of Psychiatry and Behavioral Sciences  
University of Nevada School of Medicine  
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775-784-6388 x229  
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and

Director, Stop Smoking Program and Staff Psychologist  
Mental Health Service  
V.A. Sierra Nevada Health Care Network  
1000 Locust St.  
Reno, NV 89502  
775-328-1490  
FAX 775-328-1858

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The following article just came out yesterday.&nbsp; I think it is well wor=  
th reading because of its careful analysis and somewhat surprising results.&=  
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icide risk in some patients.&nbsp; I'd be happy to send a pdf version to an=  
yone who requests it.<BR>  
<BR>  
cordially,<BR>  
<BR>  
David Antonuccio<BR>  
<BR>  
Healy, D. (2003).&nbsp; Lines of evidence on the risk of suicide with selec=  
tive serotonin reuptake inhibitors.&nbsp; Psychotherapy and  
Psychosomatics,=  
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SERIF" SIZE=3D"2">:&nbsp; Starting from the clinical studies that gave rise=  
to this issue, this paper reviews an unselected cohort of RCTs, a series of=  
meta-analyses undertaken to investigate aspects of the problem, studies  
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recurrent brief depressive disorders, epidemiological studies, and healthy v=  
olunteer studies using SSRIs to shed light on this issue.<BR>  
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</FONT><FONT COLOR=3D"#000000" FACE=3D"Arial"  
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SERIF" SIZE=3D"2">: The original clinical studies produced evidence of a  
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basis,=20=

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</FONT><FONT COLOR=3D"#000000" FACE=3D"Geneva"  
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From bgaudio@mindspring.com Tue Feb 25 09:39:00 2003  
Received: (from mailnull@localhost)  
by iris.itcs.northwestern.edu (8.9.3/8.9.3) id JAA06714  
for <sscpnet@listserv.it.northwestern.edu>; Tue, 25 Feb 2003 09:38:59  
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From: "Brandon Gaudio" <bgaudio@mindspring.com>  
To: <Oliver2@aol.com>, <sscpnet@listserv.it.northwestern.edu>  
Subject: RE: link between SSRIs and suicide  
Date: Tue, 25 Feb 2003 10:37:43 -0500  
Message-ID: <000001c2dce3\$d79135a0\$abd1d63f@4t6mq01>  
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Interesting conclusions...I would like a copy of the article to review  
more closely when you get a chance. But any idea why these conclusions

seem at odds with Kahn et al.'s conclusions? The differences found didn't seem to reach significance in the FDA database studies.

Best,

Brandon

=====

Brandon Gaudiano, MA  
Doctoral Student  
Drexel University  
brandon.gaudiano@drexel.edu

Arch Gen Psychiatry 2000 Apr;57(4):311-7

Symptom reduction and suicide risk in patients treated with placebo in antidepressant clinical trials: an analysis of the Food and Drug Administration database.

Khan A, Warner HA, Brown WA.

Northwest Clinical Research Center, Bellevue, Wash, USA.  
arif@accessone.com

The assumption that depressed patients who are assigned to placebo in antidepressant clinical trials are exposed to substantial morbidity and mortality is not based on research data. We assessed suicides, suicide attempts, and depressive symptom reduction in studies of 7 new antidepressants using the Food and Drug Administration database. Among 19,639 participating patients, 34 committed suicide (0.8% per year), and 130 attempted suicide (2.9% per year). Rates of suicide and attempted suicide did not differ significantly among the placebo- and drug-treated groups. Annual rates of suicide and attempted suicide were 0.4% and 2.7% with placebo, 0.7% and 3.4% with active comparators, and 0.8% and 2.8% with investigational antidepressants, respectively. Symptom reduction was 40.7% with investigational drugs (n = 4,510), 41.7% with active comparators (n = 1,416), and 30.9% with placebo (n = 2,805). These data may help inform discussions about the use of placebo in antidepressant clinical trials.

Int J Neuropsychopharmacol 2001 Jun;4(2):113-8

Symptom reduction and suicide risk in patients treated with placebo in antidepressant clinical trials: a replication analysis of the Food and Drug Administration Database.

Khan A, Khan SR, Leventhal RM, Brown WA.

The Northwest Clinical Research Center, Bellevue, WA, USA.  
arif@accessone.com

The assumption that depressed patients who are assigned to placebo in antidepressant clinical trials are exposed to substantial morbidity and mortality has not been based on research data.

Because of worldwide concern about placebo use and the implications of our earlier findings of

no increased suicide risk in placebo-treated patients, we conducted a replication study in a new

patient sample. We assessed suicide risk and symptom reduction among placebo-treated patients

participating in antidepressant clinical trials for two recently approved antidepressants, venlafaxine

ER and citalopram, which were unavailable during our previous study.

Among 23,201 participant

patients, 32 committed suicide and 172 attempted suicide. Rates of suicide and attempted suicide

did not differ significantly among the placebo- and drug-treated groups.

Based on patient

exposure years, annual rates of suicide and attempted suicide were 0.5 and 6.7% with placebo,

0.9% with active comparator (rates for attempted suicide are unavailable), and 0.6 and 6.3% with

investigational antidepressants. Symptom reduction was 47.9% with investigational drugs (n =

1172), 47.5% with active comparators (n = 161), and 35.5% with placebo (n = 606). These

data may inform discussions about the use of placebo in antidepressant clinical trials.

-----Original Message-----

From: owner-sscpnet@listserv.it.northwestern.edu

[mailto:owner-sscpnet@listserv.it.northwestern.edu] On Behalf Of Oliver2@aol.com

Sent: Tuesday, February 25, 2003 10:08 AM

To: sscpnet@listserv.it.northwestern.edu

Subject: link between SSRIs and suicide

Dear All:

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cordially,

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Healy, D. (2003). Lines of evidence on the risk of suicide with selective serotonin reuptake inhibitors. *Psychotherapy and Psychosomatics*, 72, 71-79.

#### Abstract

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Director, Stop Smoking Program and Staff Psychologist  
Mental Health Service  
V.A. Sierra Nevada Health Care Network  
1000 Locust St.  
Reno, NV 89502  
775-328-1490  
FAX 775-328-1858

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copy of the article to review more closely when you get a chance.&nbsp;=  
But any=20  
idea why these conclusions seem at odds with Kahn et al.'s =  
conclusions?&nbsp;=20  
The differences found didn't seem to reach significance in the FDA =  
database=20  
studies.&nbsp;&nbsp; </SPAN></DIV>  
<DIV><SPAN class=3D980082615-25022003></SPAN>&nbsp;</DIV>  
<DIV><SPAN class=3D980082615-25022003>Best,</SPAN></DIV>  
<DIV><SPAN class=3D980082615-25022003></SPAN>&nbsp;</DIV>  
<DIV><SPAN class=3D980082615-25022003>Brandon</SPAN></DIV>  
<DIV><SPAN class=3D980082615-25022003></SPAN>&nbsp;</DIV>  
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<DIV align=3Dleft>&nbsp;</DIV>

<DIV align=3Dleft>=3D=3D=3D=3D=3D</DIV>  
<DIV align=3Dleft>Brandon Gaudiano, MA</DIV>  
<DIV align=3Dleft>Doctoral Student</DIV>  
<DIV align=3Dleft>Drexel University</DIV>  
<DIV align=3Dleft><A=20  
href=3D"mailto:brandon.gaudiano@drexel.edu">brandon.gaudiano@drexel.e  
du</=  
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<DIV align=3Dleft>&nbsp;</DIV></SPAN></DIV>  
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Gen Psychiatry 2000 Apr;57(4):311-7<BR></DIV></SPAN><SPAN=20  
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<DIV>Symptom reduction and suicide risk in patients treated with placebo =  
in<SPAN=20  
class=3D980082615-25022003> </SPAN>antidepressant clinical trials: an =  
analysis of=20  
the Food and Drug<SPAN =  
class=3D980082615-25022003>&nbsp;</SPAN>Administration=20  
database.</DIV>  
<DIV>&nbsp;</DIV>  
<DIV>Khan A, Warner HA, Brown WA.</DIV>  
<DIV>&nbsp;</DIV>  
<DIV>Northwest Clinical Research Center, Bellevue, Wash, USA. <A=20  
href=3D"mailto:arif@accessone.com">arif@accessone.com</A></DIV>  
<DIV>&nbsp;</DIV>  
<DIV>The assumption that depressed patients who are assigned to placebo =  
in=20  
antidepressant clinical<BR>trials are exposed to substantial morbidity =  
and=20  
mortality is not based on research data. We<BR>assessed suicides, =  
suicide=20  
attempts, and depressive symptom reduction in studies of 7=20  
new<BR>antidepressants using the Food and Drug Administration database.  
=  
Among=20  
19,639 participating<BR>patients, 34 committed suicide (0.8% per year), =  
and 130=20  
attempted suicide (2.9% per year).<BR>Rates of suicide and attempted =  
suicide did=20  
not differ significantly among the placebo- and<BR>drug-treated groups. =  
Annual=20  
rates of suicide and attempted suicide were 0.4% and 2.7% =  
with<BR>placebo, 0.7%=20  
and 3.4% with active comparators, and 0.8% and 2.8% with=20  
investigational<BR>antidepressants, respectively. Symptom reduction was =  
40.7%=20  
with investigational drugs (n =3D<BR>4,510), 41.7% with active =  
comparators (n =3D=20

1,416), and 30.9% with placebo (n = 3D 2,805). These data may help inform discussions about the use of placebo in antidepressant clinical trials.

*Int J Neuropsychopharmacol* 2001;4(2):113-8

Symptom reduction and suicide risk in patients treated with placebo in antidepressant clinical trials: a replication analysis of the Food and Drug Administration Database.

Khan A, Khan SR, Leventhal RM, Brown WA.

The Northwest Clinical Research Center, Bellevue, WA, USA. arif@accessone.com

The assumption that depressed patients who are assigned to placebo in antidepressant clinical trials are exposed to substantial morbidity and mortality has not been based on research data. Because of worldwide concern about placebo use and the implications of our earlier findings of increased suicide risk in placebo-treated patients, we conducted a replication study in a new patient sample. We assessed suicide risk and symptom reduction among placebo-treated patients participating in antidepressant clinical trials for two recently approved antidepressants, venlafaxine ER and citalopram, which were unavailable during our previous study. Among 23,201 participant patients, 32 committed suicide and 172 attempted suicide. Rates of suicide and attempted suicide did not differ significantly among the placebo- and drug-treated groups. Based on patient exposure years, annual rates of suicide and attempted suicide were

0.5 and 6.7% with placebo, 0.9% with active comparator (rates for attempted suicide are unavailable), and 0.6 and 6.3% with investigational antidepressants. Symptom reduction was 47.9% with investigational drugs (n=1172), 47.5% with active comparators (n=161), and 35.5% with placebo (n=606). These data may inform discussions about the use of placebo in antidepressant clinical trials.

-----Original Message-----  
**From:** owner-sscpnet@listserv.it.northwestern.edu  
[mailto:owner-sscpnet@listserv.it.northwestern.edu]  
**On Behalf Of:** Oliver2@aol.com  
**Sent:** Tuesday, February 25, 2003 10:08 AM  
**To:** sscpnet@listserv.it.northwestern.edu  
**Subject:** between SSRIs and suicide

Dear All:  
The following article just came out yesterday. I think it is well worth reading because of its careful analysis and somewhat surprising results. I found the evidence reasonably convincing that SSRIs may increase suicide risk in some patients. I'd be happy to send a pdf version to anyone who requests it.

Cordially,  
David Antonuccio  
Healy, D. (2003).  
Lines of evidence on the risk of suicide with selective serotonin reuptake inhibitors. *Psychotherapy and Psychosomatics*, 72, 71-79.

**Abstract**  
**Background**  
There has been a long-standing controversy about the possibility that SSRI antidepressants might induce suicidality in some patients.



**Methods**

: Starting from the clinical studies that gave rise to this issue, this paper reviews an unselected cohort of RCTs, a series of

meta-analyses undertaken to investigate aspects of the problem, studies in

recurrent brief depressive disorders, epidemiological studies, and healthy

volunteer studies using SSRIs to shed light on this issue.

**Results**

: The original clinical studies produced

evidence of a

dose-dependent link, present on a challenge-dechallenge and rechallenge basis,

between SSRIs and both agitation and suicidality. Meta-analyses of RCTs

conducted around this time indicate that SSRIs may reduce suicidal ideation in

some patients. These same RCTs however yield an excess of suicides

and

suicide attempts on active treatments compared to placebos. This excess

also appears in the best-controlled epidemiological studies. Finally,

healthy volunteer studies give indications that SSRIs may induce agitation and

suicidality in some individuals.

**Conclusions**

: The data reviewed here, which indicate a

possible

doubling of the relative risk of both suicides and suicide attempts on SSRIs

compared to older antidepressants or non-treatment, make it difficult to sustain

a null hypothesis that SSRIs do not cause problems in some individuals to whom

they are given. Further studies or further access to data are indicated to

establish the magnitude of any risk and the characteristics of patients

who may=20  
be most at risk.<BR></FONT><FONT face=3DGeneva size=3D2=20  
FAMILY=3D"SANSERIF"><BR><BR><BR><BR>David Antonuccio, =  
Ph.D.<BR>Diplomate in=20  
Clinical Psychology, ABPP<BR>Professor of Psychiatry and Behavioral=20  
Sciences<BR>University of Nevada School of Medicine<BR>401 W. 2nd St.,  
=  
Suite=20  
216<BR>Reno, NV 89503<BR>775-784-6388 x229<BR>FAX=20  
775-784-1428<BR><BR>and<BR><BR>Director, Stop Smoking Program and  
Staff=20  
Psychologist<BR>Mental Health Service<BR>V.A. Sierra Nevada Health  
Care=20  
Network<BR>1000 Locust St.<BR>Reno, NV 89502<BR>775-328-  
1490<BR>FAX=20  
775-328-1858<BR></FONT><FONT face=3DGeneva size=3D2=20  
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From mantony@stjosham.on.ca Tue Mar 18 19:08:04 2003  
Received: (from mailnull@localhost)  
by iris.itcs.northwestern.edu (8.12.8/8.12.8) id h2J184R0016980  
for <sscpnet@listserv.ACNS.NWU.EDU>; Tue, 18 Mar 2003 19:08:04 -  
0600 (CST)  
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Date: Tue, 18 Mar 2003 20:12:48 -0500  
Subject: Next issue of the Clinical Psychologist  
To: sscpnet@listserv.ACNS.NWU.EDU, div12@listserv.nodak.edu  
From: "Martin Antony" <mantony@stjosham.on.ca>  
MIME-Version: 1.0  
Content-type: text/plain; charset=ISO-8859-1  
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Reply-To: mantony@stjosham.on.ca  
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X-Keywords:  
X-UID: 100

The Spring issue of The Clinical Psychologist was just mailed to APA Division  
12 members. The feature article is a provocative piece by David Healy on the

marketing of medications, accompanied by thoughtful commentaries by a number of prominent authors (some agreeing with Healy's arguments and others that "take him to task").

In addition, this issue includes candidate statements for the Division 12 elections (the ballots are being mailed out in the middle of April, 2003). This year's candidates for President Elect include Janet R. Matthews, Linda C. Sobell, and Robert H.

Woody. Candidates for APA Council Rep are Asuncion Miteria Austria, Thomas H. Ollendick, and Charles D. Spielberger.

Marty

Martin M. Antony, Ph.D.  
Editor, The Clinical Psychologist  
Director, Anxiety Treatment and Research Centre  
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Canada

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E-Mail: mantony@stjosham.on.ca

Webpage: www.martinantony.com

Alternate E-mail (if main e-mail doesn't work): mantony@rogers.com

From Oliver2@aol.com Thu Mar 20 01:43:51 2003

Received: (from mailnull@localhost)

by iris.itcs.northwestern.edu (8.12.8/8.12.8) id h2K7horL017295

for <sscpnet@listserv.it.northwestern.edu>; Thu, 20 Mar 2003 01:43:50 -0600 (CST)

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Received: from imo-m04.mx.aol.com (imo-m04.mx.aol.com [64.12.136.7]) by iris.itcs.northwestern.edu via smap (V2.0)

id xma017249; Thu, 20 Mar 03 01:43:22 -0600

Received: from Oliver2@aol.com

by imo-m04.mx.aol.com (mail\_out\_v34.21.) id g.1e5.4dddd95 (4320)

for <sscpnet@listserv.it.northwestern.edu>; Thu, 20 Mar 2003

02:43:19 -0500 (EST)

From: Oliver2@aol.com

Message-ID: <1e5.4dddd95.2baacb16@aol.com>

Date: Thu, 20 Mar 2003 02:43:18 EST

Subject: Re: PC Examples in Psychology

To: sscpnet@listserv.it.northwestern.edu

MIME-Version: 1.0

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Dear Art and All:

I think this is a great topic.

I think, as others have noted, that political correctness is dependent on context. I think that certain ideas in psychology may be seen as politically incorrect if they are new, are held by a minority of scientists, challenge conventional wisdom, or if they offend a particular political power base, even if the ideas later turn out to be true. One example might be the issue about whether SSRIs might induce suicidal behavior in some patients. The reaction that David Healy received when he initially raised this issue would suggest this idea might qualify as a politically incorrect. Even now, when the FDA antidepressant database seems to support this idea, the possibility that these medications, given in good faith, may have harmed many people over the years, makes most of us so uncomfortable (me included) we don't want to believe it could be true (me included). So I believe that even pretty convincing data may not be enough to modify the political correctness of an idea. One of my colleagues has suggested that the only way some new ideas take hold is when the old scientists in power get older and eventually die. Actually I think even that last sentence might qualify as politically incorrect!

cordially,

david

David Antonuccio, Ph.D.  
Diplomate in Clinical Psychology, ABPP  
Professor of Psychiatry and Behavioral Sciences  
University of Nevada School of Medicine  
401 W. 2nd St., Suite 216  
Reno, NV 89503  
775-784-6388 x229  
FAX 775-784-1428

and

Director, Stop Smoking Program and Staff Psychologist  
Mental Health Service  
V.A. Sierra Nevada Health Care Network  
1000 Locust St.  
Reno, NV 89502  
775-328-1490  
FAX 775-328-1858

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<HTML><FONT FACE=3Darial,helvetica><FONT COLOR=3D"#000000"  
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AMILY=3D"SANSERIF" SIZE=3D"2">Dear Art and All:<BR>  
<BR>

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<BR>

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ntext.&nbsp; i think that certain ideas in psychology may be seen as politi=  
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wer base, even if the ideas later turn out to be true.&nbsp; One example mi=  
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power get older and eventually die.&nbsp; Actually I think even that last=20=  
sentence might qualify as politically incorrect!<BR>

<BR>

cordially,<BR>

<BR>

david<BR>

<BR>

David Antonuccio, Ph.D.<BR>

Diplomate in Clinical Psychology, ABPP<BR>

Professor of Psychiatry and Behavioral Sciences<BR>  
University of Nevada School of Medicine<BR>  
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775-784-6388 x229<BR>  
FAX 775-784-1428<BR>  
<BR>  
and<BR>  
<BR>  
Director, Stop Smoking Program and Staff Psychologist<BR>  
Mental Health Service<BR>  
V.A. Sierra Nevada Health Care Network<BR>  
1000 Locust St.<BR>  
Reno, NV 89502<BR>  
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for <sscpnet@listserv.it.northwestern.edu>; Sat, 10 May 2003 14:09:23  
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by iris.itcs.northwestern.edu via smap (V2.0)  
id xma001686; Sat, 10 May 03 14:08:51 -0500  
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by imo-m08.mx.aol.com (mail\_out\_v34.22.) id g.7f.36f8b20c (4254)  
for <sscpnet@listserv.it.northwestern.edu>; Sat, 10 May 2003  
15:08:45 -0400 (EDT)  
From: Oliver2@aol.com  
Message-ID: <7f.36f8b20c.2beea83d@aol.com>  
Date: Sat, 10 May 2003 15:08:45 EDT  
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To: sscpnet@listserv.it.northwestern.edu  
MIME-Version: 1.0  
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Reply-To: Oliver2@aol.com  
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X-UID: 102

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Content-Transfer-Encoding: 7bit

Dear all:

the latest British Journal of Psychiatry features a lively exchange between David Healy and Michael Thase entitled "Is Academic Medicine for Sale?" (BJP, 2003, vol. 182, 1-3.

cordially,

david

David Antonuccio, Ph.D.  
Diplomate in Clinical Psychology, ABPP  
Professor of Psychiatry and Behavioral Sciences  
University of Nevada School of Medicine  
401 W. 2nd St., Suite 216  
Reno, NV 89503  
775-784-6388 x229

and

Director, Stop Smoking Program and Staff Psychologist  
Mental Health Service  
V.A. Sierra Nevada Health Care Network  
1000 Locust St.  
Reno, NV 89502  
775-328-1490

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<HTML><FONT FACE=3Darial,Helvetica><FONT COLOR=3D"#000000"  
FACE=3D"Geneva" F=  
AMILY=3D"SANSERIF" SIZE=3D"2">Dear all:<BR>  
<BR>  
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between=20=  
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Sale?"&nbsp;=  
; (BJP, 2003, vol. 182, 1-3.<BR>  
<BR>  
cordially,<BR>  
<BR>

david<BR>  
<BR>  
David Antonuccio, Ph.D.<BR>  
Diplomate in Clinical Psychology, ABPP<BR>  
Professor of Psychiatry and Behavioral Sciences<BR>  
University of Nevada School of Medicine<BR>  
401 W. 2nd St., Suite 216<BR>  
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775-784-6388 x229<BR>  
<BR>  
and<BR>  
<BR>  
Director, Stop Smoking Program and Staff Psychologist<BR>  
Mental Health Service<BR>  
V.A. Sierra Nevada Health Care Network<BR>  
1000 Locust St.<BR>  
Reno, NV 89502<BR>  
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From mantony@stjosham.on.ca Wed Jun 4 17:40:29 2003  
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by iris.itcs.northwestern.edu (8.12.9/8.12.9) id h54MeSse001006  
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Received: from fc.stjosham.on.ca (stjosham.on.ca [142.238.64.222]) by  
iris.itcs.northwestern.edu via smap (V2.0)  
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Message-id:  
<fc.00802dfe0073985000802dfe00739850.739861@stjosham.on.ca>  
Date: Wed, 04 Jun 2003 18:40:11 -0400  
Subject: New Division 12 website  
To: sscpnet@listserv.ACNS.NWU.EDU  
From: "Martin Antony" <mantony@stjosham.on.ca>  
MIME-Version: 1.0  
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X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 103



Division 12 has just launched its new website. Looks great! The URL is:  
<http://www.apa.org/divisions/div12/>

Issues of The Clinical Psychologist can be downloaded at no cost (including the Spring issue, which contains a provocative editorial by David Healy on the marketing of psychotropic medications, along with some excellent commentaries by noted psychologists and psychiatrists).

Marty

Martin M. Antony, Ph.D.  
Director, Anxiety Treatment and Research Centre  
St. Joseph's Healthcare, Hamilton  
50 Charlton Ave. East  
Hamilton, ON L8N 4A6  
Canada

Tel: 905-522-1155, ext. 3048  
Fax: 416-599-5660  
E-Mail: [mantony@stjosham.on.ca](mailto:mantony@stjosham.on.ca)  
Webpage: [www.martinantony.com](http://www.martinantony.com)

From Oliver2@aol.com Thu Aug 7 08:51:31 2003  
Received: (from mailnull@localhost)  
by iris.itcs.northwestern.edu (8.12.9/8.12.9) id h77DpUTW025919  
for <sscpnet@listserv.it.northwestern.edu>; Thu, 7 Aug 2003 08:51:30  
-0500 (CDT)  
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<Oliver2@aol.com> using -f  
Received: from imo-m04.mx.aol.com (imo-m04.mx.aol.com [64.12.136.7]) by  
iris.itcs.northwestern.edu via smap (V2.0)  
id xma025872; Thu, 7 Aug 03 08:50:57 -0500  
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by imo-m04.mx.aol.com (mail\_out\_v36\_r1.1.) id t.191.1d8d606d  
(18707);  
Thu, 7 Aug 2003 09:50:34 -0400 (EDT)  
From: Oliver2@aol.com  
Message-ID: <191.1d8d606d.2c63b32a@aol.com>  
Date: Thu, 7 Aug 2003 09:50:34 EDT  
Subject: Debate Resumes on the Safety of Depression's Wonder Drugs  
To: [jwb@alumni.stanford.org](mailto:jwb@alumni.stanford.org)  
CC: [sscpnet@listserv.it.northwestern.edu](mailto:sscpnet@listserv.it.northwestern.edu)  
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X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
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X-Keywords:  
X-UID: 104

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Content-Transfer-Encoding: 7bit

dear john:

i think it is unlikely that the problems identified with paxil in teenagers will stop when patients turn 18. as i understand what has happened, Healy found a mistake in the suicide data (i.e., suicidal behavior during the placebo washout was mistakenly classified as having occurred in the placebo condition). I believe this prompted the FDA to request a reanalysis of the data on suicidal behavior. that's when it was discovered that the patients randomly assigned to paxil had significantly more (up to 3 times more) suicidal behavior than those randomly assigned to placebo. that coupled with the fact that paxil is ineffective in children resulted in the FDA warnings. i believe the FDA is likely to come to similar conclusions about Paxil and suicidal behavior when the adult data are reanalyzed.

cordially,

david

David Antonuccio, Ph.D.  
Diplomate in Clinical Psychology, ABPP  
Professor, Dept. of Psychiatry and Behavioral Sciences  
401 W. 2nd St., Suite 216  
Reno, NV 89503  
775-784-6388  
FAX 775-784-1428  
email:oliver2@aol.com

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FACE=3D"Geneva" F=

AMILY=3D"SANSERIF" SIZE=3D"2"><BR>

dear john:<BR>

<BR>

i think it is unlikely that the problems identified with paxil in teenagers=20=  
will stop when patients&nbsp; turn 18.&nbsp; as i understand what has  
happ=

ened, Healy found a mistake in the suicide data (i.e., suicidal behavior dur=  
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the=20=

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reanalysis=20=

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ents randomly assigned to paxil had significantly more (up to 3 times  
more)=20=

suicidal behavior than those randomly assigned to placebo.&nbsp; that  
coupl=

ed with the fact that paxil is ineffective in children resulted in the FDA w=  
arnings.&nbsp; i believe the FDA is likely to come to similar conclusions a=  
bout Paxil and suicidal behavior when the adult data are reanalyzed.<BR>

<BR>

cordially,<BR>

<BR>

david<BR>

<BR>

<BR>

David Antonuccio, Ph.D.<BR>

Diplomate in Clinical Psychology, ABPP<BR>

Professor, Dept. of Psychiatry and Behavioral Sciences<BR>

401 W. 2nd St., Suite 216<BR>

Reno, NV 89503<BR>

775-784-6388<BR>

FAX 775-784-1428<BR>

email:oliver2@aol.com<BR>

</FONT><FONT COLOR=3D"#000000" FACE=3D"Geneva"

FAMILY=3D"SANSERIF" SIZE=3D"=

2"></FONT></HTML>

--part1\_191.1d8d606d.2c63b32a\_boundary--

From jwb@alumni.stanford.org Thu Aug 7 08:56:03 2003

Received: (from mailnull@localhost)

by iris.itcs.northwestern.edu (8.12.9/8.12.9) id h77Du31P026287

for <sscpnet@listserv.it.northwestern.edu>; Thu, 7 Aug 2003 08:56:03

-0500 (CDT)

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<jwb@alumni.stanford.org> using -f

Received: from flamingo.mail.pas.earthlink.net

(flamingo.mail.pas.earthlink.net [207.217.120.232]) by

iris.itcs.northwestern.edu via smap (V2.0)

id xma026254; Thu, 7 Aug 03 08:55:32 -0500

Received: from nycmny1-ar1-4-43-254-061.nycmny1.elnk.dsl.genuity.net  
([4.43.254.61] helo=jwb)  
by flamingo.mail.pas.earthlink.net with smtp (Exim 3.33 #1)  
id 19klEo-0000out-00; Thu, 07 Aug 2003 06:55:30 -0700  
Message-ID: <00b101c35ceb\$90008910\$1901a8c0@jwb>  
Reply-To: "John W. Bush" <jwb@alumni.stanford.org>  
From: "John W. Bush" <jwb@alumni.stanford.org>  
To: <Oliver2@aol.com>  
Cc: <sscpnet@listserv.it.northwestern.edu>  
References: <191.1d8d606d.2c63b32a@aol.com>  
Subject: Re: Debate Resumes on the Safety of Depression's Wonder Drugs  
Date: Thu, 7 Aug 2003 09:55:27 -0400  
MIME-Version: 1.0  
Content-Type: multipart/alternative;  
boundary="-----\_NextPart\_000\_00AE\_01C35CCA.076EFFD0"  
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X-Mailer: Microsoft Outlook Express 6.00.2800.1106  
X-MimeOLE: Produced By Microsoft MimeOLE V6.00.2800.1106  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 105

This is a multi-part message in MIME format.

-----\_NextPart\_000\_00AE\_01C35CCA.076EFFD0  
Content-Type: text/plain;  
charset="iso-8859-1"  
Content-Transfer-Encoding: quoted-printable

Healy took an awful lot of flak over this. Maybe he's about to be =  
vindicated. What do you think?

-----\  
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teenagers will stop when patients turn 18. as i understand what has =  
happened, Healy found a mistake in the suicide data (i.e., suicidal =  
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Antonuccio,=20  
Ph.D.<BR>Diplomate in Clinical Psychology, ABPP<BR>Professor, Dept. of  
=

Psychiatry and Behavioral Sciences<BR>401 W. 2nd St., Suite =  
216<BR>Reno, NV=20  
89503<BR>775-784-6388<BR>FAX=20  
775-784-  
1428<BR>email:oliver2@aol.com<BR></BLOCKQUOTE></FONT><FONT =  
face=3DGeneva=20  
color=3D#000000 size=3D2 =  
FAMILY=3D"SANSERIF"></FONT></FONT></BODY></HTML>

-----=\_NextPart\_000\_00AE\_01C35CCA.076EFFD0--

From Oliver2@aol.com Sat Nov 8 16:43:23 2003  
Received: (from mailnull@localhost)  
by iris.itcs.northwestern.edu (8.12.10/8.12.10) id hA8MhN87012088  
for <sscpnet@listserv.it.northwestern.edu>; Sat, 8 Nov 2003 16:43:23 -  
0600 (CST)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<Oliver2@aol.com> using -f  
Received: from imo-r02.mx.aol.com (imo-r02.mx.aol.com [152.163.225.98])  
by iris.itcs.northwestern.edu via smap (V2.0)  
id xma012066; Sat, 8 Nov 03 16:43:11 -0600  
Received: from Oliver2@aol.com  
by imo-r02.mx.aol.com (mail\_out\_v36\_r1.1.) id g.185.22d05101 (4004)  
for <sscpnet@listserv.it.northwestern.edu>; Sat, 8 Nov 2003 17:43:04  
-0500 (EST)  
From: Oliver2@aol.com  
Message-ID: <185.22d05101.2cdec78@aol.com>  
Date: Sat, 8 Nov 2003 17:43:04 EST  
Subject: 2004 NSPA Conference on Suicide in Reno, Nevada May 7, 8, and 9  
To: sscpnet@listserv.it.northwestern.edu  
MIME-Version: 1.0

Content-Type: multipart/alternative;  
boundary="part1\_185.22d05101.2cdec78\_boundary"  
X-Mailer: Thunderbird - Mac OS X sub 23  
Reply-To: Oliver2@aol.com  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 106

--part1\_185.22d05101.2cdec78\_boundary  
Content-Type: text/plain; charset="ISO-8859-1"  
Content-Transfer-Encoding: quoted-printable

Dear Friends and Colleagues:

Please consider reserving May 7, 8, and 9 for the 2004 NSPA Conference  
on=20  
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Hotel Spa Casino.=A0 We expect to have approval for 14 CEUs.=A0 We have  
appl=  
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Har=  
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Reid, a strong advocate for suicide research, to say a few words to open our=  
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Rena=20=  
Nora=20  
and Linda Flatt on Suicide in Nevada.=A0 On Friday, we also plan to have  
a=20  
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ted to=20  
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psychiatris=  
t Dr.=20  
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Betwe=  
en=20  
Psychotropic Medication and Suicide.=A0 On Saturday afternoon and Sunday  
mor=  
ning=20  
clinical psychologist Dr. Kirk Strosahl, a nationally recognized expert on=20  
suicide and author of a forthcoming book on suicide published by  
American=20

Psychiatric Publications, will conduct a workshop entitled Ethical, Legal, and Clinical Issues in the Treatment of the Suicidal Patient. We have arranged for participants to have full access to the Nevada Museum of Art on the opening day and we are working on discounted access to the Nevada Auto Museum and the new Truckee River Kayak course for those who might be interested. We plan to have conference applications available early next year at <http://www.nevadapsychologists.org/>, the Nevada State Psychological Association website.

Here are some of the questions we hope the conference will address:

Is suicidal behavior predictable?  
 Is suicidal behavior preventable?  
 Who is at most risk for suicide?  
 What are the most common methods used for suicide?  
 Is there any evidence that antidepressants reduce suicidal risk?  
 Is there any evidence that psychosocial interventions reduce suicidal risk?  
 Can antidepressants actually increase the risk for suicidal behavior in some patients?  
 Are there any psychosocial interventions that might increase risk for suicidal behavior?  
 What are the various forms of suicidal behavior and how do they interrelate?  
 Are chronically suicidal patients treated the same as patients with discrete time limited suicidal crises?  
 Does hospitalization work as a treatment for suicidality?  
 What are the alternatives to hospitalization during a suicidal crisis?  
 What model best explains how suicidal behaviors occur?  
 Are there different treatments that work for the different types of suicidal behavior?  
 How do you deal with a suicidal patient who is presenting to various places in the community such as the ER, doctors office, school?  
 What principles should you follow when treating a suicidal patient?  
 Why is Nevada's suicide rate so high?  
 What is being done to try to reduce Nevada's suicide rate?  
 What can you do to reduce legal liability in working with a suicidal patient?  
 What are your legal obligations to a suicidal patient?



<HTML><FONT FACE=3Darial,Helvetica><FONT COLOR=3D"#000000"  
FACE=3D"Geneva" F=  
AMILY=3D"SANSERIF" SIZE=3D"2">Dear Friends and Colleagues:<BR>  
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What are your moral obligations to a suicidal patient?<BR>  
Does a suicide contract help reduce risk for suicide?<BR>  
What strategies are most helpful to a suicidal patient?<BR>  
What strategies are least helpful to a suicidal patient?<BR>  
What speical issues regarding suicide apply to gay or ethnic minority patien=ts?<BR>  
Should you continue to work with patients who are chronically suicidal?<BR>  
What should you do if a patient actually suicides?<BR>  
What can you expect if you lose a patient to suicide?<BR>  
How can you take care of yourself if you lose a patient to suicide?<BR>  
</FONT><FONT COLOR=3D"#000000" FACE=3D"Geneva"  
FAMILY=3D"SANSERIF" SIZE=3D"=  
2"><BR>  
We think it will be an exciting and informative conference.=A0 We hope to se=  
e you there! Feel free to contact me if you would like any more  
information=20=  
about the conference.<BR>  
<BR>  
cordially,<BR>  
<BR>  
david<BR>  
<BR>  
David Antonuccio, Ph.D.<BR>  
Chairperson, 2004 NSPA Conference on Suicide<BR>  
Diplomate in Clinical Psychology, ABPP<BR>  
Professor of Psychiatry and Behavioral Sciences<BR>  
University of Nevada School of Medicine<BR>  
401 W. 2nd St., Suite 216<BR>  
Reno, NV 89503<BR>  
775-784-6388 x229<BR>  
FAX 775-784-1428<BR>  
</FONT><FONT COLOR=3D"#000000" FACE=3D"Geneva"  
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From jcoyne@mail.med.upenn.edu Sun Nov 9 07:09:08 2003  
Received: (from mailnull@localhost)  
by iris.itcs.northwestern.edu (8.12.10/8.12.10) id hA9D98Va022825  
for <sscpnet@listserv.acns.nwu.edu>; Sun, 9 Nov 2003 07:09:08 -  
0600 (CST)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<jcoyne@mail.med.upenn.edu> using -f

Received: from mail46.messagelabs.com (mail46.messagelabs.com  
[64.125.76.67]) by iris.itcs.northwestern.edu via smap (V2.0)  
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X-Msg-Ref: server-19.tower-46.messagelabs.com!1068383321!54615  
X-StarScan-Version: 5.1.13; banners=-,-,-  
Received: (qmail 12308 invoked from network); 9 Nov 2003 13:08:41 -0000  
Received: from pobox.upenn.edu (128.91.2.38)  
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[68.81.14.73])  
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References: <185.22d05101.2cdec78@aol.com>  
Date: Sun, 9 Nov 2003 08:08:35 -0500  
To: sscpnet@listserv.acns.nwu.edu  
From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: Re: Healy and Conference on Suicide in Reno  
Content-Type: multipart/alternative; boundary="===== \_-  
1143739175==\_ma===== "  
Reply-To: jcoyne@mail.med.upenn.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
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X-UID: 107

--===== \_-1143739175==\_ma=====   
Content-Type: text/plain; charset="us-ascii" ; format="flowed"

Hey David, Are you including a Conflict of Interest from Healy in  
your application for CME? I note he routinely fails to note his  
industry ties and support for his "research" in his published papers.  
Here, though, is the extraordinary statement in The Clinical  
Psychologist--

#### David Healy - Competing Interests

In recent years Dr. Healy has had consultancies with, been a  
principal investigator or clinical trialist for, been a chairman or  
speaker at international symposia for, or been in receipt of support  
to attend meetings from: Astra, Astra-Zeneca, Boots/Knoll  
Pharmaceuticals, Eli Lilly, Janssen-Cilag, Lorex-Synthelabo,

Lundbeck, Organon, Pharmacia & Upjohn, Pierre-Fabre, Pfizer, Rhone-Poulenc Rorer, Roche, SmithKline Beecham, Solvay, and Zeneca. Dr. Healy has been an expert witness for the plaintiff in five legal actions involving SSRIs and has been consulted on a number of other attempted suicide, suicide and suicide-homicide cases following antidepressant medication, in the majority of which he has offered the view that the treatment was not involved. Dr. Healy has also been an expert witness for the defense on a series of LSD (46) and ECT (1) cases.

I love it, it is I said "During the Vietnam War, Jim Coyne was chairman of his campus' Young Republicans and active in the antiwar movement." It was a long war, you know, and by stringing together true statements ahistorially, one can generate some confusing puzzlements.

David Antonuccio, Ph.D.

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--===== \_-1143739175==\_ma=====

Content-Type: text/html; charset="us-ascii"

<!doctype html public "-//W3C//DTD W3 HTML//EN">

<html><head><style type="text/css"><!--

blockquote, dl, ul, ol, li { margin-top: 0 ; margin-bottom: 0 }

--></style><title>Re: Healy and Conference on Suicide in

Reno</title></head><body>

<div><br></div>

<div>Hey David, Are you including a  Conflict of Interest from Healy in your application for CME? I note he routinely fails to note his industry ties and support for his "research" in his

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<div><br></div>

<div><font face="Times New Roman" size="+2" color="#000000"><u>David Healy - Competing Interests<br>

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<font face="Times New Roman" size="+2" color="#000000"></font></div>

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<div><br></div>

<div><font face="Geneva" size="-1" color="#000000">David Antonuccio, Ph.D.</font></div>

<div><br></div>

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<blockquote type="cite" cite><font face="Geneva" size="-1" color="#000000">David Antonuccio, Ph.D.&nbsp;</font> (Oliver2@aol.com) wrote:</blockquote>

<div><br>

<br>

</div>

<blockquote type="cite" cite><font face="Geneva" size="-1" color="#000000">Dear Friends and Colleagues:</font></blockquote>

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</body>

</html>

--===== \_-1143739175==\_ma=====

From Oliver2@aol.com Mon Nov 10 01:44:49 2003

Received: (from mailnull@localhost)

by iris.itcs.northwestern.edu (8.12.10/8.12.10) id hAA7im7r008218

for <sscpnet@listserv.it.northwestern.edu>; Mon, 10 Nov 2003

01:44:48 -0600 (CST)

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to <Oliver2@aol.com> using -f

Received: from imo-m06.mx.aol.com (imo-m06.mx.aol.com [64.12.136.161]) by iris.itcs.northwestern.edu via smap (V2.0)

id xma008184; Mon, 10 Nov 03 01:44:18 -0600

Received: from Oliver2@aol.com

by imo-m06.mx.aol.com (mail\_out\_v36\_r1.1.) id n.163.281c6d28 (4254);

Mon, 10 Nov 2003 02:44:10 -0500 (EST)

From: Oliver2@aol.com

Message-ID: <163.281c6d28.2ce09bca@aol.com>

Date: Mon, 10 Nov 2003 02:44:10 EST

Subject: Healy and Conference on Suicide in Reno

To: jcoyne@mail.med.upenn.edu

CC: sscpnet@listserv.it.northwestern.edu

MIME-Version: 1.0

Content-Type: multipart/alternative;

boundary="part1\_163.281c6d28.2ce09bca\_boundary"

X-Mailer: Thunderbird - Mac OS X sub 23

Reply-To: Oliver2@aol.com

Sender: owner-sscpnet@listserv.it.northwestern.edu

X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN

Status: O

X-Status:

X-Keywords:

X-UID: 108

--part1\_163.281c6d28.2ce09bca\_boundary

Content-Type: text/plain; charset="US-ASCII"

Content-Transfer-Encoding: 7bit

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dear jim:

i have several reactions to your response about healy.

first, this is sort of like the pot calling the kettle black.

second, I assume that you read a lot of healy's work to know both how often his disclosures are published and how often he actually discloses conflicts of interest.

third, it is hard to imagine healy being any more comprehensive in his disclosure than in the example you gave. it looks to me that when asked, he discloses compulsively.

fourth, i think the fact that he has done work for the industry gives him an insider's perspective and actually makes him a more credible industry critic.

by the way, you might want to take a look at his new book Let Them Eat Prozac. It is absolutely fascinating reading. You might recognize some of the participants in the story.

cordially,



david

David Antonuccio, Ph.D.  
Diplomate in Clinical Psychology, ABPP  
Professor of Psychiatry and Behavioral Sciences  
University of Nevada School of Medicine  
401 W. 2nd St., Suite 216  
Reno, NV 89503  
775-784-6388 x229  
FAX 775-784-1428

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AMILY=3D"SANSERIF" SIZE=3D"2">Jim Coyne wrote:<BR>  
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<Oliver2@aol.com> using -f  
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for <sscpnet@listserv.it.northwestern.edu>; Sat, 8 Nov 2003 17:43:04  
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Message-ID: <185.22d05101.2cdec78@aol.com>  
Date: Sat, 8 Nov 2003 17:43:04 EST  
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Dear Friends and Colleagues:

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conference on Friday May 7. The initial presentation will be by Dr. Rena Nora and Linda Flatt on Suicide in Nevada. On Friday, we also plan to have a presentation by 2 local psychologists on gay and ethnic minority issues related to suicide. On Saturday morning, May 8, internationally renowned psychiatrist Dr. David Healy will give a talk entitled Let Them Eat Prozac: The Link Between Psychotropic Medication and Suicide. On Saturday afternoon and Sunday morning clinical psychologist Dr. Kirk Strosahl, a nationally recognized expert on suicide and author of a forthcoming book on suicide published by American Psychiatric Publications, will conduct a workshop entitled Ethical, Legal, and Clinical Issues in the Treatment of the Suicidal Patient. We have arranged for participants to have full access to the Nevada Museum of Art on the opening day and we are working on discounted access to the Nevada Auto Museum and the new Truckee River Kayak course for those who might be interested. We plan to have conference applications available early next year at <http://www.nevadapsychologists.org/>, the Nevada State Psychological Association website.

Here are some of the questions we hope the conference will address:

Is suicidal behavior predictable?  
 Is suicidal behavior preventable?  
 Who is at most risk for suicide?  
 What are the most common methods used for suicide?  
 Is there any evidence that antidepressants reduce suicidal risk?  
 Is there any evidence that psychosocial interventions reduce suicidal risk?  
 Can antidepressants actually increase the risk for suicidal behavior in some patients?  
 Are there any psychosocial interventions that might increase risk for suicidal behavior?

What are the various forms of suicidal behavior and how do they interrelate?  
Are chronically suicidal patients treated the same as patients with discrete=  
=20

time limited suicidal crises?

Does hospitalization work as a treatment for suicidality?

What are the alternatives to hospitalization during a suicidal crisis?=20

What model best explains how suicidal behaviors occur?

Are there different treatments that work for the different types of suicidal=  
=20

behavior?

How do you deal with a suicidal patient who is presenting to various  
places=20

in the community such as the ER, doctors office, school?

What principles should you following when treating a suicidal patient?

Why is Nevada's suicide rate so high?

What is being done to try to reduce Nevada's suicide rate?

What can you do to reduce legal liability in working with a suicidal patient=  
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What are your legal obligations to a suicidal patient?

What are your ethical obligations to a suicidal patient?

What are your moral obligations to a suicidal patient?

Does a suicide contract help reduce risk for suicide?

What strategies are most helpful to a suicidal patient?

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What speical issues regarding suicide apply to gay or ethnic minority=20  
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Should you continue to work with patients who are chronically suicidal?

What should you do if a patient actually suicides?

What can you expect if you lose a patient to suicide?

How can you take care of yourself if you lose a patient to suicide?

We think it will be an exciting and informative conference.=A0 We hope to se=  
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you there! Feel free to contact me if you would like any more information ab=  
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cordially,

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To: sscpnet@listserv.acns.nwu.edu  
From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: Re: Healy and Conference on Suicide in Reno  
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Sender: owner-sscpnet@listserv.it.northwestern.edu  
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X-UID: 110

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<div><br></div>
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for <sscpnet@listserv.it.northwestern.edu>; Mon, 10 Nov 2003  
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<Oliver2@aol.com> using -f  
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by iris.itcs.northwestern.edu via smap (V2.0)  
id xma008184; Mon, 10 Nov 03 01:44:18 -0600  
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by imo-m06.mx.aol.com (mail\_out\_v36\_r1.1.) id n.163.281c6d28  
(4254);  
Mon, 10 Nov 2003 02:44:10 -0500 (EST)  
From: Oliver2@aol.com  
Message-ID: <163.281c6d28.2ce09bca@aol.com>  
Date: Mon, 10 Nov 2003 02:44:10 EST  
Subject: Healy and Conference on Suicide in Reno  
To: jcoyne@mail.med.upenn.edu  
CC: sscpnet@listserv.it.northwestern.edu  
MIME-Version: 1.0  
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X-Mailer: Thunderbird - Mac OS X sub 23  
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Jim Coyne wrote:

<Hey David, Are you including a Conflict of Interest from Healy in your application for CME? I note he routinely fails to note his industry ties and support for his "research" in his published papers. Here, though, is the extraordinary statement in The Clinical Psychologist--

David Healy - Competing Interests

In recent years Dr. Healy has had consultancies with, been a principal investigator or clinical trialist for, been a chairman or speaker at international symposia for, or been in receipt of support to attend meetings from: Astra, Astra-Zeneca, Boots/Knoll Pharmaceuticals, Eli Lilly, Janssen-Cilag, Lorex-Synthelabo, Lundbeck, Organon, Pharmacia & Upjohn, Pierre-Fabre, Pfizer, Rhone-Poulenc Rorer, Roche, SmithKline Beecham, Solvay, and Zeneca. Dr. Healy has been an expert witness for the plaintiff in five legal actions involving SSRIs and has been consulted on a number of other attempted suicide, suicide and suicide-homicide cases following antidepressant medication, in the majority of which he has offered the view that the treatment was not involved. Dr. Healy has also been an expert witness for the defense on a series of LSD (46) and ECT (1) cases.

I love it, it is I said "During the Vietnam War, Jim Coyne was chairman of his campus' Young Republicans and active in the antiwar movement." It was a long war, you know, and by stringing together true statements ahistorially, one can generate some confusing puzzlements.>

dear jim:

i have several reactions to your response about healy.

first, this is sort of like the pot calling the kettle black.

second, I assume that you read a lot of Healy's work to know both how often his disclosures are published and how often he actually discloses conflicts of interest.

third, it is hard to imagine Healy being any more comprehensive in his disclosure than in the example you gave. It looks to me that when asked, he discloses compulsively.

fourth, I think the fact that he has done work for the industry gives him an insider's perspective and actually makes him a more credible industry critic.

By the way, you might want to take a look at his new book *Let Them Eat Prozac*. It is absolutely fascinating reading. You might recognize some of the participants in the story.

Cordially,

David

David Antonuccio, Ph.D.  
Diplomate in Clinical Psychology, ABPP  
Professor of Psychiatry and Behavioral Sciences  
University of Nevada School of Medicine  
401 W. 2nd St., Suite 216  
Reno, NV 89503  
775-784-6388 x229  
FAX 775-784-1428

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Pharmaceuticals, Eli Lilly, Janssen-Cilag, Lorex-Synthelabo, <BR>  
Lundbeck, Organon, Pharmacia & Upjohn, Pierre-Fabre, Pfizer, <BR>  
Rhone-Poulenc Rorer, Roche, SmithKline Beecham, Solvay, and Zeneca.  
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To: sscpnet@listserv.acns.nwu.edu (SSCPnet)  
From: "Joseph J. Plaud" <plaud@fdrheritage.org>  
Subject: Article on "how drug firms 'hoodwink' medical journals"  
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Today's (London) Observer carries an article by public affairs editor Antony Barnett about "how drug firms 'hoodwink' medical journals."

Here are a few excerpts:

[begin excerpts]

Hundreds of articles in medical journals claiming to be written by academics or doctors have been penned by ghostwriters in the pay of drug companies, an Observer inquiry reveals.

<snip>

In February the New England Journal of Medicine was forced to retract an article published last year by doctors from Imperial College in London and the National Heart Institute on treating a type of heart problem. It emerged that several of the listed authors had little or nothing to do with the research.

<snip>

Few within the industry are brave enough to break cover. However, Susanna Rees, an editorial assistant with a medical writing agency until 2002, was so concerned about what she witnessed that she posted a letter on the British Medical Journal website.

'Medical writing agencies go to great lengths to disguise the fact that the papers they ghostwrite and submit to journals and conferences are ghostwritten on behalf of pharmaceutical companies and not by the named authors,' she wrote. 'There is a relatively high success rate for ghostwritten submissions - not outstanding, but consistent.'

Rees said part of her job had been to ensure that any article that was submitted electronically would give no clues as to the origin of the research.

'One standard procedure I have used states that before a paper is submitted to a journal electronically or on disc, the editorial assistant must open the file properties of the Word document manuscript and remove the names of the medical writing agency or agency ghostwriter or pharmaceutical company and replace these with the name and institution of the person who has been invited by the pharmaceutical drug company (or the agency acting on its behalf) to be named as lead author, but who may have had no actual input into the paper,' she wrote.

<snip>

A medical writer who has worked for a number of agencies did not want to be identified for fear he would not get any work again.



'It is true that sometimes a drug company will pay a medical writer to write a review article supporting a particular drug,' he said. 'This will mean using all published information to write an article explaining the benefits of a particular treatment.

'A recognised doctor will then be found to put his or her name to it and it will be submitted to a journal without anybody knowing that a ghostwriter or a drug company is behind it. I agree this is probably unethical, but all the firms are at it.'

One field where ghostwriting is becoming an increasing problem is psychiatry.

Dr David Healy, of the University of Wales, was doing research on the possible dangers of anti-depressants, when a drug manufacturer's representative emailed him with an offer of help.

The email, seen by The Observer, said: 'In order to reduce your workload to a minimum, we have had our ghostwriter produce a first draft based on your published work. I attach it here.'

The article was a 12-page review paper ready to be presented at an forthcoming conference. Healy's name appeared as the sole author, even though he had never seen a single word of it before. But he was unhappy with the glowing review of the drug in question, so he suggested some changes.

The company replied, saying he had missed some 'commercially important' points. In the end, the ghostwritten paper appeared at the conference and in a psychiatric journal in its original form - under another doctor's name.

Healy says such deception is becoming more frequent. 'I believe 50 per cent of articles on drugs in the major medical journals are not written in a way that the average person would expect them to be... the evidence I have seen would suggest there are grounds to think a significant proportion of the articles in journals such as the New England Journal of Medicine, the British Medical Journal and the Lancet may be written with help from medical writing agencies,' he said. 'They are no more than infomercials paid for by drug firms.'

<snip>

Dr Richard Smith, editor of the British Journal of Medicine, admitted ghostwriting was a 'very big problem'.

[end excerpts]

The article is online at <<http://tinyurl.com/y5rj>>.

From jcoyne@mail.med.upenn.edu Mon Dec 8 10:02:05 2003  
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by iris.itcs.northwestern.edu (8.12.10/8.12.10) id hB8G25IB026647  
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Date: Mon, 08 Dec 2003 11:11:37 -0500  
To: sscpnet@listserv.acns.nwu.edu  
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Subject: NIH top scientists collect paychecks and stock options from  
biomedical firms  
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>Stealth Merger: Drug Companies and Government Medical Research  
>Some of the National Institutes of Health's top scientists are also  
>collecting paychecks and stock options from biomedical firms. Increasingly,  
>such deals are kept secret.  
>By David Willman  
>Times Staff Writer  
>  
>December 7, 2003

>

>BETHESDA, Md.-"Subject No. 4" died at 1:44 a.m. on June 14, 1999, in the

>immense federal research clinic of the National Institutes of Health.

>The cause of death was clear: a complication from an experimental treatment

>for kidney inflammation using a drug made by Schering AG.

>Among the first to be notified was Dr. Stephen I. Katz, the senior NIH

>official whose institute conducted the study.

>Unknown to the participants, Katz also was a paid consultant to Schering AG,

>a German company.

>Katz and his institute staff could have responded to the death by stopping

>the study immediately. They also could have moved swiftly to warn doctors

>outside the NIH who were prescribing the drug for similar disorders. Either

>step might have threatened the market potential for Schering AG's drug.

They

>did neither.

>Questioned later, Katz said that his consulting arrangement with Schering AG

>did not influence his institute's decisions. His work with the company was

>approved by NIH leaders.

>Such dual roles - federal research leader and drug company consultant - are

>increasingly common at the NIH, an agency once known for independent

>scientific inquiry on behalf of a single client: the public.

>Two decades ago, the NIH was so distinct from industry that Margaret

>Heckler, secretary of Health and Human Services in the Reagan

>administration, could describe it as "an island of objective and pristine

>research, untainted by the influences of commercialization."

>Today, with its senior scientists collecting paychecks and stock options

>from biomedical companies, the NIH is no longer an island.

>Interviews and corporate and federal records obtained by the Los Angeles

>Times document hundreds of consulting payments to ranking NIH officials,

>including:

>Katz, director of the NIH's National Institute of Arthritis and

>Musculoskeletal and Skin Diseases, who collected between \$476,369 and

>\$616,365 in company fees in the last decade, according to his yearly

>income-disclosure reports. Some of his fees were reported in ranges without

>citing exact figures. Schering AG paid Katz at least \$170,000. Another

>company paid him more than \$140,000 in consulting fees. It won \$1.7 million

>in grants from his institute before going bankrupt last year.

>Dr. John I. Gallin, director of the NIH's Clinical Center, the nation's

>largest site of medical experiments on humans, who has received between

>\$145,000 and \$322,000 in fees and stock proceeds for his consulting from

>1997 through last year. In one case, Gallin co-wrote an article highlighting

>a company's gene-transfer technology, while hiring on as a consultant to a

>subsidiary of that company.

>Dr. Richard C. Eastman, the NIH's top diabetes researcher in 1997, who

wrote

>to the Food and Drug Administration that year defending a product without

>disclosing in his letter that he was a paid consultant to the manufacturer.

>Eastman's letter said the risk of liver failure from the drug was "very  
>minimal." Six months later, a patient, Audrey LaRue Jones, who was taking  
>the drug in an NIH study that Eastman oversaw, suffered sudden liver failure  
>and died. An autopsy, along with liver experts, found that the drug had  
>caused the liver failure.

>Dr. Ronald N. Germain, deputy director of a major laboratory at the National  
>Institute of Allergy and Infectious Diseases, who has amassed more than  
\$1.4  
>million in company consulting fees in the last decade, plus stock options.  
>One of the companies collaborated with his laboratory on research. The  
>founder of another of the companies worked with Germain on a separate  
>NIH-sponsored project.

>Jeffrey Schlom, director of the National Cancer Institute's Laboratory of  
>Tumor Immunology and Biology, who has taken \$331,500 in company fees  
over 10  
>years. Schlom helped lead NIH-funded studies exploring wider use for a  
>cancer drug - at the same time that his highest-paying client was seeking to  
>make the drug through genetic engineering.

>Jeffrey M. Trent, who became scientific director of the National Human  
>Genome Research Institute in 1993 and, over the next three years, reported  
>between \$50,608 and \$163,000 in industry consulting fees. Trent, who  
>accepted nearly half of that income from a company active in genetic  
>research, was not required to file public financial-disclosure statements as  
>of 1997. He left the government last year.

>Hidden From View

>Increasingly, outside payments to NIH scientists are being hidden from  
>public view. Relying in part on a 1998 legal opinion, NIH officials now  
>allow more than 94% of the agency's top-paid employees to keep their  
>consulting income confidential.

>As a result, the NIH is one of the most secretive agencies in the federal  
>government when it comes to financial disclosures. A survey by The Times  
of  
>34 other federal agencies found that all had higher percentages of eligible  
>employees filing reports on outside income. In several agencies, every  
>top-paid official submitted public reports.

>The trend toward secrecy among NIH scientists goes beyond their failure to  
>report outside income. Many of them also routinely sign confidentiality  
>agreements with their corporate employers, putting their outside work under  
>tight wraps.

>Gallin, Germain, Katz, Schlom and Trent each said that their consulting  
>deals were authorized beforehand by NIH officials and had no adverse effect  
>on their government work. Eastman declined to comment for this article.

>Dr. Arnold S. Relman, the former editor of the New England Journal of  
>Medicine, said that private consulting by government scientists posed  
>"legitimate cause for concern."

>"If I am a scientist working in an NIH lab and I get a lot of money in  
>consulting fees, then I'm going to want to make sure that the company does  
>very well," Relman said.

>Relman and others in the field of medical ethics said company payments

- >raised important questions about public health decisions made throughout the
- >NIH:
- >Will judgment calls on the safety of individual patients be affected by
- >commercial interests?
- >Can study participants trust that experimental treatments are chosen on
- >merit and not because of officials' personal financial interests?
- >Will scientists shade their interpretations of study results to favor their
- >clients?
- >Will officials favor their clients over other companies that seek NIH grants
- >or collaborations?
- >Conflict-of-interest questions also arise in the potentially lucrative
- >awarding of patents.
- >
- >Thomas J. Kindt, the director of in-house research at the National Institute
- >of Allergy and Infectious Diseases, accepted \$63,000 in consulting fees from
- >a New York biotechnology company, Innovir Laboratories, and wound up an
- >inventor on one of its patents.
- >Asked why the government received no consideration, Kindt said that he had
- >contributed to the "basic idea" while using vacation time.
- >"No work was done on it as a government employee," said Kindt, whose
- annual
- >salary at the NIH is \$191,200.
- >Others say the private arrangements undermine the public interest.
- >"The fact that paid consulting is happening I find very disturbing," said
- >Dr. Curt D. Furberg, former head of clinical trials at the National Heart,
- >Lung and Blood Institute. "It should not be done."
- >Private consulting fees tempt government scientists to pursue less-deserving
- >research and to "put a spin on their interpretation" of study results, he
- >said.
- >"Science should be for the sake of gaining knowledge and looking for the
- >truth," Furberg said. "There should be no other factors involved that can
- >introduce bias on decision-making."
- >Dr. Ruth L. Kirschstein, who as the deputy director or the acting director
- >of the NIH since 1993 has approved many of the top officials' consulting
- >arrangements, said she did not believe they had compromised the public
- >interest. "I think NIH scientists, NIH directors and all the staff are
- >highly ethical people with enormous integrity," she said. "And I think we do
- >our business in the most remarkable way."
- >In response to The Times' findings, Kirschstein said, she would "think
- >about" whether administrators should learn more about a company's ties to
- >the NIH before approving the consulting arrangements.
- >"Systems can always be tightened up," Kirschstein said on Oct. 29. "And
- >perhaps, based on this, we will do so."
- >On Nov. 20, NIH Director Elias A. Zerhouni told agency leaders that he
- would
- >form a committee to help "determine the appropriateness" of employees'
- >consulting and other outside arrangements.
- >"I believe we can improve our performance by subjecting ethics deliberations
- >to a more transparent process," Zerhouni said in a memo.

>In a brief telephone interview last week, Zerhouni said he wanted the NIH  
>"to manage not just the reality, but the perception of conflict of  
>interest."  
>"If there is something that could be viewed as improper, I think we need to  
>be able to advise our scientists not to get into these relationships," he  
>said. "My sense is our scientists are people of good will."  
>Temptations Abound  
>The NIH traces its beginnings to the Laboratory of Hygiene, founded in 1887  
>within a Navy hospital on Staten Island in New York. It became the federal  
>government's first research institution for confronting such epidemic  
>diseases as cholera, diphtheria, tuberculosis and smallpox.  
>The laboratory's success convinced Congress of its value in seeking cures  
>for diseases.  
>In 1938, the renamed National Institute of Health moved to its present,  
>300-acre headquarters in Bethesda, about nine miles north of the White  
>House.  
>The agency's responsibilities - and prominence - have grown steadily.  
>In 1948, four institutes were created to support work on cardiac disease,  
>infectious diseases, dental disorders and experimental biology. "Institute"  
>in the agency's name became "Institutes."  
>President Nixon turned to the NIH in 1971 to lead a war on cancer. The  
>agency has led the government's fight against AIDS. Two years ago, President  
>Bush enlisted the NIH to help counter biological terrorism.  
>Republican and Democratic administrations have boosted spending for the  
27  
>research centers and institutes that compose today's NIH. Since 1990, the  
>annual budget has nearly quadrupled, to \$27.9 billion this fiscal year.  
>Senior NIH scientists are among the highest-paid employees in the federal  
>government.  
>With billions of dollars in product sales potentially at stake for industry,  
>and untold fortunes riding on biomedical stock prices, commercial  
>temptations abound:  
>Researchers poised to make a breakthrough in their NIH labs can, the same  
>day, land paid consulting positions with companies eager to exploit their  
>insights and cachet. Many companies cite their connections to NIH scientists  
>on Web sites and in news releases, despite an agency rule against the  
>practice. Selection of a company's products for an NIH study can provide a  
>bankable endorsement - attracting investors and boosting stock value. If the  
>study yields positive results, the benefits can be even greater.  
>Conflicts of interest among university medical researchers have received  
>wide attention in recent years. U.S. Rep. W.J. "Billy" Tauzin (R-La.) also  
>raised questions recently about cash awards that two nonprofit institutions  
>made to a previous director of the National Cancer Institute.  
>The consulting deals between drug companies and full-time, career  
employees  
>at the NIH, however, have gone all but unnoticed.  
>The wide embrace of private consulting within the NIH can be traced in part  
>to calls from Congress for quicker "translation" of basic federal research  
>into improved treatments for patients.

>And for decades industry has pressed for more access to the government's  
>scientific discoveries.

>As the number of government-held patents soared, companies sought  
>legislation encouraging commercialization of federally funded inventions.

>The proponents said the changes also would make U.S. firms more  
competitive

>with foreign companies whose research and development programs were  
>subsidized by their governments.

>Laws enacted in the 1980s for the first time authorized formal research  
>collaborations between companies and scientific arms of the government,  
>including the NIH. Starting in late 1986, in-house researchers at the NIH  
>were permitted to arrange cooperative research agreements with  
companies.

>The agreements were intended to benefit both sides while advancing  
>scientific discovery.

>Other changes in law permitted the government agencies, and the  
researchers,

>to share in future patent royalties for inventions.

>The new laws said nothing about government employees being hired by the  
>companies.

>Yet by the end of the decade, more companies were putting NIH researchers  
on

>their payrolls, albeit within limits imposed by the NIH.

>Agency leaders in the 1990s began weakening those restrictions.

>In November 1995, then-NIH Director Harold E. Varmus wrote to all institute  
>and center directors, rescinding "immediately" a policy that had barred them  
>from accepting consulting fees and payments of stock from companies.

>The changes, he wrote, would bring the NIH ethics rules more in line with  
>new, less-stringent executive-branch standards. Loosening of restrictions on  
>employees' outside pursuits was occurring throughout the government. And  
>with biomedical companies ready to hire, few were better positioned to  
>benefit than employees at the NIH.

>Varmus' memo - which until now has not been made public - scuttled other  
>restraints affecting all employees, including a \$25,000 annual limit on  
>outside income, a prohibition on accepting company stock as payment and a  
>limit of 500 hours a year on outside activities.

>His memo also offered a narrowed definition of conflict of interest:  
>Employees had been barred from consulting for any company that  
collaborated

>with their NIH lab or branch. But Varmus said the ban would be applied only  
>if the researcher was personally involved in the company's collaboration  
>with the agency.

>Furberg, the former NIH official, said Varmus' actions invited, at minimum,  
>appearances of conflict of interest.

>"I'm amazed at what he did," said Furberg, a professor at Wake Forest  
>University. "And to do it in secrecy I find very objectionable. This is a  
>critical change in the NIH policy."

>An Honor System

>In 1999, Varmus wrote a letter to the institute directors that cautioned  
>them to "avoid even the appearance of a conflict of interest." But in an

>attachment to the letter, he told them that employees "may briefly discuss  
 >or mention current work" to outsiders, in effect giving agency scientists  
 >permission to reveal their unpublished, confidential research.  
 >Varmus, now president and chief executive of the Memorial Sloan-Kettering  
 >Cancer Center in New York, declined to be interviewed for this article. His  
 >spokeswoman, R. Anne Thomas, said that Varmus, who in 1989 shared a Nobel  
 Prize for research into the genetic basis of cancer, believed that NIH  
 >employees should take personal responsibility for avoiding conflicts of  
 >interest, regardless of what agency rules allow.  
 >Kirschstein, after taking over as Varmus' interim successor at the NIH three  
 >years ago, said in a May 2000 speech to medical researchers that conflicts  
 >of interest posed "a major concern."  
 >"While the federal government was once the dominant force for supporting  
 >clinical research, today we share the arena with biotechnology companies,  
 >pharmaceutical firms and many others - all interested in the possibility of  
 >financial gain from their research.  
 >"Profit raises issues of public trust," she said. "When scientific inquiry  
 >generates findings that can make a profit for the researcher and the  
 >institution, their images become clouded."  
 >Yet officials have lifted controls on consulting even as industry's stake in  
 >NIH research has deepened. When Zerhouni, the NIH director, appeared  
 before  
 >the House Subcommittee on Environment, Technology and Standards last  
 year,  
 >he cited 274 ongoing research and development agreements between the  
 federal  
 >agency and industry.  
 >At the same time, NIH leaders have moved to what they describe as  
 "managing"  
 >conflicts of interest. Employees are allowed to consult if they receive  
 >prior clearance from an administrator at their institute or, in the case of  
 >most institute directors, from NIH headquarters.  
 >Potential conflicts are typically addressed by allowing employees to sign  
 >"recusals." Under these agreements, NIH employees pledge not to  
 participate  
 >in decisions affecting an outside client. Agency officials, Kirschstein  
 >said, rely on an honor system to enforce recusals and other  
 >conflict-of-interest rules.  
 >The Times found instances in which the recusals did not work as intended.  
 >In the mid-to-late 1990s, Eastman, the diabetes researcher, participated in  
 >a series of decisions affecting the drug company employing him as a  
 >consultant, despite having signed a recusal. Separately, Katz, the director  
 >of the arthritis institute, signed a recusal involving his client, Schering  
 >AG, which nevertheless supplied the NIH with the drug involved in the kidney  
 >patient's death in 1999.  
 >Katz said that he did not know at the time that Schering AG was the maker  
 of  
 >the drug his institute was testing.  
 >Compliance with the recusals can, itself, undercut the interests of the NIH



- >and taxpayers, who support the agency. When heads of institutes and
- >laboratories recuse themselves, they sometimes constrain their ability to
- >carry out their government duties.
- >Kirschstein, who for the last eight years has personally reviewed requests
- >from the institute directors to consult privately for pay, said she tended
- >to approve the deals, unless she saw "real conflict."
- >"I've disapproved some - and I've approved many," she said.
- >In her view, recusals have worked "extremely well" in avoiding conflicts of
- >interest.
- >Other present and former officials say it is difficult, if not impossible,
- >for researchers to keep separate their confidential government information
- >when they consult for companies.
- >"You can't police the thing," Philip S. Chen Jr., a senior advisor in the
- >NIH director's office who has served as an agency scientist or administrator
- >since the 1950s, said in an interview last year. "The rules are there -
- >whether they follow the rules is another thing."
- >A former NIH director voiced surprise at the agency's loosened approach to
- >conflicts of interest.
- >"There has been a lot of relaxation," said Dr. Bernadine P. Healy, who
- >served as director from 1991 to 1993. Before, Healy said in an interview,
- >"there were very strict ethics rules for NIH scientists. You couldn't have
- >virtually any connection with a company if your institute was in any way
- >doing research involving their products."
- >At least one vestige of the old days remains.
- >During last year's holiday season, workers were advised to refuse gifts from
- >outsiders worth more than \$20.
- >"Just a reminder," ethics coordinator John C. Condray wrote, introducing a
- >five-page memo, "that sometimes gifts and events can create the
- appearance
- >of a lack of impartiality."
- >Fewer Public Filings
- >While making it easier for scientists to cut consulting deals, the NIH has
- >made it harder for the public to find out about them.
- >The Ethics in Government Act requires yearly financial-disclosure reports
- >from senior federal employees. This year, employees paid \$102,168 or more
- >generally must disclose outside income by filing a "278" form, which is
- >available for public review. Other employees may file a "450" form - which
- >does not specify the amount of money received from an outside party and is
- >kept confidential.
- >At the NIH, 2,259 employees make more than \$102,168, according to data
- >provided by the NIH. Those records show that 127 of the employees - about
- 6%
- >\* are filing disclosure forms available to the public.
- >
- >>From 1997 through 2002, the number of NIH employees filing public
- reports of
- >their outside income dropped by about 64%, according to the agency
- records.
- >Most of those employees have switched to filing the confidential 450 form.
- >At the National Institute of Allergy and Infectious Diseases - which

- >researches treatments for AIDS and other life-threatening maladies - only
- >three officials file public reports revealing their outside income,
- >according to NIH records.
- >Officials at the NIH said that an advisory legal opinion from the U.S.
- >Office of Government Ethics gave them the discretion to bypass public
- >disclosure.
- >Issued in 1998, the opinion said that the threshold for public disclosure
- >was to be set, not by a federal employee's actual salary, but by the low end
- >of his or her pay grade. If the minimum salary in an employee's grade is
- >beneath the \$102,168 threshold, he or she is exempt from filing a public
- >report.
- >The NIH has shifted many of its high-salaried employees into pay plans with
- >minimums that dip below the threshold.
- >For instance, two prominent NIH laboratory leaders, Schlom and Germain,
- make
- >\$180,400 and \$179,900, respectively. Within the last year, NIH changed
- each
- >of their pay plans, and they now are exempt from public disclosure.
- >They file confidential forms, which instruct employees to not specify the
- >dollar amounts they receive from outside parties.
- >Asked why the NIH has assigned highly paid staff to plans that eliminate
- >public disclosure of employees' outside income, an NIH spokesman, John
- >Burklow, provided a written response:
- >"The primary benefit of the alternate pay plans is to attract and retain the
- >best scientists in a highly competitive environment."
- >Said Donald Ralbovsky, another NIH spokesman: "What it really boils down
- >[to] is that fewer people are filing 278s because of changes in pay plans."
- >The shift imparts an implicit message to employees, said George J. Galasso,
- >a former NIH researcher and administrator who retired in 1996:
- >"If you've got something to hide, you file a 450. If you don't, you file a
- >278."
- >Make-or-Break Grants
- >As director of the National Institute of Arthritis and Musculoskeletal and
- >Skin Diseases, Katz is one of the few at the NIH who still must file public
- >financial-disclosure reports.
- >Katz, 62, is paid \$200,000 a year - more than members of Congress, justices
- >on the Supreme Court and the vice president.
- >His institute leads the government's research into the causes, treatment and
- >prevention of disorders of the joints, bones and overall muscle-skeletal
- >system.
- >With a yearly institute budget of \$485.4 million, Katz's decisions are
- >watched closely by industry. The director's office decides how much of the
- >budget will be spent on grants and contracts coveted by companies.
- >And Katz has been available for outside consultation: From 1993 through
- >2002, Katz took between \$476,369 and \$616,365 in fees from seven biotech
- and
- >pharmaceutical companies, according to his annual disclosure statements.
- He
- >consulted while chief of the dermatology branch at the National Cancer
- >Institute and continued after becoming arthritis institute director in 1995.

>Katz said that his private consulting broke no rules and that he relied in part on Varmus' 1995 memo while entering arrangements with companies.

>"The consultations provided my global knowledge as a dermatologist and research scientist," Katz said in written responses to questions from The Times. "I have always received official permission to perform these consultations and have performed these consultations outside of my normal NIH work schedule and according to strict government guidelines and rules."

>One of his clients was Advanced Tissue Sciences Inc.

>The struggling biotech company in San Diego hired Katz as a consultant in 1997, a year after he had announced a new NIH research initiative for bone and connective-tissue repair.

>Advanced Tissue installed Katz on its scientific advisory board and paid him fees between \$142,500 and \$212,500 from 1997 to 2002, according to his income-disclosure reports.

>During that time, Katz's institute pledged \$1.7 million in small-business research grants to the company. The company announced nearly every grant in a news release; Advanced Tissue's president termed the grants "an endorsement by the government."

>In his written response, Katz said that he had signed a recusal "withdrawing myself from any interactions between Advanced Tissue Sciences and the government to remove any real or potential conflict of interest." The grants were awarded following evaluations by NIH reviewers outside of Katz's institute.

>Responsibility for administering the grants to Advanced Tissue was delegated to one of his subordinates, Katz said.

>The NIH policy manual says officials may not take fees from companies seeking or receiving agency grants "if the employee is working on or involved in these matters" or "supervising others who work on these matters."

>Katz said his subordinate "handled all decisions regarding these grants without informing me."

>However, Advanced Tissue kept him apprised as NIH grants were obtained, according to a company executive.

>"He was informed," said Anthony J. Ratcliffe, the firm's vice president for research until its collapse a year ago. "We would have made a written report to the SAB [scientific advisory board] members twice a year. There would have been a report to the SAB meetings on all grants, all grant activities."

>Ratcliffe said the company dealt with Katz's potential conflict of interest by paying him in fees alone, and not stock options. Both men said Katz did not advise the company on the NIH grants.

>His consultations, Katz said, were limited to his scientific expertise and "never involved, directly or indirectly, the preparation or discussion of material which could relate to any financial dealings between [Advanced Tissue] and the NIH."

>Kirschstein, the senior NIH official who each year approved Katz's consulting with Advanced Tissue, said she did not learn the company held grants with the arthritis institute until The Times inquired.

>"I didn't even know there were grants," Kirschstein said.

>As it turned out, the grants would be among the few positive financial  
>developments for Advanced Tissue.  
>By December 2001, its cumulative net operating losses were approximately  
>\$292.7 million. Barely a year later, the company entered bankruptcy and  
shut  
>its doors, having collected about \$1.5 million of the \$1.7 million in  
>grants.  
>Life-and-Death Decisions  
>While Katz was consulting for Advanced Tissue, he also was on the payroll  
of  
>Schering AG, which made Fludara, a drug that his research staff was using  
as  
>an experimental treatment for autoimmune diseases.  
>>From the time he began consulting for Schering AG in 1996 through 2002,  
Katz  
>collected between \$170,000 and \$240,000 in fees from the company, his  
>disclosure reports show.  
>In written responses to questions, Katz said that he "first became aware"  
>that Fludara was a Schering AG product when The Times made inquiries.  
>Fludara had been approved by the Food and Drug Administration in 1991 to  
>treat leukemia, but the company wanted to expand its use to other diseases,  
>a goal the NIH studies could advance.  
>Two people died in the studies conducted by Katz's institute.  
>In one study using Fludara to treat muscular disorders, a patient suffered  
>what agency researchers reported in July 1998 as a "sudden death ... not  
>thought to be drug related."  
>The second fatality was, indisputably, caused by the treatment. It involved  
>"Subject No. 4," who had enrolled in a separate study, designed to treat  
>kidney inflammation related to lupus, a disease of the immune system.  
>Schering AG provided Katz's institute with a supply of Fludara and with  
>analyses of patients' blood samples through its U.S. affiliate, Berlex  
>Laboratories, records and interviews show. The company also contributed a  
>total of \$60,000 to the institute to support the research, eliciting a July  
>1, 1998, thank-you letter from Katz.  
>Participants entering the study were warned of some risks. The NIH advised  
>them that Fludara might cause damage to their blood cells and that, as a  
>result, "blood transfusions may be required."  
>That is what befell Jamie Ann Jackson, identified in NIH documents as  
>"Subject No. 4."  
>Jackson, a registered nurse, lived with her husband, their two daughters and  
>a son in Plainville, Mass., about 37 miles southwest of Boston. She received  
>four transfusions between March and May of 1999, yet grew sicker.  
>On June 1, trembling with chills, Jackson was admitted to the NIH Clinical  
>Center in Bethesda. Within days, lab results confirmed that she was in the  
>grip of graft-versus-host disease. The graft of outside material - in this  
>instance, blood from a transfusion - attacks and overwhelms the immune  
>system and organs of the new host.  
>Fatal in about 90% of cases, the malady had been documented in leukemia  
and  
>other cancer patients who took Fludara. For that reason, the risk of

>graft-versus-host disease was noted in the product labeling - as was a  
>warning about irradiating transfusions as a prevention.  
>But the NIH doctors did not specify that transfusions should be irradiated  
>for patients in the lupus study. In an interview, Dr. John H. Klippel, then  
>the institute's clinical director, said he could not recall whether he or  
>his colleagues took stock of the label warning.  
>In Britain, authorities were more cautious, recommending that blood  
>transfusions for all patients taking Fludara be irradiated. The British  
>recommendations were summarized in 1996 in The Lancet, a medical  
journal  
>with an international circulation.  
>Two weeks after being admitted to the NIH Clinical Center, 42-year-old  
Jamie  
>Ann Jackson died.  
>"Steve Katz was notified almost immediately," Klippel said.  
>Katz's subordinates warned the remaining patients and their personal  
doctors  
>about the death and, for the first time, advised them to irradiate any  
>transfusions. The FDA was informed.  
>But the NIH office responsible for conducting an internal inquiry into  
>research deaths was not promptly notified.  
>And while Katz's institute stopped enrolling recruits, the treatment of  
>those already in the study continued for nine months after Jackson's death.  
>After five of the other 12 patients given Fludara experienced abnormal  
>changes in their blood, increasing their risk of infection, the experiment  
>was stopped, 20 months before its scheduled conclusion.  
>'Absolutely No Role'  
>While Fludara's use for anything other than leukemia remained  
experimental,  
>an increasing number of doctors were prescribing it "off-label" for diseases  
>of the immune system, including rheumatoid arthritis.  
>Yet the NIH was slow in warning them about the lethal, but preventable,  
>problem of graft-versus-host disease.  
>It was not until October 2000, 16 months after Jackson died, that doctors  
>from the NIH briefly summarized the death in Transfusion, the journal of the  
>American Assn. of Blood Banks.  
>Meanwhile, three articles written by NIH doctors and published from March  
>2000 through May 2001 referred to the agency's work with Fludara without  
>mentioning the risk of graft-versus-host disease or the death in their  
>study.  
>In an article published in the May 2001 issue of the journal  
>Pharmacotherapy, the doctors, three from Katz's institute, wrote that  
>Fludara "was well tolerated" and thanked the company for providing the drug  
>and "analytical support."  
>Not until last week - four and a half years after the event - did the same  
>doctors publish a full-length article describing the circumstances that led  
>to Jackson's death. It appeared in Transfusion.  
>In his written responses to The Times, Katz said that, to his knowledge,  
>"all matters concerning the adverse event were handled according to  
standard

>operating procedures."

>Katz said that he had signed a recusal, pledging not to participate in

>matters involving Schering AG. He said he had nothing to do with initiating

>the study, "was not advised that it was ongoing and had absolutely no role

>in overseeing its conduct."

>However, The Times documented three instances in which he discussed the

>study: The July 1998 letter acknowledging the company's first half of the

>\$60,000 donation; the June 1999 phone call from Klippel notifying him of the

>death; and a meeting in April 2000 with Kirschstein to discuss the fatality

>and his institute's response to it.

>Katz confirmed all three incidents in a series of e-mail exchanges.

>He said he wrote the letter without realizing that Berlex Laboratories was

>the American arm of Schering AG.

>"At that time, I was unaware of any relationship between Berlex Laboratories

>and Schering AG and was, therefore, unaware that my sending the thank

you

>letter might present any conflict of interest."

>Katz declined to identify when he learned that Berlex was the U.S. affiliate

>of Schering AG.

>The relationship between Schering AG and Berlex has not been a secret.

News

>articles describe Berlex as Schering AG's U.S. business unit. The Berlex and

>Schering AG Web sites make clear the affiliation. In 1998 - two years after

>Katz was hired - Berlex accounted for 17% of Schering AG's net global

sales.

>Oliver Renner, a spokesman in Berlin for Schering AG, said: "Berlex

>Laboratories is a fully owned subsidiary of Schering AG. We are distributing

>our products under the name of Berlex in the United States. We also conduct

>research and development work through our Berlex entities."

>Katz, asked about the phone call he received when Jackson died, said he

did

>not then realize what company made the study drug. Although the study was

>ongoing, he said he did nothing in response to being notified of the death.

>"No further action was required or undertaken by me," Katz said.

>He said he remained uninformed about Schering AG's connection to the

study

>when he met with Kirschstein a year later.

>"The reason that I did not exclude myself from any contact regarding the

>lupus [clinical] trial was that I was unaware, and no one on the staff

>brought to my attention, that the trial had any relationship to Schering

>AG," Katz said. He noted that the arthritis institute first used Fludara for

>lupus in 1993, before he arrived as director.

>Representatives of Schering AG said the company did nothing out of the

>ordinary in collaborating with the NIH - and in hiring Katz.

>"The discovery and development of new pharmaceuticals often involves a

>combination of government and private industry efforts," the company said in

>a statement. "It is also a common practice for pharmaceutical companies to

>work with many leading external experts.... In keeping with this practice,

>we have a consulting agreement with a Dr. Stephen Katz from the NIH

>involving his expertise in the field of dermatology."

>Schering AG is no longer pursuing development of Fludara as a treatment for  
>autoimmune diseases.  
>Kirschstein, the NIH official who approved Katz's consulting for Schering  
>AG, said she had not known the company's drug was being tested by his  
>institute.  
>Kirschstein said she did recall being visited by Katz and his top aide in  
>April 2000. The NIH's human protection office had just opened an internal  
>review of the lupus-related study, questioning the researchers' failure to  
>protect against graft-versus-host disease, as well as their failure to  
>report the death to agency investigators in a timely fashion.  
>"Dr. Katz and his scientific director came to me ... to tell me about a  
>study in which a drug was used and there was a death," Kirschstein said.  
>"They did not tell me the name of the drug, and did not tell me much about  
>the study, but told me that they and the [department] were looking into it."  
>In a follow-up letter two years later, the internal review absolved the  
>institute of responsibility for Jamie Ann Jackson's death. Her husband has  
>filed a wrongful-death lawsuit against the government in U.S. District  
>Court. The lawsuit does not refer to Katz.  
>Jackson's mother, Carmella Tarte, said time had not eased her grief.  
>"We all went to the hospital, but we never even got to talk to her," Tarte  
>said in an interview. "It's been four years and, well, Thanksgiving was just  
>another day, you know? She has children she didn't see graduate."  
>Times researcher Janet Lundblad in Los Angeles assisted in this report.  
>Researchers Robert Patrick and Christopher Chandler in Washington also  
>contributed.

From gdaviso@usc.edu Mon Dec 8 13:33:44 2003  
Received: (from mailnull@localhost)  
by iris.itcs.northwestern.edu (8.12.10/8.12.10) id hB8JXhaG019202  
for <sscpnet@listserv.acns.nwu.edu>; Mon, 8 Dec 2003 13:33:43 -  
0600 (CST)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<gdaviso@usc.edu> using -f  
Received: from postal.usc.edu (postal.usc.edu [128.125.253.6]) by  
iris.itcs.northwestern.edu via smap (V2.0)  
id xma019151; Mon, 8 Dec 03 13:33:33 -0600  
Received: from almaak.usc.edu (almaak.usc.edu [128.125.253.166])  
by postal.usc.edu  
(iPlanet Messaging Server 5.2 HotFix 1.21 (built Sep 8 2003))  
with ESMTTP id <0HPL002AVCZW49@postal.usc.edu> for  
sscpnet@listserv.acns.nwu.edu; Mon, 08 Dec 2003 11:33:32 -0800 (PST)  
Date: Mon, 08 Dec 2003 11:33:32 -0800 (PST)  
From: Gerald Davison <gdaviso@usc.edu>  
Subject: Re: NIH top scientists collect paychecks and stock options from  
biomedical firms  
In-reply-to: <5.1.3.2.2.20031208110830.017ef008@mail.med.upenn.edu>  
To: James Coyne <jcoyne@mail.med.upenn.edu>  
Cc: sscpnet@listserv.acns.nwu.edu

Message-id: <Pine.GSO.4.33.0312081132570.8005-100000@almaak.usc.edu>  
MIME-version: 1.0  
Content-type: TEXT/PLAIN; charset=US-ASCII  
Content-transfer-encoding: 7BIT  
Reply-To: gdaviso@usc.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 114

"Money doesn't talk. It swears." (Robert Zimmerman, aka Bob Dylan). --  
Jerry Davison

On Mon, 8 Dec 2003, James Coyne wrote:

>  
>  
> >Stealth Merger: Drug Companies and Government Medical Research  
> >Some of the National Institutes of Health's top scientists are also  
> >collecting paychecks and stock options from biomedical firms.  
Increasingly,  
> >such deals are kept secret.  
> >By David Willman  
> >Times Staff Writer  
> >  
> >December 7, 2003  
> >  
> >BETHESDA, Md.-"Subject No. 4" died at 1:44 a.m. on June 14, 1999, in  
the  
> >immense federal research clinic of the National Institutes of Health.  
> >The cause of death was clear: a complication from an experimental  
treatment  
> >for kidney inflammation using a drug made by Schering AG.  
> >Among the first to be notified was Dr. Stephen I. Katz, the senior NIH  
> >official whose institute conducted the study.  
> >Unknown to the participants, Katz also was a paid consultant to Schering  
AG,  
> >a German company.  
> >Katz and his institute staff could have responded to the death by stopping  
> >the study immediately. They also could have moved swiftly to warn doctors  
> >outside the NIH who were prescribing the drug for similar disorders. Either  
> >step might have threatened the market potential for Schering AG's drug.  
They  
> >did neither.



> >Questioned later, Katz said that his consulting arrangement with Schering AG  
> >did not influence his institute's decisions. His work with the company was  
> >approved by NIH leaders.  
> >Such dual roles - federal research leader and drug company consultant - are  
> >increasingly common at the NIH, an agency once known for independent  
> >scientific inquiry on behalf of a single client: the public.  
> >Two decades ago, the NIH was so distinct from industry that Margaret  
> >Heckler, secretary of Health and Human Services in the Reagan  
> >administration, could describe it as "an island of objective and pristine  
> >research, untainted by the influences of commercialization."  
> >Today, with its senior scientists collecting paychecks and stock options  
> >from biomedical companies, the NIH is no longer an island.  
> >Interviews and corporate and federal records obtained by the Los Angeles  
> >Times document hundreds of consulting payments to ranking NIH officials,  
> >including:  
> >Katz, director of the NIH's National Institute of Arthritis and  
> >Musculoskeletal and Skin Diseases, who collected between \$476,369 and  
> >\$616,365 in company fees in the last decade, according to his yearly  
> >income-disclosure reports. Some of his fees were reported in ranges without  
> >citing exact figures. Schering AG paid Katz at least \$170,000. Another  
> >company paid him more than \$140,000 in consulting fees. It won \$1.7 million  
> >in grants from his institute before going bankrupt last year.  
> >Dr. John I. Gallin, director of the NIH's Clinical Center, the nation's  
> >largest site of medical experiments on humans, who has received between  
> >\$145,000 and \$322,000 in fees and stock proceeds for his consulting from  
> >1997 through last year. In one case, Gallin co-wrote an article highlighting  
> >a company's gene-transfer technology, while hiring on as a consultant to a  
> >subsidiary of that company.  
> >Dr. Richard C. Eastman, the NIH's top diabetes researcher in 1997, who wrote  
> >to the Food and Drug Administration that year defending a product without  
> >disclosing in his letter that he was a paid consultant to the manufacturer.  
> >Eastman's letter said the risk of liver failure from the drug was "very  
> >minimal." Six months later, a patient, Audrey LaRue Jones, who was taking  
> >the drug in an NIH study that Eastman oversaw, suffered sudden liver failure  
> >and died. An autopsy, along with liver experts, found that the drug had  
> >caused the liver failure.  
> >Dr. Ronald N. Germain, deputy director of a major laboratory at the National  
> >Institute of Allergy and Infectious Diseases, who has amassed more than \$1.4  
> >million in company consulting fees in the last decade, plus stock options.  
> >One of the companies collaborated with his laboratory on research. The  
> >founder of another of the companies worked with Germain on a separate

> >NIH-sponsored project.  
> >Jeffrey Schlom, director of the National Cancer Institute's Laboratory of  
> >Tumor Immunology and Biology, who has taken \$331,500 in company fees  
over 10  
> >years. Schlom helped lead NIH-funded studies exploring wider use for a  
> >cancer drug - at the same time that his highest-paying client was seeking  
to  
> >make the drug through genetic engineering.  
> >Jeffrey M. Trent, who became scientific director of the National Human  
> >Genome Research Institute in 1993 and, over the next three years,  
reported  
> >between \$50,608 and \$163,000 in industry consulting fees. Trent, who  
> >accepted nearly half of that income from a company active in genetic  
> >research, was not required to file public financial-disclosure statements as  
> >of 1997. He left the government last year.  
> >Hidden From View  
> >Increasingly, outside payments to NIH scientists are being hidden from  
> >public view. Relying in part on a 1998 legal opinion, NIH officials now  
> >allow more than 94% of the agency's top-paid employees to keep their  
> >consulting income confidential.  
> >As a result, the NIH is one of the most secretive agencies in the federal  
> >government when it comes to financial disclosures. A survey by The Times  
of  
> >34 other federal agencies found that all had higher percentages of eligible  
> >employees filing reports on outside income. In several agencies, every  
> >top-paid official submitted public reports.  
> >The trend toward secrecy among NIH scientists goes beyond their failure  
to  
> >report outside income. Many of them also routinely sign confidentiality  
> >agreements with their corporate employers, putting their outside work  
under  
> >tight wraps.  
> >Gallin, Germain, Katz, Schlom and Trent each said that their consulting  
> >deals were authorized beforehand by NIH officials and had no adverse  
effect  
> >on their government work. Eastman declined to comment for this article.  
> >Dr. Arnold S. Relman, the former editor of the New England Journal of  
> >Medicine, said that private consulting by government scientists posed  
> >"legitimate cause for concern."  
> >"If I am a scientist working in an NIH lab and I get a lot of money in  
> >consulting fees, then I'm going to want to make sure that the company  
does  
> >very well," Relman said.  
> >Relman and others in the field of medical ethics said company payments  
> >raised important questions about public health decisions made throughout  
the  
> >NIH:  
> >Will judgment calls on the safety of individual patients be affected by  
> >commercial interests?  
> >Can study participants trust that experimental treatments are chosen on

> >merit and not because of officials' personal financial interests?

> >Will scientists shade their interpretations of study results to favor their

> >clients?

> >Will officials favor their clients over other companies that seek NIH grants

> >or collaborations?

> >Conflict-of-interest questions also arise in the potentially lucrative

> >awarding of patents.

> >

> >Thomas J. Kindt, the director of in-house research at the National Institute

> >of Allergy and Infectious Diseases, accepted \$63,000 in consulting fees

> >from

> >a New York biotechnology company, Innovir Laboratories, and wound up

> >an

> >inventor on one of its patents.

> >Asked why the government received no consideration, Kindt said that he

> >had

> >contributed to the "basic idea" while using vacation time.

> >"No work was done on it as a government employee," said Kindt, whose

> >annual

> >salary at the NIH is \$191,200.

> >Others say the private arrangements undermine the public interest.

> >"The fact that paid consulting is happening I find very disturbing," said

> >Dr. Curt D. Furberg, former head of clinical trials at the National Heart,

> >Lung and Blood Institute. "It should not be done."

> >Private consulting fees tempt government scientists to pursue less-

> >deserving

> >research and to "put a spin on their interpretation" of study results, he

> >said.

> >"Science should be for the sake of gaining knowledge and looking for the

> >truth," Furberg said. "There should be no other factors involved that can

> >introduce bias on decision-making."

> >Dr. Ruth L. Kirschstein, who as the deputy director or the acting director

> >of the NIH since 1993 has approved many of the top officials' consulting

> >arrangements, said she did not believe they had compromised the public

> >interest. "I think NIH scientists, NIH directors and all the staff are

> >highly ethical people with enormous integrity," she said. "And I think we do

> >our business in the most remarkable way."

> >In response to The Times' findings, Kirschstein said, she would "think

> >about" whether administrators should learn more about a company's ties to

> >the NIH before approving the consulting arrangements.

> >"Systems can always be tightened up," Kirschstein said on Oct. 29. "And

> >perhaps, based on this, we will do so."

> >On Nov. 20, NIH Director Elias A. Zerhouni told agency leaders that he

> >would

> >form a committee to help "determine the appropriateness" of employees'

> >consulting and other outside arrangements.

> >"I believe we can improve our performance by subjecting ethics

> >deliberations

> >to a more transparent process," Zerhouni said in a memo.

> >In a brief telephone interview last week, Zerhouni said he wanted the NIH

> >"to manage not just the reality, but the perception of conflict of  
> >interest."  
> >"If there is something that could be viewed as improper, I think we need to  
> >be able to advise our scientists not to get into these relationships," he  
> >said. "My sense is our scientists are people of good will."  
> >Temptations Abound  
> >The NIH traces its beginnings to the Laboratory of Hygiene, founded in  
1887  
> >within a Navy hospital on Staten Island in New York. It became the federal  
> >government's first research institution for confronting such epidemic  
> >diseases as cholera, diphtheria, tuberculosis and smallpox.  
> >The laboratory's success convinced Congress of its value in seeking cures  
> >for diseases.  
> >In 1938, the renamed National Institute of Health moved to its present,  
> >300-acre headquarters in Bethesda, about nine miles north of the White  
> >House.  
> >The agency's responsibilities - and prominence - have grown steadily.  
> >In 1948, four institutes were created to support work on cardiac disease,  
> >infectious diseases, dental disorders and experimental biology. "Institute"  
> >in the agency's name became "Institutes."  
> >President Nixon turned to the NIH in 1971 to lead a war on cancer. The  
> >agency has led the government's fight against AIDS. Two years ago,  
President  
> >Bush enlisted the NIH to help counter biological terrorism.  
> >Republican and Democratic administrations have boosted spending for the  
27  
> >research centers and institutes that compose today's NIH. Since 1990, the  
> >annual budget has nearly quadrupled, to \$27.9 billion this fiscal year.  
> >Senior NIH scientists are among the highest-paid employees in the federal  
> >government.  
> >With billions of dollars in product sales potentially at stake for industry,  
> >and untold fortunes riding on biomedical stock prices, commercial  
> >temptations abound:  
> >Researchers poised to make a breakthrough in their NIH labs can, the  
same  
> >day, land paid consulting positions with companies eager to exploit their  
> >insights and cachet. Many companies cite their connections to NIH  
scientists  
> >on Web sites and in news releases, despite an agency rule against the  
> >practice. Selection of a company's products for an NIH study can provide a  
> >bankable endorsement - attracting investors and boosting stock value. If  
the  
> >study yields positive results, the benefits can be even greater.  
> >Conflicts of interest among university medical researchers have received  
> >wide attention in recent years. U.S. Rep. W.J. "Billy" Tauzin (R-La.) also  
> >raised questions recently about cash awards that two nonprofit institutions  
> >made to a previous director of the National Cancer Institute.  
> >The consulting deals between drug companies and full-time, career  
employees  
> >at the NIH, however, have gone all but unnoticed.

> >The wide embrace of private consulting within the NIH can be traced in part  
> >to calls from Congress for quicker "translation" of basic federal research  
> >into improved treatments for patients.  
> >And for decades industry has pressed for more access to the government's  
> >scientific discoveries.  
> >As the number of government-held patents soared, companies sought  
> >legislation encouraging commercialization of federally funded inventions.  
> >The proponents said the changes also would make U.S. firms more competitive  
> >with foreign companies whose research and development programs were  
> >subsidized by their governments.  
> >Laws enacted in the 1980s for the first time authorized formal research  
> >collaborations between companies and scientific arms of the government,  
> >including the NIH. Starting in late 1986, in-house researchers at the NIH  
> >were permitted to arrange cooperative research agreements with companies.  
> >The agreements were intended to benefit both sides while advancing  
> >scientific discovery.  
> >Other changes in law permitted the government agencies, and the researchers,  
> >to share in future patent royalties for inventions.  
> >The new laws said nothing about government employees being hired by the  
> >companies.  
> >Yet by the end of the decade, more companies were putting NIH researchers on  
> >their payrolls, albeit within limits imposed by the NIH.  
> >Agency leaders in the 1990s began weakening those restrictions.  
> >In November 1995, then-NIH Director Harold E. Varmus wrote to all institute  
> >and center directors, rescinding "immediately" a policy that had barred them  
> >from accepting consulting fees and payments of stock from companies.  
> >The changes, he wrote, would bring the NIH ethics rules more in line with  
> >new, less-stringent executive-branch standards. Loosening of restrictions on  
> >employees' outside pursuits was occurring throughout the government.  
And  
> >with biomedical companies ready to hire, few were better positioned to  
> >benefit than employees at the NIH.  
> >Varmus' memo - which until now has not been made public - scuttled other  
> >restraints affecting all employees, including a \$25,000 annual limit on  
> >outside income, a prohibition on accepting company stock as payment and a  
> >limit of 500 hours a year on outside activities.  
> >His memo also offered a narrowed definition of conflict of interest:  
> >Employees had been barred from consulting for any company that collaborated

> >with their NIH lab or branch. But Varmus said the ban would be applied only  
> >if the researcher was personally involved in the company's collaboration  
> >with the agency.  
> >Furberg, the former NIH official, said Varmus' actions invited, at minimum,  
> >appearances of conflict of interest.  
> >"I'm amazed at what he did," said Furberg, a professor at Wake Forest  
> >University. "And to do it in secrecy I find very objectionable. This is a  
> >critical change in the NIH policy."  
> >An Honor System  
> >In 1999, Varmus wrote a letter to the institute directors that cautioned  
> >them to "avoid even the appearance of a conflict of interest." But in an  
> >attachment to the letter, he told them that employees "may briefly discuss  
> >or mention current work" to outsiders, in effect giving agency scientists  
> >permission to reveal their unpublished, confidential research.  
> >Varmus, now president and chief executive of the Memorial Sloan-Kettering  
> >Cancer Center in New York, declined to be interviewed for this article. His  
> >spokeswoman, R. Anne Thomas, said that Varmus, who in 1989 shared a Nobel  
> >Prize for research into the genetic basis of cancer, believed that NIH  
> >employees should take personal responsibility for avoiding conflicts of  
> >interest, regardless of what agency rules allow.  
> >Kirschstein, after taking over as Varmus' interim successor at the NIH  
three  
> >years ago, said in a May 2000 speech to medical researchers that conflicts  
> >of interest posed "a major concern."  
> >"While the federal government was once the dominant force for supporting  
> >clinical research, today we share the arena with biotechnology companies,  
> >pharmaceutical firms and many others - all interested in the possibility of  
> >financial gain from their research.  
> >"Profit raises issues of public trust," she said. "When scientific inquiry  
> >generates findings that can make a profit for the researcher and the  
> >institution, their images become clouded."  
> >Yet officials have lifted controls on consulting even as industry's stake in  
> >NIH research has deepened. When Zerhouni, the NIH director, appeared  
before  
> >the House Subcommittee on Environment, Technology and Standards last  
year,  
> >he cited 274 ongoing research and development agreements between the  
federal  
> >agency and industry.  
> >At the same time, NIH leaders have moved to what they describe as  
"managing"  
> >conflicts of interest. Employees are allowed to consult if they receive  
> >prior clearance from an administrator at their institute or, in the case of  
> >most institute directors, from NIH headquarters.  
> >Potential conflicts are typically addressed by allowing employees to sign  
> >"recusals." Under these agreements, NIH employees pledge not to  
participate

> >in decisions affecting an outside client. Agency officials, Kirschstein  
 > >said, rely on an honor system to enforce recusals and other  
 > >conflict-of-interest rules.  
 > >The Times found instances in which the recusals did not work as intended.  
 > >In the mid-to-late 1990s, Eastman, the diabetes researcher, participated in  
 > >a series of decisions affecting the drug company employing him as a  
 > >consultant, despite having signed a recusal. Separately, Katz, the director  
 > >of the arthritis institute, signed a recusal involving his client, Schering  
 > >AG, which nevertheless supplied the NIH with the drug involved in the  
 kidney  
 > >patient's death in 1999.  
 > >Katz said that he did not know at the time that Schering AG was the maker  
 of  
 > >the drug his institute was testing.  
 > >Compliance with the recusals can, itself, undercut the interests of the NIH  
 > >and taxpayers, who support the agency. When heads of institutes and  
 > >laboratories recuse themselves, they sometimes constrain their ability to  
 > >carry out their government duties.  
 > >Kirschstein, who for the last eight years has personally reviewed requests  
 > >from the institute directors to consult privately for pay, said she tended  
 > >to approve the deals, unless she saw "real conflict."  
 > >"I've disapproved some - and I've approved many," she said.  
 > >In her view, recusals have worked "extremely well" in avoiding conflicts of  
 > >interest.  
 > >Other present and former officials say it is difficult, if not impossible,  
 > >for researchers to keep separate their confidential government information  
 > >when they consult for companies.  
 > >"You can't police the thing," Philip S. Chen Jr., a senior advisor in the  
 > >NIH director's office who has served as an agency scientist or  
 administrator  
 > >since the 1950s, said in an interview last year. "The rules are there -  
 > >whether they follow the rules is another thing."  
 > >A former NIH director voiced surprise at the agency's loosened approach  
 to  
 > >conflicts of interest.  
 > >"There has been a lot of relaxation," said Dr. Bernadine P. Healy, who  
 > >served as director from 1991 to 1993. Before, Healy said in an interview,  
 > >"there were very strict ethics rules for NIH scientists. You couldn't have  
 > >virtually any connection with a company if your institute was in any way  
 > >doing research involving their products."  
 > >At least one vestige of the old days remains.  
 > >During last year's holiday season, workers were advised to refuse gifts  
 from  
 > >outsiders worth more than \$20.  
 > >"Just a reminder," ethics coordinator John C. Condray wrote, introducing a  
 > >five-page memo, "that sometimes gifts and events can create the  
 appearance  
 > >of a lack of impartiality."  
 > >Fewer Public Filings  
 > >While making it easier for scientists to cut consulting deals, the NIH has

> >made it harder for the public to find out about them.

> >The Ethics in Government Act requires yearly financial-disclosure reports

> >from senior federal employees. This year, employees paid \$102,168 or more

> >generally must disclose outside income by filing a "278" form, which is

> >available for public review. Other employees may file a "450" form - which

> >does not specify the amount of money received from an outside party and is

> >kept confidential.

> >At the NIH, 2,259 employees make more than \$102,168, according to data

> >provided by the NIH. Those records show that 127 of the employees - about 6%

> >\* are filing disclosure forms available to the public.

> >

> >>From 1997 through 2002, the number of NIH employees filing public reports of

> >their outside income dropped by about 64%, according to the agency records.

> >Most of those employees have switched to filing the confidential 450 form.

> >At the National Institute of Allergy and Infectious Diseases - which

> >researches treatments for AIDS and other life-threatening maladies - only

> >three officials file public reports revealing their outside income,

> >according to NIH records.

> >Officials at the NIH said that an advisory legal opinion from the U.S.

> >Office of Government Ethics gave them the discretion to bypass public

> >disclosure.

> >Issued in 1998, the opinion said that the threshold for public disclosure

> >was to be set, not by a federal employee's actual salary, but by the low end

> >of his or her pay grade. If the minimum salary in an employee's grade is

> >beneath the \$102,168 threshold, he or she is exempt from filing a public

> >report.

> >The NIH has shifted many of its high-salaried employees into pay plans with

> >minimums that dip below the threshold.

> >For instance, two prominent NIH laboratory leaders, Schlom and Germain, make

> >\$180,400 and \$179,900, respectively. Within the last year, NIH changed each

> >of their pay plans, and they now are exempt from public disclosure.

> >They file confidential forms, which instruct employees to not specify the

> >dollar amounts they receive from outside parties.

> >Asked why the NIH has assigned highly paid staff to plans that eliminate

> >public disclosure of employees' outside income, an NIH spokesman, John

> >Burklow, provided a written response:

> >"The primary benefit of the alternate pay plans is to attract and retain the

> >best scientists in a highly competitive environment."

> >Said Donald Ralbovsky, another NIH spokesman: "What it really boils down

> >[to] is that fewer people are filing 278s because of changes in pay plans."



> >The shift imparts an implicit message to employees, said George J. Galasso,

> >a former NIH researcher and administrator who retired in 1996:

> >"If you've got something to hide, you file a 450. If you don't, you file a

> >278."

> >Make-or-Break Grants

> >As director of the National Institute of Arthritis and Musculoskeletal and

> >Skin Diseases, Katz is one of the few at the NIH who still must file public

> >financial-disclosure reports.

> >Katz, 62, is paid \$200,000 a year - more than members of Congress, justices

> >on the Supreme Court and the vice president.

> >His institute leads the government's research into the causes, treatment and

> >prevention of disorders of the joints, bones and overall muscle-skeletal

> >system.

> >With a yearly institute budget of \$485.4 million, Katz's decisions are

> >watched closely by industry. The director's office decides how much of the

> >budget will be spent on grants and contracts coveted by companies.

> >And Katz has been available for outside consultation: From 1993 through

> >2002, Katz took between \$476,369 and \$616,365 in fees from seven biotech and

> >pharmaceutical companies, according to his annual disclosure statements. He

> >consulted while chief of the dermatology branch at the National Cancer

> >Institute and continued after becoming arthritis institute director in 1995.

> >Katz said that his private consulting broke no rules and that he relied in

> >part on Varmus' 1995 memo while entering arrangements with companies.

> >"The consultations provided my global knowledge as a dermatologist and

> >research scientist," Katz said in written responses to questions from The

> >Times. "I have always received official permission to perform these

> >consultations and have performed these consultations outside of my normal

> >NIH work schedule and according to strict government guidelines and rules."

> >One of his clients was Advanced Tissue Sciences Inc.

> >The struggling biotech company in San Diego hired Katz as a consultant in

> >1997, a year after he had announced a new NIH research initiative for bone

> >and connective-tissue repair.

> >Advanced Tissue installed Katz on its scientific advisory board and paid him

> >fees between \$142,500 and \$212,500 from 1997 to 2002, according to his

> >income-disclosure reports.

> >During that time, Katz's institute pledged \$1.7 million in small-business

> >research grants to the company. The company announced nearly every grant in

> >a news release; Advanced Tissue's president termed the grants "an

> >endorsement by the government."

> >In his written response, Katz said that he had signed a recusal  
"withdrawing  
> >myself from any interactions between Advanced Tissue Sciences and the  
> >government to remove any real or potential conflict of interest." The grants  
> >were awarded following evaluations by NIH reviewers outside of Katz's  
> >institute.  
> >Responsibility for administering the grants to Advanced Tissue was  
delegated  
> >to one of his subordinates, Katz said.  
> >The NIH policy manual says officials may not take fees from companies  
> >seeking or receiving agency grants "if the employee is working on or  
> >involved in these matters" or "supervising others who work on these  
> >matters."  
> >Katz said his subordinate "handled all decisions regarding these grants  
> >without informing me."  
> >However, Advanced Tissue kept him apprised as NIH grants were  
obtained,  
> >according to a company executive.  
> >"He was informed," said Anthony J. Ratcliffe, the firm's vice president for  
> >research until its collapse a year ago. "We would have made a written  
report  
> >to the SAB [scientific advisory board] members twice a year. There would  
> >have been a report to the SAB meetings on all grants, all grant activities."  
> >Ratcliffe said the company dealt with Katz's potential conflict of interest  
> >by paying him in fees alone, and not stock options. Both men said Katz did  
> >not advise the company on the NIH grants.  
> >His consultations, Katz said, were limited to his scientific expertise and  
> >"never involved, directly or indirectly, the preparation or discussion of  
> >material which could relate to any financial dealings between [Advanced  
> >Tissue] and the NIH."  
> >Kirschstein, the senior NIH official who each year approved Katz's  
> >consulting with Advanced Tissue, said she did not learn the company held  
> >grants with the arthritis institute until The Times inquired.  
> >"I didn't even know there were grants," Kirschstein said.  
> >As it turned out, the grants would be among the few positive financial  
> >developments for Advanced Tissue.  
> >By December 2001, its cumulative net operating losses were  
approximately  
> >\$292.7 million. Barely a year later, the company entered bankruptcy and  
shut  
> >its doors, having collected about \$1.5 million of the \$1.7 million in  
> >grants.  
> >Life-and-Death Decisions  
> >While Katz was consulting for Advanced Tissue, he also was on the payroll  
of  
> >Schering AG, which made Fludara, a drug that his research staff was  
using as  
> >an experimental treatment for autoimmune diseases.  
> >>From the time he began consulting for Schering AG in 1996 through  
2002, Katz

> >collected between \$170,000 and \$240,000 in fees from the company, his  
> >disclosure reports show.  
> >In written responses to questions, Katz said that he "first became aware"  
> >that Fludara was a Schering AG product when The Times made inquiries.  
> >Fludara had been approved by the Food and Drug Administration in 1991  
to  
> >treat leukemia, but the company wanted to expand its use to other  
diseases,  
> >a goal the NIH studies could advance.  
> >Two people died in the studies conducted by Katz's institute.  
> >In one study using Fludara to treat muscular disorders, a patient suffered  
> >what agency researchers reported in July 1998 as a "sudden death ... not  
> >thought to be drug related."  
> >The second fatality was, indisputably, caused by the treatment. It involved  
> >"Subject No. 4," who had enrolled in a separate study, designed to treat  
> >kidney inflammation related to lupus, a disease of the immune system.  
> >Schering AG provided Katz's institute with a supply of Fludara and with  
> >analyses of patients' blood samples through its U.S. affiliate, Berlex  
> >Laboratories, records and interviews show. The company also contributed  
a  
> >total of \$60,000 to the institute to support the research, eliciting a July  
> >1, 1998, thank-you letter from Katz.  
> >Participants entering the study were warned of some risks. The NIH  
advised  
> >them that Fludara might cause damage to their blood cells and that, as a  
> >result, "blood transfusions may be required."  
> >That is what befell Jamie Ann Jackson, identified in NIH documents as  
> >"Subject No. 4."  
> >Jackson, a registered nurse, lived with her husband, their two daughters  
and  
> >a son in Plainville, Mass., about 37 miles southwest of Boston. She  
received  
> >four transfusions between March and May of 1999, yet grew sicker.  
> >On June 1, trembling with chills, Jackson was admitted to the NIH Clinical  
> >Center in Bethesda. Within days, lab results confirmed that she was in the  
> >grip of graft-versus-host disease. The graft of outside material - in this  
> >instance, blood from a transfusion - attacks and overwhelms the immune  
> >system and organs of the new host.  
> >Fatal in about 90% of cases, the malady had been documented in  
leukemia and  
> >other cancer patients who took Fludara. For that reason, the risk of  
> >graft-versus-host disease was noted in the product labeling - as was a  
> >warning about irradiating transfusions as a prevention.  
> >But the NIH doctors did not specify that transfusions should be irradiated  
> >for patients in the lupus study. In an interview, Dr. John H. Klippel, then  
> >the institute's clinical director, said he could not recall whether he or  
> >his colleagues took stock of the label warning.  
> >In Britain, authorities were more cautious, recommending that blood  
> >transfusions for all patients taking Fludara be irradiated. The British

> > recommendations were summarized in 1996 in The Lancet, a medical journal  
> > with an international circulation.  
> > Two weeks after being admitted to the NIH Clinical Center, 42-year-old Jamie  
> > Ann Jackson died.  
> > "Steve Katz was notified almost immediately," Klippel said.  
> > Katz's subordinates warned the remaining patients and their personal doctors  
> > about the death and, for the first time, advised them to irradiate any  
> > transfusions. The FDA was informed.  
> > But the NIH office responsible for conducting an internal inquiry into  
> > research deaths was not promptly notified.  
> > And while Katz's institute stopped enrolling recruits, the treatment of  
> > those already in the study continued for nine months after Jackson's death.  
> > After five of the other 12 patients given Fludara experienced abnormal  
> > changes in their blood, increasing their risk of infection, the experiment  
> > was stopped, 20 months before its scheduled conclusion.  
> > 'Absolutely No Role'  
> > While Fludara's use for anything other than leukemia remained experimental,  
> > an increasing number of doctors were prescribing it "off-label" for diseases  
> > of the immune system, including rheumatoid arthritis.  
> > Yet the NIH was slow in warning them about the lethal, but preventable,  
> > problem of graft-versus-host disease.  
> > It was not until October 2000, 16 months after Jackson died, that doctors  
> > from the NIH briefly summarized the death in Transfusion, the journal of the  
> > American Assn. of Blood Banks.  
> > Meanwhile, three articles written by NIH doctors and published from March  
> > 2000 through May 2001 referred to the agency's work with Fludara without  
> > mentioning the risk of graft-versus-host disease or the death in their  
> > study.  
> > In an article published in the May 2001 issue of the journal  
> > Pharmacotherapy, the doctors, three from Katz's institute, wrote that  
> > Fludara "was well tolerated" and thanked the company for providing the drug  
> > and "analytical support."  
> > Not until last week - four and a half years after the event - did the same  
> > doctors publish a full-length article describing the circumstances that led  
> > to Jackson's death. It appeared in Transfusion.  
> > In his written responses to The Times, Katz said that, to his knowledge,  
> > "all matters concerning the adverse event were handled according to standard  
> > operating procedures."  
> > Katz said that he had signed a recusal, pledging not to participate in  
> > matters involving Schering AG. He said he had nothing to do with initiating  
> > the study, "was not advised that it was ongoing and had absolutely no role  
> > in overseeing its conduct."

> >However, The Times documented three instances in which he discussed the  
> >study: The July 1998 letter acknowledging the company's first half of the  
> >\$60,000 donation; the June 1999 phone call from Klippel notifying him of the  
> >death; and a meeting in April 2000 with Kirschstein to discuss the fatality  
> >and his institute's response to it.  
> >Katz confirmed all three incidents in a series of e-mail exchanges.  
> >He said he wrote the letter without realizing that Berlex Laboratories was  
> >the American arm of Schering AG.  
> >"At that time, I was unaware of any relationship between Berlex  
Laboratories  
> >and Schering AG and was, therefore, unaware that my sending the thank  
you  
> >letter might present any conflict of interest."  
> >Katz declined to identify when he learned that Berlex was the U.S. affiliate  
> >of Schering AG.  
> >The relationship between Schering AG and Berlex has not been a secret.  
News  
> >articles describe Berlex as Schering AG's U.S. business unit. The Berlex  
and  
> >Schering AG Web sites make clear the affiliation. In 1998 - two years after  
> >Katz was hired - Berlex accounted for 17% of Schering AG's net global  
sales.  
> >Oliver Renner, a spokesman in Berlin for Schering AG, said: "Berlex  
> >Laboratories is a fully owned subsidiary of Schering AG. We are  
distributing  
> >our products under the name of Berlex in the United States. We also  
conduct  
> >research and development work through our Berlex entities."  
> >Katz, asked about the phone call he received when Jackson died, said he  
did  
> >not then realize what company made the study drug. Although the study  
was  
> >ongoing, he said he did nothing in response to being notified of the death.  
> >"No further action was required or undertaken by me," Katz said.  
> >He said he remained uninformed about Schering AG's connection to the  
study  
> >when he met with Kirschstein a year later.  
> >"The reason that I did not exclude myself from any contact regarding the  
> >lupus [clinical] trial was that I was unaware, and no one on the staff  
> >brought to my attention, that the trial had any relationship to Schering  
> >AG," Katz said. He noted that the arthritis institute first used Fludara for  
> >lupus in 1993, before he arrived as director.  
> >Representatives of Schering AG said the company did nothing out of the  
> >ordinary in collaborating with the NIH - and in hiring Katz.  
> >"The discovery and development of new pharmaceuticals often involves a  
> >combination of government and private industry efforts," the company said  
in

> >a statement. "It is also a common practice for pharmaceutical companies to  
> >work with many leading external experts.... In keeping with this practice,  
> >we have a consulting agreement with a Dr. Stephen Katz from the NIH  
> >involving his expertise in the field of dermatology."  
> >Schering AG is no longer pursuing development of Fludara as a treatment for  
> >autoimmune diseases.  
> >Kirschstein, the NIH official who approved Katz's consulting for Schering  
> >AG, said she had not known the company's drug was being tested by his  
> >institute.  
> >Kirschstein said she did recall being visited by Katz and his top aide in  
> >April 2000. The NIH's human protection office had just opened an internal  
> >review of the lupus-related study, questioning the researchers' failure to  
> >protect against graft-versus-host disease, as well as their failure to  
> >report the death to agency investigators in a timely fashion.  
> >"Dr. Katz and his scientific director came to me ... to tell me about a  
> >study in which a drug was used and there was a death," Kirschstein said.  
> >"They did not tell me the name of the drug, and did not tell me much about  
> >the study, but told me that they and the [department] were looking into it."  
> >In a follow-up letter two years later, the internal review absolved the  
> >institute of responsibility for Jamie Ann Jackson's death. Her husband has  
> >filed a wrongful-death lawsuit against the government in U.S. District  
> >Court. The lawsuit does not refer to Katz.  
> >Jackson's mother, Carmella Tarte, said time had not eased her grief.  
> >"We all went to the hospital, but we never even got to talk to her," Tarte  
> >said in an interview. "It's been four years and, well, Thanksgiving was just  
> >another day, you know? She has children she didn't see graduate."  
> >Times researcher Janet Lundblad in Los Angeles assisted in this report.  
> >Researchers Robert Patrick and Christopher Chandler in Washington also  
> >contributed.  
>  
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>

From Oliver2@aol.com Mon Dec 8 23:42:12 2003

Received: (from mailnull@localhost)

by iris.itcs.northwestern.edu (8.12.10/8.12.10) id hB95gCVs024529

for <sscpnet@listserv.it.northwestern.edu>; Mon, 8 Dec 2003 23:42:12

-0600 (CST)

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<Oliver2@aol.com> using -f

Received: from imo-m07.mx.aol.com (imo-m07.mx.aol.com [64.12.136.162])

by iris.itcs.northwestern.edu via smap (V2.0)

id xma024471; Mon, 8 Dec 03 23:41:56 -0600

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by imo-m07.mx.aol.com (mail\_out\_v36\_r1.1.) id g.3f.257c32b1 (4426)

for <sscpnet@listserv.it.northwestern.edu>; Tue, 9 Dec 2003 00:41:51

-0500 (EST)

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Content-Transfer-Encoding: 7bit

Dear All:

Here's an eye-opener.

cordially,

david

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Revealed: how drug firms 'hoodwink' medical journals  
Pharmaceutical giants hire ghostwriters to produce articles - then put  
doctors' names on them

Antony Barnett, public affairs editor  
Sunday December 7, 2003

The Observer

Hundreds of articles in medical journals claiming to be written by academics  
or doctors have been penned by ghostwriters in the pay of drug companies,  
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Observer inquiry reveals.

The journals, bibles of the profession, have huge influence on which drugs doctors prescribe and the treatment hospitals provide. But The Observer has uncovered evidence that many articles written by so-called independent academics

may have been penned by writers working for agencies which receive huge sums

from drug companies to plug their products.

Estimates suggest that almost half of all articles published in journals are by ghostwriters. While doctors who have put their names to the papers can be paid handsomely for 'lending' their reputations, the ghostwriters remain hidden. They, and the involvement of the pharmaceutical firms, are rarely revealed.

These papers endorsing certain drugs are paraded in front of GPs as independent research to persuade them to prescribe the drugs.

In February the New England Journal of Medicine was forced to retract an article published last year by doctors from Imperial College in London and the National Heart Institute on treating a type of heart problem. It emerged that several of the listed authors had little or nothing to do with the research. The deception was revealed only when German cardiologist Dr Hubert Seggewiss, one

of the eight listed authors, called the editor of the journal to say he had never seen any version of the paper.

An article published last February in the Journal of Alimentary Pharmacology, which specialises in stomach disorders, involved a medical writer working for drug giant AstraZeneca - a fact that was not revealed by the author.

The article, by a German doctor, acknowledged the 'contribution' of Dr Madeline Frame, but did not admit that she was a senior medical writer for AstraZeneca. The article essentially supported the use of a drug called Omeprazole -

which is manufactured by AstraZeneca - for gastric ulcers, despite suggestions

that it gave rise to more adverse reactions than similar drugs.

Few within the industry are brave enough to break cover. However, Susanna Rees, an editorial assistant with a medical writing agency until 2002, was so concerned about what she witnessed that she posted a letter on the British Medical Journal website.

'Medical writing agencies go to great lengths to disguise the fact that the papers they ghostwrite and submit to journals and conferences are ghostwritten

on behalf of pharmaceutical companies and not by the named authors,' she wrote. 'There is a relatively high success rate for ghostwritten submissions - not

outstanding, but consistent.'

Rees said part of her job had been to ensure that any article that was submitted electronically would give no clues as to the origin of the research.

'One standard procedure I have used states that before a paper is submitted to a journal electronically or on disc, the editorial assistant must open the file properties of the Word document manuscript and remove the names of the medical writing agency or agency ghostwriter or pharmaceutical company and



replace these with the name and institution of the person who has been invited by the pharmaceutical drug company (or the agency acting on its behalf) to be named as lead author, but who may have had no actual input into the paper,' she wrote.

When contacted, Rees declined to give any details. 'I signed a confidentiality agreement and am unable to comment,' she said.

A medical writer who has worked for a number of agencies did not want to be identified for fear he would not get any work again.

'It is true that sometimes a drug company will pay a medical writer to write a review article supporting a particular drug,' he said. 'This will mean using all published information to write an article explaining the benefits of a particular treatment.'

'A recognised doctor will then be found to put his or her name to it and it will be submitted to a journal without anybody knowing that a ghostwriter or a drug company is behind it. I agree this is probably unethical, but all the firms are at it.'

One field where ghostwriting is becoming an increasing problem is psychiatry.

Dr David Healy, of the University of Wales, was doing research on the possible dangers of anti-depressants, when a drug manufacturer's representative emailed him with an offer of help.

The email, seen by The Observer, said: 'In order to reduce your workload to a minimum, we have had our ghostwriter produce a first draft based on your published work. I attach it here.'

The article was a 12-page review paper ready to be presented at an forthcoming conference. Healy's name appeared as the sole author, even though he had

never seen a single word of it before. But he was unhappy with the glowing review of the drug in question, so he suggested some changes.

The company replied, saying he had missed some 'commercially important' points. In the end, the ghostwritten paper appeared at the conference and in a psychiatric journal in its original form - under another doctor's name.

Healy says such deception is becoming more frequent. 'I believe 50 per cent of articles on drugs in the major medical journals are not written in a way that the average person would expect them to be... the evidence I have seen would suggest there are grounds to think a significant proportion of the articles

in journals such as the New England Journal of Medicine, the British Medical Journal and the Lancet may be written with help from medical writing agencies,'

he said. 'They are no more than infomercials paid for by drug firms.'

In the United States a legal case brought against drug firm Pfizer turned up internal company documents showing that it employed a New York medical writing agency. One document analyses articles about the anti-depressant Zoloft.

Some of the articles lacked only one thing: a doctor's name. In the margin the

agency had put the initials TBD, which Healy assumes means 'to be determined'.

Dr Richard Smith, editor of the British Journal of Medicine, admitted ghostwriting was a 'very big problem'.

'We are being hoodwinked by the drug companies. The articles come in with doctors' names on them and we often find some of them have little or no idea about what they have written,' he said.

'When we find out, we reject the paper, but it is very difficult. In a sense, we have brought it on ourselves by insisting that any involvement by a drug

company should be made explicit. They have just found ways to get round this

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<A HREF="mailto:antony.barnett@observer.co.uk">

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[64.125.76.67]) by iris.itcs.northwestern.edu via smap (V2.0)  
id xma028147; Tue, 9 Dec 03 06:39:16 -0600  
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[68.34.169.97])  
by pobox.upenn.edu (Postfix) with ESMTP  
id 6590B14CC; Tue, 9 Dec 2003 07:39:11 -0500 (EST)  
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In-Reply-To: <3f.257c32b1.2d06ba9f@aol.com>  
References: <3f.257c32b1.2d06ba9f@aol.com>  
Date: Tue, 9 Dec 2003 07:37:19 -0500  
To: Oliver2@aol.com  
From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: Re: ghost written articles  
Cc: sscpnet@listserv.acns.nwu.edu  
Content-Type: multipart/alternative; boundary="===== \_-  
1141148944==\_ma======"  
Reply-To: jcoyne@mail.med.upenn.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 116

--===== \_-1141148944==\_ma=====



Content-Type: text/plain; charset="us-ascii" ; format="flowed"

<[http://observer.guardian.co.uk/uk\\_news/story/0,6903,1101680,00.html](http://observer.guardian.co.uk/uk_news/story/0,6903,1101680,00.html)>[http://observer.guardian.co.uk/uk\\_news/story/0,6903,1101680,00.html](http://observer.guardian.co.uk/uk_news/story/0,6903,1101680,00.html)<[http://observer.guardian.co.uk/uk\\_news/story/0,6903,1101680,00.html](http://observer.guardian.co.uk/uk_news/story/0,6903,1101680,00.html)>

>There are troubling points here, but it is interesting how they  
>arrived at. The author's great leap:

"Estimates suggest that almost half of all articles published in journals are by ghostwriters. While doctors who have put their names to the papers can be paid handsomely for 'lending' their reputations, the ghostwriters remain hidden. They, and the involvement of the pharmaceutical firms, are rarely revealed."

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--===== \_-1141148944==\_ma=====

Content-Type: text/html; charset="us-ascii"

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<html><head><style type="text/css"><!--
blockquote, dl, ul, ol, li { margin-top: 0 ; margin-bottom: 0 }
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><font face="Geneva" size="-1"
color="#0000FF">http://observer.guardian.co.uk/uk_news/st<span
></span>ory/0,6903,1101680,00.html</font></a><a
href="http://observer.guardian.co.uk/uk_news/story/0,6903,1101680,00.html"
><br>
</a></div>
<blockquote type="cite" cite><font face="Geneva" size="-1"
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color="#000000">There are troubling points here, but it is interesting how they arrived at. The author's great leap:</font></blockquote>  
<div><br>  
&quot;<font face="Geneva" size="-1" color="#000000">Estimates suggest that almost half of all articles published in journals are by ghostwriters. While doctors who have put their names to the papers can be paid handsomely for 'lending' their reputations, the ghostwriters remain hidden. They, and the involvement of the pharmaceutical firms, are rarely revealed.</font>&quot;<br>  
</div>  
<blockquote type="cite" cite><font face="Geneva" size="-1" color="#000000">The only cited source?</font></blockquote>  
<blockquote type="cite" cite><font face="Geneva" size="-1" color="#000000"><br></font></blockquote>  
<blockquote type="cite" cite><font face="Geneva" size="-1" color="#000000">Healy says such deception is becoming more frequent. 'I believe 50 per cent of articles on drugs in the major medical journals are not written in a way that the average person would expect them to be... the evidence I have seen would suggest there are grounds to think a significant proportion of the articles in journals such as the New England Journal of Medicine, the British Medical Journal and the Lancet may be written with help from medical writing agencies,' he said. 'They are no more than infomercials paid for by drug firms.'</font></blockquote>  
<div><font face="Geneva" size="-1" color="#000000"><br></font></div>  
<div><font face="Geneva" size="-1" color="#000000">Healy has been outed for not revealing his extensive ties to drug companies and his repeated failures to disclose conflict of interest in his papers. An expert, perhaps, but a credible one?</font></div>  
<div><font face="Geneva" size="-1" color="#000000"><br></font></div>  
<div><font face="Geneva" size="-1" color="#000000">Thanks, David A. for bringing this to our attention, but if Healy is source for the crucial point, what is the credibility of the rest of the article? I think the author is on to something important, but fails to get the ironic significance of relying on Healy.</font></div>  
</body>  
</html>

--===== -1141148944==\_ma=====

From mantony@stjosham.on.ca Tue Dec 9 06:51:29 2003

Received: (from mailnull@localhost)

by iris.itcs.northwestern.edu (8.12.10/8.12.10) id hB9CpTak029011

for <sscpnet@listserv.acns.nwu.edu>; Tue, 9 Dec 2003 06:51:29 -0600

(CST)

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to <mantony@stjosham.on.ca> using -f

Received: from fc.stjosham.on.ca (fc.stjosham.on.ca [142.238.64.222]) by iris.itcs.northwestern.edu via smap (V2.0)

id xma028978; Tue, 9 Dec 03 06:51:01 -0600

Message-id:  
<fc.00802dfe00af36e03b9aca00aacd5cfa.af3741@stjosham.on.ca>  
Date: Tue, 09 Dec 2003 07:55:39 -0500  
Subject: Re: ghost written articles  
To: jcoyne@mail.med.upenn.edu  
Cc: sscpnet@listserv.acns.nwu.edu  
From: "Martin Antony" <mantony@stjosham.on.ca>  
References: <a04320401bbfb70c386d8@[68.34.169.97]>  
In-Reply-To: <a04320401bbfb70c386d8@[68.34.169.97]>  
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Reply-To: mantony@stjosham.on.ca  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 117

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>[http://observer.guardian.co.uk/uk\\_news/story/0,6903,1101680,00.html](http://observer.guardian.co.uk/uk_news/story/0,6903,1101680,00.html)[  
[http://observer.guardian.co.uk/uk\\_news/story/0,6903,1101680,00.html](http://observer.guardian.co.uk/uk_news/story/0,6903,1101680,00.html) ]  
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>Scanned by McAfee

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Director, Anxiety Treatment and Research Centre  
St. Joseph's Healthcare, Hamilton  
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Hamilton, ON L8N 4A6  
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Tel: 905-522-1155, ext. 3048  
Fax: 416-599-5660  
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ATRC Website: www.anxietytreatment.ca  
Psychology Residency (St. Joe's) Website: www.psychologytraining.ca  
Personal Website: www.martinantony.com

From paul@lees-haley.com Tue Dec 9 09:12:17 2003  
Received: (from mailnull@localhost)  
by iris.itcs.northwestern.edu (8.12.10/8.12.10) id hB9FCHw4011320  
for <sscpnet@listserv.acns.nwu.edu>; Tue, 9 Dec 2003 09:12:17 -0600  
(CST)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<paul@lees-haley.com> using -f  
Received: from rwcrmhc12.comcast.net (rwcrmhc12.comcast.net  
[216.148.227.85]) by iris.itcs.northwestern.edu via smap (V2.0)  
id xma011259; Tue, 9 Dec 03 09:11:52 -0600  
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(pcp01529785pcs.huntsv01.al.comcast.net[68.62.193.22])  
by comcast.net (rwcrmhc12) with SMTP  
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From: "Paul R. Lees-Haley, Ph.D." <paul@lees-haley.com>  
To: <mantony@stjosham.on.ca>, <jcoyne@mail.med.upenn.edu>  
Cc: <sscpnet@listserv.acns.nwu.edu>  
Subject: RE: ghost written articles  
Date: Tue, 9 Dec 2003 09:13:32 -0600  
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In-Reply-To:  
<fc.00802dfe00af36e03b9aca00aacd5cfa.af3741@stjosham.on.ca>  
Reply-To: paul@lees-haley.com  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:

X-Keywords:  
X-UID: 118

I've noticed in the neurotoxicity literature quite a few articles with five or ten authors that have elementary technical errors that made me wonder if all the authors assumed the others were proofing things.

It never occurred to me that there might be a non-expert ghost writer doing the editing/writing.

This is a sobering discussion.

Paul L-H

Paul R. Lees-Haley, Ph.D., ABPP  
2915 Bob Wallace Avenue  
Huntsville, Alabama 35805 USA  
Telephone 256-551-1024  
Fax 256-551-1036  
Email paul@lees-haley.com

-----Original Message-----

From: owner-sscpnet@listserv.it.northwestern.edu  
[mailto:owner-sscpnet@listserv.it.northwestern.edu] On Behalf Of Martin Antony  
Sent: Tuesday, December 09, 2003 6:56 AM  
To: jcoyne@mail.med.upenn.edu  
Cc: sscpnet@listserv.acns.nwu.edu  
Subject: Re: ghost written articles

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>[http://observer.guardian.co.uk/uk\\_news/story/0,6903,1101680,00.html](http://observer.guardian.co.uk/uk_news/story/0,6903,1101680,00.html)[

[http://observer.guardian.co.uk/uk\\_news/story/0,6903,1101680,00.html](http://observer.guardian.co.uk/uk_news/story/0,6903,1101680,00.html) ]

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Martin M. Antony, Ph.D., ABPP  
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ATRC Website: www.anxietytreatment.ca  
Psychology Residency (St. Joe's) Website: www.psychologytraining.ca  
Personal Website: www.martinantony.com

From jcoyne@mail.med.upenn.edu Tue Dec 9 09:42:03 2003  
Received: (from mailnull@localhost)  
by iris.itcs.northwestern.edu (8.12.10/8.12.10) id hB9Fg35X015645  
for <sscpnet@listserv.acns.nwu.edu>; Tue, 9 Dec 2003 09:42:03 -0600  
(CST)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<jcoyne@mail.med.upenn.edu> using -f  
Received: from mail46.messagelabs.com (mail46.messagelabs.com  
[64.125.76.67]) by iris.itcs.northwestern.edu via smap (V2.0)  
id xma015542; Tue, 9 Dec 03 09:41:38 -0600  
X-VirusChecked: Checked  
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X-StarScan-Version: 5.1.13; banners=-,-,-  
Received: (qmail 28539 invoked from network); 9 Dec 2003 15:41:36 -0000  
Received: from pobox.upenn.edu (128.91.2.38)  
by server-9.tower-46.messagelabs.com with SMTP; 9 Dec 2003 15:41:36 -  
0000  
Received: from of-the-realm.mail.med.upenn.edu (node4.uphs.upenn.edu  
[165.123.243.168])  
by pobox.upenn.edu (Postfix) with ESMTP  
id DF41533F; Tue, 9 Dec 2003 10:41:35 -0500 (EST)  
Message-Id: <5.1.3.2.2.20031209103914.0182ade8@mail.med.upenn.edu>  
X-Mailer: QUALCOMM Windows Eudora Version 5.1.3  
Date: Tue, 09 Dec 2003 10:51:24 -0500  
To: "Paul R. Lees-Haley, Ph.D." <paul@lees-haley.com>



From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: RE: ghost written articles  
Cc: sscpnet@listserv.acns.nwu.edu  
In-Reply-To: <003d01c3be67\$02ab1020\$6401a8c0@paul>  
References:  
<fc.00802dfe00af36e03b9aca00aacd5cfa.af3741@stjosham.on.ca>  
Mime-Version: 1.0  
Content-Type: text/plain; charset="us-ascii"; format=flowed  
Reply-To: jcoyne@mail.med.upenn.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 119

I agree we have a problem of unknown dimensions . But the irony of the discussion is that the most central issue concerns industry's covert influence on work that we assume is independently authored. The irony is that author of the paper relied on a source David Healy who has been a mule for covert influence on the literature by industry with numerous undisclosed conflicts of industry ties. Even when Marty Anthony blew Healy's cover by getting him to list industry affiliations in an invited paper, Healy gave a huge list without dates that obscured the industry ties operative at any one time. The COI disclosure covered up more than it revealed.

The morale of this ironic twist is that industry bias and penetration is greater than we think and even a muckraking journalist can miss it.

At 09:13 AM 12/9/2003 -0600, you wrote:

>I've noticed in the neurotoxicity literature quite a few articles with  
>five or ten authors that have elementary technical errors that made me  
>wonder if all the authors assumed the others were proofing things.

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>Huntsville, Alabama 35805 USA

>Telephone 256-551-1024

>Fax 256-551-1036

>Email paul@lees-haley.com

>  
>-----Original Message-----  
>From: owner-sscpnet@listserv.it.northwestern.edu  
>[mailto:owner-sscpnet@listserv.it.northwestern.edu] On Behalf Of Martin  
>Antony  
>Sent: Tuesday, December 09, 2003 6:56 AM  
>To: jcoyne@mail.med.upenn.edu  
>Cc: sscpnet@listserv.acns.nwu.edu  
>Subject: Re: ghost written articles  
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>jcoyne@mail.med.upenn.edu writes:  
>[ [http://observer.guardian.co.uk/uk\\_news/story/0,6903,1101680,00.html](http://observer.guardian.co.uk/uk_news/story/0,6903,1101680,00.html) ]  
>>[http://observer.guardian.co.uk/uk\\_news/story/0,6903,1101680,00.html](http://observer.guardian.co.uk/uk_news/story/0,6903,1101680,00.html)[  
>[http://observer.guardian.co.uk/uk\\_news/story/0,6903,1101680,00.html](http://observer.guardian.co.uk/uk_news/story/0,6903,1101680,00.html) ]  
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> >Scanned by McAfee

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>Hamilton, ON L8N 4A6

>Canada

>

>Tel: 905-522-1155, ext. 3048

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>ATRC Website: [www.anxietytreatment.ca](http://www.anxietytreatment.ca)  
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>Personal Website: [www.martinantony.com](http://www.martinantony.com)

James C. Coyne, Ph.D.  
Co-Director, Behavioral Sciences and Health Services Research  
Abramson Cancer Center of the University of Pennsylvania and  
Professor  
Department of Psychiatry  
University of Pennsylvania Health System  
11 Gates  
3400 Spruce St  
Philadelphia, Pa 19104  
(215) 662-7035  
fax: (215) 349-5067  
<http://www.uphs.upenn.edu/abramson/coyne.html>

From James\_Cantor@camh.net Tue Dec 9 10:14:57 2003  
Received: (from mailnull@localhost)  
by iris.itcs.northwestern.edu (8.12.10/8.12.10) id hB9GEvvj028478  
for <sscpnet@listserv.acns.nwu.edu>; Tue, 9 Dec 2003 10:14:57 -0600  
(CST)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<James\_Cantor@camh.net> using -f  
Received: from smtp4.camh.net (smtp4.camh.net [66.241.140.8]) by  
iris.itcs.northwestern.edu via smap (V2.0)  
id xma028452; Tue, 9 Dec 03 10:14:46 -0600  
Received: From cipems.camh.net ([172.25.200.11]) by smtp4.camh.net  
(WebShield SMTP v4.5 MR1a);  
id 1070986590890; Tue, 9 Dec 2003 11:16:30 -0500  
Received: by cipems.camh.net with Internet Mail Service (5.5.2657.72)  
id <XJ3KM0WZ>; Tue, 9 Dec 2003 11:14:44 -0500  
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From: James Cantor <James\_Cantor@camh.net>  
To: sscpnet@listserv.acns.nwu.edu  
Subject: RE: ghost written articles  
Date: Tue, 9 Dec 2003 11:14:41 -0500  
MIME-Version: 1.0  
X-Mailer: Internet Mail Service (5.5.2657.72)  
Content-Type: text/plain;  
charset="iso-8859-1"  
Reply-To: James\_Cantor@camh.net  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 120

The part that gets me is that none of the actual ethics problems ever seem to be addressed by ethics committees. Most NIH ethics sanctions involve scientists faking their data, but the ethics reviews seldom discuss anything more meaningful than whether all occurrences of the word "subject" have been removed from recruitment flyers.

- James Cantor

-----Original Message-----

From: James Coyne [mailto:jcoyne@mail.med.upenn.edu]  
Sent: Tuesday, December 09, 2003 10:51 AM  
To: Paul R. Lees-Haley, Ph.D.  
Cc: sscpnet@listserv.acns.nwu.edu  
Subject: RE: ghost written articles

I agree we have a problem of unknown dimensions . But the irony of the discussion is that the most central issue concerns industry's covert influence on work that we assume is independently authored. The irony is that author of the paper relied on a source David Healy who has been a mule for covert influence on the literature by industry with numerous undisclosed conflicts of industry ties. Even when Marty Anthony blew Healy's cover by getting him to list industry affiliations in an invited paper, Healy gave a huge list without dates that obscured the industry ties operative at any one time. The COI disclosure covered up more than it revealed.

The morale of this ironic twist is that industry bias and penetration is greater than we think and even a muckraking journalist can miss it.

At 09:13 AM 12/9/2003 -0600, you wrote:

>I've noticed in the neurotoxicity literature quite a few articles with  
>five or ten authors that have elementary technical errors that made me  
>wonder if all the authors assumed the others were proofing things.

>It never occurred to me that there might be a non-expert ghost writer  
>doing the editing/writing.

>

>This is a sobering discussion.

>

>Paul L-H

>

>Paul R. Lees-Haley, Ph.D., ABPP  
>2915 Bob Wallace Avenue  
>Huntsville, Alabama 35805 USA

>Telephone 256-551-1024  
>Fax 256-551-1036  
>Email paul@lees-haley.com

>

>-----Original Message-----

>From: owner-sscpnet@listserv.it.northwestern.edu  
>[mailto:owner-sscpnet@listserv.it.northwestern.edu] On Behalf Of Martin  
>Antony  
>Sent: Tuesday, December 09, 2003 6:56 AM  
>To: jcoyne@mail.med.upenn.edu  
>Cc: sscpnet@listserv.acns.nwu.edu  
>Subject: Re: ghost written articles

>

>

>While Healy's numbers may or may not be inflated, ghost writing is  
>certainly something that happens - and not only in an effort to promote  
>a particular product. About a month ago, I was asked to review some CBT  
>treatment guidelines for social phobia  
>that were to be part of a larger volume of treatment guidelines  
>published in Canada (sponsored by a number of pharmaceutical companies  
>and the Anxiety Disorders Association of Canada). When I agreed to look  
>them over, I assumed they would have been  
>written by a psychologist or psychiatrist, and they were just looking my  
>editorial feedback. When I received the chapter to review, my name was  
>listed as the sole author of the chapter (despite the fact that I had  
>never seen it, let alone written it).  
>It turns out that it was written by a hired medical writer. I cancelled  
>my involvement in the project at that point. The person who had invited  
>me to be involved was surprised. He felt that they were doing the  
>"authors" a favor by providing them with  
>finished manuscripts that simply needed to be looked over.

>

>Marty

>

>

>

>jcoyne@mail.med.upenn.edu writes:

>[ [http://observer.guardian.co.uk/uk\\_news/story/0,6903,1101680,00.html](http://observer.guardian.co.uk/uk_news/story/0,6903,1101680,00.html) ]

>>[http://observer.guardian.co.uk/uk\\_news/story/0,6903,1101680,00.html](http://observer.guardian.co.uk/uk_news/story/0,6903,1101680,00.html)[

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>>There are troubling points here, but it is interesting how they arrived  
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>>

>>

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> >The only cited source?  
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> >-  
> >Scanned by McAfee  
> >  
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>  
>  
>Martin M. Antony, Ph.D., ABPP  
>Director, Anxiety Treatment and Research Centre  
>St. Joseph's Healthcare, Hamilton  
>50 Charlton Ave. East  
>Hamilton, ON L8N 4A6  
>Canada  
>

>Tel: 905-522-1155, ext. 3048  
>Fax: 416-599-5660  
>E-Mail: mantony@stjosham.on.ca  
>ATRC Website: www.anxietytreatment.ca  
>Psychology Residency (St. Joe's) Website: www.psychologytraining.ca  
>Personal Website: www.martinantony.com

James C. Coyne, Ph.D.  
Co-Director, Behavioral Sciences and Health Services Research  
Abramson Cancer Center of the University of Pennsylvania and  
Professor  
Department of Psychiatry  
University of Pennsylvania Health System  
11 Gates  
3400 Spruce St  
Philadelphia, Pa 19104  
(215) 662-7035  
fax: (215) 349-5067  
<http://www.uphs.upenn.edu/abramson/coyne.html>

From Oliver2@aol.com Tue Dec 9 11:10:30 2003  
Received: (from mailnull@localhost)  
by iris.itcs.northwestern.edu (8.12.10/8.12.10) id hB9HAUuF014378  
for <sscpnet@listserv.acns.nwu.edu>; Tue, 9 Dec 2003 11:10:30 -0600

(CST)  
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<Oliver2@aol.com> using -f  
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by iris.itcs.northwestern.edu via smap (V2.0)  
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Tue, 9 Dec 2003 12:09:49 -0500 (EST)

From: Oliver2@aol.com  
Message-ID: <c0.d92815.2d075bdd@aol.com>  
Date: Tue, 9 Dec 2003 12:09:49 EST  
Subject: Re: ghost written articles  
To: jcoyne@mail.med.upenn.edu  
CC: sscpnet@listserv.acns.nwu.edu  
MIME-Version: 1.0  
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In a message dated 12/9/2003 4:43:44 AM Pacific Standard Time,  
jcoyne@mail.med.upenn.edu writes:  
[http://observer.guardian.co.uk/uk\\_news/story/0,6903,1101680,00.html](http://observer.guardian.co.uk/uk_news/story/0,6903,1101680,00.html)

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Dear Jim:

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I realize Healy did not include a copy of his tax return in his disclosure

statement but it seemed rather complete to me. He explains his use of a standard disclosure statement in response to similar accusations by your UPenn colleague Paul Wolpe. You can find Healy's response in his own words (<http://www.ahrp.org/ethical/WolpeHealy.html>) on the web.

As far as I can tell, Healy has written one of the few scientific analyses about the impact of ghost writing on the literature. See Healy, E. & Catell, D. (2003). Interface between authorship, industry and science in the domain of therapeutics. *British Journal of Psychiatry*, 183, 22-27.

Again, from my perspective, this is like the pot calling the kettle black. Are your connections to Chamberlain Communications Group (Lilly's PR firm), Lilly, or Solvay mentioned in disclosure statements in every article you publish? Do you, like Healy, have a standard complete disclosure statement that you include with every publication or presentation? If not, why not?

cordially,

david

David Antonuccio, Ph.D.  
Professor of Psychiatry and Behavioral Sciences  
University of Nevada School of Medicine  
401 W. 2nd St., Suite 216  
Reno, NV 89503  
775-784-6388 x229  
FAX 775-784-1428  
email: oliver2@aol.com

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=3D-1>There are troubling points here, but it is interesting how they arrive=  
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<DIV><BR><FONT face=3DArial>"<FONT color=3D#000000 size=3D-  
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<DIV>&nbsp;</DIV>  
<DIV>cordially,</DIV>  
<DIV>&nbsp;</DIV>  
<DIV>david</DIV>  
<DIV>&nbsp;</DIV>  
<DIV>&nbsp;</DIV></DIV>  
<DIV>&nbsp;</DIV>  
<DIV><FONT lang=3D0 face=3DArial size=3D2 FAMILY=3D"SANSERIF" PTSIZE=3D"10">  
>David Antonuccio, Ph.D.<BR>Professor of Psychiatry and Behavioral Sciences<= <BR>University of Nevada School of Medicine<BR>401 W. 2nd St., Suite 216<BR>Reno, NV 89503<BR>775-784-6388 x229<BR>FAX 775-784-1428<BR>email: oliver2@aol.com</FONT></DIV></BODY></HTML>

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From jcoyne@mail.med.upenn.edu Tue Dec 9 13:09:02 2003  
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X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to <jcoyne@mail.med.upenn.edu> using -f  
Received: from mail46.messagelabs.com (mail46.messagelabs.com [64.125.76.67]) by iris.itcs.northwestern.edu via smap (V2.0) id xma025581; Tue, 9 Dec 03 13:09:01 -0600  
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X-Env-Sender: jcoyne@mail.med.upenn.edu  
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Received: (qmail 18089 invoked from network); 9 Dec 2003 19:08:58 -0000  
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Received: from [68.34.169.97] (pcp03695519pcs.columb01.pa.comcast.net [68.34.169.97]) by pobox.upenn.edu (Postfix) with ESMTP id 743DB870; Tue, 9 Dec 2003 14:08:57 -0500 (EST)  
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References: <c0.d92815.2d075bdd@aol.com>

Date: Tue, 9 Dec 2003 14:08:52 -0500  
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From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: Re: ghost written articles  
Cc: sscpnet@listserv.acns.nwu.edu  
Content-Type: multipart/alternative; boundary="===== \_-1141125558==\_ma======"  
Reply-To: jcoyne@mail.med.upenn.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
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--===== \_-1141125558==\_ma=====  
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>David,

You have repeated insinuated and outright stated on this listserve that I have undisclosed conflicts of interest. I ask you to correct the misinformation that you have repeatedly disseminated or be prepared to defend your claims in a formal context. I am serious man: cut the bullshit. I have already been in the process of contacting Healy about false statements he has made and I am quite willing to include you in any action. Correct the record or go for it, man, your choice.

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><[http://observer.guardian.co.uk/uk\\_news/story/0,6903,1101680,00.html](http://observer.guardian.co.uk/uk_news/story/0,6903,1101680,00.html)>[http://observer.guardian.co.uk/uk\\_news/story/0,6903,1101680,00.html](http://observer.guardian.co.uk/uk_news/story/0,6903,1101680,00.html)<[http://observer.guardian.co.uk/uk\\_news/story/0,6903,1101680,00.html](http://observer.guardian.co.uk/uk_news/story/0,6903,1101680,00.html)>  
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>  
>David Antonuccio, Ph.D.  
>Professor of Psychiatry and Behavioral Sciences  
>University of Nevada School of Medicine  
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>Reno, NV 89503  
>775-784-6388 x229  
>FAX 775-784-1428  
>email: oliver2@aol.com

--===== \_-1141125558==\_ma=====

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blockquote, dl, ul, ol, li { margin-top: 0 ; margin-bottom: 0 }  
--></style><title>Re: ghost written articles</title></head><body>  
<blockquote type="cite" cite>David,</blockquote>  
<div><br></div>  
<div>You have repeated insinuated and outright stated on this  
listserve that I have undisclosed conflicts of interest. I ask you to  
correct the misinformation that you have repeatedly disseminated or  
be prepared to defend your claims in a formal context. I am serious  
man: cut the bullshit. I have already been in the process of  
contacting Healy about false statements he has made and I am quite  
willing to include you in any action. Correct the record or go for  
it, man, your choice.</div>  
<div><br>  
<br>  
</div>  
<blockquote type="cite" cite>In a message dated 12/9/2003 4:43:44 AM  
Pacific Standard Time, jcoyne@mail.med.upenn.edu writes:</blockquote>  
<blockquote type="cite" cite><br>  
<blockquote><a  
href="http://observer.guardian.co.uk/uk\_news/story/0,6903,1101680,00.html"  
><font face="Arial" size="-1"  
color="#0000FF">http://observer.guardian.co.uk/uk\_news/st<span  
></span>ory/0,6903,1101680,00.html</font></a><a  
href="http://observer.guardian.co.uk/uk\_news/story/0,6903,1101680,00.html"  
><br>  
</a>  
<blockquote type="cite" cite><font face="Arial" size="-1"  
color="#000000">There are troubling points here, but it is  
interesting how they arrived at. The author's great leap:</font><br>  
</blockquote>  
</blockquote>  
<blockquote><br>



"Estimates suggest that almost half of all articles published in journals are by ghostwriters. While doctors who have put their names to the papers can be paid handsomely for 'lending' their reputations, the ghostwriters remain hidden. They, and the involvement of the pharmaceutical firms, are rarely revealed.

"

The only cited source?

Healy says such deception is becoming more frequent. 'I believe 50 per cent of articles on drugs in the major medical journals are not written in a way that the average person would expect them to be... the evidence I have seen would suggest there are grounds to think a significant proportion of the articles in journals such as the New England Journal of Medicine, the British Medical Journal and the Lancet may be written with help from medical writing agencies,' he said. 'They are no more than infomercials paid for by drug firms.'

Healy has been outed for not revealing his extensive ties to drug companies and his repeated failures to disclose conflict of interest in his papers. An expert, perhaps, but a credible one?

Thanks, David A. for bringing this to our attention, but if Healy is source for the crucial point, what is the credibility of the rest of the article? I think the author is on to something important, but fails to get the ironic significance of relying on Healy.

Dear Jim:

i believe joe plaud posted the article first but i had not yet seen it because i only get the digested version of sscpnet. but thank you for giving me credit. actually the article was passed along to me by a former student.

I realize Healy did not include a copy of his tax return in his disclosure statement but it seemed rather complete to me. He explains his use of a standard disclosure statement in response to similar accusations by your UPenn colleague Paul Wolpe. You can find Healy's

response&nbsp;in his own words (<a href="http://www.ahrp.org/ethical/WolpeHealy.html">http://www.ahrp.org/ethical/WolpeHealy.ht<span></span>ml</a>)&nbsp;on the web.</blockquote>  
<blockquote type="cite" cite>&nbsp;</blockquote>  
<blockquote type="cite" cite>As far as I can tell, Healy has written one of the few&nbsp;scientific analyses&nbsp;about&nbsp;the impact of ghost writing on the literature.&nbsp;See Healy, E. & Catell, D.&nbsp;(2003). Interface between authorship, industry and science in the domain of therapeutics.&nbsp;British Journal of Psychiatry, 183, 22-27.</blockquote>

<blockquote type="cite" cite>&nbsp;</blockquote>  
<blockquote type="cite" cite>Again, from my perspective,&nbsp;this is like the pot calling the kettle black.&nbsp;Are your connections to Chamberlain Communications Group (Lilly's PR firm), Lilly, or Solvay mentioned in disclosure statements in every article you publish?&nbsp;Do you, like Healy, have&nbsp;a standard complete disclosure statement that you include with every publication or presentation?&nbsp;If not, why not?</blockquote>

<blockquote type="cite" cite>&nbsp;</blockquote>  
<blockquote type="cite" cite>cordially,</blockquote>  
<blockquote type="cite" cite>&nbsp;</blockquote>  
<blockquote type="cite" cite>david</blockquote>  
<blockquote type="cite" cite>&nbsp;</blockquote>  
<blockquote type="cite" cite>&nbsp;</blockquote>  
<blockquote type="cite" cite>&nbsp;</blockquote>  
<blockquote type="cite" cite><font face="Arial" size="-1">David Antonuccio, Ph.D.<br>

Professor of Psychiatry and Behavioral Sciences<br>University of Nevada School of Medicine<br>401 W. 2nd St., Suite 216<br>Reno, NV 89503<br>775-784-6388 x229<br>FAX 775-784-1428<br>email: oliver2@aol.com</font></blockquote>

<div><br></div>

</body>

</html>

--===== \_-1141125558==\_ma=====

From Oliver2@aol.com Tue Dec 9 15:07:21 2003

Received: (from mailnull@localhost)

by iris.itcs.northwestern.edu (8.12.10/8.12.10) id hB9L7KTS018189

for <sscpnet@listserv.acns.nwu.edu>; Tue, 9 Dec 2003 15:07:20 -0600

(CST)

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to <Oliver2@aol.com> using -f

Received: from imo-m08.mx.aol.com (imo-m08.mx.aol.com [64.12.136.163])

by iris.itcs.northwestern.edu via smap (V2.0)

id xma018149; Tue, 9 Dec 03 15:07:08 -0600

Received: from Oliver2@aol.com  
by imo-m08.mx.aol.com (mail\_out\_v36\_r1.1.) id n.1e2.152dea3f  
(4254);  
Tue, 9 Dec 2003 16:07:04 -0500 (EST)  
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Message-ID: <1e2.152dea3f.2d079378@aol.com>  
Date: Tue, 9 Dec 2003 16:07:04 EST  
Subject: Re: ghost written articles  
To: jcoyne@mail.med.upenn.edu  
CC: sscpnet@listserv.acns.nwu.edu  
MIME-Version: 1.0  
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Sender: owner-sscpnet@listserv.it.northwestern.edu  
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Status: O  
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X-UID: 123

-----1071004024  
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Content-Transfer-Encoding: 7bit

In a message dated 12/9/2003 11:10:48 AM Pacific Standard Time,  
jcoyne@mail.med.upenn.edu writes:  
You have repeated insinuated and outright stated on this listserve that I  
have undisclosed conflicts of interest.  
Dear Jim:

Please reread my posting carefully. I am not accusing you of anything except  
perhaps being repeatedly hostile to Dr. Healy. You have accused Healy of  
concealing his conflicts of interest. I am asking you if you hold yourself to  
the same standard by ensuring that your previously disclosed (here on  
SSCPnet)  
financial connections to industry are reported in everything you publish and in  
every presentation you give. I would have no way of knowing the answer to  
that question.

cordially,

david

David Antonuccio, Ph.D.  
Professor of Psychiatry and Behavioral Sciences  
University of Nevada School of Medicine  
401 W. 2nd St., Suite 216

Reno, NV 89503  
775-784-6388 x229  
FAX 775-784-1428  
email: oliver2@aol.com

-----1071004024  
Content-Type: text/html; charset="US-ASCII"  
Content-Transfer-Encoding: quoted-printable

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name=3DGENERATOR></HEAD>
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mail.med.upenn.edu writes:</DIV>
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2px solid"><FONT face=3DArial>You have repeated insinuated and outright
stat=
ed on this listserve that I have undisclosed conflicts of interest. </FONT><=
/BLOCKQUOTE></DIV>
<DIV>Dear Jim:</DIV>
<DIV>&nbsp;</DIV>
<DIV>Please reread my posting carefully.&nbsp;<DIV>I am not accusing you
of&nbsp;=
;anything except perhaps&nbsp;<DIV>being&nbsp;<DIV>repeatedly hostile to Dr.
Healy.&nb=
sp; You have accused Healy of concealing his conflicts of interest.&nbsp;<DIV>
l=20=
am&nbsp;<DIV>asking you if you hold yourself to the same standard&nbsp;<DIV>by
ensurin=
g that your previously disclosed (here on SSCPnet) financial connections
to=20=
industry&nbsp;<DIV>are reported in everything you publish and in every presentati=
on you give.&nbsp;<DIV>I would have no way of knowing the answer to that
questio=
n.</DIV>
<DIV>&nbsp;</DIV>
<DIV>cordially,</DIV>
<DIV>&nbsp;</DIV>
<DIV>david</DIV>
<DIV>&nbsp;</DIV></DIV>
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<DIV><FONT lang=3D0 face=3DArial size=3D2 FAMILY=3D"SANSSERIF"  
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>David Antonuccio, Ph.D.<BR>Professor of Psychiatry and Behavioral  
Sciences<=  
BR>University of Nevada School of Medicine<BR>401 W. 2nd St., Suite  
216<BR>R=  
eno, NV 89503<BR>775-784-6388 x229<BR>FAX 775-784-1428<BR>email:  
oliver2@aol=  
.com</FONT></DIV></BODY></HTML>

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From jcoyne@mail.med.upenn.edu Tue Dec 9 15:14:41 2003  
Received: (from mailnull@localhost)  
by iris.itcs.northwestern.edu (8.12.10/8.12.10) id hB9LEfwh020925  
for <sscpnet@listserv.acns.nwu.edu>; Tue, 9 Dec 2003 15:14:41 -0600  
(CST)  
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<jcoyne@mail.med.upenn.edu> using -f  
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by server-7.tower-46.messagelabs.com with SMTP; 9 Dec 2003 21:14:04 -  
0000  
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by pobox.upenn.edu (Postfix) with ESMTP  
id 795CB12D5; Tue, 9 Dec 2003 16:14:03 -0500 (EST)  
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References: <1e2.152dea3f.2d079378@aol.com>  
Date: Tue, 9 Dec 2003 16:13:58 -0500  
To: Oliver2@aol.com  
From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: Re: ghost written articles  
Cc: sscpnet@listserv.acns.nwu.edu  
Content-Type: multipart/alternative; boundary="=====\_  
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Reply-To: jcoyne@mail.med.upenn.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:

X-Keywords:

X-UID: 124

--===== \_-1141118052==\_ma=====

Content-Type: text/plain; charset="us-ascii" ; format="flowed"

>David, I am not an advisor to Lilly or Solvay and I do not have  
>conflicts of interest to report. Stop asserting that I do. You will  
>be receiving a formal letter.

I would not burden the listserve with these communications except  
that you chose to disseminate these misrepresentations here.

>In a message dated 12/9/2003 11:10:48 AM Pacific Standard Time,  
>jcoyne@mail.med.upenn.edu writes:

>

>You have repeated insinuated and outright stated on this listserve  
>that I have undisclosed conflicts of interest.

>

>Dear Jim:

>

>Please reread my posting carefully. I am not accusing you  
>of anything except perhaps being repeatedly hostile to Dr. Healy.  
>You have accused Healy of concealing his conflicts of interest. I  
>am asking you if you hold yourself to the same standard by ensuring  
>that your previously disclosed (here on SSCPnet) financial  
>connections to industry are reported in everything you publish and  
>in every presentation you give. I would have no way of knowing the  
>answer to that question.

>

>cordially,

>

>david

>

>David Antonuccio, Ph.D.  
>Professor of Psychiatry and Behavioral Sciences  
>University of Nevada School of Medicine  
>401 W. 2nd St., Suite 216  
>Reno, NV 89503  
>775-784-6388 x229  
>FAX 775-784-1428  
>email: oliver2@aol.com

--===== \_-1141118052==\_ma=====

Content-Type: text/html; charset="us-ascii"

<!doctype html public "-//W3C//DTD W3 HTML//EN">  
<html><head><style type="text/css"><!--  
blockquote, dl, ul, ol, li { margin-top: 0 ; margin-bottom: 0 }  
--></style><title>Re: ghost written articles</title></head><body>  
<blockquote type="cite" cite>David, I am not an advisor to Lilly or  
Solvay and I do not have conflicts of interest to report. Stop  
asserting that I do. You will be receiving a formal  
letter.</blockquote>  
<div><br>  
<br>  
</div>  
<div>I would not burden the listserve with these communications  
except that you chose to disseminate these misrepresentations  
here.</div>  
<div><br></div>  
<div><br>  
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<div><br>  
<br>  
</div>  
<blockquote type="cite" cite>In a message dated 12/9/2003 11:10:48 AM  
Pacific Standard Time, jcoyne@mail.med.upenn.edu writes:</blockquote>  
<blockquote type="cite" cite><br>  
<blockquote><font face="Arial">You have repeated insinuated and  
outright stated on this listserve that I have undisclosed conflicts  
of interest.</font><br>  
</blockquote>  
</blockquote>  
<blockquote type="cite" cite>Dear Jim:</blockquote>  
<blockquote type="cite" cite>&nbsp;</blockquote>  
<blockquote type="cite" cite>Please reread my posting  
carefully.&nbsp;  I am not accusing you of&nbsp;  anything except  
perhaps&nbsp;  being&nbsp;  repeatedly hostile to Dr. Healy.&nbsp;  You  
have accused Healy of concealing his conflicts of interest.&nbsp;  I  
am&nbsp;  asking you if you hold yourself to the same standard&nbsp;  by  
ensuring that your previously disclosed (here on SSCPnet) financial  
connections to industry&nbsp;  are reported in everything you publish  
and in every presentation you give.&nbsp;  I would have no way of  
knowing the answer to that question.</blockquote>  
<blockquote type="cite" cite>&nbsp;</blockquote>  
<blockquote type="cite" cite>cordially,</blockquote>  
<blockquote type="cite" cite>&nbsp;</blockquote>  
<blockquote type="cite" cite>david</blockquote>  
<blockquote type="cite" cite>&nbsp;</blockquote>  
<blockquote type="cite" cite><font face="Arial" size="-1">David  
Antonuccio, Ph.D.<br>  
Professor of Psychiatry and Behavioral Sciences<br>  
University of Nevada School of Medicine</font></blockquote>

<blockquote type="cite" cite><font face="Arial" size="-1">401 W. 2nd  
St., Suite 216</font></blockquote>  
<blockquote type="cite" cite><font face="Arial" size="-1">Reno, NV  
89503</font></blockquote>  
<blockquote type="cite" cite><font face="Arial"  
size="-1">775-784-6388 x229</font></blockquote>  
<blockquote type="cite" cite><font face="Arial" size="-1">FAX  
775-784-1428</font></blockquote>  
<blockquote type="cite" cite><font face="Arial" size="-1">email:  
oliver2@aol.com</font></blockquote>  
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</body>  
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--===== \_-1141118052==\_ma=====

From jcoyne@mail.med.upenn.edu Tue Dec 9 16:29:36 2003  
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by iris.itcs.northwestern.edu (8.12.10/8.12.10) id hB9MTZiM009354  
for <sscpnet@listserv.acns.nwu.edu>; Tue, 9 Dec 2003 16:29:35 -0600  
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<jcoyne@mail.med.upenn.edu> using -f  
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by server-15.tower-46.messagelabs.com with SMTP; 9 Dec 2003 22:29:09 -  
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References: <OFA8606100.AE3C409B-ON86256DF7.006A1015@kcmo.org>  
Date: Tue, 9 Dec 2003 17:29:05 -0500  
To: Richard\_Gist@kcmo.org  
From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: Re: ghost written articles  
Cc: sscpnet@listserv.acns.nwu.edu  
Content-Type: text/plain; charset="us-ascii" ; format="flowed"  
Reply-To: jcoyne@mail.med.upenn.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN



Status: O  
X-Status:  
X-Keywords:  
X-UID: 125

The issue is that David continues to make untrue public statements about me in order to undermine my credibility. Unfortunately, Healy has now put these statements in a book, mentioning me by name and is facing possible legal action in Canada, depending upon how he remedies the situation. I was just earlier today consulting with a lawyer about this. If the same book appears unaltered in the states as it is scheduled to do, Healy should reasonably anticipate legal action here. I will gladly add David to the stew.

I am a staunch defender of free speech. But if someone says something untrue about another person, the writer should be prepared to retract the statement or face consequences. David is now facing a choice.

>Gentlemen:

>

>I've been described by some (even some who like me) as an "academic  
>streetfighter," and I'd surely suggest that there are indeed some things  
>that, if one is willing to assert, one should be fully prepared to  
>defend--but I'd also tend to suggest that, particularly in this matter,  
>this is the forum for neither. Were we in a tavern, it might well be time  
>to "take this one outside" and slug it out however one is most prone to do  
>so, sparing the patrons your sparring. We're clearly straying beyond even  
>remotely objective elements of academic debate at this juncture and lapsing  
>into the precursors of professorial pugilism.

>

>Since Healey's relationship to drug companies has been an issue of public  
>note and public comment, it is probably not inappropriate to enter a  
>passing comment on the irony of the reporter's source . . . to editorialize  
>much beyond that comment, though, is to invite questions of pots and  
>kettles, and these escalate from schoolyard taunts to courtroom torts  
>quicker than one can flip a finger. The serious element at play here is  
>manipulation of the academic press through the ghostwritten "hidden  
>agenda"  
>piece, the influence of "gray market" consulting deals on scientific  
>objectivity, and the ethics of full disclosure . . . whether any one  
>individual--especially one not himself engaged in the exchanges--is one or  
>another sort of weasel advances the inquiry little at all and quickly  
>devolves into a semislanderous snark hunt that yields no one any sort of  
>trophy.

>

>R.

From mbmiller@taxa.epi.umn.edu Thu Jan 29 10:31:45 2004

Received: (from mailnull@localhost)

by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i0TGViQO004346

for <sscpnet@listserv.it.northwestern.edu>; Thu, 29 Jan 2004 10:31:44  
-0600 (CST)

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Received: from taxa.epi.umn.edu (taxa.epi.umn.edu [128.101.67.187]) by  
iris.itcs.northwestern.edu via smap (V2.0)

id xma004292; Thu, 29 Jan 04 10:31:39 -0600

Received: from taxa.epi.umn.edu (localhost [127.0.0.1])

by taxa.epi.umn.edu (8.12.10/8.12.10) with ESMTP id

i0TGVcOR020841

for <sscpnet@listserv.it.northwestern.edu>; Thu, 29 Jan 2004 10:31:38

-0600 (CST)

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by taxa.epi.umn.edu (8.12.10/8.12.10/Submit) with ESMTP id

i0TGVcse020838

for <sscpnet@listserv.it.northwestern.edu>; Thu, 29 Jan 2004 10:31:38

-0600 (CST)

Date: Thu, 29 Jan 2004 10:31:38 -0600 (CST)

From: Mike Miller <mbmiller@taxa.epi.umn.edu>

To: SSCPnet List <sscpnet@listserv.it.northwestern.edu>

Subject: Antidepressant Makers Withhold Data on Children

Message-ID: <Pine.GSO.4.58.0401291029090.20816@taxa.epi.umn.edu>

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Content-Transfer-Encoding: 8bit

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iris.itcs.northwestern.edu id i0TGViqP004346

Reply-To: mbmiller@taxa.epi.umn.edu

Sender: owner-sscpnet@listserv.it.northwestern.edu

X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN

Status: O

X-Status:

X-Keywords:

X-UID: 126

<http://www.washingtonpost.com/wp-dyn/articles/A58130-2004Jan28.html>

Washington Post

January 29, 2004; Page A01

Antidepressant Makers Withhold Data on Children

By Shankar Vedantam, Washington Post Staff Writer

Makers of popular antidepressants such as Paxil, Zoloft and Effexor have refused to disclose the details of most clinical trials involving depressed children, denying doctors and parents crucial evidence as they weigh fresh fears that such medicines may cause some children to become suicidal.

The companies say the studies are trade secrets. Researchers familiar with the unpublished data said the majority of secret trials show that children taking the medicines did not get any better than children taking dummy pills.

Although the drug industry's practice of suppressing data unfavorable to its products is legal, doctors and advocates say such secrecy distorts the scientific record.

"Conflicts of interest and the company control of the data have thrown out the scientific method," said Vera Hassner Sharav, a critic of the drugs and a patients' rights advocate. "If hundreds of trials don't work out, they don't publish them, they don't talk about them."

"We need a journal of negative findings," agreed Darrel Regier, director of the American Psychiatric Association's division of research, who believes the drugs save children's lives. "The probability of those negative findings being published is far less than the chances of positive studies -- even journals are not interested in negative studies."

Concerns over the safety of antidepressants among children have been heightened after a December warning by British regulators that the drugs may trigger suicidal thoughts and increase the rate of self-injury. An expert advisory panel of the Food and Drug Administration is scheduled to meet Monday to examine the issue, but the agency's full U.S. analysis of the data is not likely to be completed until summer.

One industry executive, Philip Perera, a medical director at GlaxoSmithKline, said that his preference was to publish all trials but that negative studies could lead doctors to prematurely reject a medicine.

"If you start publishing negative data, will it be concluded by practitioners and others that the drug is ineffective?" he asked, saying that genuinely effective medicines sometimes do no better than placebos, or dummy pills, in trials -- at least half of all children seem to get better on placebos.

The U.S. psychiatric establishment largely supports the use of antidepressant medicines in children, with many arguing that abandoning the drugs would lead to more suicides in children with depression. But its critics, including consumer advocates and some psychiatrists, question whether mainstream psychiatry is biased by widespread financial ties to the pharmaceutical industry.

The answer lies hidden in a maze of secret data, conflicting scientific interpretations and a corporate-funded clinical trial system that is not primarily designed to answer questions of public health.

"If the companies wanted to publish negative studies they could, but companies don't like to publish negative studies," said Russell Katz,

director of the neuropharmacology division at the FDA , which has access to all the data. "It's amusing so many people are making pronouncements about the data -- scientists and physicians -- . . . without seeing the data."

Advocates say openness about studies is important because, apart from Prozac, no antidepressant has been approved by the FDA for treating children with depression. Doctors writing prescriptions do not have approved labeling to guide them: They must rely on their own judgment and the available scientific knowledge -- even as information is being withheld.

The medicines under scrutiny belong to a class of drugs called selective serotonin reuptake inhibitors, or SSRIs. Led by Prozac, the first to be approved, the medicines caused a revolution in psychiatry.

Recent analyses suggest that as many as 1 percent of children in the United States are treated for depression in any year, said Mark Olfson, a professor of clinical psychiatry at Columbia University. Of those, 57 percent are on antidepressants.

The lack of information is the one issue about which advocates and critics of the medicines agree. Lawrence Diller, a Walnut Creek, Calif., pediatrician and author of "Should I Medicate My Child?," said that "as a front-line doctor dependent on research, it seems so contaminated by potential conflicts of interest. . . . The smoking gun is revelations from the British that negative studies were not published."

Keeping data secret, critics said, has led to conflicting information, contradictory advice and heightened fears.

For example, GlaxoSmithKline, which makes Paxil, has conducted three trials on depressed children. Company officials said all turned out negative -- the children on the drug did not do better than those on placebos -- but only one was published. Based on its data, the company warned British doctors that Paxil, sold there as Seroxat, "should not be prescribed as new therapy" to depressed children younger than 18. Its letter last June cited the risk of increased hostility, agitation, and suicidal thoughts and attempts.

No such warning was issued in the United States, though Paxil is identical to Seroxat. Here, the company's official line on giving Paxil to children is "No recommendations can be made regarding the use of Paxil or Paxil CR in these patients."

"There are differences" between the two recommendations, GlaxoSmithKline's Perera acknowledged in an interview. "They reflect the message that we receive from the respective regulatory bodies." British regulators have essentially prohibited the use of Paxil for children. The FDA is

conducting a review of eight drugs, including Paxil.

Perera said the company would await the FDA advisory panel's verdict before considering whether to make all its data public.

Cathryn Clary, vice president for psychiatry and neurology at Pfizer, which makes Zoloft, said it had sponsored two trials in children. One had a negative result, but the company pooled it with a positive study and only published the combined result, which was positive.

"We certainly understand the wish of academics and researchers and physicians to understand all of this data," she said. But small sample sizes in trials "run the risk of magnifying or diminishing a signal. Releasing an individual study can be as misleading as it is helpful."

Graham Emslie, a professor of psychiatry at the University of Texas Southwestern Medical Center, who has helped conduct several trials for drug companies, counted nine recent trials of Prozac, Paxil, Zoloft and Celexa in depressed children. Results of two Prozac trials, one Paxil and the pooled Zoloft data have been published -- meaning that data from five trials, including the stand-alone Zoloft trial that was negative, have not.

Emslie also counted six other studies on the related antidepressants Effexor, Serzone and Remeron -- none of which has been published, he said. Data from several of the unpublished studies have been presented at scientific meetings, and one has been submitted for publication, he said.

Studies reported at conferences are not subject to rigorous advance "peer review" by independent researchers, as are studies published by well-regarded journals. Emslie said he would like to see all the data published but he said the research had been paid for -- and belongs to -- the companies. "They have a legitimate right to do what they want with the data," he said.

But David Healy, a Welsh psychiatrist and author of "The Antidepressant Era," rejected the notion that the safety information could be treated like any other private property. Healy prescribes the medicines but has campaigned for more cautious use and more accurate labeling.

"On a pressing issue like this," he said, "there is no reason these data could not be put into the public domain in their entirety."

The FDA said it is evaluating 20 studies in all, but agency officials have declined to identify them.

In the end, some scientists believe, the only way to ensure that science is conducted in the public interest is for it to be funded with public dollars. The National Institutes of Health is therefore ramping up funding for clinical trials.

"We have been dependent on the pharmaceutical industry to provide the answers," said Thomas R. Insel, director of the National Institute of Mental Health. "The questions they want answered are different than the public health questions."

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From Oliver2@aol.com Wed Feb 4 01:07:35 2004  
Received: (from mailnull@localhost)  
by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i1477Yf2006487  
for <sscpnet@listserv.it.northwestern.edu>; Wed, 4 Feb 2004 01:07:34  
-0600 (CST)  
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<Oliver2@aol.com> using -f  
Received: from imo-d04.mx.aol.com (imo-d04.mx.aol.com [205.188.157.36])  
by iris.itcs.northwestern.edu via smap (V2.0)  
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for <sscpnet@listserv.it.northwestern.edu>; Wed, 4 Feb 2004  
02:07:02 -0500 (EST)  
From: Oliver2@aol.com  
Message-ID: <79.21e75c8c.2d51f416@aol.com>  
Date: Wed, 4 Feb 2004 02:07:02 EST  
Subject: Alert on antidepressants for kids: Panel urges sterner FDA  
warnings on children's suicide risks  
To: sscpnet@listserv.it.northwestern.edu  
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dear colleagues:

i attended the fda hearing and I testified with Irving Kirsch about a

meta-analysis we've conducted with Amanda Drews regarding the published literature on antidepressants in depressed children. Our analysis shows that the placebo response duplicates 87% of the drug response in kids. Of course this is just in the published literature and we all know about the issues of publication bias that exaggerate the effectiveness of the study drugs. This meager apparent benefit does not warrant any increased risk in my view, not the significantly higher rates of agitation, insomnia, and gastrointestinal problems, let alone any increased risk in suicidal behavior.

After the morning testimony at the FDA hearing, during a break in the action, Dr. Kirsch and I participated in a press conference sponsored by the Alliance for Human Research Protection where Joseph Glenmullen and Donald Marks presented data about akathisia, David Healy presented data from Glaxo about suicidality and hostility caused by paxil, and Thomas Moore presented data on adverse events in children. While the testimony during the hearing from parents was certainly heartbreaking and powerful, I found the data that were presented at the press conference to be stunning, particularly Healy's presentation. For those who might be interested, all of those presentations can be found on the AHRP website at <http://www.researchprotection.org/risks/SSRI-suicide0204.html>.

Arguments suggesting that correlations between antidepressant use and suicide rates reflect a causal relationship would seem to pale next to actual RCT data showing significantly more hostility and suicidality caused by the SSRIs compared with placebo. We only have to look to the lessons learned from epidemiological data on HRT. Correlational data supported HRT, while RCT data revealed the real causal relationships.

We need to be sure not to expose children to any increased risk without commensurate benefit, especially since children are essentially involuntary patients. For this reason, we have an extra obligation to be absolutely certain the medications that we force them to take are both safe and effective. Antidepressants do not pass either of those tests when it comes to children.

I think the British regulatory body did the right thing. I hope the FDA eventually does to.

cordially,

david

David Antonuccio, Ph.D.  
Diplomate in Clinical Psychology, ABPP  
Professor, Dept. of Psychiatry and Behavioral Sciences  
401 W. 2nd St., Suite 216  
Reno, NV 89503  
775-784-6388  
FAX 775-784-1428  
email:oliver2@aol.com

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775-784-6388  
FAX 775-784-1428  
email:oliver2@aol.com

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From mbmiller@taxa.epi.umn.edu Fri Feb 6 17:24:05 2004

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by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i16NO5fi009435

for <sscpnet@listserv.it.northwestern.edu>; Fri, 6 Feb 2004 17:24:05 -0600 (CST)

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From: Mike Miller <mbmiller@taxa.epi.umn.edu>  
To: Oliver2@aol.com  
cc: sscpnet@listserv.it.northwestern.edu  
Subject: Re: Alert on antidepressants for kids: Panel urges sterner FDA  
warnings on children's suicide risks  
In-Reply-To: <79.21e75c8c.2d51f416@aol.com>  
Message-ID: <Pine.GSO.4.58.0402061655100.6805@taxa.epi.umn.edu>  
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Status: O  
X-Status:  
X-Keywords:  
X-UID: 128

On Wed, 4 Feb 2004 Oliver2@aol.com wrote:

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Mike

From Oliver2@aol.com Sat Feb 7 00:51:50 2004  
Received: (from mailnull@localhost)  
by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i176poDp012915  
for <sscpnet@listserv.it.northwestern.edu>; Sat, 7 Feb 2004 00:51:50 -  
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<Oliver2@aol.com> using -f  
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To: mbmiller@taxa.epi.umn.edu  
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DEAR MIKE:

In a message dated 2/6/04 3:24:43 PM, mbmiller@taxa.epi.umn.edu writes:

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>=20

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THAT WE CAN REAL=

LY SAY FOR SURE AT THIS POINT IS THAT THOSE KIDS RANDOMLY  
ASSIGNED TO SSRIS=20=

APPEAR TO&nbsp; HAVE ROUGHLY 3 TIMES MORE&nbsp;  
SUICIDALITY AND HOSTILITY=20=

THAN THOSE ASSIGNED TO INERT PLACEBO.&nbsp; I THINK THE  
WELL DOCUMENTED AND=

ACKNOWLEDGED SIDE EFFECTS OF MANIA AND AKATHISIA ARE THE  
MOST LIKELY EXPLAN=

ATION.&nbsp; <BR>  
<BLOCKQUOTE CITE STYLE=3D"BORDER-LEFT: #0000ff 2px solid;  
MARGIN-LEFT: 5px;=20=

MARGIN-RIGHT: 0px; PADDING-LEFT: 5px"  
TYPE=3D"CITE"></FONT><FONT COLOR=3D"#0=

00000" FACE=3D"Geneva" FAMILY=3D"SANSERIF" SIZE=3D"2"><BR>  
<BR>

&gt; We only have to look to the lessons learned from epidemiological data o=

n<BR>

&gt; HRT.=A0 Correlational data supported HRT, while RCT data r evealed  
the<=

BR>

&gt; real causal relationships.<BR>  
<BR>

"...there was a high dropout rate, 42%, in the hormone-use group, and  
38%<BR>

>

in the placebo group. Additionally, there was a 10.7% dropin rate of the<BR>  
placebo group starting hormone therapy."=A0 The result was barely<BR>  
statistically significant despite the sample size.=A0 So there are some<BR>  
serious limitations to this study.=A0 Just thought I'd mention that.=A0 I kn=



ow<BR>  
there is some skepticism about the widely-sited finding.<BR>  
</FONT><FONT COLOR=3D"#000000" FACE=3D"Geneva"  
FAMILY=3D"SANSERIF" SIZE=3D"  
2"><BR>  
</BLOCKQUOTE></FONT><FONT COLOR=3D"#000000"  
FACE=3D"Geneva" FAMILY=3D"SANSSE=  
RIF" SIZE=3D"2">INTERESTING. THANKS FOR THIS INFO. MY  
UNDERSTANDING IS THAT=20=  
THERE ARE SEVERAL STUDIES ESTABLISHING INCREASED RISK FOR  
A VARIETY OF HEALT=  
H PROBLEMS BUT I'M NOT THAT FAMILIAR WITH THIS  
LITERATURE.&nbsp; I ALSO UND=  
ERSTAND THE INCREASED RISK IS LOW BUT THE SURPRISE IS THAT  
IT IS CONSISTENTL=  
Y IN THE OPPOSITE DIRECTION OF EXPECTATIONS.<BR>  
<BR>  
<BLOCKQUOTE CITE STYLE=3D"BORDER-LEFT: #0000ff 2px solid;  
MARGIN-LEFT: 5px;=20=  
MARGIN-RIGHT: 0px; PADDING-LEFT: 5px"  
TYPE=3D"CITE"></FONT><FONT COLOR=3D"#0=  
00000" FACE=3D"Geneva" FAMILY=3D"SANSERIF"  
SIZE=3D"2">Mike<BR>  
</BLOCKQUOTE></FONT><FONT COLOR=3D"#000000"  
FACE=3D"Geneva" FAMILY=3D"SANSSE=  
RIF" SIZE=3D"2"><BR>  
CORDIALLY,<BR>  
<BR>  
DAVID<BR>  
</FONT><FONT COLOR=3D"#000000" FACE=3D"Geneva"  
FAMILY=3D"SANSERIF" SIZE=3D"  
2"><BR>  
<BR>  
<BR>  
<BR>  
David Antonuccio, Ph.D.<BR>  
Diplomate in Clinical Psychology, ABPP<BR>  
Professor, Dept. of Psychiatry and Behavioral Sciences<BR>  
401 W. 2nd St., Suite 216<BR>  
Reno, NV 89503<BR>  
775-784-6388<BR>  
FAX 775-784-1428<BR>  
email:oliver2@aol.com<BR>  
</FONT><FONT COLOR=3D"#000000" FACE=3D"Geneva"  
FAMILY=3D"SANSERIF" SIZE=3D"  
2"></FONT></HTML>  
--part1\_68.3ab83b83.2d55e4e4\_boundary--

From Oliver2@aol.com Thu Feb 12 13:02:10 2004  
Received: (from mailnull@localhost)

by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i1CJ2Arl016342  
for <sscpnet@listserv.it.northwestern.edu>; Thu, 12 Feb 2004 13:02:10  
-0600 (CST)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<Oliver2@aol.com> using -f  
Received: from imo-r04.mx.aol.com (imo-r04.mx.aol.com [152.163.225.100])  
by iris.itcs.northwestern.edu via smap (V2.0)  
id xma016281; Thu, 12 Feb 04 13:01:56 -0600  
Received: from Oliver2@aol.com  
by imo-r04.mx.aol.com (mail\_out\_v36\_r4.12.) id k.129.3b4b1033  
(4410);  
Thu, 12 Feb 2004 14:01:39 -0500 (EST)  
From: Oliver2@aol.com  
Message-ID: <129.3b4b1033.2d5d2793@aol.com>  
Date: Thu, 12 Feb 2004 14:01:39 EST  
Subject: Re: healthy volunteer commits suicide  
To: mbmiller@taxa.epi.umn.edu  
CC: sscpnet@listserv.it.northwestern.edu  
MIME-Version: 1.0  
Content-Type: multipart/alternative; boundary="-----  
1076612499"  
X-Mailer: 9.0 for Windows sub 5007  
Reply-To: Oliver2@aol.com  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
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X-Keywords:  
X-UID: 130

-----1076612499  
Content-Type: text/plain; charset="US-ASCII"  
Content-Transfer-Encoding: 7bit

In a message dated 2/12/2004 10:02:05 AM Pacific Standard Time,  
mbmiller@taxa.epi.umn.edu writes:  
I'm not clear on your point. Duloxetine is a new compound, isn't it?  
Are you referring to fluoxetine, or to SSRIs in general?  
Dear Mike:

ssris in general. ever since the teicher, cole, and glod (1990) article came  
out (Emergence of Intense Suicidal Preoccupation During Fluoxetine  
Treatment,  
American Journal of Psychiatry, 147, 207-210) it seems the primary public  
relations strategy has been to (1) blame the disease (2) blame the church of  
scientology, or (3) blame the trial lawyers. At the time of the Teicher et al  
article and for years after, this pr strategy seemed to work well. Very few  
scientists seemed willing to seriously consider the possibility that the

medication could be a causal factor in a small group of susceptible patients. Those who were (e.g. David Healy), took major career risks. If the suicidal risks had been taken more seriously maybe this young woman's life could have been salvaged. Maybe not. But at least she could have been warned and made an informed choice about the risk like the other volunteers in the current healthy volunteer study who are dropping out since her suicide (see The Associated Press article "Three participants in the study in Indianapolis and 16 volunteers in Evansville have quit." [http://abcnews.go.com/wire/US/ap20040212\\_723.html](http://abcnews.go.com/wire/US/ap20040212_723.html))

cordially,

David

David Antonuccio, Ph.D.  
Professor of Psychiatry and Behavioral Sciences  
University of Nevada School of Medicine  
401 W. 2nd St., Suite 216  
Reno, NV 89503  
775-784-6388 x229  
FAX 775-784-1428  
email: oliver2@aol.com

-----1076612499  
Content-Type: text/html; charset="US-ASCII"  
Content-Transfer-Encoding: quoted-printable

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t=3Dutf-8">
<META content=3D"MSHTML 6.00.2800.1226"
name=3DGENERATOR></HEAD>
<BODY style=3D"FONT-SIZE: 10pt; FONT-FAMILY: Arial; BACKGROUND-
COLOR: #ffffff=
f">
<DIV>
<DIV>
<DIV>In a message dated 2/12/2004 10:02:05 AM Pacific Standard Time,
mbmille=
r@taxa.epi.umn.edu writes:</DIV>
<BLOCKQUOTE style=3D"PADDING-LEFT: 5px; MARGIN-LEFT: 5px;
BORDER-LEFT: blue=20=
2px solid"><FONT face=3DArial>I'm not clear on your point.&nbsp;
Duloxetine=20=
is a new compound, isn't it?<BR>Are you referring to fluoxetine, or to SSRIs=
in general?</FONT></BLOCKQUOTE></DIV>
<DIV>Dear Mike:</DIV>
```

<DIV>&nbsp;</DIV>  
<DIV>ssris in general.&nbsp; ever since the teicher, cole, and glod (1990) a=  
rticle came out (Emergence of Intense Suicidal Preoccupation During  
Fluoxeti=  
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2) blame the church of scientology, or (3) blame the trial lawyers.&nbsp; At=  
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n a small group of susceptible patients.&nbsp; Those who were (e.g. David  
He=  
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salvaged.&nb=  
sp; Maybe not.&nbsp; But at least she could have been warned and made an inf=  
ormed choice about the risk like the other volunteers in the current healthy=  
volunteer study who are dropping out since her suicide (see </DIV>  
<DIV>The Associated Press article "Three participants in the study in Indian=  
apolis and 16 volunteers in Evansville have quit." <A href=3D"http://abcnews=  
.go.com/wire/US/ap20040212\_723.html">http://abcnews.go.com/wire/US/ap2  
004021=  
2\_723.html</A></DIV>  
<DIV>&nbsp;</DIV>  
<DIV>cordially,</DIV>  
<DIV>&nbsp;</DIV>  
<DIV>David</DIV>  
<DIV>&nbsp;</DIV></DIV>  
<DIV><FONT lang=3D0 face=3DArial size=3D2 FAMILY=3D"SANSERIF"  
PTSIZE=3D"10"=  
>David Antonuccio, Ph.D.<BR>Professor of Psychiatry and Behavioral  
Sciences<=  
BR>University of Nevada School of Medicine<BR>401 W. 2nd St., Suite  
216<BR>R=  
eno, NV 89503<BR>775-784-6388 x229<BR>FAX 775-784-1428<BR>email:  
oliver2@aol=  
.com</FONT></DIV></BODY></HTML>

-----1076612499--

From jcoyne@mail.med.upenn.edu Fri Feb 13 06:28:19 2004  
Received: (from mailnull@localhost)  
by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i1DCSJAJ008953  
for <sscpnet@listserv.acns.nwu.edu>; Fri, 13 Feb 2004 06:28:19 -0600  
(CST)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<jcoyne@mail.med.upenn.edu> using -f

Received: from mail46.messagelabs.com (mail46.messagelabs.com  
[64.125.76.67]) by iris.itcs.northwestern.edu via smap (V2.0)  
id xma008919; Fri, 13 Feb 04 06:27:57 -0600  
X-VirusChecked: Checked  
X-Env-Sender: jcoyne@mail.med.upenn.edu  
X-Msg-Ref: server-20.tower-46.messagelabs.com!1076675275!978662  
X-StarScan-Version: 5.1.15; banners=-,-,-  
Received: (qmail 18888 invoked from network); 13 Feb 2004 12:27:55 -0000  
Received: from pobox.upenn.edu (128.91.2.38)  
by server-20.tower-46.messagelabs.com with SMTP; 13 Feb 2004 12:27:55  
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Received: from [68.34.169.97] (pcp03695519pcs.columb01.pa.comcast.net  
[68.34.169.97])  
by pobox.upenn.edu (Postfix) with ESMTP  
id F40442452; Fri, 13 Feb 2004 07:27:53 -0500 (EST)  
Mime-Version: 1.0  
Message-Id: <a04320429bc5251cf807f@[68.34.169.97]>  
In-Reply-To: <129.3b4b1033.2d5d2793@aol.com>  
References: <129.3b4b1033.2d5d2793@aol.com>  
Date: Fri, 13 Feb 2004 07:27:47 -0500  
To: Oliver2@aol.com  
From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: Re: healthy volunteer commits suicide  
Cc: sscpnet@listserv.acns.nwu.edu  
Content-Type: multipart/alternative; boundary="===== \_-  
1135447222==\_ma======"  
Reply-To: jcoyne@mail.med.upenn.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 131

--===== \_-1135447222==\_ma=====  
Content-Type: text/plain; charset="us-ascii" ; format="flowed"

First off, no causal link between this woman's suicide and taking or  
not taking the drug has been established, but there is a larger,  
recurrent issue here.

David, When are you going to stop misrepresenting Healy with respect  
to SSRIs and his "career risks"? repetition does not make your claims  
true and you have been amazingly persistent in hiding Healy's  
conflict of interests in your promotion of him.

background---

Healy received a substantial amount of money from Pharmacia to  
promote reboxetine, he did so by attacking findings that reboexetine

was apparently equal or less than effective than SSRIs (depending on the trial). In symposia and published papers, Healy suggested that the fault was with the measure of efficacy, the Hamilton Depression Scale, and other considerations (social adjustment, risk of suicide) made reboxetine a preferable drug. Healy relied on data supplied by the drug company, and a measure of social adjustment provided by the drug company. Had Healy succeeded in establishing his claims that SSRIs were bad (ineffective and dangerous), there would have been an enormous windfall for the manufacturer of a nonSSRI competitor, Pharmacia. In the absence of a success by Healy, reboxetine had little chance of gaining a major share of the huge market dominated by SSRIs.

Healy failed to disclose his substantial conflict of interest across a number of papers in which he advanced his claims.

Healy's so called "Normal Volunteer" study (purporting to show that Healy's staff at his hospital became suicidal when they took an SSRI) has a number of curious features that reflect on its credibility. Amazingly, another paper Healy published on the same patients fails to mention the suicidal behavior that allegedly occurred, despite the paper focusing on side effects of reboxetine and SSRIs the staff experienced. Incidentally, the "normal volunteer" study was published in an obscure journal not referenced in Medline, whereas the other paper was in a more accessible peer reviewed journal.

Healy now admits that his recruitment to Toronto was based on his ability to develop funding based on his relationship with Pharmacia.

Healy became less valuable to Pharmacia when the US FDA ended a provisional approval of reboxetine as an antidepressant based on efficacy and safety data. Healy was thus not going to be able to deliver on the goods to Toronto when he began making extreme statements about antidepressants. Healy had been hired to run a mood disorders program and the positions he began expressing were incompatible with supporting the kinds of clinical and research activities that would have fallen under his authority.

Although there is a discrepancy with his past statements, Healy now states that he accepts that the drug companies did not influence the rescinding of his offer in Toronto, and, further, that he had never claimed that they did.

Healy's credibility has taken some blows.

1) He was thrown out as an expert witness in Miller vs Pfizer because the Normal Volunteers study was flawed and because his altering of FDA data was not credible. The Miller vs Pfizer case was then thrown out because the plaintiff's arguments so entirely depended on Healy's

testimony.

2) Healy published his altered FDA data in American Journal of Bioethics and a subsequent editorial revealed that his paper had violated the standing policy of the journal concerning conflict of interest. By publishing the data in that journal, Healy got a "peer review" that did not entail the use of expertise relevant to evaluating the altering of the data.

3) Hastings Center Report has now established a conflict of interest policy (not having had an explicit one in the past) based on Healy's undisclosed conflicts of interest for a paper he published there.

I can document these points if anyone is interested.,

I am sure that if Healy were making assertions favoring SSRIs, Antonuccio would find his conflicts of interest and other irregularities in his claims a compelling reason for dismissing Healy as having any credibility.

>In a message dated 2/12/2004 10:02:05 AM Pacific Standard Time,  
>mbmiller@taxa.epi.umn.edu writes:

>

>I'm not clear on your point. Duloxetine is a new compound, isn't it?

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>volunteer study who are dropping out since her suicide (see

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>Indianapolis and 16 volunteers in Evansville have quit."

><[http://abcnews.go.com/wire/US/ap20040212\\_723.html](http://abcnews.go.com/wire/US/ap20040212_723.html)>[http://abcnews.go.com/wire/US/ap20040212\\_723.html](http://abcnews.go.com/wire/US/ap20040212_723.html))

>  
>cordially,  
>  
>David  
>  
>David Antonuccio, Ph.D.  
>Professor of Psychiatry and Behavioral Sciences  
>University of Nevada School of Medicine  
>401 W. 2nd St., Suite 216  
>Reno, NV 89503  
>775-784-6388 x229  
>FAX 775-784-1428  
>email: oliver2@aol.com

--===== \_-1135447222==\_ma=====

Content-Type: text/html; charset="us-ascii"

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<html><head><style type="text/css"><!--
blockquote, dl, ul, ol, li { margin-top: 0 ; margin-bottom: 0 }
--></style><title>Re: healthy volunteer commits
suicide</title></head><body>
<div>First off, no causal link between this woman's suicide and taking
or not taking the drug&nbsp; has been established, but there is a
larger, recurrent issue here.</div>
<div><br></div>
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not make your claims true and you have been amazingly&nbsp;
persistent in hiding Healy's conflict of interests in your promotion
of him.</div>
<div><br></div>
<div>background---</div>
<div><br></div>
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was apparently&nbsp; equal or less than effective than SSRIs
(depending on the trial). In symposia and published papers,
Healy&nbsp; suggested that&nbsp; the fault was with with the measure
of efficacy, the Hamilton Depression Scale, and other considerations
(social adjustment, risk of suicide) made reboxetine a preferable
drug. Healy relied on data supplied by&nbsp; the drug company, and a
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and dangerous), there would have been an enormous windfall for the
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success by Healy, reboxetine had little chance of gaining a major
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<div><br></div>
<div>Healy failed to disclose his substantial conflict of interest
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3) Hastings Center Report has now established a conflict of interest policy (not having had an explicit one in the past) based on Healy's undisclosed conflicts of interest for a paper he published there.



<blockquote type="cite" cite>&nbsp;</blockquote>  
<blockquote type="cite" cite><font face="Arial" size="-1">David  
Antonuccio, Ph.D.<br>  
Professor of Psychiatry and Behavioral Sciences<br>  
University of Nevada School of Medicine</font></blockquote>  
<blockquote type="cite" cite><font face="Arial" size="-1">401 W. 2nd  
St., Suite 216</font></blockquote>  
<blockquote type="cite" cite><font face="Arial" size="-1">Reno, NV  
89503</font></blockquote>  
<blockquote type="cite" cite><font face="Arial"  
size="-1">775-784-6388 x229</font></blockquote>  
<blockquote type="cite" cite><font face="Arial" size="-1">FAX  
775-784-1428</font></blockquote>  
<blockquote type="cite" cite><font face="Arial" size="-1">email:  
oliver2@aol.com</font></blockquote>  
<div><br></div>  
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--===== \_-1135447222==\_ma=====

From ari.solomon@williams.edu Fri Feb 20 12:31:28 2004  
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by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i1KIVSxr008797  
for <sscpnet@listserv.it.northwestern.edu>; Fri, 20 Feb 2004 12:31:28  
-0600 (CST)  
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<ari.solomon@williams.edu> using -f  
Received: from out004.verizon.net (out004pub.verizon.net [206.46.170.142])  
by iris.itcs.northwestern.edu via smap (V2.0)  
id xma008764; Fri, 20 Feb 04 12:31:13 -0600  
Received: from AS1 ([151.203.161.144]) by out004.verizon.net  
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for <sscpnet@listserv.it.northwestern.edu>;  
Fri, 20 Feb 2004 12:31:12 -0600  
From: "Ari Solomon" <ari.solomon@williams.edu>  
To: <sscpnet@listserv.it.northwestern.edu>  
Subject: membership dues at work  
Date: Fri, 20 Feb 2004 13:31:12 -0500  
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Content-Transfer-Encoding: 7bit  
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X-MSMail-Priority: Normal  
X-Mailer: Microsoft Outlook, Build 10.0.4510  
Importance: Normal  
X-MIMEOLE: Produced By Microsoft MimeOLE V6.00.2800.1165

X-Authentication-Info: Submitted using SMTP AUTH at out004.verizon.net  
from [151.203.161.144] at Fri, 20 Feb 2004 12:31:12 -0600  
Reply-To: ari.solomon@williams.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
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The new issue of the National Journal ranks the top-paid Washington trade  
association execs from 2002. Here are the Top Five by "total pay package",  
as reported at  
<http://www.washingtonpost.com/wp-dyn/articles/A56378-2004Feb19.html>.

"Robert R. Glauber, National Association of Securities Dealers --  
\$9,430,647.  
Gene Upshaw, National Football League Players Association/NFL Players --  
\$2,739,369.  
Raymond D. Fowler, American Psychological Association -- \$2,218,914.  
Thomas Wheeler, Cellular Telecommunications & Internet Association --  
\$2,147,919.  
Bernadine Healy, American National Red Cross -- \$1,921,913.  
The ubiquitous Jack Valenti, head of the Motion Picture Association of  
America, ranks 16th with a paltry \$1,370,211."

Ari Solomon, Ph.D.  
Assistant Professor, Psychology  
Bronfman Science Center - 18 Hoxsey St.  
Williams College, Williamstown MA 01267  
(413) 441-5021

From gdaviso@usc.edu Fri Feb 20 13:03:33 2004  
Received: (from mailnull@localhost)  
by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i1KJ3XDk021852  
for <sscpnet@listserv.it.northwestern.edu>; Fri, 20 Feb 2004 13:03:33  
-0600 (CST)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<gdaviso@usc.edu> using -f  
Received: from postal.usc.edu (postal.usc.edu [128.125.253.6]) by  
iris.itcs.northwestern.edu via smap (V2.0)  
id xma021821; Fri, 20 Feb 04 13:03:24 -0600  
Received: from almaak.usc.edu (almaak.usc.edu [128.125.253.166])  
by postal.usc.edu  
(iPlanet Messaging Server 5.2 HotFix 1.21 (built Sep 8 2003))  
with ESMTP id <0HTE0039QCXOT3@postal.usc.edu> for  
sscpnet@listserv.it.northwestern.edu; Fri, 20 Feb 2004 11:03:24 -0800 (PST)  
Date: Fri, 20 Feb 2004 11:03:24 -0800 (PST)

From: Gerald Davison <gdaviso@usc.edu>  
Subject: Re: membership dues at work  
In-reply-to: <003901c3f7df\$b8319250\$6101a8c0@AS1>  
To: Ari Solomon <ari.solomon@williams.edu>  
Cc: sscpnet@listserv.it.northwestern.edu  
Message-id: <Pine.GSO.4.33.0402201058390.12663-100000@almaak.usc.edu>  
MIME-version: 1.0  
Content-type: TEXT/PLAIN; charset=US-ASCII  
Content-transfer-encoding: 7BIT  
Reply-To: gdaviso@usc.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 133

I find it unbelievable what they list for the APA CEO. I thought the figure was under \$400K, a handsome amount, to be sure. But more than \$2 million?!!

Perhaps pension contributions are being counted, but still, that could hardly raise it so high.

I'm puzzled. -- Jerry Daviso

\*\*\*\*\*

Gerald C. Davison, Ph.D.  
Professor and Chair  
Department of Psychology  
University of Southern California  
Los Angeles, CA 90089-1061  
Phone: (213) 740-2206, -3970  
Fax: (213) 746-9082  
Email: gdaviso@usc.edu

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>  
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> association execs from 2002. Here are the Top Five by "total pay package",  
> as reported at  
> <http://www.washingtonpost.com/wp-dyn/articles/A56378-2004Feb19.html>.  
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> Ari Solomon, Ph.D.  
> Assistant Professor, Psychology  
> Bronfman Science Center - 18 Hoxsey St.  
> Williams College, Williamstown MA 01267  
> (413) 441-5021  
>  
>

From ari.solomon@williams.edu Fri Feb 20 13:19:39 2004

Received: (from mailnull@localhost)

by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i1KJJdYd024894

for <sscpnet@listserv.it.northwestern.edu>; Fri, 20 Feb 2004 13:19:39  
-0600 (CST)

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<ari.solomon@williams.edu> using -f

Received: from out007.verizon.net (out007pub.verizon.net [206.46.170.107])  
by iris.itcs.northwestern.edu via smap (V2.0)

id xma024773; Fri, 20 Feb 04 13:19:21 -0600

Received: from AS1 ([151.203.161.144]) by out007.verizon.net  
(InterMail vM.5.01.06.06 201-253-122-130-106-20030910) with ESMTP  
id <20040220191920.BBMQ13340.out007.verizon.net@AS1>  
for <sscpnet@listserv.it.northwestern.edu>;  
Fri, 20 Feb 2004 13:19:20 -0600

From: "Ari Solomon" <ari.solomon@williams.edu>

To: <sscpnet@listserv.it.northwestern.edu>

Subject: RE: membership dues at work

Date: Fri, 20 Feb 2004 14:19:11 -0500

Message-ID: <005001c3f7e6\$6bb8d580\$6101a8c0@AS1>

MIME-Version: 1.0

Content-Type: text/plain;  
charset="US-ASCII"

X-Priority: 3 (Normal)

X-MSMail-Priority: Normal

X-Mailer: Microsoft Outlook, Build 10.0.4510

Importance: Normal

X-MIMEOLE: Produced By Microsoft MimeOLE V6.00.2800.1165

In-Reply-To: <Pine.GSO.4.33.0402201058390.12663-  
100000@almaak.usc.edu>

X-Authentication-Info: Submitted using SMTP AUTH at out007.verizon.net  
from [151.203.161.144] at Fri, 20 Feb 2004 13:19:20 -0600

Content-Transfer-Encoding: 8bit  
X-MIME-Autoconverted: from quoted-printable to 8bit by  
iris.itcs.northwestern.edu id i1KJJdYe024894  
Reply-To: ari.solomon@williams.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 134

Jerry, they're including all perks and benefits, perhaps even housing, etc.  
It's definitely \*not\* just a salary figure. Would be interesting to see the  
National Journal article...

Ari

-----Original Message-----

From: Gerald Davison [mailto:gdaviso@usc.edu]  
Sent: Friday, February 20, 2004 2:03 PM  
To: Ari Solomon  
Cc: sscpnet@listserv.it.northwestern.edu  
Subject: Re: membership dues at work

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- > \$2,147,919.
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- >
- > Ari Solomon, Ph.D.
- > Assistant Professor, Psychology
- > Bronfman Science Center - 18 Hoxsey St.
- > Williams College, Williamstown MA 01267
- > (413) 441-5021
- >
- >

From bknight@usc.edu Fri Feb 20 13:28:19 2004

Received: (from mailnull@localhost)

by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i1KJSIEc028064

for <sscpnet@listserv.it.northwestern.edu>; Fri, 20 Feb 2004 13:28:18  
-0600 (CST)

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<bknight@usc.edu> using -f

Received: from postal.usc.edu (postal.usc.edu [128.125.253.6]) by  
iris.itcs.northwestern.edu via smap (V2.0)

id xma027784; Fri, 20 Feb 04 13:27:54 -0600

Received: from usc.edu (localhost.usc.edu [127.0.0.1])

by postal.usc.edu (iPlanet Messaging Server 5.2 HotFix 1.21 (built Sep 8  
2003)) with ESMTP id <0HTE00CCYE2H66@postal.usc.edu> for  
sscpnet@listserv.it.northwestern.edu; Fri, 20 Feb 2004 11:27:53 -0800 (PST)

Received: from [128.125.15.134] by postal.usc.edu (mshttpd); Fri,  
20 Feb 2004 11:27:53 -0800

Date: Fri, 20 Feb 2004 11:27:53 -0800

From: bob knight <bknight@usc.edu>

Subject: Re: membership dues at work

To: gdaviso@usc.edu

Cc: Ari Solomon <ari.solomon@williams.edu>,  
sscpnet@listserv.it.northwestern.edu

Message-id: <407d49407b06.407b06407d49@usc.edu>

MIME-version: 1.0

X-Mailer: iPlanet Messenger Express 5.2 HotFix 1.21 (built Sep 8 2003)



Content-type: text/plain; charset=us-ascii  
Content-language: en  
Content-transfer-encoding: 7BIT  
Content-disposition: inline  
X-Accept-Language: en  
Priority: normal  
Reply-To: bknight@usc.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 135

Given that Ray has retired recently, maybe this included a retirement package--  
multiyear payment as golden parachute or some such?

Bob G. Knight, Ph.D.  
Professor and Director of Clinical Training  
Department of Psychology  
The Merle H. Bensinger Professor of Gerontology  
University of Southern California  
Los Angeles, CA 90089-1061

----- Original Message -----

From: Gerald Davison <gdaviso@usc.edu>  
Date: Friday, February 20, 2004 11:03 am  
Subject: Re: membership dues at work

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>

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>> Assistant Professor, Psychology  
>> Bronfman Science Center - 18 Hoxsey St.  
>> Williams College, Williamstown MA 01267  
>> (413) 441-5021  
>>  
>>  
>  
>

From Richard\_Gist@kcmo.org Fri Feb 20 13:31:51 2004

Received: (from mailnull@localhost)

by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i1KJVobV029341;

Fri, 20 Feb 2004 13:31:50 -0600 (CST)

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<Richard\_Gist@kcmo.org> using -f

Received: from Notesmail2.kcmo.org (notesmail2.kcmo.org [216.62.88.26]) by  
iris.itcs.northwestern.edu via smap (V2.0)

id xma029216; Fri, 20 Feb 04 13:31:19 -0600

In-Reply-To: <005001c3f7e6\$6bb8d580\$6101a8c0@AS1>

Subject: RE: membership dues at work

To: ari.solomon@williams.edu

Cc: owner-sscpnet@listserv.it.northwestern.edu,  
sscpnet@listserv.it.northwestern.edu

X-Mailer: Lotus Notes Release 6.0.2CF1 June 9, 2003

Message-ID: <OF774CC51E.B74A56EB-ON86256E40.006AEFAA-86256E40.006B3A9C@kcmo.org>  
From: Richard\_Gist@kcmo.org  
Date: Fri, 20 Feb 2004 13:31:13 -0600  
X-MIMETrack: Serialize by Router on Notesmail2/sv/kcmo(Release 6.5|September 26, 2003) at 02/20/2004 01:32:44 PM  
MIME-Version: 1.0  
Content-type: text/plain; charset=US-ASCII  
Reply-To: Richard\_Gist@kcmo.org  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 136

What this tells us is that Fowler was incredibly good at padding his salary and that the APA Board was either negligent, in collusion, or led with truly ridiculous ease. This is truly scandalous, especially when you factor increasing financial difficulties for the organization into the equation. I thought I'd grown pretty much immune to the intriguing blend of incompetence and audacity that has become today's APA, but this is truly astonishing.

R.

"Ari Solomon"  
<ari.solomon@williams.edu> To:  
<sscpnet@listserv.it.northwestern.edu>  
cc:  
Sent by: Subject: RE: membership dues at  
work  
owner-sscpnet@listserv.it.north  
western.edu

02/20/2004 01:19 PM  
Please respond to ari.solomon

Jerry, they're including all perks and benefits, perhaps even housing, etc. It's definitely \*not\* just a salary figure. Would be interesting to see the National Journal article...

Ari

-----Original Message-----

From: Gerald Davison [mailto:gdaviso@usc.edu]

Sent: Friday, February 20, 2004 2:03 PM

To: Ari Solomon

Cc: sscpnet@listserv.it.northwestern.edu

Subject: Re: membership dues at work

I find it unbelievable what they list for the APA CEO. I thought the figure was under \$400K, a handsome amount, to be sure. But more than \$2 million?!!

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I'm puzzled. -- Jerry Daviso

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> Williams College, Williamstown MA 01267  
> (413) 441-5021  
>  
>

From rwmontgomery@mindspring.com Fri Feb 20 13:37:38 2004  
Received: (from mailnull@localhost)  
by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i1KJbcqx003358  
for <sscpnet@listserv.it.northwestern.edu>; Fri, 20 Feb 2004 13:37:38  
-0600 (CST)

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<rwmontgomery@mindspring.com> using -f

Received: from tisch.mail.mindspring.net (tisch.mail.mindspring.net  
[207.69.200.157]) by iris.itcs.northwestern.edu via smap (V2.0)  
id xma002761; Fri, 20 Feb 04 13:37:17 -0600

Received: from [192.168.167.43] (helo=wamui05.slb.atl.earthlink.net)  
by tisch.mail.mindspring.net with esmtp (Exim 3.33 #1)  
id 1AuGSa-0007Kr-00; Fri, 20 Feb 2004 14:37:16 -0500

Message-ID:

<5176656.1077305836475.JavaMail.root@wamui05.slb.atl.earthlink.net>

Date: Fri, 20 Feb 2004 13:37:16 -0600 (GMT-06:00)

From: "Robert W. Montgomery, Ph.D." <rwmontgomery@mindspring.com>

Reply-To: "Robert W. Montgomery, Ph.D." <RWM@Behavior-  
Consultant.Com>

To: ari.solomon@williams.edu, sscpnet@listserv.it.northwestern.edu

Subject: Re: membership dues at work

Mime-Version: 1.0

Content-Type: text/plain; charset=us-ascii

Content-Transfer-Encoding: 7bit

X-Mailer: Earthlink Zoo Mail 1.0

Sender: owner-sscpnet@listserv.it.northwestern.edu

X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN

Status: O

X-Status:

X-Keywords:

X-UID: 137

Yet ANOTHER reason to be a member of APS and ONLY APS!

-RWM

Robert W. Montgomery, Ph.D.

-----Original Message-----

From: Ari Solomon <ari.solomon@williams.edu>

Sent: Feb 20, 2004 12:31 PM

To: sscpnet@listserv.it.northwestern.edu

Subject: membership dues at work

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Ari Solomon, Ph.D.

Assistant Professor, Psychology

Bronfman Science Center - 18 Hoxsey St.

Williams College, Williamstown MA 01267

(413) 441-5021

From rwmontgomery@mindspring.com Fri Feb 20 13:43:44 2004

Received: (from mailnull@localhost)

by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i1KJhicX005112

for <sscpnet@listserv.it.northwestern.edu>; Fri, 20 Feb 2004 13:43:44

-0600 (CST)

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to <rwmontgomery@mindspring.com> using -f

Received: from tisch.mail.mindspring.net (tisch.mail.mindspring.net

[207.69.200.157]) by iris.itcs.northwestern.edu via smap (V2.0)

id xma005084; Fri, 20 Feb 04 13:43:38 -0600

Received: from [192.168.167.43] (helo=wamui05.slb.atl.earthlink.net)

by tisch.mail.mindspring.net with esmtp (Exim 3.33 #1)

id 1AuGYh-0002UQ-00; Fri, 20 Feb 2004 14:43:35 -0500

Message-ID:

<30880978.1077306215297.JavaMail.root@wamui05.slb.atl.earthlink.net>

Date: Fri, 20 Feb 2004 13:43:35 -0600 (GMT-06:00)

From: "Robert W. Montgomery, Ph.D." <rwmontgomery@mindspring.com>  
Reply-To: "Robert W. Montgomery, Ph.D." <RWM@Behavior-Consultant.Com>  
To: ari.solomon@williams.edu, sscpnet@listserv.it.northwestern.edu  
Subject: RE: membership dues at work  
Mime-Version: 1.0  
Content-Type: text/plain; charset=us-ascii  
Content-Transfer-Encoding: 7bit  
X-Mailer: Earthlink Zoo Mail 1.0  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 138

Not to minimize this or make light of it but I recall that in a farce I once attended that the goal of the entire process was to raise salaries by 60%+ while only showing a COLA raise of 4-5% in direct salary increase. They accomplished this by having housing allowances, transportation allowances, food allowances, education allowances, increasing retirement contributions by the organization, etc., etc., etc.

Seems to me that someone connected with the elected bodies within APA ought to be calling the Washington Post and making inquiries ASAP.

Just thoughts from someone that bailed from APA years ago,

-RWM

-----Original Message-----

From: Ari Solomon <ari.solomon@williams.edu>  
Sent: Feb 20, 2004 1:19 PM  
To: sscpnet@listserv.it.northwestern.edu  
Subject: RE: membership dues at work

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Sent: Friday, February 20, 2004 2:03 PM  
To: Ari Solomon  
Cc: sscpnet@listserv.it.northwestern.edu  
Subject: Re: membership dues at work

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> America, ranks 16th with a paltry \$1,370,211."  
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> Ari Solomon, Ph.D.  
> Assistant Professor, Psychology  
> Bronfman Science Center - 18 Hoxsey St.  
> Williams College, Williamstown MA 01267  
> (413) 441-5021  
>



>

From rwmontgomery@mindspring.com Fri Feb 20 13:44:45 2004  
Received: (from mailnull@localhost)  
by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i1KJijkV005803  
for <sscpnet@listserv.it.northwestern.edu>; Fri, 20 Feb 2004 13:44:45  
-0600 (CST)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<rwmontgomery@mindspring.com> using -f  
Received: from tisch.mail.mindspring.net (tisch.mail.mindspring.net  
[207.69.200.157]) by iris.itcs.northwestern.edu via smap (V2.0)  
id xma005752; Fri, 20 Feb 04 13:44:43 -0600  
Received: from [192.168.167.43] (helo=wamui05.slb.atl.earthlink.net)  
by tisch.mail.mindspring.net with esmtp (Exim 3.33 #1)  
id 1AuGZI-0000w8-00; Fri, 20 Feb 2004 14:44:41 -0500  
Message-ID:  
<32111015.1077306281682.JavaMail.root@wamui05.slb.atl.earthlink.net>  
Date: Fri, 20 Feb 2004 13:44:41 -0600 (GMT-06:00)  
From: "Robert W. Montgomery, Ph.D." <rwmontgomery@mindspring.com>  
Reply-To: "Robert W. Montgomery, Ph.D." <RWM@Behavior-  
Consultant.Com>  
To: bknight@usc.edu, gdaviso@usc.edu  
Subject: Re: membership dues at work  
Cc: Ari Solomon <ari.solomon@williams.edu>,  
sscpnet@listserv.it.northwestern.edu  
Mime-Version: 1.0  
Content-Type: text/plain; charset=us-ascii  
Content-Transfer-Encoding: 7bit  
X-Mailer: Earthlink Zoo Mail 1.0  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 139

Perhaps it does but the figures were for 2002 and even if they include  
retirement benefits such numbers  
are so out of line that this "explanation" is laughable.  
-RWM

-----Original Message-----

From: bob knight <bknight@usc.edu>  
Sent: Feb 20, 2004 1:27 PM  
To: gdaviso@usc.edu  
Cc: Ari Solomon <ari.solomon@williams.edu>,  
sscpnet@listserv.it.northwestern.edu  
Subject: Re: membership dues at work

Given that Ray has retired recently, maybe this included a retirement package--  
multiyear payment as golden parachute or some such?

Bob G. Knight, Ph.D.  
Professor and Director of Clinical Training  
Department of Psychology  
The Merle H. Bensinger Professor of Gerontology  
University of Southern California  
Los Angeles, CA 90089-1061

----- Original Message -----

From: Gerald Davison <gdaviso@usc.edu>  
Date: Friday, February 20, 2004 11:03 am  
Subject: Re: membership dues at work

> I find it unbelievable what they list for the APA CEO. I thought the  
> figure was under \$400K, a handsome amount, to be sure. But more than \$2  
> million?!!

>  
> Perhaps pension contributions are being counted, but still, that could  
> hardly raise it so high.

>  
> I'm puzzled. -- Jerry Daviso

>  
>  
> \*\*\*\*\*

> Gerald C. Davison, Ph.D.  
> Professor and Chair  
> Department of Psychology  
> University of Southern California  
> Los Angeles, CA 90089-1061  
> Phone: (213) 740-2206, -3970  
> Fax: (213) 746-9082  
> Email: gdaviso@usc.edu

>  
>  
>  
> On Fri, 20 Feb 2004, Ari Solomon wrote:

>  
> >  
> > The new issue of the National Journal ranks the top-paid Washington  
trade  
> > association execs from 2002. Here are the Top Five by "total pay  
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> > "Robert R. Glauber, National Association of Securities Dealers --

> > \$9,430,647.  
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> >  
> > Ari Solomon, Ph.D.  
> > Assistant Professor, Psychology  
> > Bronfman Science Center - 18 Hoxsey St.  
> > Williams College, Williamstown MA 01267  
> > (413) 441-5021  
> >  
> >  
> >  
> >  
> >  
> >

From ari.solomon@williams.edu Fri Feb 20 16:42:28 2004

Received: (from mailnull@localhost)

by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i1KMgS1g012364

for <sscpnet@listserv.it.northwestern.edu>; Fri, 20 Feb 2004 16:42:28

-0600 (CST)

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<ari.solomon@williams.edu> using -f

Received: from out014.verizon.net (out014pub.verizon.net [206.46.170.46])  
by iris.itcs.northwestern.edu via smap (V2.0)

id xma012308; Fri, 20 Feb 04 16:42:11 -0600

Received: from AS1 ([151.203.161.144]) by out014.verizon.net

(InterMail vM.5.01.06.06 201-253-122-130-106-20030910) with ESMTP

id <20040220224207.HVEN19064.out014.verizon.net@AS1>;

Fri, 20 Feb 2004 16:42:07 -0600

From: "Ari Solomon" <ari.solomon@williams.edu>

To: "'Robert W. Montgomery, Ph.D.'" <RWM@Behavior-Consultant.Com>,  
<bknights@usc.edu>, <gdavis@usc.edu>

Cc: <sscpnet@listserv.it.northwestern.edu>

Subject: APA "executive package" defined.

Date: Fri, 20 Feb 2004 17:41:54 -0500

Message-ID: <000001c3f802\$c1ad9ef0\$6101a8c0@AS1>

MIME-Version: 1.0

Content-Type: text/plain;

charset="us-ascii"

X-Priority: 3 (Normal)

X-MSMail-Priority: Normal

X-Mailer: Microsoft Outlook, Build 10.0.4510  
In-reply-to:  
<32111015.1077306281682.JavaMail.root@wamui05.slb.atl.earthlink.net>  
Importance: Normal  
X-MimeOLE: Produced By Microsoft MimeOLE V6.00.2800.1165  
X-Authentication-Info: Submitted using SMTP AUTH at out014.verizon.net  
from [151.203.161.144] at Fri, 20 Feb 2004 16:42:06 -0600  
Content-Transfer-Encoding: 8bit  
X-MIME-Autoconverted: from quoted-printable to 8bit by  
iris.itcs.northwestern.edu id i1KMgS1h012364  
Reply-To: ari.solomon@williams.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 140

A friend with a subscription to the National Journal forwarded me the Journal's complete list. The list's footnote explains that the Journal's concept of "executive total package" or "executive total award" is based on "the organizations' most recent IRS filing" and is the sum of "an executive's salary, bonuses, benefit plans, deferred compensation and expense accounts."

Second, various interesting points of comparison on organizational profitability in relation to executive compensation really stand out in the table. For example, this triplet:

Blue Cross and Blue Shield Association  
REVENUE: \$221,408,783  
Scott Serota, president, CEO TOTAL AWARD \$1,307,834  
AWARD AS A PERCENT OF REVENUE: 1%  
REVENUE MINUS EXPENSES: \$8,238,245

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REVENUE: \$38,565,244  
Steven Mirin, medical dir. TOTAL AWARD: \$423,121  
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American Psychological Association  
REVENUE: \$76,952,564  
Raymond D. Fowler, executive vice president & CEO TOTAL AWARD:  
\$2,218,914  
AWARD AS A PERCENT OF REVENUE: 3%  
REVENUE MINUS EXPENSES: (-\$15,225,429)

-----Original Message-----

From: Robert W. Montgomery, Ph.D.  
[mailto:rwmontgomery@mindspring.com]  
Sent: Friday, February 20, 2004 2:45 PM  
To: bknight@usc.edu; gdaviso@usc.edu  
Cc: Ari Solomon; sscpnet@listserv.it.northwestern.edu  
Subject: Re: membership dues at work

Perhaps it does but the figures were for 2002 and even if they include retirement benefits such numbers are so out of line that this "explanation" is laughable.  
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From: bob knight <bknight@usc.edu>  
Sent: Feb 20, 2004 1:27 PM  
To: gdaviso@usc.edu  
Cc: Ari Solomon <ari.solomon@williams.edu>,  
sscpnet@listserv.it.northwestern.edu  
Subject: Re: membership dues at work

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Professor and Director of Clinical Training  
Department of Psychology  
The Merle H. Bensinger Professor of Gerontology  
University of Southern California  
Los Angeles, CA 90089-1061

----- Original Message -----

From: Gerald Davison <gdaviso@usc.edu>  
Date: Friday, February 20, 2004 11:03 am  
Subject: Re: membership dues at work

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> Gerald C. Davison, Ph.D.

> Professor and Chair

> Department of Psychology  
 > University of Southern California  
 > Los Angeles, CA 90089-1061  
 > Phone: (213) 740-2206, -3970  
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 > > America, ranks 16th with a paltry \$1,370,211."  
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 > >  
 > > Ari Solomon, Ph.D.  
 > > Assistant Professor, Psychology  
 > > Bronfman Science Center - 18 Hoxsey St.  
 > > Williams College, Williamstown MA 01267  
 > > (413) 441-5021  
 > >  
 > >  
 >  
 >

From mbmiller@taxa.epi.umn.edu Fri Feb 20 17:34:47 2004  
 Received: (from mailnull@localhost)  
 by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i1KNYICI024727  
 for <sscpnet@listserv.it.northwestern.edu>; Fri, 20 Feb 2004 17:34:47  
 -0600 (CST)

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to <mbmiller@taxa.epi.umn.edu> using -f  
Received: from taxa.epi.umn.edu (taxa.epi.umn.edu [128.101.67.187]) by iris.itcs.northwestern.edu via smap (V2.0)  
id xma024672; Fri, 20 Feb 04 17:34:31 -0600  
Received: from taxa.epi.umn.edu (localhost [127.0.0.1])  
by taxa.epi.umn.edu (8.12.10/8.12.10) with ESMTP id i1KNYKOR029383;  
Fri, 20 Feb 2004 17:34:21 -0600 (CST)  
Received: from localhost (mbmiller@localhost)  
by taxa.epi.umn.edu (8.12.10/8.12.10/Submit) with ESMTP id i1KNYKmB029380;  
Fri, 20 Feb 2004 17:34:20 -0600 (CST)  
Date: Fri, 20 Feb 2004 17:34:20 -0600 (CST)  
From: Mike Miller <mbmiller@taxa.epi.umn.edu>  
To: Ari Solomon <ari.solomon@williams.edu>  
cc: "Robert W. Montgomery, Ph.D." <RWM@Behavior-Consultant.Com>, bknight@usc.edu, gdaviso@usc.edu, sscpnet@listserv.it.northwestern.edu  
Subject: Re: APA "executive package" defined.  
In-Reply-To: <000001c3f802\$c1ad9ef0\$6101a8c0@AS1>  
Message-ID: <Pine.GSO.4.58.0402201725430.10179@taxa.epi.umn.edu>  
References: <000001c3f802\$c1ad9ef0\$6101a8c0@AS1>  
MIME-Version: 1.0  
Content-Type: TEXT/PLAIN; charset=US-ASCII  
Reply-To: mbmiller@taxa.epi.umn.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 141

On Fri, 20 Feb 2004, Ari Solomon wrote:

> A friend with a subscription to the National Journal forwarded me the  
> Journal's complete list.

Some of it is freely available on the web (at least from my computer).  
This section of the text is very important:

One caveat has to do with big lump-sum payouts. Three prominent CEOs -- such as Raymond D. Fowler of the American Psychological Association, Carol Hallett of the Air Transport Association of America, and Bernadine Healy of the American National Red Cross -- each received large lump-sum payments before their departure from their organizations. And as in past surveys, many of the top-earning CEOs on our list were given onetime payouts during the year, typically because of the vesting of a deferred-compensation plan.

Oh well, that does make the story less interesting. You can read that and much more (but not much more about Fowler) from this page:

<http://nationaljournal.com/members/news/2004/02/0220nj1.htm>

Best,

Mike

From ari.solomon@williams.edu Fri Feb 20 17:51:26 2004

Received: (from mailnull@localhost)

by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i1KNpQBr027743

for <sscpnet@listserv.it.northwestern.edu>; Fri, 20 Feb 2004 17:51:26

-0600 (CST)

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to <ari.solomon@williams.edu> using -f

Received: from out004.verizon.net (out004pub.verizon.net [206.46.170.142])

by iris.itcs.northwestern.edu via smap (V2.0)

id xma027714; Fri, 20 Feb 04 17:51:20 -0600

Received: from AS1 ([141.154.182.193]) by out004.verizon.net

(InterMail vM.5.01.06.06 201-253-122-130-106-20030910) with ESMTP

id <20040220235119.LROA8186.out004.verizon.net@AS1>;

Fri, 20 Feb 2004 17:51:19 -0600

From: "Ari Solomon" <ari.solomon@williams.edu>

To: "Mike Miller" <mbmiller@taxa.epi.umn.edu>,

<sscpnet@listserv.it.northwestern.edu>

Subject: d'oh.

Date: Fri, 20 Feb 2004 18:51:19 -0500

Message-ID: <000801c3f80c\$70426000\$6101a8c0@AS1>

MIME-Version: 1.0

Content-Type: text/plain;

charset="US-ASCII"

Content-Transfer-Encoding: 7bit

X-Priority: 3 (Normal)

X-MSMail-Priority: Normal

X-Mailer: Microsoft Outlook, Build 10.0.4510

In-reply-to: <Pine.GSO.4.58.0402201725430.10179@taxa.epi.umn.edu>

Importance: Normal

X-MimeOLE: Produced By Microsoft MimeOLE V6.00.2800.1165

X-Authentication-Info: Submitted using SMTP AUTH at out004.verizon.net from [141.154.182.193] at Fri, 20 Feb 2004 17:51:19 -0600

Reply-To: ari.solomon@williams.edu

Sender: owner-sscpnet@listserv.it.northwestern.edu

X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN

Status: O

X-Status:

X-Keywords:

X-UID: 142



Aha! Makes sense. Thanks for clearing that up, Mike.

BTW, the National Journal documents aren't available freely on the web -- i guess you have to be on an network with an institutional subscription to access them.

Ari

Ari Solomon, Ph.D.  
Assistant Professor, Psychology  
Bronfman Science Center - 18 Hoxsey St.  
Williams College, Williamstown MA 01267  
(413) 441-5021

-----Original Message-----

From: Mike Miller [mailto:mbmiller@taxa.epi.umn.edu]  
Sent: Friday, February 20, 2004 6:34 PM  
To: Ari Solomon  
Cc: 'Robert W. Montgomery, Ph.D.'; bknight@usc.edu; gdaviso@usc.edu; sscpnet@listserv.it.northwestern.edu  
Subject: Re: APA "executive package" defined.

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<http://nationaljournal.com/members/news/2004/02/0220nj1.htm>

Best,

Mike

From rwmontgomery@mindspring.com Fri Feb 20 21:50:49 2004  
Received: (from mailnull@localhost)  
by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i1L3onKY028350  
for <sscpnet@listserv.it.northwestern.edu>; Fri, 20 Feb 2004 21:50:49  
-0600 (CST)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<rwmontgomery@mindspring.com> using -f  
Received: from mclean.mail.mindspring.net (mclean.mail.mindspring.net  
[207.69.200.57]) by iris.itcs.northwestern.edu via smap (V2.0)  
id xma028316; Fri, 20 Feb 04 21:50:29 -0600  
Received: from wamui06.slb.atl.earthlink.net ([192.168.167.44])  
by mclean.mail.mindspring.net with esmtp (Exim 3.33 #1)  
id 1AuO9r-00052P-00; Fri, 20 Feb 2004 22:50:27 -0500  
Message-ID:  
<16809296.1077335427141.JavaMail.root@wamui06.slb.atl.earthlink.net>  
Date: Fri, 20 Feb 2004 22:50:27 -0500 (GMT-05:00)  
From: "Robert W. Montgomery, Ph.D." <rwmontgomery@mindspring.com>  
Reply-To: "Robert W. Montgomery, Ph.D." <RWM@Behavior-  
Consultant.Com>  
To: Ari Solomon <ari.solomon@williams.edu>,  
"Robert W. Montgomery, Ph.D." <RWM@Behavior-Consultant.Com>,  
bknight@usc.edu, gdaviso@usc.edu  
Subject: Re: APA "executive package" defined.  
Cc: sscpnet@listserv.it.northwestern.edu  
Mime-Version: 1.0  
Content-Type: text/plain; charset=us-ascii  
Content-Transfer-Encoding: 7bit  
X-Mailer: Earthlink Zoo Mail 1.0  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 143

Well, there is some good news in this post. It is nice to see a psychologist  
with an equivalent job being paid more than a psychiatrist for a change.

-R

-----Original Message-----

From: Ari Solomon <ari.solomon@williams.edu>  
Sent: Feb 20, 2004 5:41 PM  
To: "Robert W. Montgomery, Ph.D." <RWM@Behavior-Consultant.Com>,  
bknight@usc.edu, gdaviso@usc.edu  
Cc: sscpnet@listserv.it.northwestern.edu  
Subject: APA "executive package" defined.

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-----Original Message-----

From: Robert W. Montgomery, Ph.D.  
[mailto:[rwmontgomery@mindspring.com](mailto:rwmontgomery@mindspring.com)]  
Sent: Friday, February 20, 2004 2:45 PM  
To: [bknight@usc.edu](mailto:bknight@usc.edu); [gdavis@usc.edu](mailto:gdavis@usc.edu)  
Cc: Ari Solomon; [sscpnet@listserv.it.northwestern.edu](mailto:sscpnet@listserv.it.northwestern.edu)  
Subject: Re: membership dues at work

Perhaps it does but the figures were for 2002 and even if they include retirement benefits such numbers are so out of line that this "explanation" is laughable.  
-RWM

-----Original Message-----

From: bob knight <[bknight@usc.edu](mailto:bknight@usc.edu)>  
Sent: Feb 20, 2004 1:27 PM  
To: [gdavis@usc.edu](mailto:gdavis@usc.edu)  
Cc: Ari Solomon <[ari.solomon@williams.edu](mailto:ari.solomon@williams.edu)>, [sscpnet@listserv.it.northwestern.edu](mailto:sscpnet@listserv.it.northwestern.edu)  
Subject: Re: membership dues at work

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Bob G. Knight, Ph.D.  
Professor and Director of Clinical Training  
Department of Psychology  
The Merle H. Bensinger Professor of Gerontology  
University of Southern California  
Los Angeles, CA 90089-1061

----- Original Message -----

From: Gerald Davison <gdaviso@usc.edu>  
Date: Friday, February 20, 2004 11:03 am  
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> Gerald C. Davison, Ph.D.  
> Professor and Chair  
> Department of Psychology  
> University of Southern California  
> Los Angeles, CA 90089-1061  
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> > Williams College, Williamstown MA 01267  
> > (413) 441-5021  
> >  
> >  
> >  
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> >

From rwmontgomery@mindspring.com Fri Feb 20 22:01:23 2004  
Received: (from mailnull@localhost)  
by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i1L41Nt7029415  
for <sscpnet@listserv.it.northwestern.edu>; Fri, 20 Feb 2004 22:01:23  
-0600 (CST)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<rwmontgomery@mindspring.com> using -f  
Received: from mclean.mail.mindspring.net (mclean.mail.mindspring.net  
[207.69.200.57]) by iris.itcs.northwestern.edu via smap (V2.0)  
id xma029329; Fri, 20 Feb 04 22:00:59 -0600  
Received: from wamui06.slb.atl.earthlink.net ([192.168.167.44])  
by mclean.mail.mindspring.net with esmtp (Exim 3.33 #1)  
id 1AuOK1-0006EP-00; Fri, 20 Feb 2004 23:00:57 -0500  
Message-ID:  
<26914508.1077336057245.JavaMail.root@wamui06.slb.atl.earthlink.net>  
Date: Fri, 20 Feb 2004 23:00:57 -0500 (GMT-05:00)  
From: "Robert W. Montgomery, Ph.D." <rwmontgomery@mindspring.com>  
Reply-To: "Robert W. Montgomery, Ph.D." <RWM@Behavior-  
Consultant.Com>  
To: ari.solomon@williams.edu, "Mike Miller" <mbmiller@taxa.epi.umn.edu>,  
sscpnet@listserv.it.northwestern.edu  
Subject: Re: d'oh.  
Mime-Version: 1.0

Content-Type: text/plain; charset=us-ascii  
Content-Transfer-Encoding: 7bit  
X-Mailer: Earthlink Zoo Mail 1.0  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 144

Excuse me, it makes sense that a lump sum payout, for an organization that is failing financially, pushes the CEO compensation to 3% of total revenue?????

-RWM

-----Original Message-----

From: Ari Solomon <ari.solomon@williams.edu>  
Sent: Feb 20, 2004 6:51 PM  
To: 'Mike Miller' <mbmiller@taxa.epi.umn.edu>,  
sscpnet@listserv.it.northwestern.edu  
Subject: d'oh.

Aha! Makes sense. Thanks for clearing that up, Mike.

BTW, the National Journal documents aren't available freely on the web -- i guess you have to be on an network with an institutional subscription to access them.

Ari

Ari Solomon, Ph.D.  
Assistant Professor, Psychology  
Bronfman Science Center - 18 Hoxsey St.  
Williams College, Williamstown MA 01267  
(413) 441-5021

-----Original Message-----

From: Mike Miller [mailto:mbmiller@taxa.epi.umn.edu]  
Sent: Friday, February 20, 2004 6:34 PM  
To: Ari Solomon  
Cc: 'Robert W. Montgomery, Ph.D.'; bknight@usc.edu; gdaviso@usc.edu;  
sscpnet@listserv.it.northwestern.edu  
Subject: Re: APA "executive package" defined.

On Fri, 20 Feb 2004, Ari Solomon wrote:

> A friend with a subscription to the National Journal forwarded me the  
> Journal's complete list.

Some of it is freely available on the web (at least from my computer).  
This section of the text is very important:

One caveat has to do with big lump-sum payouts. Three prominent CEOs -- such as Raymond D. Fowler of the American Psychological Association, Carol Hallett of the Air Transport Association of America, and Bernadine Healy of the American National Red Cross -- each received large lump-sum payments before their departure from their organizations. And as in past surveys, many of the top-earning CEOs on our list were given onetime payouts during the year, typically because of the vesting of a deferred-compensation plan.

Oh well, that does make the story less interesting. You can read that and much more (but not much more about Fowler) from this page:

<http://nationaljournal.com/members/news/2004/02/0220nj1.htm>

Best,

Mike

From jpolivy@utm.utoronto.ca Sat Feb 21 08:28:21 2004  
Received: (from mailnull@localhost)  
by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i1LESLnJ002584  
for <sscpnet@listserv.it.northwestern.edu>; Sat, 21 Feb 2004 08:28:21  
-0600 (CST)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<jpolivy@utm.utoronto.ca> using -f  
Received: from mail.erin.utoronto.ca (mail.erin.utoronto.ca [142.150.1.10]) by  
iris.itcs.northwestern.edu via smap (V2.0)  
id xma002544; Sat, 21 Feb 04 08:27:53 -0600  
Received: from ague.dialin.utoronto.ca ([142.150.128.250]:49153 "EHLO  
[142.150.129.20]") by utm.utoronto.ca with ESMTP  
id <S3414400AbUBUO0d>; Sat, 21 Feb 2004 09:26:33 -0500  
Mime-Version: 1.0  
X-Sender: jpolivy@mail.utm.utoronto.ca  
Message-Id: <a0501040dbc5d17d309e6@[142.150.129.20]>  
Date: Sat, 21 Feb 2004 09:21:36 -0500  
To: sscpnet@listserv.it.northwestern.edu  
From: Janet Polivy <jpolivy@utm.utoronto.ca>  
Subject: Re: membership dues at work  
Content-Type: text/plain; charset="us-ascii" ; format="flowed"  
Reply-To: jpolivy@utm.utoronto.ca  
Sender: owner-sscpnet@listserv.it.northwestern.edu

X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 145

When I quit APA, I asked them to tell me why I should remain a member, i.e., what benefit membership was to me. I got no answer, but I see they could have at least mentioned to me that staying a member made me eligible to be Chief Exec and pull down more money than I can make in 20 years as an academic! If I only knew.....:-)  
Janet Polivy

>  
> The new issue of the National Journal ranks the top-paid Washington trade  
> association execs from 2002. Here are the Top Five by "total pay  
package",  
> as reported at  
> <http://www.washingtonpost.com/wp-dyn/articles/A56378-2004Feb19.html>.  
>  
> "Robert R. Glauber, National Association of Securities Dealers --  
> \$9,430,647.  
> Gene Upshaw, National Football League Players Association/NFL Players -  
-  
> \$2,739,369.  
> Raymond D. Fowler, American Psychological Association -- \$2,218,914.  
> Thomas Wheeler, Cellular Telecommunications & Internet Association --  
> \$2,147,919.  
> Bernadine Healy, American National Red Cross -- \$1,921,913.  
> The ubiquitous Jack Valenti, head of the Motion Picture Association of  
> America, ranks 16th with a paltry \$1,370,211."  
>  
>  
> Ari Solomon, Ph.D.  
> Assistant Professor, Psychology  
> Bronfman Science Center - 18 Hoxsey St.  
> Williams College, Williamstown MA 01267  
> (413) 441-5021  
>  
>

-----ListProc\_\_NextPart\_\_\_\_SSCPNET\_\_digest\_2474

Message-ID:

<5176656.1077305836475.JavaMail.root@wamui05.slb.atl.earthlink.net>

Date: Fri, 20 Feb 2004 13:37:16 -0600 (GMT-06:00)

From: "Robert W. Montgomery, Ph.D." <rwmontgomery@mindspring.com>

To: ari.solomon@williams.edu, sscpnet@listserv.it.northwestern.edu

Subject: Re: membership dues at work

Mime-Version: 1.0

Content-Type: text/plain; charset=us-ascii



Content-Transfer-Encoding: 7bit

Yet ANOTHER reason to be a member of APS and ONLY APS!

-RWM

Robert W. Montgomery, Ph.D.

From jcoyne@mail.med.upenn.edu Mon Feb 23 05:51:38 2004

Received: (from mailnull@localhost)

by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i1NBpbJs015811

for <sscpnet@listserv.acns.nwu.edu>; Mon, 23 Feb 2004 05:51:37 -

0600 (CST)

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<jcoyne@mail.med.upenn.edu> using -f

Received: from mail46.messagelabs.com (mail46.messagelabs.com

[64.125.76.67]) by iris.itcs.northwestern.edu via smap (V2.0)

id xma015785; Mon, 23 Feb 04 05:51:31 -0600

X-VirusChecked: Checked

X-Env-Sender: jcoyne@mail.med.upenn.edu

X-Msg-Ref: server-14.tower-46.messagelabs.com!1077537089!1061656

X-StarScan-Version: 5.1.15; banners=-,-,-

Received: (qmail 19538 invoked from network); 23 Feb 2004 11:51:29 -0000

Received: from pobox.upenn.edu (128.91.2.38)

by server-14.tower-46.messagelabs.com with SMTP; 23 Feb 2004 11:51:29  
-0000

Received: from [68.34.169.97] (pcp03695519pcs.columb01.pa.comcast.net  
[68.34.169.97])

by pobox.upenn.edu (Postfix) with ESMTP

id 3690C1662; Mon, 23 Feb 2004 06:51:29 -0500 (EST)

Mime-Version: 1.0

Message-Id: <a04320410bc5f8df414fc@[68.34.169.97]>

In-Reply-To: <E1Aux1A-000714-00@turkey.mail.pas.earthlink.net>

References: <E1Aux1A-000714-00@turkey.mail.pas.earthlink.net>

Date: Mon, 23 Feb 2004 06:51:23 -0500

To: "Wakefield & Underwager" <under006@tc.umn.edu>,

rjm@wjh.harvard.edu,

SSCPNET <sscpnet@listserv.acns.nwu.edu>

From: James Coyne <jcoyne@mail.med.upenn.edu>

Subject: Stopping libelous commentary in books: a success

Cc: rls8@columbia.edu

Content-Type: multipart/alternative; boundary="===== \_-  
1134585407==\_ma====="

Reply-To: jcoyne@mail.med.upenn.edu

Sender: owner-sscpnet@listserv.it.northwestern.edu

X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN

Status: O

X-Status:

X-Keywords:

X-UID: 146

--===== \_-1134585407==\_ma=====

Content-Type: text/plain; charset="us-ascii" ; format="flowed"

I just had a quick success stopping the promulgation of libelous material in a book to be published by NYU Press. I contacted an editor there and in the nick of time, the offending passage was removed.

My sense is publishers are aware of their need to maintain the reputation for fairness and accuracy, even when there are authors who do not share these values. The matter is not simply one of monetary damages.

The book is *Let Them Eat Prozac* by David Healy. In an effort to undercut the credibility of my criticism of him, Healy asserted that I had now been outed as having been on the advisory board of drug companies and implied I was paid as part of some nefarious plot to discredit him. In effect, he called me a liar.

Interestingly, to my knowledge, the libelous nonsense first appeared in posts on SSPNET by David Antonuccio and then made the rounds in the fringy circles in which Antonuccio participates, including a weird internet site.

Healy's own credibility has taken a few knocks. On the basis of Healy's lack of credibility, he was excluded as an expert witness and a civil case was dismissed (See Federal Court Excludes Plaintiffs' Expert's 'Flawed' Causation Opinion. (2002). *Toxics Law*, 17(10): 222.)

Healy was cited in an editorial in *American Journal of Bioethics* as his violation of their conflict of interest rules. Healy had re-published tables derived from Khan's analyses of FDA antidepressant trials and altered the data based on, according to Healy, his own "inside information." If the caper had gone unnoticed, it would have helped him in his work as expert witness because of the appearance of peer review for his claims.

Kelly A. Carroll ; Glenn McGee Conflict of Interest and The American Journal of Bioethics *American Journal of Bioethics* 2002 V 2.3: 1 -- 2

Hastings Center Report also established an explicit conflict of interest policy after a violation of their implicit policy by Healy.

What has emerged is that Healy received extensive payments from a drug company, Pharmacia seeking to seize a share of the market dominated by SSRIs. According to what Healy now says, his ties to this drug company had been the basis for getting out of the backwaters of North Wales and negotiating a position in Toronto. The deal with the drug company soured when the USA FDA revoked a provisional approval of the drug. No longer being able to deliver on what he promised in terms of money from this company to the Toronto group, Healy assumed the role of martyr of the drug companies in a

great self-destruct performance in Toronto.

So it was Healy who was having undisclosed extensive and lucrative ties to industry, not me, and NYU Press saw fit to correct his misrepresentations.

--===== \_-1134585407==\_ma=====

Content-Type: text/html; charset="us-ascii"

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<html><head><style type="text/css"><!--
blockquote, dl, ul, ol, li { margin-top: 0 ; margin-bottom: 0 }
--></style><title>Stopping libelous commentary in books: a
success</title></head><body>
<div>I just had a quick success stopping the promulgation of libelous
material in a book to published by NYU Press. I contacted an editor
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<div><br></div>
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<div><br></div>
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<div><br></div>
```

<div><font color="#000000">Kelly A. Carroll ; Glenn McGee Conflict of Interest and The American Journal of Bioethics American Journal of Bioethics 2002<nbsp><b>V</b> 2.3<b>:</b> 1 -- 2</font></div>

<div><br></div>

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<div><br></div>

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<div><br></div>

<div><br></div>

<div>So it was Healy who was having undisclosed extensive and lucrative ties to industry, not me, and NYU Press saw fit to correct his misrepresentations.</div>

</body>

</html>

--===== \_-1134585407==\_ma=====

From Oliver2@aol.com Fri Mar 12 13:39:48 2004

Received: (from mailnull@localhost)

by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i2CJdISm023295

for <sscpnet@listserv.it.northwestern.edu>; Fri, 12 Mar 2004 13:39:47

-0600 (CST)

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to

<Oliver2@aol.com> using -f

Received: from imo-d22.mx.aol.com (imo-d22.mx.aol.com [205.188.144.208])

by iris.itcs.northwestern.edu via smap (V2.0)

id xma022737; Fri, 12 Mar 04 13:39:22 -0600

Received: from Oliver2@aol.com

by imo-d22.mx.aol.com (mail\_out\_v37.4.) id g.15a.2fcc3fa6 (16930)

for <sscpnet@listserv.it.northwestern.edu>; Fri, 12 Mar 2004 14:39:14

-0500 (EST)

From: Oliver2@aol.com

Message-ID: <15a.2fcc3fa6.2d836be2@aol.com>

Date: Fri, 12 Mar 2004 14:39:14 EST

Subject: Is Suicide Preventable?

To: sscpnet@listserv.it.northwestern.edu

MIME-Version: 1.0

Content-Type: multipart/alternative;

boundary="part1\_15a.2fcc3fa6.2d836be2\_boundary"

X-Mailer: Thunderbird - Mac OS X sub 207

Reply-To: Oliver2@aol.com  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
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X-Keywords:  
X-UID: 147

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Content-Type: text/plain; charset="US-ASCII"  
Content-Transfer-Encoding: 7bit

Nevada State Psychological Association 2004  
Conference on Suicide  
Nevada Museum of Art and Siena Hotel Spa Casino

Dates and Times:     Friday May 7, 2 p.m. to 5:15 p.m.  
                         Saturday May 8, 8:30 a.m. to noon; 1:30 p.m. to 5  
p.m.  
                         Sunday May 9, 8:30 a.m. to noon

The conference opens Friday afternoon with Senator Harry Reid, a strong advocate for suicide research. He will be followed by Dr. Rena Nora and Linda  
Flatt who will discuss lessons learned from Nevada's high Suicide rate. On Friday afternoon, Dr. Judy Phoenix and Dr. Jo Velasquez will present on gay and ethnic minority issues related to suicide.

On Saturday morning, internationally renowned psychiatrist Dr. David Healy will give a talk entitled Let Them Eat Prozac: The Link Between Psychotropic Medication and Suicide. Dr. Healy will discuss the controversy regarding SSRI medications and suicidal and aggressive behavior. He will detail the original clinical observations and the data behind the controversy. He will discuss problems associated with this research, the position of regulators, and the role that practice standards play in maintaining a problematic status quo.

On Saturday afternoon and Sunday morning well-known psychologist Dr. Kirk Strosahl will conduct a workshop entitled Ethical, Legal, and Clinical Issues in the Treatment of the Suicidal Patient. Dr. Strosahl is a nationally recognized expert on suicide and coauthor (along with psychiatrist Dr. John Chiles) of a forthcoming book on suicide published by American Psychiatric Publications.  
Dr. Strosahl will address such issues as whether suicide is preventable and what strategies have the most empirical support in treating the suicidal patient.

This Year's conference offers 12 CEUs or 12 Category 1 CMEs. There will be 6 CEUs that qualify for the psychology ethics training. Some ethics hours count toward ethics requirements in other disciplines.

And for fun, your conference package includes a ticket to an evening of interactive-dinner-theatre: "Stayin' Alive", where the audience helps inspector Glueso solve a murder mystery in the Copabanana Nightclub. We have also arranged for all participants to have full access to the Nevada Museum of Art on the opening day of the conference and for discounted access to the Nevada Auto Museum. The hotel is a short walk to the new Truckee River Kayak course for those who might be interested. Reno is 30 minutes from beautiful Lake Tahoe and about 4 hours from San Francisco. Spring in Reno is spectacular, whether you like to ski, kayak, hike or just sample local entertainment.

How to sign up: Conference applications are available at <http://www.nevadapsychologists.org/>, the Nevada State Psychological Association website, or by calling Marilyn Etcoff, the NSPA Executive Director at 702-454-0050.

Funding for this program has been provided in part by an unrestricted educational grant from Astra Zeneca Pharmaceutical Corporation.

Please forward this email to any colleagues who might be interested in this important topic.

cordially,

david

David Antonuccio, Ph.D.  
Diplomate in Clinical Psychology, ABPP  
Professor of Psychiatry and Behavioral Sciences  
University of Nevada School of Medicine  
401 W. 2nd St., Suite 216  
Reno, NV 89503  
775-784-6388 x229  
FAX 775-784-1428

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Content-Type: text/html; charset="US-ASCII"  
Content-Transfer-Encoding: quoted-printable

<HTML><FONT FACE=3Darial,Helvetica><HTML><P  
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[illegible]

>Dr. Judy Phoenix and Dr. Jo Velasquez</B></FONT><FONT  
COLOR=3D"#000000" FAC=  
E=3D"Helvetica" FAMILY=3D"SANSERIF" SIZE=3D"2"> will present on gay  
and eth=  
nic minority issues related to suicide.&nbsp; <BR>  
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On Saturday morning, internationally renowned psychiatrist </FONT><FONT  
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R=3D"#000000" FACE=3D"Helvetica" FAMILY=3D"SANSERIF"  
SIZE=3D"2"><B>Dr. Davi=  
d Healy</B></FONT><FONT COLOR=3D"#000000" FACE=3D"Helvetica"  
FAMILY=3D"SANS=  
ERIF" SIZE=3D"2"> will give a talk entitled </FONT><FONT  
COLOR=3D"#000000" F=  
ACE=3D"Helvetica" FAMILY=3D"SANSERIF" SIZE=3D"2"><I><B>Let Them  
Eat Prozac:=  
&nbsp; The Link Between Psychotropic Medication and  
Suicide.</B></FONT><FON=  
T COLOR=3D"#000000" FACE=3D"Helvetica" FAMILY=3D"SANSERIF"  
SIZE=3D"2">&nbsp;=  
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sp; </I></B></FONT><FONT COLOR=3D"#000000" FACE=3D"Helvetica"  
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Please forward this email to any colleagues who might be interested in this important topic.

Cordially,

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<BR>  
David Antonuccio, Ph.D.<BR>  
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University of Nevada School of Medicine<BR>  
401 W. 2nd St., Suite 216<BR>  
Reno, NV 89503<BR>  
775-784-6388 x229<BR>  
FAX 775-784-1428<BR>  
</FONT><FONT COLOR=3D"#000000" FACE=3D"Geneva"  
FAMILY=3D"SANSERIF" SIZE=3D"  
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--part1\_15a.2fcc3fa6.2d836be2\_boundary--

From jcoyne@mail.med.upenn.edu Sat Mar 13 06:13:54 2004  
Received: (from mailnull@localhost)  
by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i2DCDs94016288  
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Received: from mail46.message-labs.com (mail46.message-labs.com  
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X-Env-Sender: jcoyne@mail.med.upenn.edu  
X-Msg-Ref: server-8.tower-46.message-labs.com!1079180025!1242554  
X-StarScan-Version: 5.1.15; banners=-,-,-  
Received: (qmail 1745 invoked from network); 13 Mar 2004 12:13:45 -0000  
Received: from pobox.upenn.edu (128.91.2.38)  
by server-8.tower-46.message-labs.com with SMTP; 13 Mar 2004 12:13:45 -  
0000  
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[68.34.169.97])  
by pobox.upenn.edu (Postfix) with ESMTP  
id 2741C302B; Sat, 13 Mar 2004 07:13:44 -0500 (EST)  
Mime-Version: 1.0  
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In-Reply-To: <15a.2fcc3fa6.2d836be2@aol.com>  
References: <15a.2fcc3fa6.2d836be2@aol.com>  
Date: Sat, 13 Mar 2004 07:01:51 -0500  
To: Oliver2@aol.com  
From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: Re: Is Suicide Preventable?  
Cc: sscpnet@listserv.acns.nwu.edu  
Content-Type: multipart/alternative; boundary="===== \_-  
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X-UID: 148

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Content-Type: text/plain; charset="us-ascii" ; format="flowed"

David, In a recent paper, you propose that all publicity materials for CE activities include disclosures of speakers' Conflict of Interest. This is not an accepted standard, only one proposed by you, but why don't you adhere to your own standard? As David Healy belatedly disclosed (only after two journals revised their COI policies in response to his behavior), he has had extensive conflict on interest in his statements about antidepressants and suicide. Did grant yourself some kind of a dispensation for this conference?

>Nevada State Psychological Association 2004  
>Conference on Suicide  
>Nevada Museum of Art and Siena Hotel Spa Casino  
>  
>  
>Dates and Times:     Friday May 7, 2 p.m. to 5:15 p.m.  
>                     Saturday May 8, 8:30 a.m. to noon; 1:30  
>p.m. to 5 p.m.  
>                     Sunday May 9, 8:30 a.m. to noon  
>  
>The conference opens Friday afternoon with Senator Harry Reid, a  
>strong advocate for suicide research. He will be followed by Dr.  
>Rena Nora and Linda Flatt who will discuss lessons learned from  
>Nevada's high Suicide rate. On Friday afternoon, Dr. Judy Phoenix  
>and Dr. Jo Velasquez will present on gay and ethnic minority issues  
>related to suicide.  
>  
>On Saturday morning, internationally renowned psychiatrist Dr. David  
>Healy will give a talk entitled Let Them Eat Prozac: The Link  
>Between Psychotropic Medication and Suicide. Dr. Healy will discuss  
>the controversy regarding SSRI medications and suicidal and  
>aggressive behavior. He will detail the original clinical  
>observations and the data behind the controversy. He will discuss  
>problems associated with this research, the position of regulators,  
>and the role that practice standards play in maintaining a  
>problematic status quo.  
>  
>On Saturday afternoon and Sunday morning well-known psychologist Dr.  
>Kirk Strosahl will conduct a workshop entitled Ethical, Legal, and  
>Clinical Issues in the Treatment of the Suicidal Patient. Dr.  
>Strosahl is a nationally recognized expert on suicide and coauthor

>(along with psychiatrist Dr. John Chiles) of a forthcoming book on  
>suicide published by American Psychiatric Publications. Dr.  
>Strosahl will address such issues as whether suicide is preventable  
>and what strategies have the most empirical support in treating the  
>suicidal patient.  
>  
>This Year's conference offers 12 CEUs or 12 Category 1 CMEs. There  
>will be 6 CEUs that qualify for the psychology ethics training.  
>Some ethics hours count toward ethics requirements in other  
>disciplines.  
>  
>And for fun, your conference package includes a ticket to an evening  
>of interactive-dinner-theatre: "Stayin' Alive", where the audience  
>helps inspector Glueso solve a murder mystery in the Copabanana  
>Nightclub. We have also arranged for all participants to have full  
>access to the Nevada Museum of Art on the opening day of the  
>conference and for discounted access to the Nevada Auto Museum. The  
>hotel is a short walk to the new Truckee River Kayak course for  
>those who might be interested. Reno is 30 minutes from beautiful  
>Lake Tahoe and about 4 hours from San Francisco. Spring in Reno is  
>spectacular, whether you like to ski, kayak, hike or just sample  
>local entertainment.  
>  
>How to sign up: Conference applications are available at  
><http://www.nevadapsychologists.org/>, the Nevada State Psychological  
>Association website, or by calling Marilyn Etcoff, the NSPA  
>Executive Director at 702-454-0050. Funding for this program has  
>been provided in part by an unrestricted educational grant from  
>Astra Zeneca Pharmaceutical Corporation.  
>  
>Please forward this email to any colleagues who might be interested  
>in this important topic.  
>  
>cordially,  
>  
>david  
>  
>  
>David Antonuccio, Ph.D.  
>Diplomate in Clinical Psychology, ABPP  
>Professor of Psychiatry and Behavioral Sciences  
>University of Nevada School of Medicine  
>401 W. 2nd St., Suite 216  
>Reno, NV 89503  
>775-784-6388 x229  
>FAX 775-784-1428

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[illegible]

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<br>

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<br>

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<br>

<b>How to sign up:</b>&nbsp;<br> Conference applications are available at <http://www.nevadapsychologists.org/>, the Nevada State Psychological Association website, or by calling Marilyn Etcoff, the NSPA Executive Director at 702-454-0050.&nbsp;<br> Funding for this program has been provided in part by an unrestricted educational grant from Astra Zeneca Pharmaceutical Corporation.</font></font></blockquote>

<blockquote type="cite" cite><font face="Helvetica" size="-1" color="#000000"><br></font></blockquote>

<blockquote type="cite" cite><font face="Helvetica" size="-1" color="#000000">Please forward this email to any colleagues who might be interested in this important topic.<br>

</font><font face="Geneva" size="-1" color="#000000"><br>

cordially,<br>

<br>

david<br>

<br>

<br>

David Antonuccio, Ph.D.<br>

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University of Nevada School of Medicine<br>  
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Reno, NV 89503<br>  
775-784-6388 x229<br>  
FAX 775-784-1428</font></blockquote>

<div><br></div>

</body>

</html>

--===== \_-1132942472==\_ma=====

From Oliver2@aol.com Tue Mar 16 17:49:09 2004

Received: (from mailnull@localhost)

by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i2GNn9Hi014703

for <sscpnet@listserv.it.northwestern.edu>; Tue, 16 Mar 2004 17:49:09

-0600 (CST)

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to

<Oliver2@aol.com> using -f

Received: from imo-m15.mx.aol.com (imo-m15.mx.aol.com [64.12.138.205])

by iris.itcs.northwestern.edu via smap (V2.0)

id xma014638; Tue, 16 Mar 04 17:48:40 -0600

Received: from Oliver2@aol.com

by imo-m15.mx.aol.com (mail\_out\_v37\_r1.2.) id g.b8.53404508

(17377)

for <sscpnet@listserv.it.northwestern.edu>; Tue, 16 Mar 2004

18:48:30 -0500 (EST)

From: Oliver2@aol.com

Message-ID: <b8.53404508.2d88ec4d@aol.com>

Date: Tue, 16 Mar 2004 18:48:29 EST

Subject: Letter from Healy to the FDA

To: sscpnet@listserv.it.northwestern.edu

MIME-Version: 1.0

Content-Type: multipart/alternative;

boundary="part1\_b8.53404508.2d88ec4d\_boundary"

X-Mailer: Thunderbird - Mac OS X sub 207

Reply-To: Oliver2@aol.com

Sender: owner-sscpnet@listserv.it.northwestern.edu

X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN

Status: O

X-Status:

X-Keywords:

X-UID: 149

--part1\_b8.53404508.2d88ec4d\_boundary

Content-Type: text/plain; charset="US-ASCII"

Content-Transfer-Encoding: 7bit

dear colleagues:

I just now got around to reading the open letter dated Feb. 19, 2004 from

David Healy to the FDA regarding the link between SSRIs and suicidal behavior  
(<http://www.ahrp.org/risks/healy/FDA0204.html>). For those who are interested in the controversy, I believe it is well worth reading. The letter details some of the subtleties (e.g., coding strategies, unpublished data, etc.) that affect the reported data and resulting analyses. For those who are short on time, the child data are summarized in the section entitled "An Analysis of Suicidality in SSRI Pediatric Trials". The adult data are summarized in a table at the end of the letter. From the adult data table it is possible to see how miscoding suicidal behavior occurring during placebo washout might obscure some of the differences between antidepressant and placebo.

cordially,

david

David Antonuccio, Ph.D.  
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FAX 775-784-1428

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Content-Type: text/html; charset="US-ASCII"  
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<HTML><FONT FACE=3Darial,Helvetica><HTML><FONT  
COLOR=3D"#000000" FACE=3D"Gen=  
eva" FAMILY=3D"SANSERIF" SIZE=3D"2">dear colleagues:<BR>  
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FAMILY=3D"SANSERIF" SIZE=3D"  
2"></FONT></HTML>  
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From jcoyne@mail.med.upenn.edu Wed Mar 17 05:32:45 2004  
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by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i2HBWihf024616  
for <sscpnet@listserv.acns.nwu.edu>; Wed, 17 Mar 2004 05:32:44 -  
0600 (CST)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<jcoyne@mail.med.upenn.edu> using -f  
Received: from mail46.message-labs.com (mail46.message-labs.com  
[64.125.76.67]) by iris.itcs.northwestern.edu via smap (V2.0)  
id xma024573; Wed, 17 Mar 04 05:32:17 -0600  
X-VirusChecked: Checked  
X-Env-Sender: jcoyne@mail.med.upenn.edu  
X-Msg-Ref: server-19.tower-46.message-labs.com!1079523133!1277677  
X-StarScan-Version: 5.1.15; banners=-,-,-  
Received: (qmail 1482 invoked from network); 17 Mar 2004 11:32:13 -0000  
Received: from pobox.upenn.edu (128.91.2.38)  
by server-19.tower-46.message-labs.com with SMTP; 17 Mar 2004 11:32:13  
-0000  
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[68.34.169.97])  
by pobox.upenn.edu (Postfix) with ESMTTP  
id 6B6062F13; Wed, 17 Mar 2004 06:32:13 -0500 (EST)  
Mime-Version: 1.0  
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In-Reply-To: <b8.53404508.2d88ec4d@aol.com>  
References: <b8.53404508.2d88ec4d@aol.com>  
Date: Wed, 17 Mar 2004 06:31:53 -0500  
To: Oliver2@aol.com  
From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: Re: Letter from Healy to the FDA  
Cc: sscpnet@listserv.acns.nwu.edu

Content-Type: multipart/alternative; boundary="=====-  
1132599363==\_ma=====  
Reply-To: jcoyne@mail.med.upenn.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 150

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Content-Type: text/plain; charset="us-ascii" ; format="flowed"

Thank you, David, for keeping these voices from the fringe continuing to be heard. The AHRP.ORG site to which you refer us is a wild place where we can regularly read about how antidepressants are addictive and how FDA is an industry plot. I encourage others to visit this fringe festival. It has much in common with the scientology magazine site where Antonuccio gave his views on antidepressants and breast cancer, but AHRP.COM has the benefit of regular updates with folks like David Healy, Carl Elliott, and Sarah Boseley being folks like David Healy, Carl Elliott, and Sarah Boseley.

Here again we have Healy, a guy who makes money as a self-promoting expert witness altering data. He has gotten caught in significant COI at two leading bioethics journals, necessitating changes in editorial policies at both of them. He has now retroactively disclosed numerous COIs in his promoting of the banned reboxetine and his attacks on the competition SSRIs. A judge's rejection of his altered data and of his credibility resulted in dismissal of a major product liability suit, An appeal in another product liability suit was rejected because the judge rejected the claims that Healy has been making about suicidality in children in antidepressant drug trials. etc, etc.

David, without mules like you smuggling this stuff into the journals and onto the listserve, we would be at risk having our supply cut off. Keep at it, David, keep at it.

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>775-784-6388 x229

>FAX 775-784-1428

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Content-Type: text/html; charset="us-ascii"

<!doctype html public "-//W3C//DTD W3 HTML//EN">

<html><head><style type="text/css"><!--

blockquote, dl, ul, ol, li { margin-top: 0 ; margin-bottom: 0 }

--></style><title>Re: Letter from Healy to the

FDA</title></head><body>

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University of Nevada School of Medicine</font></blockquote>

<blockquote type="cite" cite><font face="Geneva" size="-1" color="#000000">401 W. 2nd St., Suite 216</font></blockquote>

<blockquote type="cite" cite><font face="Geneva" size="-1" color="#000000">Reno, NV 89503</font></blockquote>

<blockquote type="cite" cite><font face="Geneva" size="-1" color="#000000">775-784-6388 x229</font></blockquote>

<blockquote type="cite" cite><font face="Geneva" size="-1" color="#000000">FAX 775-784-1428</font></blockquote>

<div><br></div>

</body>

</html>

--===== \_-1132599363==\_ma=====

From Oliver2@aol.com Mon Mar 22 00:50:39 2004

Received: (from mailnull@localhost)

by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i2M6odoU004436

for <sscpnet@listserv.it.northwestern.edu>; Mon, 22 Mar 2004

00:50:39 -0600 (CST)

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to <Oliver2@aol.com> using -f

Received: from imo-m21.mx.aol.com (imo-m21.mx.aol.com [64.12.137.2]) by iris.itcs.northwestern.edu via smap (V2.0)  
id xma004396; Mon, 22 Mar 04 00:50:16 -0600  
Received: from Oliver2@aol.com  
by imo-m21.mx.aol.com (mail\_out\_v37\_r1.2.) id g.19a.220eaba7  
(4380)  
for <sscpnet@listserv.it.northwestern.edu>; Mon, 22 Mar 2004  
01:50:13 -0500 (EST)  
From: Oliver2@aol.com  
Message-ID: <19a.220eaba7.2d8fe6a5@aol.com>  
Date: Mon, 22 Mar 2004 01:50:13 EST  
Subject: LA times story about possible relationship of antidepressant induced  
agitation and violence  
To: sscpnet@listserv.it.northwestern.edu  
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Content-Language: en

<http://www.latimes.com/features/health/medicine/la-na-violent21mar21,1,17387=27.story?coll=3Dla-health-medicine>

Dear colleagues:

this is from today's LA Times.

cordially,

david

THE NATION  
FDA Probes Downsides of Antidepressants  
Cases of youths turning violent while taking the drugs lead panel to examin=  
e=20

possible links to adverse behavior, especially in minors.

By Elizabeth Shogren  
Times Staff Writer

March 21, 2004

WASHINGTON — A popular honors student who played on his varsity high school basketball and baseball teams in rural Washington state, Corey Baadsgaard nevertheless would come home complaining that no one liked him.

His family physician prescribed Paxil, a popular antidepressant. But Baadsgaard, then 16, sunk deeper into depression. The doctor switched him to a different antidepressant, Effexor, and stepped up the dose over a three-week period from 40 milligrams to 300. The first morning Baadsgaard took 300 milligrams, he felt rotten and went back to bed.

Three years later, he said, he still has no memory of what happened next: no memory of taking a high-powered rifle into his third-period English class, of herding his classmates and teacher into a corner, of holding them at gunpoint for 45 minutes, of being persuaded by the principal into giving up his gun.

He spent 14 months in a juvenile detention center.

Baadsgaard and his father believe the antidepressants made him suicidal first, then violent. The Food and Drug Administration based on such anecdotal evidence and the results of clinical trials is reconsidering its decision not to require that doctors and parents be warned about possible side effects of the drugs known as serotonin reuptake inhibitors.

The link to suicide was the focus of an FDA advisory committee meeting last month. But testimony from Baadsgaard and others who had turned violent while taking the drugs was also a focus.

taking the drugs suggested to several members of the committee that the FDA should look more broadly at the medications' adverse effects.

Dr. Joseph Glenmullen, a Harvard Medical School psychiatrist who has studied serotonin reuptake inhibitors, said Baadsgaard's story was plausible. And he wondered whether antidepressants could help explain the rash of school shootings and murder-suicides over the last decade.

People who take antidepressants, Glenmullen said, can "become very distraught. They feel like jumping out of their skin. The irritability and impulsivity can make people suicidal or homicidal."

Added Dr. David Healy, director of the North Wales Department of Psychological Medicine: "What is very, very clear is that people do become hostile on the drugs."

Glenmullen and Healy emphasized that parents, patients and doctors should be warned to watch for potentially dangerous reactions. However, both said they planned to continue prescribing the drugs to their patients.

The pharmaceutical companies and many doctors dispute the suggestion that antidepressants play a role in violent or suicidal acts.

Dr. Alastair Benbow, the European medical director for GlaxoSmithKline, Paxil's manufacturer, refused to comment on specific cases. But he said he didn't believe there was "any clear evidence that Paxil is linked with suicide, violence or aggression and certainly not homicide."

The source of aggressive behavior, doctors and mental health groups said, may lie with the illness and not the treatment. And failing to treat depression, they explained, could have consequences as grave as treating it.

"Suicide and violence are well-recognized outcomes of depression itself," Benbow said.

Although only one antidepressant, Prozac, is explicitly approved by the FDA for children, doctors routinely prescribe others to their young patients. The National Mental Health Assn. estimates that depression affects 1 in 33 children and 1 in 8 adolescents; Healy believes young people account for 1 million of the 20 million Americans who take antidepressants annually.

Most of the drugs carry no specific warnings about increasing the risk of suicide or violence.

But one company, Madison, N.J.-based Wyeth, warned doctors in a letter last summer that children taking Effexor in clinical trials had shown increased hostility and suicidal tendencies compared with children taking placebos. The company directed doctors not to prescribe Effexor to children.

And GlaxoSmithKline, during clinical tests on children with obsessive-compulsive disorder or depression, found that the percentage of children taking Paxil who became hostile, which was defined as everything from angry thoughts to violent acts, ranged from 6.3% to 9.2%. For those taking the placebo, the range was zero to 1%, according to published records.

Benbow said the trials provided evidence of increased hostility in children, particularly among those younger than 12 and with obsessive-compulsive disorder.

But Dr. Timothy Wilens, a pediatric pharmacologist at Massachusetts General Hospital in Boston, said that when he and his colleagues treated 82 children with antidepressants for a variety of psychiatric problems, "there were no serious outcomes" like suicide or homicide. Although a quarter of the patients had adverse responses like agitation, aggression, increased depression or irritability, Wilens said he didn't "know of any evidence that these medicines turn



people into predators."

The link between antidepressant reuptake inhibitors and violence came under scrutiny 10 years ago in a trial stemming from the case of Joseph Westbecker, who weeks after starting Prozac killed himself and eight others at a Louisville, Ky., printing plant.

Twenty-seven survivors and relatives of the dead sued Eli Lilly, Prozac's manufacturer. The jury ruled in the company's favor after the plaintiffs' lawyers rested their case without presenting key evidence.

The judge suspected a behind-the-scenes deal between the drug company and the plaintiffs. An investigation showed that Lilly had given huge settlements to all the attack survivors and their lawyers.

In 1997, the judge changed the official record from a jury verdict in Lilly's favor to dismissal of a settled case. But the drug company had won the case in the eyes of public opinion.

"It's an example par excellence of the behind-the-scenes maneuvering that companies have done repeatedly to obscure the side effects from public view," Glenmullen said.

Drug companies have not always won.

A federal jury in Wyoming in 2001 found against SmithKlineBeecham (now GlaxoSmithKline) in the case of Donald Schell, 60, who had been taking Paxil for two days when he killed his wife, daughter, granddaughter and himself. The jury found that Paxil could cause some people to become homicidal or suicidal, that the drug was a "substantial" factor in the Schell murder-suicide. The company was ordered to pay relatives of the victims \$6.4 million.

But most of the hundreds of cases against the makers of antidepressants have= been dropped, dismissed or settled out of court. Only three have made it to= trial, said Andy Vickery, a lawyer in the Schell case.

Vickery now represents defendants who have committed horrible acts while= taking antidepressants. He recently decided to take on the case of Christopher= Pittman, a youth who in 2001 killed his paternal grandparents and set their= South= Carolina house on fire. His trial is to begin in April.

At the FDA hearing, Pittman's father read a letter written by his son while= he was in detention, about how while taking Zoloft he "took the lives of two= people that [he] loved more than anything."

While on the drug, Pittman wrote, he "hated the whole world for no apparent= reason." He got into fights and blew up at the smallest things. Things kept= getting worse, he wrote.

"When I was lying in my bed that night, I couldn't sleep because my voice in= my head kept echoing through my mind =E2=80=94 telling me to kill them =E2=80=94 until I got= up, got the gun, and I went upstairs and I pulled the trigger," wrote Pittman,= who is now 14.

In Baadsgaard's case, the violent outburst was completely out of character,= said his father, Jay Baadsgaard. Corey never got into fights, his father said.= In their family, he was the "hugger."

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</A></FONT><FONT COLOR=3D"#000000" FACE=3D"Geneva"  
FAMILY=3D"SANSERIF" SIZE=  
=3D"2">Dear colleagues:<BR>  
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this is from today's LA Times.<BR>  
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cordially,<BR>  
<BR>  
david</FONT><FONT COLOR=3D"#000000" FACE=3D"Geneva"  
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THE NATION<BR>  
</FONT><FONT COLOR=3D"#000000" FACE=3D"Geneva"  
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5"> FDA Probes Downsides of Antidepressants<BR>  
</FONT><FONT COLOR=3D"#000000" FACE=3D"Geneva"  
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4"> Cases of youths turning violent while taking the drugs lead panel to exa=  
mine possible links to adverse behavior, especially in minors.<BR>  
</B></FONT><FONT COLOR=3D"#000000" FACE=3D"Geneva"  
FAMILY=3D"SANSERIF" SIZE=  
=3D"2"> By Elizabeth Shogren<BR>  
Times Staff Writer<BR>  
<BR>

March 21, 2004<BR>

<BR>

WASHINGTON =E2=80=94 A popular honors student who played on his varsity high=

school basketball and baseball teams in rural Washington state, Corey

Baads=

gaard nevertheless would come home complaining that no one liked him.<BR>

<BR>

His family physician prescribed Paxil, a popular antidepressant. But Baadsga=ard, then 16, sunk deeper into depression. The doctor switched him to a diff=erent antidepressant, Effexor, and stepped up the dose over a three-week per=

iod from 40 milligrams to 300. The first morning Baadsgaard took 300 milligr=ams, he felt rotten and went back to bed.<BR>

<BR>

Three years later, he said, he still has no memory of what happened next: no=memory of taking a high-powered rifle into his third-period English class,=20=of herding his classmates and teacher into a corner, of holding them at gunp=oint for 45 minutes, of being persuaded by the principal into giving up his=20=gun.<BR>

<BR>

He spent 14 months in a juvenile detention center.<BR>

<BR>

Baadsgaard and his father believe the antidepressants made him suicidal at f=

irst, then violent. The Food and Drug Administration =E2=80=94 based on such=

anecdotal evidence and the results of clinical trials =E2=80=94 is reconsid=ering its decision not to require that doctors and parents be warned about p=ossible side effects of the drugs known as serotonin reuptake inhibitors.<BR>

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<BR>

The link to suicide was the focus of an FDA advisory committee meeting last=20=

month. But testimony from Baadsgaard and others who had turned violent while=

taking the drugs suggested to several members of the committee that the FDA=

should look more broadly at the medications' adverse effects.<BR>

<BR>

Dr. Joseph Glenmullen, a Harvard Medical School psychiatrist who has studied=

serotonin reuptake inhibitors, said Baadsgaard's story was plausible. And h=ewondered whether antidepressants could help explain the rash of school sho=

otings and murder-suicides over the last decade.<BR>

<BR>

People who take antidepressants, Glenmullen said, can "become very distraugh=

t=E2=80=A6. They feel like jumping out of their skin. The irritability and i=mpulsivity can make people suicidal or homicidal."<BR>

<BR>

Added Dr. David Healy, director of the North Wales Department of Psychologic=

al Medicine: "What is very, very clear is that people do become hostile on t=he drugs."<BR>

<BR>

Glenmullen and Healy emphasized that parents, patients and doctors should be=

warned to watch for potentially dangerous reactions. However, both said the=y planned to continue prescribing the drugs to their patients.<BR>

<BR>

The pharmaceutical companies and many doctors dispute the suggestion that an=

tidepressants play a role in violent or suicidal acts.<BR>

<BR>

Dr. Alastair Benbow, the European medical director for GlaxoSmithKline, Paxi=

l's manufacturer, refused to comment on specific cases. But he said he didn'=t believe there was "any clear evidence that Paxil is linked with suicide, v=iolence or aggression =E2=80=94 and certainly not homicide."<BR>

<BR>

The source of aggressive behavior, doctors and mental health groups said, ma=

y lie with the illness and not the treatment. And failing to treat depressio=n, they explained, could have consequences as grave as treating it.<BR>

<BR>

"Suicide and violence are well-recognized outcomes of depression itself," Be=nbow said.<BR>

<BR>

Although only one antidepressant, Prozac, is explicitly approved by the FDA=20=

for children, doctors routinely prescribe others to their young patients. Th=e National Mental Health Assn. estimates that depression affects 1 in 33 chi=ldren and 1 in 8 adolescents; Healy believes young people account for 1 mill=ion of the 20 million Americans who take antidepressants annually.<BR>

<BR>

Most of the drugs carry no specific warnings about increasing the risk of su=icide or violence.<BR>

<BR>

But one company, Madison, N.J.-based Wyeth, warned doctors in a letter last=20=

summer that children taking Effexor in clinical trials had shown increased h=ostility and suicidal tendencies compared with children taking placebos. The=company directed doctors not to prescribe Effexor to children.<BR>

<BR>

And GlaxoSmithKline, during clinical tests on children with obsessive-compul=sive disorder or depression, found that the percentage of children taking Pa=

xil who became hostile =E2=80=94 which was defined as everything from angry=20= thoughts to violent acts =E2=80=94 ranged from 6.3% to 9.2%. For those taken= g the placebo, the range was zero to 1%, according to published records.<BR>

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Benbow said the trials provided evidence of increased hostility in children,= particularly among those younger than 12 and with obsessive-compulsive diso= rder.<BR>

<BR>

But Dr. Timothy Wilens, a pediatric pharmacologist at Massachusetts General=20=

Hospital in Boston, said that when he and his colleagues treated 82 children= with antidepressants for a variety of psychiatric problems, "there were no=20=

serious outcomes" like suicide or homicide. Although a quarter of the patien= ts had adverse responses like agitation, aggression, increased depression or= irritability, Wilens said he didn't "know of any evidence that these medic= nes turn people into predators."<BR>

<BR>

The link between antidepressant reuptake inhibitors and violence came under=20=

scrutiny 10 years ago in a trial stemming from the case of Joseph Westbecker=

, who weeks after starting Prozac killed himself and eight others at a Louis= ville, Ky., printing plant.<BR>

<BR>

Twenty-seven survivors and relatives of the dead sued Eli Lilly, Prozac's ma= nufacturer. The jury ruled in the company's favor after the plaintiffs' lawy= ers rested their case without presenting key evidence.<BR>

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The judge suspected a behind-the-scenes deal between the drug company and th=

e plaintiffs. An investigation showed that Lilly had given huge settlements=20= to all the attack survivors and their lawyers.<BR>

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In 1997, the judge changed the official record from a jury verdict in Lilly'= s favor to dismissal of a settled case. But the drug company had won the cas= e in the eyes of public opinion.<BR>

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"It's an example par excellence of the behind-the-scenes maneuvering that th=

e companies have done repeatedly to obscure the side effects from public vie=

w," Glenmullen said.<BR>

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A federal jury in Wyoming in 2001 found against SmithKlineBeecham (now GlaxoSmithKline) in the case of Donald Schell, 60, who had been taking Paxil for two days when he killed his wife, daughter, granddaughter and himself. The jury found that Paxil could cause some people to become homicidal or suicidal, and that the drug was a "substantial" factor in the Schell murder-suicide. The company was ordered to pay relatives of the victims \$6.4 million.<BR><BR>But most of the hundreds of cases against the makers of antidepressants have been dropped, dismissed or settled out of court. Only three have made it to trial, said Andy Vickery, a lawyer in the Schell case.<BR><BR>Vickery now represents defendants who have committed horrible acts while taking antidepressants. He recently decided to take on the case of Christopher Pittman, a youth who in 2001 killed his paternal grandparents and set their South Carolina house on fire. His trial is to begin in April.<BR><BR>At the FDA hearing, Pittman's father read a letter written by his son while he was in detention, about how while taking Zoloft he "took the lives of two people that [he] loved more than anything."<BR><BR>While on the drug, Pittman wrote, he "hated the whole world for no apparent reason." He got into fights and blew up at the smallest things. Things kept getting worse, he wrote.<BR><BR>"When I was lying in my bed that night, I couldn't sleep because my voice in my head kept echoing through my mind telling me to kill them until I got up, got the gun, and I went upstairs and I pulled the trigger," wrote Pittman, who is now 14.<BR><BR>In Baadsgaard's case, the violent outburst was completely out of character, said his father, Jay Baadsgaard. Corey never got into fights, his father said. In their family, he was the "hugger."<BR><BR>So, "as soon as it happened, we knew the drugs had to have something to do with it," Jay Baadsgaard said. Corey stopped taking the drugs while in juvenile detention and has not had any behavioral problems since, his father said.<BR><BR>

Jay Baadsgaard remains angry at the drug companies, and said the drugs should be banned for children. "These drugs are hell," he told the FDA panel in February.  
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by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i2Plktgh024272  
for <sscpnet@listserv.it.northwestern.edu>; Thu, 25 Mar 2004 12:46:55 -0600 (CST)  
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Received: from imo-d20.mx.aol.com (imo-d20.mx.aol.com [205.188.139.136])  
by iris.itcs.northwestern.edu via smap (V2.0)  
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Thu, 25 Mar 2004 13:46:29 -0500 (EST)  
From: Oliver2@aol.com  
Message-ID: <134.2cdb7f2b.2d948304@aol.com>  
Date: Thu, 25 Mar 2004 13:46:28 EST  
Subject: re: new fda warnings about 10 antidepressants  
To: sechrest@email.arizona.edu  
CC: sscpnet@listserv.it.northwestern.edu  
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dear lee:

see response below.

cordially,

david

<Message-ID: <1080101273.c5e0ca507f4aa@www.email.arizona.edu>

Date: Tue, 23 Mar 2004 21:07:53 -0700

From: sechrest@email.arizona.edu

To: ahouts@bigfoot.com

Cc: sscpnet@listserv.it.northwestern.edu

Subject: RE: new fda warnings about 10 antidepressants

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I do not think we know much at all about what is going on with antidepressants and adolescents.

In the first place, if I understand David correctly, it appears that in 3 of 15 studies there was evidence of better outcomes with antidepressants than with placebos. So if there were no studies in which placebos produced better outcomes than the drugs, then we have a situation in which the evidence, such as it is, favors drug treatment. >

lee: this may or may not be an accurate assumption about the placebo conditions in these studies. as i understand it, these studies are judged as "failed" whenever the drug condition is not found to be superior to the placebo condition, no matter how well the placebo does.

<To capitalize on David's position, if even one kid is saved from the awful depths of depression, then drugs ought to be used. Using drugs on all those kids just to help a few may be expensive, but what the hell.>

lee: i'm advocating a risk benefit analysis that considers both the benefits for those who improve and the costs of those who might be made worse. Our analysis of the published literature on antidepressants in depressed children (<http://www.researchprotection.org/risks/SSRI0204/KirschAntonuccio.html>) found

that placebo duplicated 87% of the drug response. When we add in the unpublished studies we expect the difference between drug and placebo to shrink further. That small advantage doesn't warrant any increased risk of side effects, let alone suicidal behavior in any of the treated kids in my view. This is the essence of the British decision about these medications. The benefit in children is a matter of a couple of points on the K-SADS and is not clinically significant no matter how you slice it. I recognize that my risk benefit analysis reflects a value judgement on my part (i.e., one extra suicidal patient is more costly than a small advantage in a few patients) and others might value the risks and benefits differently. In any case, I believe this is the kind of analysis we need to do.

<It appears, too, that with respect to suicide, we are dealing with some very small and tenuous effects. Small effects are often explainable by artifacts, some of which may be quite subtle. I have not read the FDA report and likely will not, but I would like to know whether the putative effects on suicide were statistically significant and whether they were at all anticipated. Or were they effects noticed after the fact and only because suicide is pretty salient. Would anyone have noticed or cared if someone had stumbled across the fact that kids in the drug group were more likely to complain of constipation?>

lee: you raise a legitimate point. In fact, these studies weren't really designed to detect suicidal behavior because it wasn't expected. Also, the quality of the data coding is variable. For example, there are examples of euphemistic coding of data (e.g., a suicide attempt coded as a "nonaccidental overdose", <http://www.cmaj.ca/cgi/content/full/170/4/487>). Hopefully, the Columbia group contracted to sort through the data will be able to come up with a reliable way of coding suicidal behavior. That to me is what is most amazing about the data that have accumulated: despite the poor measurement strategies and variable coding, and despite that fact that suicidal patients were excluded from the studies, the signal has still been detected by the FDA. Regarding the statistical significance, here's what Healy had to say about the data from the studies of antidepressants in children in his open letter to Peter Pitts at the FDA (<http://www.researchprotection.org/risks/healy/FDA0204.html>):

>From a pool of 931 depressed patients taking the above SSRIs versus 811 depressed patients taking placebo, there were 52 suicidal acts on SSRI versus 18 on placebo. This is a 5.6% rate versus a 2.2% rate or a relative risk of 2.51. The data was analysed using a Mantel Haenszel procedure. The default procedure here gives a point estimate of the common odds ratio of 2.51, (95% C.I., 1.46, 4.34,  $p = 0.000899$ ).

In a pool of 638 anxious patients taking SSRIs versus 562 anxious patients taking placebo, there were 10 suicidal acts in the SSRI group versus 1 in the placebo group, a 1.6% rate versus a 0.18% rate. When the data was analysed using a Mantel Haenszel procedure, the point estimate for the common odds ratio

11.31 (95% C.I. 1.34, 95.64,  $p = 0.0156$ ).

This data is consistent with independent contributions from both the illness and the treatment. Depression carries with it a greater risk of suicidal acts than do the anxiety disorders, but in the case of the anxiety disorders the risk from treatment is no less than in the case of depression.

When these data sets are combined in 1569 patients put on SSRIs there were

62 episodes of suicidality versus 19 episodes in 1373 patients put on placebo.

This is a 4% rate in the SSRI group versus a 1.4% rate in the placebo group, or a relative risk of 2.9 times greater on SSRIs. Using a Mantel-Haenszel procedure, the point estimate for the common odds ratio is 2.91 (95% C.I.

1.73,

4.91,  $p = 0.000041$ ). These figures parallel the figures from adult trials submitted to the FDA as part of the license applications for recent antidepressants.

<One more point. I am going out on a limb here, not having read any of the studies, but I would guess that very little effort was put into monitoring the

behavioral manifestations of depression in these kids, the kinds of things that

are important, maybe even critical, but just not as obvious as suicide. For example, is it at all possible that the kids in the drug group, when compared with those in the placebo group:

--were less likely to beat up their siblings

--were less likely to miss school

--were less likely to use other drugs

--were more likely to participate in family activities

--were less likely to murder their parents

etc.>

lee: good point and good idea. but of course if these behaviors are tracked we should be prepared to accept findings that go in the other direction as well.

<I, myself, am very skeptical about the benefits of drugs in treating depression.

But that is because I am very skeptical about the consistency of their effects

on behavior at all. It is only logical that I should, therefore, be skeptical that these drugs should in some mysterious way result in higher incidence of suicidal behavior. >

lee: i think your skepticism is healthy. i think of you as a scientist whose skepticism can be altered by data. i'm sure there were a lot of skeptics about critical incident debriefing making some people worse. i was one of them. the emerging data changed that. we should be skeptical about whether antidepressants can make some patients worse. but i think there are now enough data to make us less skeptical. The confluence of concern coming from the FDA advisory committee of some 40 scientists, the British MHRA, the Laughren analysis, the Healy analysis, and the FDA decision to warn, should persuade us that there may be something to this. there seems to be no controversy about whether antidepressants can cause consistent behavioral effects like agitation, mania, or sexual dysfunction. In fact, the effect sizes for those side effects are probably larger than the therapeutic effect sizes in kids. I don't think it is such a leap to consider the possibility that someone who is agitated or manic might act in a potentially violent way. and it is not uncommon for such rare problems to slip below the approval radar. Up to 20% of approved drugs subsequently require a new black box warning about life-threatening drug reactions or are withdrawn from the market (Lasser et al., 2002).

<I do not know of any other drug that can be counted on for that effect. Luckily, too, for it might become very popular in some circles.  
What a way to get rid of your enemies!>

lee: I suppose i should rethink this!

Lee

cordially,

david

David Antonuccio, Ph.D.  
Diplomate in Clinical Psychology, ABPP  
Professor of Psychiatry and Behavioral Sciences  
University of Nevada School of Medicine  
401 W. 2nd St., Suite 216  
Reno, NV 89503  
775-784-6388 x229  
FAX 775-784-1428

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<BR>

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david<BR>

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&lt;Message-ID:

&lt;1080101273.c5e0ca507f4aa@www.email.arizona.edu>&gt;<BR>

Date: Tue, 23 Mar 2004 21:07:53 -0700<BR>

From: sechrest@email.arizona.edu<BR>

To: ahouts@bigfoot.com<BR>

Cc: sscpnet@listserv.it.northwestern.edu<BR>

Subject: RE: new fda warnings about 10 antidepressants<BR>

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Lee

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david

David Antonuccio, Ph.D.  
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775-784-6388 x229  
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</FONT><FONT COLOR=#000000" FACE="Geneva" FAMILY="SANSSERIF" SIZE="2"></FONT></HTML>

--part1\_134.2cdb7f2b.2d948304\_boundary--

From jcoyne@mail.med.upenn.edu Sun Mar 28 15:09:29 2004  
Received: (from mailnull@localhost)

by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i2SL9Trx016009  
for <sscpnet@listserv.acns.nwu.edu>; Sun, 28 Mar 2004 15:09:29 -0600 (CST)

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<jcoyne@mail.med.upenn.edu> using -f  
Received: from mail46.messagelabs.com (mail46.messagelabs.com  
[64.125.76.67]) by iris.itcs.northwestern.edu via smap (V2.0)  
id xma015981; Sun, 28 Mar 04 15:09:26 -0600  
X-VirusChecked: Checked  
X-Env-Sender: jcoyne@mail.med.upenn.edu  
X-Msg-Ref: server-16.tower-46.messagelabs.com!1080508165!1388047  
X-StarScan-Version: 5.1.15; banners=-,-,-  
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Received: from pobox.upenn.edu (128.91.2.38)  
by server-16.tower-46.messagelabs.com with SMTP; 28 Mar 2004 21:09:25  
-0000  
Received: from [68.34.169.97] (pcp03695519pcs.columb01.pa.comcast.net  
[68.34.169.97])  
by pobox.upenn.edu (Postfix) with ESMTP  
id D7020BABF; Sun, 28 Mar 2004 16:09:21 -0500 (EST)  
Mime-Version: 1.0  
Message-Id: <a04320408bc8ceb6f68f2@[68.34.169.97]>  
Date: Sun, 28 Mar 2004 15:58:16 -0500  
To: sechrest@email.arizona.edu, ahouts@bigfoot.com  
From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: Fwd: re: new fda warnings about 10 antidepressants  
Cc: sscpnet@listserv.acns.nwu.edu  
Content-Type: multipart/alternative; boundary="===== \_-  
1131614333==\_ma===== "  
Reply-To: jcoyne@mail.med.upenn.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 153

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>From: Oliver2@aol.com

>Date: Thu, 25 Mar 2004 13:46:28 EST  
>Subject: re: new fda warnings about 10 antidepressants  
>To: sechrest@email.arizona.edu  
>CC: sscpnet@listserv.it.northwestern.edu  
>  
>dear lee:  
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>  
>cordially,  
>  
>david  
>  
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>From: sechrest@email.arizona.edu  
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>MIME-Version: 1.0  
>Content-Type: text/plain; charset="ISO-8859-1"  
>Content-Disposition: inline  
>Content-Transfer-Encoding: 7bit  
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Content-Type: text/html; charset="us-ascii"

<!doctype html public "-//W3C//DTD W3 HTML//EN">  
<html><head><style type="text/css"><!--  
blockquote, dl, ul, ol, li { margin-top: 0 ; margin-bottom: 0 }

--></style><title>Fwd: re: new fda warnings about 10 antidepressants</title></head><body>  
<blockquote type="cite" cite>Lee and Art, while I think it is vitally important to discuss these issues, I think it is silly to rely on data or analyses from David<font face="Geneva" size="-1" color="#000000"> Antonuccio's scientologylike website. A lot of nonsense gets posted there in the service of facilitating litigation and there is no peer review or COI policy. Inability to establish the validity of cooked data that has been presented there has resulted in law suits and appeals being dismissed. I think that peer review journals are more reliable sources.</font></blockquote>  
<div><br>  
<br>  
</div>  
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</div>  
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</blockquote>  
<blockquote type="cite" cite><font face="Geneva" size="-1" color="#000000">dear lee:<br>  
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see response below.<br>  
<br>  
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david<br>  
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Date: Tue, 23 Mar 2004 21:07:53 -0700</font></blockquote>  
<blockquote type="cite" cite><font face="Geneva" size="-1" color="#000000">From: sechrest@email.arizona.edu</font></blockquote>  
<blockquote type="cite" cite><font face="Geneva" size="-1" color="#000000">To: ahouts@bigfoot.com<br>  
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Subject: RE: new fda warnings about 10 antidepressants<br>  
MIME-Version: 1.0<br>  
Content-Type: text/plain; charset="ISO-8859-1"<br>  
Content-Disposition: inline<br>  
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</body>

</html>

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From Oliver2@aol.com Tue Jun 15 11:10:11 2004

Received: (from mailnull@localhost)

by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i5FGABYw013036

for <sscpnet@listserv.it.northwestern.edu>; Tue, 15 Jun 2004 11:10:11  
-0500 (CDT)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<Oliver2@aol.com> using -f  
Received: from imo-m21.mx.aol.com (imo-m21.mx.aol.com [64.12.137.2]) by  
iris.itcs.northwestern.edu via smap (V2.0)  
id xma012968; Tue, 15 Jun 04 11:09:58 -0500  
Received: from Oliver2@aol.com  
by imo-m21.mx.aol.com (mail\_out\_v37\_r2.6.) id g.1ef.23180eea  
(25305)  
for <sscpnet@listserv.it.northwestern.edu>; Tue, 15 Jun 2004  
12:09:51 -0400 (EDT)  
From: Oliver2@aol.com  
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dear colleagues:  
this looks worthwhile.  
cordially,  
david  
Conference on  
INTEGRITY IN SCIENCE: Corporate and Political Influence On Science-  
based=20  
Policymaking

July 12, 2004  
Washington, DC  
The International Trade Center  
1300 Pennsylvania Ave. NW  
(Federal Triangle Metro station on the orange and blue lines)

Mail Registration Form

On-Line Registration

Travel/Lodging Costs

For questions about registration, please=20

email [IntegrityInScience@cspinet.org](mailto:IntegrityInScience@cspinet.org)=20

or call The Event Professionals at 301-577-6940.

The Center for Science in the Public Interest (CSPI) will hold its second=20 national conference to address the corporate and political manipulation of=20 science and scientists to influence public opinion and public policy on heal=20 th and=20

the environment.

Learn how corporate-funded science is being wielded to frustrate regulation,=20

thwart research on health risks, corrupt evidence-based medicine,

suppress=20

information about toxic products, and falsely reassure the public about prod=20 uct=20

safety. Learn more about the latest political and corporate manipulation

of=20=

the=20

federal scientific advisory process and corporate harassment of scientists.

Become part of a growing movement to reassert the primacy of objectivity in=20

science and science-based policymaking. Help forge an agenda to prevent=20

conflicts of interest and corporate domination of federal science advisory=20 committees. Discuss the media=E2=80=99s role in disclosing conflicts of inte=

rest and press for=20

change.

Speakers Include: Speaker Carol Browner, former administrator, Environmental=20

Protection Agency; Congressman Henry D. Waxman (D-CA) on the politicization=20 of=20

science; former New England Journal of Medicine Editor Arnold Relman, M.D.,=20

on the corruption of evidence-based medicine and Case Western Reserve=20 University School of Medicine Dean Ralph Horwitz, M.D., on the academic resp=

onse;=20

former EPA enforcement chief Eric Schaeffer on manufacturing science to frus=

trate=20

regulation; fired EPA scientist David Lewis, Ph.D., on the suppression of=20

government research; antidepressant researcher David Healy, M.D., on the=20

suppression of drug industry research; Brown University Clinical Associate P=20 rofessor=20

David Egilman, M.D., M.P.H., on the suppression of workplace safety  
research=  
;=20  
former Dept. of Energy Assistant Secretary David Michaels, Ph.D., on the  
OMB=  
peer=20  
review proposal; a debate between James Tozzi of the Center for  
Regulatory=20  
Effectiveness and Sean Moulton of OMBWatch on the Data Quality Act; and  
more=  
!

David Antonuccio, Ph.D.  
Professor of Psychiatry and Behavioral Sciences  
University of Nevada School of Medicine  
401 W. 2nd St., Suite 216  
Reno, NV 89503  
775-784-6388 x229  
FAX 775-784-1428  
email: oliver2@aol.com

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**CONFERENCE**

Conference

**INTEGRITY IN**

SCIENCE: Corporate and Political Influence On Science-based Policymaking

July 12, 2004  
Washington, DC

**The International Trade Center** 1300  
Pennsylvania

Ave. NW (Federal Triangle Metro station on the orange and blue lines)

[http://www.cspinet.org/integrity/conflictedscience\\_agenda.html](http://www.cspinet.org/integrity/conflictedscience_agenda.html)

**See Agenda**

<http://www.cspinet.org/integrity/images/AGENDA.GIF>

[http://www.cspinet.org/integrity/registration\\_form.pdf](http://www.cspinet.org/integrity/registration_form.pdf)

<http://www.signmeup.com/26249>

**On-Line**

**Registration**

**Travel/Lodging Costs**

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information about toxic products, and falsely reassure the public about product safety. Learn more about the latest political and corporate manipulation of the federal scientific advisory process and corporate harassment of scientists.

Become part of a growing movement to reassert the primacy of objectivity.

in science and science-based policymaking. Help forge an agenda to prevent  
conflicts of interest and corporate domination of federal science advisory committees. Discuss the media's role in disclosing conflicts of interest and press for change.

[!\[\]\(082f818d99f166a3ba574d9284d73064\_img.jpg\)](conflictedscience_conf_agenda.html)

**Speakers Include:** Speaker **Carol Browner**, former administrator, Environmental Protection Agency; Congressman **Henry D. Waxman** (D-CA) on the politicization of science; former New England Journal of Medicine Editor **Arnold Relman, M.D.**, on the corruption of evidence-based medicine and Case Western Reserve University School of Medicine **Dean Ralph Horwitz, M.D.**, on the academic response; former EPA enforcement chief **Eric Schaeffer** on manufacturing science to frustrate regulation; fired EPA scientist **David Lewis, Ph.D.**, on the suppression of government research; antidepressant researcher **David Healy, M.D.**, on the suppression of drug industry research; Brown University Clinical Associate Professor **David Egilman, M.D., M.P.H.**, on the suppression of workplace safety research; former Dept. of Energy Assistant Secretary **David Michaels, Ph.D.**, on the OMB peer review proposal; a debate between **James Tozzi** of the Center for Regulatory Effectiveness and **Sean Moulton** of OMB Watch on the Data Quality Act; and more!

David Antonuccio, Ph.D. Professor of Psychiatry and Behavioral Sciences University of Nevada School of Medicine 401 W. 2nd St., Suite 216 Reno, NV 89503 775-784-6388 x229 FAX 775-784-1428 email: oliver2@aol.com

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From Oliver2@aol.com Wed Jun 16 09:35:45 2004  
Received: (from mailnull@localhost)



by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i5GEZjHn028075  
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Message-ID: <139.3058a647.2e01b4a8@aol.com>  
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Shamed Glaxo's u-turn on 'suicide' drug

by BEEZY MARSH and TIM UTTON,  
Daily Mail 08:49am  
15th June 2004

Britain's biggest drugs firm has caved in dramatically and revealed research which shows a leading anti-depressant can cause children to attempt suicide.

In an astonishing u-turn, Glaxo-SmithKline finally published full details of

nine scientific studies and two clinical reviews which expose the dangers posed to under-18s who take Seroxat.

Children on Seroxat are twice as likely to have suicidal thoughts than those on a dummy pill, it emerged.

Alarming, one study showed six youngsters on Seroxat wanted to kill themselves, compared to just one taking a placebo pill.

The drug was also linked to distressing side effects including hostility, insomnia, dizziness, tremors and emotional irritability.

### Damning findings

Campaigners say the damning findings were suppressed for up to a decade while thousands of teenagers and children as young as six continued to be given the pills to ease depression.

At one point, doctors had even hailed Seroxat as a "wonderdrug" to help people overcome shyness.

The firm is facing a major lawsuit amid allegations that drug regulators were duped into thinking Seroxat - which is worth £3.2 billion a year to Glaxo - was safe for children.

A number of youngsters are known to have committed suicide while taking the drug, but it was not until last year that doctors were banned from prescribing it to under-18s because of the suicide risk.

Some estimate that more than 50,000 under-18s in the UK were prescribed Seroxat between 1990, when it was licensed here, and last year when the ban was imposed by Government medical regulators.

### Anguished parents

Anguished parents have complained that their children became suicidal while on Seroxat then showed horrendous withdrawal symptoms when they tried to come off it.

A civil lawsuit has been filed against Glaxo in the US by New York State attorney general Eliot Spitzer, who claims the firm suppressed at least four studies on the drug.

More than 3,000 UK families have also started legal action against Glaxo seeking compensation for their ordeal. They include a number of parents whose children committed suicide while on

Seroxat. Full details of the controversial studies were published on the Internet only after the medical establishment turned on Glaxo.

In an unprecedented attack, the respected Lancet medical journal last week accused the drugs giant of losing touch with its basic humanity over the Seroxat scandal.

'Suicidal thinking'

In an editorial, the journal said: "GSK appears to be floundering in the semantic depths.

"While it has been earnestly parsing the meaning of 'suicidal thinking' and 'publicly', it appears to have forgotten what lies behind those words - people. The time has come for these matters to be revealed in a bright and public light."

The Lancet said the safety and efficacy of Seroxat in children had been tested in "at least five studies sponsored by GSK, only one of which has been published".

It revealed that, although the results of this trial were mixed, they were heralded in a memo as showing "remarkable efficacy and safety in the treatment of adolescent depression".

The Lancet also poured scorn on Glaxo's argument that trials data was made public. This was done at scientific meetings attended only by specialists and published in the letters pages of medical journals.

Medical authorities here are investigating whether Glaxo complied with legal requirements to make all relevant clinical trial data on the drug available. Too little too late

Last night, a leading consultant psychiatrist who was among the first to question the safety of Seroxat, said the publication of the Glaxo-funded Seroxat studies was too little, too late.

Dr David Healy, of the University of North Wales, said: "If the data had been out there from the start, we could have avoided some of the problems we have seen with Seroxat.

"If people had been aware of the evidence from the trials and seen the risks, they could have reduced the risks of adverse events happening. Parents could have been told to keep a closer eye on their children."

The nine studies were made available to the Government's regulators, the Medicines and Healthcare Products Regulatory Authority, only in May last year.

The details lay behind the decision to ban doctors from prescribing Seroxat to under-18s. A spokesman for GlaxoSmith Kline last night said it had already communicated the trials data to the medical community in the normal way through meetings, letters and papers over the last decade.

## Medical regulators

Medical regulators were also given the data as soon as the risk of suicidal thoughts became clear.

But he added: "We thought in the interest of transparency and given the interest in this area that we would publish all the documents on the website.

"We have made no attempt to hide results or mislead regulators or the medical community. Studies individually show no consistent evidence of a problem in terms of the safety issue.

"It really was not until the nine studies had been completed and we had combined it with further review in 2003 that we saw there was a potential signal."

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FAX 775-784-1428  
email:oliver2@aol.com

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by BEEZY MARSH and TIM UTTON,<BR>  
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<BR>  
David Antonuccio, Ph.D.<BR>  
Diplomate in Clinical Psychology, ABPP<BR>  
Professor, Dept. of Psychiatry and Behavioral Sciences<BR>  
401 W. 2nd St., Suite 216<BR>  
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775-784-6388<BR>  
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email:oliver2@aol.com<BR>  
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From LynnOC@aol.com Wed Jun 16 12:15:52 2004  
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for <sscpnet@listserv.it.northwestern.edu>; Wed, 16 Jun 2004  
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Wed, 16 Jun 2004 13:15:32 -0400 (EDT)  
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To: Oliver2@aol.com, sscpnet@listserv.it.northwestern.edu  
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In a message dated 6/16/04 7:36:52 AM, Oliver2@aol.com writes:

> Dr David Healy, of the University of North Wales, said: "If the data had  
> been out there from the start, we could have avoided some of the  
problems=20=  
we  
> have seen with Seroxat.  
>=20  
>=20  
Could someone who remembers the details here, please help me out here? I  
see=  
m=20  
to remember a discussion on our listserve suggesting that it was alleged tha=  
t=20  
David Healy has or had a large and undisclosed financial interest in a=20  
company putting out a medication in competition with an SSRI, perhaps it  
was=  
=20  
Remeron. I also seem to remember reading here that Dr. Healy was accused  
of=20  
publishing inaccurate data, and there was some question about his position  
a=  
gainst=20  
SSRIs related to financial interests.=A0 Again, I wish someone, if anyone re=  
members=20  
the details of this story, might briefly refresh my memory of this, if they=20  
don't mind (backchannel would be fine), as it is all so political, so driven=  
by=20  
hidden financial interests.=A0I don't mean to open up an old/tired argument,=  
but=20  
I want to review some issues and cannot find the thread. I have a more=20  
biological perspective than many on this listserve, and it is getting harder=  
and=20  
harder to separate what is going on here in terms of "truth" from media fren=  
zy,=20  
to drug company wars, etc. Its one thing to say that one particular drug may=

=20  
have particularly dangerous side effects on a certain age group, quite another=20  
to be casting doubts about multiple drugs which is what is now happening. All=20  
medications need to be monitored carefully when patients begin taking  
them,=20=  
and=20  
that's something I do routinely in my small practice, in collaboration with=20  
the psychiatrists I work with. When the patient doesn't like the effects,=20=  
or=20  
they are adverse, the medication is changed. Why are we not equally  
getting=20  
out into the press the dark mood patients fall into after they begin traditional=20  
psychotherapies, where their every move, thought, feeling and statement  
is=20  
interpreted as a resistance, and in the wake of what amounts to constant=20  
criticism, they end up increasingly depressed and down on themselves?=20

Reading on the one hand that child and adolescent suicide rates have  
dropped=  
=20  
quite dramatically in the past five or ten years (odd, just when they started=20  
taking these suicide-inducing SSRIs), to reading these frightening stories,=20  
having (anecdotally of course) seen the SSRIs and dopamine enhancers be  
high=  
ly=20  
effective in my practice (to say nothing about the positive effects I have seen=20  
in the many colleagues I know who have been or are currently on SSRIs,  
and/or=  
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Lynn

Lynn E. O'Connor, Ph.D.  
Associate Professor  
Emotion, Personality and Altruism Research Group  
<http://65.205.237.47/wright/EPARG/>  
The Wright Institute  
2728 Durant Avenue  
Berkeley CA 94704  
phone: (510) 841-9230, ext. 127  
(415) 821-4760  
email: LynnOC@aol.com

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Content-Transfer-Encoding: quoted-printable

<HTML><FONT FACE="Arial,Helvetica"><HTML><FONT  
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7:36:52 AM,  
Oliver2@aol.com writes:<BR>  
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TYPE=3D"CITE"></FONT><FONT COLOR=3D"#0=  
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From Oliver2@aol.com Wed Jun 16 23:44:31 2004  
Received: (from mailnull@localhost)  
by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i5H4iUj6003762  
for <sscpnet@listserv.it.northwestern.edu>; Wed, 16 Jun 2004  
23:44:30 -0500 (CDT)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<Oliver2@aol.com> using -f  
Received: from imo-m18.mx.aol.com (imo-m18.mx.aol.com [64.12.138.208])  
by iris.itcs.northwestern.edu via smap (V2.0)  
id xma003731; Wed, 16 Jun 04 23:44:21 -0500  
Received: from Oliver2@aol.com  
by imo-m18.mx.aol.com (mail\_out\_v37\_r2.6.) id g.1cf.23b71692  
(4446);  
Thu, 17 Jun 2004 00:44:15 -0400 (EDT)  
From: Oliver2@aol.com  
Message-ID: <1cf.23b71692.2e027b9f@aol.com>  
Date: Thu, 17 Jun 2004 00:44:15 EDT  
Subject: Re: glaxo paxil data in kids  
To: LynnOC@aol.com, sscpnet@listserv.it.northwestern.edu  
MIME-Version: 1.0  
Content-Type: multipart/alternative;  
boundary="part1\_1cf.23b71692.2e027b9f\_boundary"  
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Reply-To: Oliver2@aol.com  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
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X-Keywords:  
X-UID: 157

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Content-Type: text/plain; charset="ISO-8859-1"  
Content-Transfer-Encoding: quoted-printable

In a message dated 6/16/04 10:15:32 AM, Lynn OC writes:

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Dear Lynn:

I agree that the situation is confusing. Whatever you decide about Healy's competing interests, this has clearly gone far beyond Healy. Several recent articles (Garland, 2004; Jureidini et al., 2004; Whittington et al., 2004) summarize the available literature on the use of the newer antidepressants in children. I believe these articles, from some of the top medical journals, are worth reading and will help clarify things. These articles show that for most of the antidepressants, the risk/benefit ratio is clearly unfavorable. This does not just apply to paxil. There is still debate about the risk/benefit ratio for use of fluoxetine in children. The data summarized in these articles have prompted the FDA and the British regulatory body to act by adding warnings or recommending against using most antidepressants with children.

Many of the recent media stories have highlighted the role of the industry in creating the perception that these medications are both safe and effective. This does not appear to be limited to Glaxo. My colleagues and I recently published an article (Antonuccio, Danton, McClanahan, 2003) that highlights

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David Antonuccio, Ph.D.  
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775-784-6388  
FAX 775-784-1428  
email:oliver2@aol.com

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The Lancet. 363,1341-45 and Editorial, p. 1335.

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From jcoyne@mail.med.upenn.edu Thu Jun 17 08:00:44 2004

Received: (from mailnull@localhost)

by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i5HD0i5L024822

for <sscpnet@listserv.acns.nwu.edu>; Thu, 17 Jun 2004 08:00:44 -

0500 (CDT)

X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<jcoyne@mail.med.upenn.edu> using -f

Received: from mail46.message-labs.com (mail46.message-labs.com  
[64.125.76.67]) by iris.itcs.northwestern.edu via smap (V2.0)

id xma024786; Thu, 17 Jun 04 08:00:31 -0500

X-VirusChecked: Checked

X-Env-Sender: jcoyne@mail.med.upenn.edu

X-Msg-Ref: server-6.tower-46.message-labs.com!1087477230!2143320

X-StarScan-Version: 5.2.10; banners=-,-,-

X-Originating-IP: [128.91.2.38]

Received: (qmail 11295 invoked from network); 17 Jun 2004 13:00:30 -0000

Received: from pobox.upenn.edu (128.91.2.38)

by server-6.tower-46.message-labs.com with SMTP; 17 Jun 2004 13:00:30 -  
0000

Received: from [68.81.12.100] (pcp01330883pcs.columb01.pa.comcast.net  
[68.81.12.100])

by pobox.upenn.edu (Postfix) with ESMTP

id 3DC871AB1; Thu, 17 Jun 2004 09:00:29 -0400 (EDT)

Mime-Version: 1.0

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References: <7a.5a0a076a.2e01da34@aol.com>  
Date: Thu, 17 Jun 2004 09:00:15 -0400  
To: LynnOC@aol.com  
From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: Re: glaxo paxil data in kids  
Cc: sscpnet@listserv.acns.nwu.edu  
Content-Type: multipart/alternative; boundary="===== \_-  
1124645266==\_ma======"  
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Lynn, you asked excellent questions about David Healy. Too bad that David Antonuccio dodged the questions.

David Healy received extensive financial support for his attacks on SSRIs from Pharmacia, a company attempting to market a nonSSRI rival. Numerous Healy articles failed to acknowledge the conflict of interest, including the notorious Normal Volunteer study, in which David Healy claimed that nondepressed underlings at the hospital where he works became suicidal when he gave them an SSRI. David Antonuccio has regularly passed on such Healy's claims without noting any conflict of interest.

Here is my critique of the Normal Volunteers Study.

Is Healy's Work Scientific or Ethical?  
<http://bmj.com/cgi/eletters/322/7300/1446/b#15460>, 4 Jul 2001

David Healy's current conflict of interest is that he serves as an expert witness and solicits civil actions for a law firm seeking product liability actions. Healy was notably unsuccessful in court. The judge in Miller vs Pfizer first threw out Healy as an expert witness because he lacked credibility and then threw out the suit because he concluded "No Healy credibility, no case"

Healy's undisclosed conflicts of interest caused revisions of the rules at 2 bioethics journals, Hastings and American Journal of Bioethics.

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I went to one of the fringy websites for which Antonuccio posted a link (<http://www.ahrp.org/ethical/WolpeHealy.html>) and at it I found this statement by Healy

"For the record, I am not aware of ever concealing my links to Pharmacia or any other pharmaceutical company. The initial overtures to me regarding a post in Toronto came at a meeting sponsored by Pharmacia, set up by individuals within the University of Toronto. Such links may well have looked attractive to the University of Toronto."

When you encounter postings from Antonuccio concerning drugs, you will note that they are often from newspapers from faraway places. These links receive secondary distribution from listserves linked to scientology and the product liability law firms. Aside from these being dubious sources, you can get a real kick out of Googling the authors. They can often be traced to far out websites, fringe groups and strange claims. For instance, the authors of Antonuccio's recent posting have made wild claims about SSRIs causing suicide in children. Child suicide is quite rare, and there have been none in SSRI drug trials. As for the "suicidality" they discuss, it is quite broadly defined and quite unassociated with lethality in children.

One caution: be careful about disagreeing with Antonuccio in public. He circulates wild claims about you being in conspiracies that make their way to fringe web sites. David Healy was gullible enough to believe Antonuccio's claims about me and put them in a book manuscript. After reviewing the facts, his American publisher made Healy remove the passage.

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<div><font color="#000000">Lynn, you asked excellent questions about
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questions.</font></div>
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by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i6CC81nE018283

for <sscpnet@listserv.acns.nwu.edu>; Mon, 12 Jul 2004 07:08:01 - 0500 (CDT)

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The latest issue of Psychotherapy and Psychosomatics contains two letters attacking the credibility of David Healy's claims about antidepressants and suicide, getting down to the specifics of his misrepresentations and revealing some new insights into his "Volunteer Study"

for instance, from Casey P SSRI and suicide PSYCHOTHERAPY AND PSYCHOSOMATICS 73 (4): 259-260 2004 there are some details that are curiously missing from Haly's original paper that most would relevant to evaluating his claims.

"Another section of Dr.Healy 's paper rightly deals with healthy volunteer studies.He provides details of his own double-blind cross-over study [9 ]in which 2 of 20 volunteers with no prior psychiatric history became 'intensely suicidal 'when given an SSRI.However,it is disquieting that he did not disclose in his Lines of Evidence paper [1 ]that it subsequently emerged [10 ]that one of those who developed suicidal ideation on an SSRI had a past history of depression as well as a recent bereavement,whilst the other began to develop anorexia, migraine and insomnia on the comparator drug.He also failed to disclose that 16 of the 20 volunteers were selected from his own department/trust and would have been aware of his views on SSRIs. They were also briefed as to possible side effects of the SSRI and the comparator drug prior to entering the study,thus raising important questions about the blinding process and they were paid GBP 400 each for their participation."



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migraine and insomnia on the comparator drug. He also failed to<br>  
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the<br>  
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questions about the blinding process and they were paid GBP  
400</font></div>  
<div><font color="#000000">each for their  
participation.</font>&quot;</div>  
<div><br></div>  
<div>I first learned about this study from postings on SSCPNET and my  
expressions of skepticism in BMJ were some of the first public  
challenges to his COI-tainted claims.</div>  
<div><br></div>  
<div><font color="#000000">James C</font><font color="#CC0000"><b>  
Coyne</b></font><font color="#000000"><b> Is Healy's Work Scientific  
or Ethical?</b><br>  
<http://bmj.com/cgi/eletters/322/7300/1446/b#15460>, 4 Jul  
2001</font></div>  
<div><br></div>  
<div>Healy's mules David<font face="Geneva" size="-1" color="#000000">  
Antonuccio</font> and the hapless Carl Elliott have yet to respond to  
the steady stream of revelations about Healy's Conflicts of Interest  
and distortions of data, and<font face="Geneva" size="-1"  
color="#000000"> Antonuccio</font> in particular does not show any  
embarrassment in continuing to promote Healy in a variety of venues  
without comment about what is now known about him.</div>  
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dear colleagues:

david healy continues to demonstrate the highest degree of courage and integrity as a scientist. he gets credit for shining the light on what has now become the consensus opinion that antidepressants increase suicidality in children. I would expect he is right about this too.

cordially,

david

Seroxat and Prozac 'can make people homicidal'  
Doctor who found suicide risk says experts ignoring danger  
Sarah Boseley, health editor  
Tuesday September 21, 2004

The Guardian  
Evidence that antidepressant drugs like Seroxat and Prozac could make people homicidal is being ignored by the body responsible for regulating medicines the UK, a leading expert said yesterday.  
The charge came from David Healy, an expert on psychiatric drugs from Wales whose warnings that the drugs could cause suicide prompted a

inquiry. That investigation, by an expert working group of the Medicines and Healthcare Products Regulatory Authority, led to the entire class of drugs except Prozac being banned last year from use in children. The expert working group has gone on to look at suicides in adults taking any of the drugs known as SSRIs (selective serotonin reuptake inhibitors). But Dr Healy says that they are overlooking very important data relating to a set of further dangerous side-effects. Dr Healy, director of the north Wales department of psychological medicine, says he has seen data from the clinical trials that show even some healthy volunteers - people with no illness at all volunteering to take part in the earliest safety trials of the drugs - became unaccountably aggressive. Their reaction is coded as "hostile" which can include homicidal behaviour and serious aggression. "I think there is very clear evidence for all of the SSRI group of drugs that in addition to making people suicidal, they can make people homicidal or seriously aggressive and the data have been sitting in the MHRA's files on this issue," he said. "It is there for children across a range of different problems, it is there for healthy volunteers and a range of adults and the MHRA has paid no heed to this." The healthy volunteer trials of the British drug Seroxat took place in the late 1980s or early 1990s. Of the 271 fit and well individuals, three became hostile, compared with none on an inactive placebo - a rate of 1.1%, which although small could translate to very many cases among the 50m worldwide who have taken Seroxat over the last 15 years. The signal from the healthy volunteer trials is supported by data from trials in children on Seroxat for obsessive compulsive disorder (OCD), depression and social phobia. Children taking part amounted to 738 on Seroxat and 647 on placebo. Of those, there were 27 hostile events on Seroxat and only four on

placebo. Taking the children with OCD alone, those on the drug were 17 times more likely to become aggressive than those on placebo. Trials of Seroxat (known generically as paroxetine) for women with pre-menstrual syndrome show a similar pattern, with five hostile acts on the drug and none on placebo. But, says Dr Healy, the MHRA officials appear not to have picked up the signals from all the separate trials and are failing to see the whole picture.

A number of cases where people have argued their aggressive acts were due to one of the SSRI antidepressants have come to court. In the most dramatic, a US jury in 2001 found that GlaxoSmithKline's drug was partly responsible for the murders committed by Donald Schell. After two days on Paxil (as Seroxat is named in the USA), Schell killed his wife, his daughter and his baby granddaughter before shooting himself dead. GlaxoSmithKline was ordered to pay \$8m (=A34.5m) to the remaining family members. GlaxoSmithKline last night denied that its drug caused adults to become hostile, although it acknowledged there had been a problem in the children's trials. "There is no compelling evidence from our clinical trials that Seroxat causes hostile behaviour in adults. When you put the results from all the clinical trials together there is no difference between the rates of hostility for adult patients taking Seroxat and the patients taking placebo, or dummy pill. This data has been shared with regulators including the MHRA," said a spokesman. The MHRA said yesterday that the working group had looked at the data on events coded as "hostility" in its analysis of the children's trials and that it had acted to prevent the use of most SSRIs in children as a result of all the data, including that on hostility. "The review of adult data is ongoing," it said.

David Antonuccio, Ph.D.



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University of Nevada School of Medicine  
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Reno, NV 89503  
775-784-6388 x229  
FAX 775-784-1428  
email: oliver2@aol.com

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<DIV>dear colleagues:</DIV>
<DIV>&nbsp;</DIV>
<DIV>david healy continues to demonstrate&nbsp;the highest degree of
courage=
and integrity as a scientist. &nbsp;he gets&nbsp;credit for shining the lig=
ht on what has now become the consensus opinion that antidepressants
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e suicidality in children.&nbsp;&nbsp;&nbsp;i would expect he is right about=
this too.</DIV>
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<DIV>cordially,</DIV>
<DIV>&nbsp;</DIV>
<DIV>david</DIV>
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<DIV><STRONG><FONT size=3D5>Seroxat and Prozac 'can make people
homicidal'</=
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<P>Doctor who found suicide risk says experts ignoring danger</P>
<DIV></FONT><FONT face=3DGeneva,Arial,sans-serif size=3D2><B>Sarah
Boseley,<BR></FONT><FONT face=3DGeneva,Arial,sans-serif
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health editor</B><BR></DIV></FONT><FONT
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Tuesday September 21, 2004</B><BR></DIV></FONT><FONT
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<P><B>The Guardian</B></P>
<DIV></FONT><FONT face=3DGeneva,Arial,sans-serif size=3D2>Evidence
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<DIV>&nbsp;</DIV>

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>David Antonuccio, Ph.D.<BR>Professor of Psychiatry and Behavioral Sciences<BR>University of Nevada School of Medicine<BR>401 W. 2nd St., Suite 216<BR>Reno, NV 89503<BR>775-784-6388 x229<BR>FAX 775-784-1428<BR>email: oliver2@aol.com</FONT></DIV></BODY></HTML>

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To: sscpnet@listserv.acns.nwu.edu  
From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: Depression, Antidepressants, and Breast Cancer: Considering Only  
the "Facts" that Fit?  
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Reply-To: jcoyne@mail.med.upenn.edu  
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X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
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X-Keywords:  
X-UID: 161

From an ongoing exchange at BMJ--

<http://bmj.bmjournals.com/cgi/eletters/329/7465/529#73994>

Depression, Antidepressants, and Breast Cancer: Considering Only the  
"Facts" that Fit?

Being evidence-based is not a matter of cherry-picking findings that  
fit preconceived notions, but rather integrating available data,  
taking into account their strengths and weaknesses.

Dr. Antonuccio claims that aerobic exercise is more effective than sertraline for major depression. The authors of the one study cited (Babyak et al., 2000) acknowledge that they used advertisements to recruit volunteers specifically seeking an exercise intervention; adherence of volunteers randomized to antidepressants was poor; and that few volunteers assigned to antidepressants were taking antidepressants at the time of the last assessment of outcome. This study is included in a systematic BMJ review (Lawlor & Hopker, 2001) that concluded "The effectiveness of exercise in reducing symptoms of depression cannot be determined because of a lack of good quality research on clinical populations with adequate follow up"

Dr. Antonuccio's discussion of the TADS (TADS team, 2004) study ignores its principal findings, namely that a combination of antidepressants and cognitive therapy was effective for depression, but cognitive therapy alone was not. There were also no significant differences across the four treatment groups in the study in harm-related adverse events.

Dr. Antonuccio reiterates his claims first presented in a Scientology magazine that antidepressants may cause breast cancer. However, a comprehensive review of the relevant literature (Lawlor et al, 2003) concluded that epidemiologic evidence does not support an association.

Attempting to cast doubts on my credibility, Dr. Antonuccio cites a webposting by journalist Sarah Boseley for claims of "my past links to antidepressant manufacturers and .history of ad hominem attacks of other scientists". If I am unduly being influenced by having received a total of \$1400 over a number of years for the unrelated activities cited in that posting, I obviously come quite cheap. I encourage readers to consult my BMJ Rapid Responses (Coyne, 2001a,b) that apparently aroused the ire of Drs. Antonuccio and Healy and Ms. Boseley. These responses questioned the ethics and science of some of David Healy's research, as well as what had been his undisclosed and extensive conflicts of interest. Dr. Healy has not denied these allegations and has since acknowledged that his ties to a pharmaceutical company attempting to cut into the market held by SSRIs figured in the University of Toronto's efforts to recruit him (Healy, 2003).

Undoubtedly, pharmaceutical companies wish us to come to premature conclusions concerning the clinical superiority and safety of antidepressants. But the public records of Drs. Antonuccio and Healy and Ms. Boseley (see <http://www.ahrp.org>) demonstrate clearly how far beyond and against the data critics of antidepressants will go in attempting to convince us that antidepressants are dangerous and ineffective.

Babyak, M., Blumenthal, J. A., Herman, S., Khatry, P., Doraiswamy, M., Moore, K., Craighead, E., Baldewicz, T., & Krishnan, K. R.

(2000). Exercise treatment for major depression: Maintenance of therapeutic benefit at 10 months. *Psychosomatic Medicine*, 62, 633-638.

Coyne, J.C. (2001a) Is Healy's Work Scientific or Ethical?  
<http://bmj.com/cgi/eletters/322/7300/1446/b#15460>, 4 Jul 2001

Coyne, J.C. (2001b) The rescinded offer to Healy: More complex a matter than it first looks?  
<http://bmj.com/cgi/eletters/323/7313/591/a#16608>, 16 Sep 2001

Healy D. (2003b) <http://www.ahrp.org/ethical/WolpeHealy.html>

Lawlor D. A., & Hopke, S.W.(2001). The effectiveness of exercise as an intervention in the management of depression: systematic review and meta-regression analysis of randomised controlled trials. *BMJ*, 322: 763

Lawlor D. A., & Juni, P.& Ebrahim, M .(2003). Systematic review of the epidemiologic and trial evidence of an association between antidepressant medication and breast cancer, *Journal of Clinical Epidemiology*, 56, 155-163.

Treatment for Adolescents with Depression Study (TADS) Team. (2004). Fluoxetine, cognitive-behavioral therapy, and their combination for adolescents with depression: Treatment for adolescents with depression study (TADS) randomized controlled trial. *Journal of the American Medical Association*, 292, 807-820.

Competing interests: None declared

From jcoyne@mail.med.upenn.edu Wed Sep 29 06:59:16 2004

Received: (from mailnull@localhost)

by iris.itcs.northwestern.edu (8.12.10/8.12.10) id i8TBxGSE025814

for <sscpnet@listserv.acns.nwu.edu>; Wed, 29 Sep 2004 06:59:16 -0500 (CDT)

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id xma025771; Wed, 29 Sep 04 06:58:57 -0500

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Received: (qmail 3549 invoked from network); 29 Sep 2004 11:58:54 -0000

Received: from pobox.upenn.edu (128.91.2.38)

by server-12.tower-46.messagelabs.com with SMTP; 29 Sep 2004 11:58:54 -0000

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Wed, 29 Sep 2004 07:58:53 -0400 (EDT)  
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To: sscpnet@listserv.acns.nwu.edu  
From: James Coyne <jcoyne@mail.med.upenn.edu>  
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Content-Type: text/plain; charset="us-ascii" ; format="flowed"  
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In response to

>"<http://www.cnn.com/2004/HEALTH/09/28/offlabeldrugs.ap/index.html>  
>CNN  
>Group seeks limits on drug-financed doctors  
>Tuesday, September 28, 2004 Posted: 8:03 AM EDT (1203 GMT)  
>  
>WASHINGTON (AP) -- Doctors who receive drug company funding would be limited  
>in what they could teach other physicians under new rules being proposed by  
>accreditors."

The issues in yesterday's posting are interesting, more complex than they first look, but there are analogous problems in psychology that are not being addressed. Like a managed care magnate having bought a piece of the University of Nevada clinical program. Should that affect that program's accreditation? Please read on. Issues are complex. I am not providing detailed analysis, but mainly some examples that might provoke some thought.

It will be interesting to see what becomes of this initiative. One issue is how to define "financial connections". I suppose Charlie Nemeroff with wealth of stock options should be suspect, but the problem with current disclosure rules is that his situation is not distinguishable from someone being involved in a symposium or activity funded by unrestricted grant. Should there be a "are you or have you ever been..? mentality as some including David Antonuccio,

Carl Elliott and the scientologists suggest?

What about people like David Healy who have previously published extensively about SSRIs being dangerous without revealing that he was being financed by Pharmacia, a drug company seeking to cut into the SSRI market? Should such egregious past behavior be penalized in terms of the future? and what of people like Healy who promote themselves as expert witnesses? Surely that intended career path and its financial incentives influence the opinions that are expressed, but this situation is not adequately covered under existing COI rules. I don't think that the 9 people who showed up for Healy's talk at this year's APA were adequately informed.

what of researchers who work in areas that are often or mainly funded by industry? Until recently that was the case for anyone needing substantial funds to study mind-body connections in irritable bowel syndrome. NIH was not interested. Should those not so old pioneers be banned from educational presentations? they clearly depended on industry.

What if psychology adopted an analogous stance? for psychologists who have a psychological test to sell? or who aggressively promote a methodology for which they have a financial interest (Art Stone or Saul Shiffrin for PDA and momentary assessment)? or merely a textbook to hawk? Should psychologists be allowed to use their own text and make captive students buy it?

But University of Nevada poses the most interesting set of issues. A managed behavioral health care magnate gave a million dollars to the clinical program. He was made a distinguished full professor and got to pick the occupant of the endowed chair he created, William O'Donohue, over the objections of some of the other faculty. and then a managed care course track was set up. and managed care continued programs.

This situation poses complex issues. How should it affect accreditation?

But in general, we need better analyses of COI than are currently being provided and we need to understand the relevance to psychology.

From Oliver2@aol.com Fri Oct 15 11:30:21 2004

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id xma011660; Fri, 15 Oct 04 11:29:51 -0500



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Dear colleagues:

This is a positive development, especially for children exposed to the risks of antidepressants. At least now their parents will be fully informed about the most serious risks. It remains to be seen what kind of impact black box warnings will have on prescribing patterns. The black box warning does create kind of a strange paradox though: The evidence of safety risk is strong enough for a black box warning but the vast majority of RCTs in kids show the evidence for efficacy is lacking. So the evidence seems to suggest that the medications may harm your depressed children but they're not likely to help them. It really raises the question about whether a black box warning goes far enough. It appears that David Healy was right after all.  
cordially,  
david

Updated: 10:52 AM EDT.

Antidepressants to get 'black box' warning

All antidepressants must carry a "black box" warning, the government's strongest safety alert, linking the drugs to increased suicidal thoughts and behavior among children and teens taking them, the Food and Drug Administration said Friday.

Because the warnings are primarily seen by doctors, the agency also is creating an information guide for patients to advise them of the risk. "Today's actions represent FDA's conclusions about the increased risk of suicidal thoughts and the necessary actions for physicians prescribing these antidepressant drugs and for the children and adolescents taking them," said Dr.

Lester Crawford, acting FDA commissioner.

The drug labels also include details of pediatric studies which, thus far, have pointed to Prozac as the safest antidepressant for youths to take. On average, 2 percent to 3 percent of children taking antidepressants have increased suicidal thoughts, independent experts, working with Columbia University, found.

The FDA announcement follows to the letter guidance from federal advisers. After searing and emotional public hearings one month ago, the advisers urged

the agency to add its most strident warnings to the drugs.

The FDA said in a statement that it recognizes that depression in pediatric patients "can have significant consequences in pediatric patients if not appropriately treated. The new warning language recognizes this need but advises

close monitoring of patients as a way of managing the risk of suicidality."

An information guide will be distributed with each antidepressant prescription. Parents will be advised to look for warning signs in children that include

worsening depression, agitation, irritability, and unusual changes in behavior. Those worrisome signs could come within the first months of starting an

antidepressant or when the drug's doses changes -- higher or lower.

In 24 trials involving more than 4,400 patients taking antidepressants, researchers found a greater risk of increased suicidal thoughts and behavior during

the first few months of treatment.

Celexa, Prozac and Zoloft posed lower risks for children, researchers found, while Luvox, Effexor and Paxil had higher risks of increased suicidal thoughts and behavior.

Prozac is the only antidepressant approved by the FDA for use for treating depression in pediatric patients.

Anafranil, Prozac, Luvox and Zoloft have been used for treating obsessive compulsive disorder in pediatric patients.

The new warnings, however, will be carried by all antidepressants, including Anafranil, Aventyl, Celexa, Cymbalta, Desyrel, Effexor, Elavil, Lexapro, Limbitrol, Ludiomil, Luvox, Marplan, Nardil, Norpramin, Pamelor, Parnate, Paxil,

Pexeva, Prozac, Remeron, Sarafem, Serzone, Sinequan, Surmontil, Symbyax, Tofranil, Tofranil-PM, Triavil, Vivactil, Wellbutrin, Zoloft and Zyban.

The agency's action comes at a time when it faces withering criticism for not acting sooner on antidepressants, and for the shortage of flu vaccine and the high-profile withdrawal of Vioxx for safety concerns.

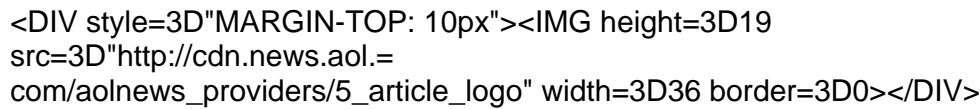
Congressional investigations have focused on allegations the agency silenced its own employees who tried to raise safety concerns on the antidepressants

and Vioxx.  
10/15/2004 10:43 GMT-5

David Antonuccio, Ph.D.  
Professor of Psychiatry and Behavioral Sciences  
University of Nevada School of Medicine  
401 W. 2nd St., Suite 216  
Reno, NV 89503  
775-784-6388 x229  
FAX 775-784-1428  
email: oliver2@aol.com

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seen&nbsp;what kind of impact&nbsp;black box warnings will have on
prescrib=
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for a black box warning but the vast majority of RCTs in kids show the evid=
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o help them.&nbsp; It really raises the question about whether a black box w=
arning goes far enough.&nbsp; </P>
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Congressional investigations have focused on allegations the agency silenced its own employees who tried to raise safety concerns on the antidepressants and Vioxx.

10/15/2004 10:43 GMT-5

&nbsp;

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>David Antonuccio, Ph.D.<BR>Professor of Psychiatry and Behavioral Sciences<BR>University of Nevada School of Medicine<BR>401 W. 2nd St., Suite 216<BR>Reno, NV 89503<BR>775-784-6388 x229<BR>FAX 775-784-1428<BR>email: oliver2@aol.com</FONT></DIV></BODY></HTML>

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I agree that there is some confusion between mode and cause here, but this effort does represent the entering data into a discussion that often goes on in the absence or direct contradiction of data. I have also done more to

responsibly point out (d) (i.e., using data) than anyone else on this listserve, although I have some similar strong doubts that the delivery of psychotherapy of adequate quality and duration in the community to be very effective in treating depression. Therapy is probably not a wholesale answer to the limitations on the delivery of antidepressants in the community.

but to round out your "what we know"

f. the information suggesting SSRIs definitely cause suicide is colored by the undisclosed economic incentives available to those who make such claims  
(Healy, Breggin etc)

g. recent claims by a journalist associated with BMJ, Jeanne Lenzer, of a coverup of data concerning risk associated with SSRIs were unfounded and a hoax serving her ideological interests and close ties to those with substantial personal financial interests.

just by coincidence, the batch of emails in which your email arrived included the announcement for this week's Archives of General Psychiatry, and the abstract for one of the articles is

#### The Relationship Between Antidepressant Medication Use and Rate of Suicide

Robert D. Gibbons, PhD; Kwan Hur, PhD; Dulal K. Bhaumik, PhD; J. John Mann, MD

Arch Gen Psychiatry. 2005;62:165-172.

**Background** Approximately 30 000 people die annually by suicide in the United States. Although 60% of suicides occur during a mood disorder, mostly untreated, little is known about the relationship between antidepressant medication use and the rate of suicide in the United States.

**Objective** To examine the association between antidepressant medication prescription and suicide rate by analyzing associations at the county level across the United States.

**Design** Analysis of National Vital Statistics from the Centers for Disease Control and Prevention.

**Setting** All US counties.

**Participants** All US individuals who committed suicide between 1996 and 1998.

**Main Outcome Measures** National county-level suicide rate data are broken

down by age, sex, income, and race for the period of 1996 to 1998. National county-level antidepressant prescription data are expressed as number of pills prescribed. The primary outcome measure is the suicide rate in each county expressed as the number of suicides for a given population size.

**Results** The overall relationship between antidepressant medication prescription and suicide rate was not significant. Within individual classes of antidepressants, prescriptions for selective serotonin reuptake inhibitors (SSRIs) and other new-generation non-SSRI antidepressants (eg, nefazodone hydrochloride, mirtazapine, bupropion hydrochloride, and venlafaxine hydrochloride) are associated with lower suicide rates (both within and between counties). A positive association between tricyclic antidepressant (TCA) prescription and suicide rate was observed. Results are adjusted for age, sex, race, income, and county-to-county variability in suicide rates. Higher suicide rates in rural areas are associated with fewer antidepressant prescriptions, lower income, and relatively more prescriptions for TCAs.

**Conclusions** The aggregate nature of these observational data preclude a direct causal interpretation of the results. A high number of TCA prescriptions may be a marker for those counties with more limited access to quality mental health care and inadequate treatment and detection of depression, which in turn lead to increased suicide rates. By contrast, increases in prescriptions for SSRIs and other new-generation non-SSRIs are associated with lower suicide rates both between and within counties over time and may reflect antidepressant efficacy, compliance, a better quality of mental health care, and low toxicity in the event of a suicide attempt by overdose.

**Author Affiliations:** Center for Health Statistics, University of Illinois at Chicago (Drs Gibbons, Hur, and Bhaumik); and Department of Neuroscience, New York State Psychiatric Institute, Department of Psychiatry, Columbia University College of Physicians and Surgeons, New York (Dr Mann).

At 03:58 PM 2/7/2005 -0600, you wrote:

>C'mon, Jim . . . parts of this have to have caused you some heartburn! I'm  
>not arguing that the case against SSRI may not have as many logical flaws  
>as the case built for them; the jury's still deliberating there, but so it  
>goes. The hyperbole about suicide rates in this release, however, belies  
>both epidemiologic ignorance and a rhetorical bias to overstate. Consider,  
>for example:  
>"Suicide is the most common cause of death in children age 5 to 14, the



>third most common cause of death in people age 15 to 24 and the fourth  
>most common cause in people age 25 to 44."

>

>Why is this problematic? Well, first off, suicide is \*not\* a cause of  
>death . . . it is a mode of death. There are many causes of death but only  
>four possible modes (and these are distinct from the mechanism of death).  
>A death is a homicide if the decedent dies by externally engendered means  
>as the intended result of the actions of another, by suicide if the  
>decedent dies by externally engendered means as the intended result of his  
>or her own act, or an accidental death if the decedent dies of externally  
>engendered means absent intent of self or another. If not externally  
>inflicted, the death is considered, by default, a natural death.  
>Accidental deaths have been and remain the leading cause of pediatric  
>demise; natural deaths are second. Suicides in young children, while  
>exceedingly rare, exceed homicides but this reverses in adolescence and  
>early adulthood (though accidental and natural deaths continue to exceed  
>suicides and homicides by about eight and four fold, respectively).

>

>E-900 series deaths (external injuries) are typically reported by mode,  
>while natural deaths are broken down by "cause"--meaning in this context  
>the underlying disease or degenerative process which led to the mechanism  
>of death . . . mechanical asphyxia secondary to impingement of neoplastic  
>growth ends up listed as a death from laryngeal cancer. In smaller  
>children especially, accidental deaths are increasingly disaggregated, but  
>homicides and suicides remain, by convention, reported as if a "cause."  
>Reaggregate accidental and natural deaths and you get a very different  
picture.

>

>Why would we report as quoted above? Simple: It's a rhetorical hyperbole,  
>designed to make a very rare event seem nearly epidemic and to cloud  
>objective assessment with large dosages of emotion. Very scientific.  
>Depression and suicide is much like smoking and cancer . . . smoking leads  
>to cancer but does not, in the strictest sense, cause it. Those who smoke,  
>though, are more likely than nonsmokers to develop pulmonary neoplasm.  
Are

>those who take SSRIs more or less likely to off themselves than those who  
>do not? These data do not really help us to determine that--they simply  
>argue that there are other factors to consider, and we knew that already.  
>What we seem to know about SSRIs at this point includes:

>

>(a) their efficacy has been overstated;  
>(b) their risk was systematically underreported;  
>(c) the information reported was colored by economic incentives;  
>(d) they are rampantly overprescribed without sufficient monitoring or  
>appropriate conjunctive care;  
>(e) they make an obscene amount of money for their producers.

>

>That's the cause of the current backlash . . . the data will need to  
>settle more before we can say much more with any certainty. But hyperbole  
>doesn't help--from either camp.

>  
>Richard Gist, Ph.D.  
>Principal Assistant to the Director  
>Kansas City, Missouri Fire Department  
>  
>Office: 816.784.9242  
>FAX: 816.784.9230  
>Page: 816.989.8741  
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>  
>New UCLA Study Disputes Antidepressant/Suicide Link; Scientists Fear Rise  
>in Deaths From Untreated Depression  
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>76a0b3b.jpg  
>Date: February 2, 2005  
>Contact: Elaine Schmidt ( eschmidt@mednet.ucla.edu )  
>Phone: 310-794-2272  
>76a0b4f.jpg  
>  
>Challenging recent claims linking antidepressant use to suicidal behavior,  
>a new UCLA study shows that American suicide rates have dropped steadily  
>since the introduction of Prozac and other serotonin reuptake inhibitor  
>(SSRI) drugs. In research published Feb. 1 in the journal Nature Reviews  
>Drug Discovery, the authors caution that regulatory actions to limit SSRI  
>prescriptions may actually increase death rates from untreated depression,  
>the No. 1 cause of suicide.  
>  
>"The recent debate has focused solely on a possible link between  
>antidepressant use and suicide risk without examining the question within a  
>broader historical and medical context," said Dr. Julio Licinio, a

>professor of psychiatry and endocrinology at the David Geffen School of  
>Medicine and a researcher at the UCLA Neuropsychiatric Institute. "We  
>feared that the absence of treatment may prove more harmful to depressed  
>individuals than the effects of the drugs themselves."  
>  
>"The vast majority of people who commit suicide suffer from untreated  
>depression," he said. "We wanted to explore a possible SSRI-suicide link  
>while ensuring that effective treatment and drug development for depression  
>were not halted without cause."  
>  
>Licinio worked with fellow psychiatrist Dr. Ma-Ling Wong to conduct an  
>exhaustive database search of studies published between 1960 and 2004 on  
>antidepressants and suicide. The team reviewed each piece of research in  
>great detail and created a timeline of key regulatory events related to  
>antidepressants. Then they generated charts tracking antidepressant use  
and  
>suicide rates in the United States.  
>  
>What they found surprised them.  
>  
>"Suicide rates rose steadily from 1960 to 1988 when Prozac, the first SSRI  
>drug, was introduced," Licinio said. "Since then, suicide rates have  
>dropped precipitously, sliding from the eighth to the 11th leading cause of  
>death in the United States."  
>  
>Several large-scale studies in the United States and Europe also screened  
>blood samples from suicide victims and found no association between  
>antidepressant use and suicide.  
>  
>"Researchers found blood antidepressant levels in less than 20 percent of  
>suicide cases," Licinio said. "This implies that the vast majority of  
>suicide victims never received treatment for their depression."  
>  
>"Our findings strongly suggest that these individuals who committed suicide  
>were not reacting to their SSRI medication," he added. "They actually  
>killed themselves due to untreated depression. This was particularly true  
>in men and in people under 30."  
>  
>Licinio and Wong fear that overzealous regulatory and medical reaction,  
>public confusion and widespread media coverage may persuade people to  
stop  
>taking antidepressants altogether. They warn that this would result in a  
>far worse situation by causing a drop in treatment for people who actually  
>need it.  
>  
>The UCLA study also looked at other reasons that may contribute to suicidal  
>behavior by people taking SSRIs for depression.  
>  
>Before the introduction of SSRIs, patients taking early drug treatments for  
>depression were susceptible to overdoses and serious side effects, such as

>irregular heart rates and blood pressure increases. As a result, doctors  
>prescribed the drugs in small doses and followed patients closely.  
>  
>In contrast, toxic side effects are rare in SSRIs. Physicians often  
>prescribe the drugs in larger doses and may not see the patient again for  
>up to two months. This scenario, Licinio warns, can set the stage for  
>suicide risk.  
>  
>"When people start antidepressant therapy, the first symptom to be  
>alleviated is low energy, but the feeling that life isn't worth living is  
>the last to go," he said. "Prior to taking SSRIs, depressed people may not  
>have committed suicide due to their extreme lethargy. As they begin drug  
>therapy, they experience more energy, but still feel that life isn't worth  
>living. That's when a depressed person is most in danger of committing  
>suicide."  
>  
>Licinio stresses the need for even closer monitoring of SSRI use by children.  
>  
>"The only antidepressant proven to be effective for treating children with  
>depression is Prozac," he said. "Children should receive Prozac only and  
>should be followed very closely by their physicians during treatment."  
>  
>Funding from the National Institute of General Medical Sciences and an  
>award from the Dana Foundation supported the research.  
>  
>Depression is a complex disorder that affects some 10 percent of men and  
20  
>percent of women in the United States during their lifetime. Ten percent to  
>15 percent of depressed people commit suicide. Depression plays a role in  
>at least one-half of all adult suicides and in 76 percent of suicides  
>committed by children. Suicide is the most common cause of death in  
>children age 5 to 14, the third most common cause of death in people age 15  
>to 24 and the fourth most common cause in people age 25 to 44.  
>  
>The UCLA Neuropsychiatric Institute is an interdisciplinary research and  
>education institute devoted to the understanding of complex human  
behavior,  
>including the genetic, biological, behavioral and sociocultural  
>underpinnings of normal behavior, and the causes and consequences of  
>neuropsychiatric disorders. More information is available online at  
><<<http://www.npi.ucla.edu/>><http://www.npi.ucla.edu/>>[http://www.npi.ucla.edu](http://www.npi.ucla.edu/)  
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Jim,

Thanks for the references. I'm beginning to wonder if the antidepressant/suicide debate has merged "suicide" with "suicidal thoughts and behaviors," which really should be kept separate. My recollection of the FDA data was that there was a 4% risk of suicidal thoughts and behaviors among kids taking antidepressants and 2% on placebos, but there were no actual completed suicides in the 24 trials included in the meta-analysis. This distinction may account in part for why studies like the one you cite below (which concerns completed suicides) don't find increases in people on antidepressants.

David  
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O: (303) 492-8575  
F: (303) 492-2967  
miklow@psych.colorado.edu

----- Original Message -----

From: "James C Coyne" <jcoyne@mail.med.upenn.edu>  
To: "Society for a Scientific Clinical Psychology"  
<sscpnet@listserv.it.northwestern.edu>  
Sent: Monday, February 07, 2005 4:10 PM  
Subject: Re: Data Contradict Antidepressant/Suicide Link (with more data)

> I agree that there is some confusion between mode and cause here, but this  
> effort does represent the entering data into a discussion that often goes  
> on in the absence or direct contradiction of data. I have also done more

to

- > responsibly point out (d) (i.e., using data) than anyone else on this
- > listserve, although I have some similar strong doubts that the delivery of
- > psychotherapy of adequate quality and duration in the community to be very
- > effective in treating depression. Therapy is probably not a wholesale
- > answer to the limitations on the delivery of antidepressants in the
- community.

>

- > but to round out your "what we know"

>

- > f. the information suggesting SSRIs definitely cause suicide is colored
- by

- > the undisclosed economic incentives available to those who make such
- claims

- > (Healy, Breggin etc)

>

- > g. recent claims by a journalist associated with BMJ, Jeanne Lenzer, of a

- > coverup of data concerning risk associated with SSRIs were unfounded and
- a

- > hoax serving her ideological interests and close ties to those with

- > substantial personal financial interests.

>

>

- > just by coincidence, the batch of emails in which your email arrived

- > included the announcement for this week's Archives of General Psychiatry,

- > and the abstract for one of the articles is

>

>

- > The Relationship Between Antidepressant Medication Use and Rate of
- Suicide

>

- > Robert D. Gibbons, PhD; Kwan Hur, PhD; Dulal K. Bhaumik, PhD; J. John
- Mann, MD

>

- > Arch Gen Psychiatry. 2005;62:165-172.

>

- > Background Approximately 30 000 people die annually by suicide in the

- > United States. Although 60% of suicides occur during a mood disorder,

- > mostly untreated, little is known about the relationship between

- > antidepressant medication use and the rate of suicide in the United
- States.

>

- > Objective To examine the association between antidepressant medication

- > prescription and suicide rate by analyzing associations at the county
- level

- > across the United States.

>

- > Design Analysis of National Vital Statistics from the Centers for Disease

- > Control and Prevention.

>



>  
> >C'mon, Jim . . . parts of this have to have caused you some heartburn!  
I'm  
> >not arguing that the case against SSRI may not have as many logical flaws  
> >as the case built for them; the jury's still deliberating there, but so  
it  
> >goes. The hyperbole about suicide rates in this release, however, belies  
> >both epidemiologic ignorance and a rhetorical bias to overstate.  
Consider,  
> >for example:  
> >"Suicide is the most common cause of death in children age 5 to 14, the  
> >third most common cause of death in people age 15 to 24 and the fourth  
> >most common cause in people age 25 to 44."  
> >  
> >Why is this problematic? Well, first off, suicide is \*not\* a cause of  
> >death . . . it is a mode of death. There are many causes of death but  
only  
> >four possible modes (and these are distinct from the mechanism of death).  
> >A death is a homicide if the decedent dies by externally engendered  
means  
> >as the intended result of the actions of another, by suicide if the  
> >decedent dies by externally engendered means as the intended result of  
his  
> >or her own act, or an accidental death if the decedent dies of externally  
> >engendered means absent intent of self or another. If not externally  
> >inflicted, the death is considered, by default, a natural death.  
> >Accidental deaths have been and remain the leading cause of pediatric  
> >demise; natural deaths are second. Suicides in young children, while  
> >exceedingly rare, exceed homicides but this reverses in adolescence and  
> >early adulthood (though accidental and natural deaths continue to exceed  
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> >of death . . . mechanical asphyxia secondary to impingement of neoplastic  
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> >Why would we report as quoted above? Simple: It's a rhetorical hyperbole,  
> >designed to make a very rare event seem nearly epidemic and to cloud  
> >objective assessment with large dosages of emotion. Very scientific.  
> >Depression and suicide is much like smoking and cancer . . . smoking  
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> >to cancer but does not, in the strictest sense, cause it. Those who



smoke,  
> >though, are more likely than nonsmokers to develop pulmonary neoplasm.  
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> >Principal Assistant to the Director  
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> >FAX: 816.784.9230  
> >Page: 816.989.8741  
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> >Society for a Scientific Clinical Psychology  
> ><sscpnet@listserv.it.northwestern.edu>  
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> >Data Contradict Antidepressant/Suicide Link  
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> >New UCLA Study Disputes Antidepressant/Suicide Link; Scientists Fear Rise  
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> >76a0b13.jpg  
> >76a0b3b.jpg  
> >Date: February 2, 2005  
> >Contact: Elaine Schmidt ( eschmidt@mednet.ucla.edu )  
> >Phone: 310-794-2272  
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> >  
> >Challenging recent claims linking antidepressant use to suicidal behavior,  
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> >(SSRI) drugs. In research published Feb. 1 in the journal Nature Reviews  
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> >the No. 1 cause of suicide.  
> >  
> >"The recent debate has focused solely on a possible link between  
> >antidepressant use and suicide risk without examining the question within a  
> >broader historical and medical context," said Dr. Julio Licinio, a  
> >professor of psychiatry and endocrinology at the David Geffen School of  
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> >feared that the absence of treatment may prove more harmful to depressed  
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> >  
> >"The vast majority of people who commit suicide suffer from untreated  
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> >  
> >The UCLA study also looked at other reasons that may contribute to  
suicidal  
> >behavior by people taking SSRIs for depression.  
> >  
> >Before the introduction of SSRIs, patients taking early drug treatments  
for  
> >depression were susceptible to overdoses and serious side effects, such  
as  
> >irregular heart rates and blood pressure increases. As a result, doctors  
> >prescribed the drugs in small doses and followed patients closely.  
> >  
> >In contrast, toxic side effects are rare in SSRIs. Physicians often  
> >prescribe the drugs in larger doses and may not see the patient again for  
> >up to two months. This scenario, Licinio warns, can set the stage for  
> >suicide risk.  
> >  
> >"When people start antidepressant therapy, the first symptom to be  
> >alleviated is low energy, but the feeling that life isn't worth living is  
> >the last to go," he said. "Prior to taking SSRIs, depressed people may  
not  
> >have committed suicide due to their extreme lethargy. As they begin drug  
> >therapy, they experience more energy, but still feel that life isn't  
worth

> >living. That's when a depressed person is most in danger of committing  
> >suicide."  
> >  
> >Licio stresses the need for even closer monitoring of SSRI use by  
children.  
> >  
> >"The only antidepressant proven to be effective for treating children  
with  
> >depression is Prozac," he said. "Children should receive Prozac only and  
> >should be followed very closely by their physicians during treatment."  
> >  
> >Funding from the National Institute of General Medical Sciences and an  
> >award from the Dana Foundation supported the research.  
> >  
> >Depression is a complex disorder that affects some 10 percent of men and  
20  
> >percent of women in the United States during their lifetime. Ten percent  
to  
> >15 percent of depressed people commit suicide. Depression plays a role in  
> >at least one-half of all adult suicides and in 76 percent of suicides  
> >committed by children. Suicide is the most common cause of death in  
> >children age 5 to 14, the third most common cause of death in people age  
15  
> >to 24 and the fourth most common cause in people age 25 to 44.  
> >  
> >The UCLA Neuropsychiatric Institute is an interdisciplinary research and  
> >education institute devoted to the understanding of complex human  
behavior,  
> >including the genetic, biological, behavioral and sociocultural  
> >underpinnings of normal behavior, and the causes and consequences of  
> >neuropsychiatric disorders. More information is available online at  
>  
><<<http://www.npi.ucla.edu/>><http://www.npi.ucla.edu/>><http://www.npi.ucla.edu/>  
/.  
> >  
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From jcoyne@mail.med.upenn.edu Mon Feb 7 20:41:18 2005  
Received: (from mailnull@localhost)  
by iris.itcs.northwestern.edu (8.12.10/8.12.10) id j182fHA5009023

for <sscpnet@listserv.it.northwestern.edu>; Mon, 7 Feb 2005 20:41:17  
-0600 (CST)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<jcoyne@mail.med.upenn.edu> using -f  
Received: from mail95.messagelabs.com (mail95.messagelabs.com  
[216.82.241.67]) by iris.itcs.northwestern.edu via smap (V2.0)  
id xma008969; Mon, 7 Feb 05 20:41:12 -0600  
X-VirusChecked: Checked  
X-Env-Sender: jcoyne@mail.med.upenn.edu  
X-Msg-Ref: server-8.tower-95.messagelabs.com!1107830471!8799020!1  
X-StarScan-Version: 5.4.8; banners=-,-,-  
X-Originating-IP: [128.91.2.38]  
Received: (qmail 29923 invoked from network); 8 Feb 2005 02:41:11 -0000  
Received: from pobox.upenn.edu (128.91.2.38)  
by server-8.tower-95.messagelabs.com with SMTP; 8 Feb 2005 02:41:11 -  
0000  
Received: from D8YHCV31.upenn.edu  
(pcp0011064275pcs.columb01.pa.comcast.net [69.248.14.189])  
by pobox.upenn.edu (Postfix) with ESMTP id 41AA220B9;  
Mon, 7 Feb 2005 21:41:08 -0500 (EST)  
Message-Id: <5.2.1.1.2.20050207213925.0447c108@mail.med.upenn.edu>  
X-Sender: jcoyne@mail.med.upenn.edu  
X-Mailer: QUALCOMM Windows Eudora Version 5.2.1  
Date: Mon, 07 Feb 2005 21:41:18 -0500  
To: "David Miklowitz" <miklow@psych.colorado.edu>  
From: James C Coyne <jcoyne@mail.med.upenn.edu>  
Subject: Re: Data Contradict Antidepressant/Suicide Link (with more  
data)  
Cc: Society for a Scientific Clinical Psychology  
<sscpnet@listserv.it.northwestern.edu>  
In-Reply-To: <00f901c50d72\$267d8400\$93df8a80@Miklowitz>  
References: <5.2.1.1.2.20050207180953.0445be78@mail.med.upenn.edu>  
Mime-Version: 1.0  
Content-Type: text/plain; charset="us-ascii"; format=flowed  
Reply-To: jcoyne@mail.med.upenn.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 166

you are onto something. thoughts of death and ending one's life have a weak  
relationship to serious attempts and suicide is rare among children.

and yes, no children in these trials completed a suicide.

At 05:07 PM 2/7/2005 -0700, you wrote:

>Jim,

>

>Thanks for the references. I'm beginning to wonder if the  
>antidepressant/suicide debate has merged "suicide" with "suicidal thoughts  
>and behaviors," which really should be kept separate. My recollection of  
>the FDA data was that there was a 4% risk of suicidal thoughts and  
behaviors  
>among kids taking antidepressants and 2% on placebos, but there were no  
>actual completed suicides in the 24 trials included in the meta-analysis.  
>This distinction may account in part for why studies like the one you cite  
>below (which concerns completed suicides) don't find increases in people on  
>antidepressants.

>  
>David  
>David J. Miklowitz, Ph.D.  
>Professor of Psychology and Psychiatry  
>Muenzinger Bldg.  
>University of Colorado  
>Boulder, CO 80309-0345

>  
>O: (303) 492-8575  
>F: (303) 492-2967  
>miklow@psych.colorado.edu

>  
>----- Original Message -----  
>From: "James C Coyne" <jcoyne@mail.med.upenn.edu>  
>To: "Society for a Scientific Clinical Psychology"  
><sscpnet@listserv.it.northwestern.edu>  
>Sent: Monday, February 07, 2005 4:10 PM  
>Subject: Re: Data Contradict Antidepressant/Suicide Link (with more data)

>  
>  
>> I agree that there is some confusion between mode and cause here, but  
this  
>> effort does represent the entering data into a discussion that often goes  
>> on in the absence or direct contradiction of data. I have also done more  
>to  
>> responsibly point out (d) (i.e., using data) than anyone else on this  
>> listserve, although I have some similar strong doubts that the delivery of  
>> psychotherapy of adequate quality and duration in the community to be  
very  
>> effective in treating depression. Therapy is probably not a wholesale  
>> answer to the limitations on the delivery of antidepressants in the  
>community.  
>>  
>> but to round out your "what we know"  
>>  
>> f. the information suggesting SSRIs definitely cause suicide is colored  
>by  
>> the undisclosed economic incentives available to those who make such  
>claims  
>> (Healy, Breggin etc)

> >  
> > g. recent claims by a journalist associated with BMJ, Jeanne Lenzer, of a  
> > coverup of data concerning risk associated with SSRIs were unfounded  
> > and a  
> > hoax serving her ideological interests and close ties to those with  
> > substantial personal financial interests.  
> >  
> >  
> > just by coincidence, the batch of emails in which your email arrived  
> > included the announcement for this week's Archives of General  
Psychiatry,  
> > and the abstract for one of the articles is  
> >  
> >  
> > The Relationship Between Antidepressant Medication Use and Rate of  
Suicide  
> >  
> > Robert D. Gibbons, PhD; Kwan Hur, PhD; Dulal K. Bhaumik, PhD; J. John  
>Mann, MD  
> >  
> > Arch Gen Psychiatry. 2005;62:165-172.  
> >  
> > Background Approximately 30 000 people die annually by suicide in the  
> > United States. Although 60% of suicides occur during a mood disorder,  
> > mostly untreated, little is known about the relationship between  
> > antidepressant medication use and the rate of suicide in the United  
>States.  
> >  
> > Objective To examine the association between antidepressant medication  
> > prescription and suicide rate by analyzing associations at the county  
>level  
> > across the United States.  
> >  
> > Design Analysis of National Vital Statistics from the Centers for Disease  
> > Control and Prevention.  
> >  
> > Setting All US counties.  
> >  
> > Participants All US individuals who committed suicide between 1996 and  
>1998.  
> >  
> > Main Outcome Measures National county-level suicide rate data are  
broken  
> > down by age, sex, income, and race for the period of 1996 to 1998.  
>National  
> > county-level antidepressant prescription data are expressed as number of  
> > pills prescribed. The primary outcome measure is the suicide rate in each  
> > county expressed as the number of suicides for a given population size.  
> >  
> > Results The overall relationship between antidepressant medication

> > prescription and suicide rate was not significant. Within individual  
> > classes of antidepressants, prescriptions for selective serotonin reuptake  
> > inhibitors (SSRIs) and other new-generation non-SSRI antidepressants  
> > (eg,  
> > nefazodone hydrochloride, mirtazapine, bupropion hydrochloride, and  
> > venlafaxine hydrochloride) are associated with lower suicide rates (both  
> > within and between counties). A positive association between tricyclic  
> > antidepressant (TCA) prescription and suicide rate was observed. Results  
> > are adjusted for age, sex, race, income, and county-to-county variability  
> > in suicide rates. Higher suicide rates in rural areas are associated with  
> > fewer antidepressant prescriptions, lower income, and relatively more  
> > prescriptions for TCAs.

> >  
> > Conclusions The aggregate nature of these observational data preclude a  
> > direct causal interpretation of the results. A high number of TCA  
> > prescriptions may be a marker for those counties with more limited access  
> > to quality mental health care and inadequate treatment and detection of  
> > depression, which in turn lead to increased suicide rates. By contrast,  
> > increases in prescriptions for SSRIs and other new-generation non-SSRIs  
> > are  
> > associated with lower suicide rates both between and within counties over  
> > time and may reflect antidepressant efficacy, compliance, a better quality  
> > of mental health care, and low toxicity in the event of a suicide attempt  
> > by overdose.

> >  
> >  
> > Author Affiliations: Center for Health Statistics, University of Illinois  
> > at Chicago (Drs Gibbons, Hur, and Bhaumik); and Department of  
> > Neuroscience,  
> > New York State Psychiatric Institute, Department of Psychiatry, Columbia  
> > University College of Physicians and Surgeons, New York (Dr Mann).

> >

> >

> >

> >

> >

> >

> >

> > At 03:58 PM 2/7/2005 -0600, you wrote:

> >

> > >C'mon, Jim . . . parts of this have to have caused you some heartburn!  
> > >I'm

> > >not arguing that the case against SSRI may not have as many logical  
> > >flaws

> > >as the case built for them; the jury's still deliberating there, but so  
> > >it

> > >goes. The hyperbole about suicide rates in this release, however, belies  
> > >both epidemiologic ignorance and a rhetorical bias to overstate.

> > >Consider,

> > >for example:

> > >"Suicide is the most common cause of death in children age 5 to 14, the



> > >third most common cause of death in people age 15 to 24 and the fourth  
> > >most common cause in people age 25 to 44."  
> > >  
> > >Why is this problematic? Well, first off, suicide is \*not\* a cause of  
> > >death . . . it is a mode of death. There are many causes of death but  
>only  
> > >four possible modes (and these are distinct from the mechanism of  
>death).  
> > >A death is a homicide if the decedent dies by externally engendered  
>means  
> > >as the intended result of the actions of another, by suicide if the  
> > >decedent dies by externally engendered means as the intended result of  
>his  
> > >or her own act, or an accidental death if the decedent dies of externally  
> > >engendered means absent intent of self or another. If not externally  
> > >inflicted, the death is considered, by default, a natural death.  
> > >Accidental deaths have been and remain the leading cause of pediatric  
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> > >To  
> > >7ca2ac3.jpg  
> > >Society for a Scientific Clinical Psychology  
> > ><sscpnet@listserv.it.northwestern.edu>  
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> > >Data Contradict Antidepressant/Suicide Link  
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> > >  
> > >  
> > >New UCLA Study Disputes Antidepressant/Suicide Link; Scientists Fear  
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> > >76a0b3b.jpg  
> > >Date: February 2, 2005  
> > >Contact: Elaine Schmidt ( eschmidt@mednet.ucla.edu )  
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>suicidal

> > >behavior by people taking SSRIs for depression.

> > >

> > >Before the introduction of SSRIs, patients taking early drug treatments

>for

> > >depression were susceptible to overdoses and serious side effects, such

>as

> > >irregular heart rates and blood pressure increases. As a result, doctors

> > >prescribed the drugs in small doses and followed patients closely.

> > >

> > >In contrast, toxic side effects are rare in SSRIs. Physicians often

> > >prescribe the drugs in larger doses and may not see the patient again for

> > >up to two months. This scenario, Licinio warns, can set the stage for

> > >suicide risk.

> > >

> > >"When people start antidepressant therapy, the first symptom to be

> > >alleviated is low energy, but the feeling that life isn't worth living is

> > >the last to go," he said. "Prior to taking SSRIs, depressed people may

>not  
> > >have committed suicide due to their extreme lethargy. As they begin  
drug  
> > >therapy, they experience more energy, but still feel that life isn't  
>worth  
> > >living. That's when a depressed person is most in danger of committing  
> > >suicide."  
> > >  
> > >Licinio stresses the need for even closer monitoring of SSRI use by  
>children.  
> > >  
> > >"The only antidepressant proven to be effective for treating children  
>with  
> > >depression is Prozac," he said. "Children should receive Prozac only and  
> > >should be followed very closely by their physicians during treatment."  
> > >  
> > >Funding from the National Institute of General Medical Sciences and an  
> > >award from the Dana Foundation supported the research.  
> > >  
> > >Depression is a complex disorder that affects some 10 percent of men  
and  
>20  
> > >percent of women in the United States during their lifetime. Ten percent  
>to  
> > >15 percent of depressed people commit suicide. Depression plays a role  
in  
> > >at least one-half of all adult suicides and in 76 percent of suicides  
> > >committed by children. Suicide is the most common cause of death in  
> > >children age 5 to 14, the third most common cause of death in people  
age  
>15  
> > >to 24 and the fourth most common cause in people age 25 to 44.  
> > >  
> > >The UCLA Neuropsychiatric Institute is an interdisciplinary research and  
> > >education institute devoted to the understanding of complex human  
>behavior,  
> > >including the genetic, biological, behavioral and sociocultural  
> > >underpinnings of normal behavior, and the causes and consequences of  
> > >neuropsychiatric disorders. More information is available online at  
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<sscpnet@listserv.it.northwestern.edu>  
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violent behavior  
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>David Healy's testimony reported in the article below has nothing to do  
>with science, and everything to do with junk science for hire. This is an  
>amazing bit of work and raises obvious ethical issues.

Peter Breggin is getting ready to take a similar stance in a civil suit  
related to the Columbine shootings.

><http://archives.postandcourier.com/archive/arch05/0205/arc02052143778.shtml>

>

>Doctor says Zoloft alone led to killings

>Published on 02/05/05

>BY SCHUYLER KROPF

>Of The Post and Courier Staff

>Accused double-murderer Christopher Pittman's defense team presented a  
>medical expert Friday who said the antidepressant Zoloft undoubtedly drove  
>the boy to kill his grandparents.

>

>Psychiatrist David Healy was asked by defense lawyer Andy Vickery  
whether

>he believes Zoloft and nothing else prompted the then-12-year-old to shoot  
>and kill the couple.

>

>"The facts are consistent with the drug having caused that," responded  
>Healy, who added every piece of evidence he's seen from the case points  
>only to Zoloft.

>

>Healy's testimony came a day after a prosecution witness who was called by  
>the defense said he believed Zoloft definitely was not to blame for the  
>boy's actions. Dr. James Ballenger, also a psychiatrist, said rage is what  
>caused Pittman to kill his grandparents, not a drug-induced haze.

>

>"I don't think there is any evidence that's credible that he was manic,"  
>Ballenger said. He said the killings came about after the grandparents had  
>threatened to send the boy back to Florida to live with his father.

>

>Healy's testimony came as the first week of Pittman's trial came to a  
>close. About 20 witnesses have testified.

>

>Outside the courtroom, Healy, an expert in psychopharmacology who has  
>studied the effects of drugs on children, said he has never interviewed  
>the boy. He said he based his courtroom testimony on information from the  
>boy's psychiatrist and on industry studies he said show an increased risk  
>of violence and destructive behavior in some children who take Zoloft.

>

>Zoloft, made by Pfizer Inc., is one of several antidepressants on the  
>market classified as selective serotonin reuptake inhibitors, or SSRIs. In  
>October, the FDA ordered that such drugs carry a so-called "black box"  
>warning — a label that is the government's strongest warning short of a

>ban — on the increased risk of suicidal behavior in children taking the  
>medications. The company says its drug is safe.  
>  
>On the witness stand Friday, Healy said he felt certain "other factors in  
>play" clouded the boy's ability to determine right from wrong.  
>  
>He also said he doubted anyone the boy met before or after the killings  
>was qualified to judge what Zoloff was doing to Pittman because violent  
>feelings and thoughts can be masked. "I don't think he was in a fit state  
>to let people know what was going on," Healy said.  
>  
>Pittman, now 15, is accused of walking into his grandparents' bedroom on  
>Nov. 28, 2001, and shooting Joe Frank Pittman, 66, and his wife, Joy  
>Roberts Pittman, 62, in their Chester County home and setting the house on  
>fire. He stole their vehicle and drove to a neighboring county where he  
>told hunters and police that an intruder had committed the murders. After  
>authorities connected him to the fire, he confessed.  
>  
>Because of the heinous nature of the crime, the state is trying the boy as  
>an adult and is seeking a life sentence.  
>  
>The defense concedes the boy killed the couple but that he is innocent of  
>murder because he was under the influence of Zoloff.  
>  
>Friday's final witness gave an account of the last time she saw the boy  
>before the Pittmans were killed.  
>  
>Vickie Phillips, choir director at the family's church, said the boy's  
>grandfather chastised him after he had been kicking her piano stool. When  
>the boy came back, his face was filled with rage, she said.  
>  
>"It was a look I'd never seen before," Phillips said.  
>  
>The boy killed his grandparents a couple hours later.  
>  
>Testimony in the trial resumes Monday.  
>  
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From rwmontgomery@mindspring.com Tue Feb 8 08:53:00 2005  
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by iris.itcs.northwestern.edu (8.12.10/8.12.10) id j18Er0tT004598  
for <sscpnet@listserv.it.northwestern.edu>; Tue, 8 Feb 2005 08:53:00  
-0600 (CST)  
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<rwmontgomery@mindspring.com> using -f  
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[207.69.200.148]) by iris.itcs.northwestern.edu via smap (V2.0)  
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by granger.mail.mindspring.net with esmtp (Exim 3.33 #1)  
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Message-ID: <4208D2F5.7030100@mindspring.com>  
Date: Tue, 08 Feb 2005 09:55:49 -0500  
From: "Robert W. Montgomery, Ph.D." <rwmontgomery@mindspring.com>  
User-Agent: Mozilla/5.0 (Windows; U; Windows NT 5.1; en-US; rv:1.4)  
Gecko/20030624 Netscape/7.1 (ax)  
X-Accept-Language: en-us, en  
MIME-Version: 1.0  
To: Richard\_Gist@kcmo.org  
CC: jcoyne@mail.med.upenn.edu,  
Society for a Scientific Clinical Psychology  
<sscpnet@listserv.it.northwestern.edu>  
Subject: Re: David Healy's testimony concerning antidepressants causing  
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behavior  
References: <OF2A251523.5ACBD9C3-ON86256FA2.004F21C9-  
86256FA2.004F38C7@kcmo.org>  
In-Reply-To: <OF2A251523.5ACBD9C3-ON86256FA2.004F21C9-  
86256FA2.004F38C7@kcmo.org>

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Reply-To: rwmontgomery@mindspring.com  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 169

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> Richard Gist, Ph.D.

> Principal Assistant to the Director

> Kansas City, Missouri Fire Department

>

> Office: 816.784.9242

> FAX: 816.784.9230

> Page: 816.989.8741

> James C Coyne <jcoyne@mail.med.upenn.edu>

>

>

> James C Coyne <jcoyne@mail.med.upenn.edu>

> Sent by: owner-sscpnet@listserv.it.northwestern.edu

>

> 02/08/2005 07:44 AM

> Please respond to

> jcoyne@mail.med.upenn.edu

>

>

>

> To

>

> Society for a Scientific Clinical Psychology

> <sscpnet@listserv.it.northwestern.edu>

>

> cc

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From jcoyne@mail.med.upenn.edu Tue Feb 8 09:41:03 2005  
Received: (from mailnull@localhost)  
by iris.itcs.northwestern.edu (8.12.10/8.12.10) id j18Ff3SY010968  
for <sscpnet@listserv.acns.nwu.edu>; Tue, 8 Feb 2005 09:41:03 -0600  
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Date: Tue, 08 Feb 2005 10:50:21 -0500  
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sscpnet@listserv.acns.nwu.edu  
From: James Coyne <jcoyne@mail.med.upenn.edu>  
Subject: Re: David Healy's testimony concerning antidepressants causing  
violent behavior  
In-Reply-To: <4208D2F5.7030100@mindspring.com>  
References: <OF2A251523.5ACBD9C3-ON86256FA2.004F21C9-  
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X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
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Come one, man, this is an instance where evenhanded is not a fair evaluation of the evidence.

Healy makes post hoc wild inferences about cognitive processes in a person who he has not interviewed and claims himself immune from contradiction with "He also said he doubted anyone the boy met before or after the killings was qualified to judge what Zoloff was doing to Pittman because violent feelings and thoughts can be masked. "I don't think he was in a fit state to let people know what was going on," Healy said.

It is not a matter of whether experts were hired, but whether they behave ethically, are data based where data are available and are clear on the limits of the confidence in their inferences.

ever hear of Daubert ([www.daubertexpert.com](http://www.daubertexpert.com))?

>At 09:55 AM 2/8/2005 -0500, you wrote:  
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>Abramson Cancer Center of the University of Pennsylvania and  
>Professor  
> Department of Psychiatry  
>University of Pennsylvania Health System  
>11 Gates  
>3400 Spruce St  
>Philadelphia, Pa 19104  
>(215) 662-7035  
>fax: (215) 349-5067  
><http://www.uphs.upenn.edu/abramson/coyne.html>

From [rwmontgomery@mindspring.com](mailto:rwmontgomery@mindspring.com) Tue Feb 8 09:52:25 2005

Received: (from [mailnull@localhost](mailto:mailnull@localhost))

by [iris.itcs.northwestern.edu](mailto:iris.itcs.northwestern.edu) (8.12.10/8.12.10) id j18FqPRJ015357

for <[sscpnet@listserv.acns.nwu.edu](mailto:sscpnet@listserv.acns.nwu.edu)>; Tue, 8 Feb 2005 09:52:25 -0600

(CST)

X-Authentication-Warning: [iris.itcs.northwestern.edu](mailto:iris.itcs.northwestern.edu): [mailnull](mailto:mailnull) set sender to  
<[rwmontgomery@mindspring.com](mailto:rwmontgomery@mindspring.com)> using -f

Received: from [granger.mail.mindspring.net](mailto:granger.mail.mindspring.net) ([granger.mail.mindspring.net](mailto:granger.mail.mindspring.net)  
[207.69.200.148]) by [iris.itcs.northwestern.edu](mailto:iris.itcs.northwestern.edu) via smap (V2.0)  
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Received: from user-38ld28s.dsl.mindspring.com ([209.86.137.28]  
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by [granger.mail.mindspring.net](mailto:granger.mail.mindspring.net) with esmtp (Exim 3.33 #1)

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From: "Robert W. Montgomery, Ph.D." <rwmontgomery@mindspring.com>  
User-Agent: Mozilla/5.0 (Windows; U; Windows NT 5.1; en-US; rv:1.4)  
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MIME-Version: 1.0  
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Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 171

First, I did not say that Healy was not making improbable statements. I actually said that they were both uttering unsupportable statements. I'm on track with the ethics issue but an expanding my scope to actually look at the statements of BOTH sides in this case.

Second, I am hired every day. What I said was "Hired Guns" which is an entirely different issue. Making a living is the American way. Making a very good living is the American Dream. Either selling your opinion or having an unwavering opinion (when hired solely because of that unwavering opinion) is being a "Hired Gun".

Heard all about Daubert. Been there, done that. The main issue is that the Psychiatrist that says that the SSRI was not a factor can no more substantiate his claim than Healy can.

Perhaps if we removed the names from the case and said Psychiatrist A and Psychiatrist B it would not be so hard to see that each appears to be uttering conclusions that are beyond their ability to know or on which it is ethically possible to have such firm professional opinions?

Can SSRIs disinhibit?

If so, then can they do so in adolescents?

If the adolescent in question was on an SSRI at the time of the crime, is it possible that the SSRI contributed to his actually acting instead of merely thinking of the criminal behavior?

If it is possible, is it likely that it contributed to his taking action instead of merely thinking about harming others?

If it is likely - how likely was it to be a factor in his taking action?

How would one justify an opinion on the last question?

-RWM

James Coyne wrote:

> Come one, man, this is an instance where evenhanded is not a fair  
> evaluation of the evidence.  
>  
> Healy makes post hoc wild inferences about cognitive processes in a  
> person who he has not interviewed and claims himself immune from  
> contradiction with "He also said he doubted anyone the boy met before or  
> after the killings was qualified to judge what Zolof was doing to  
> Pittman because violent feelings and thoughts can be masked. "I don't  
> think he was in a fit state to let people know what was going on," Healy  
> said.

>  
> It is not a matter of whether experts were hired, but whether they  
> behave ethically, are data based where data are available and are clear  
> on the limits of the confidence in their inferences.

>  
> ever hear of Daubert ([www.daubertexpert.com](http://www.daubertexpert.com))?

>  
>  
>  
>

>> At 09:55 AM 2/8/2005 -0500, you wrote:

>> The interesting thing to me in this exchange is how BOTH sides are  
>> definite and yet only the side that says that the Rx

>  
>  
>

>> aused the problem is said here to be peddling junk science? Sorry,  
>> how does the prosecution "expert" KNOW that the SSRI was NOT to  
blame

>> for the crime. Junk Science? Yes, but hired guns apparently on BOTH  
>> sides of this case.

>>

>> -RWM

>>

>> Richard Gist wrote:  
>>  
>>> Surprised? I wouldn't be. First, it was Twinkies. Now SSRIs sell  
>>> better than Hostess cakes. If you're a defense lawyer, I reckon, you  
>>> use what you've got . . .  
>>> Richard Gist, Ph.D.  
>>> Principal Assistant to the Director  
>>> Kansas City, Missouri Fire Department  
>>> Office: 816.784.9242  
>>> FAX: 816.784.9230  
>>> Page: 816.989.8741  
>>> James C Coyne <jcoyne@mail.med.upenn.edu>  
>>>  
>>> James C Coyne <jcoyne@mail.med.upenn.edu>  
>>> Sent by:  
>>> owner-sscpnet@listserv.it.northwestern.edu  
>>> 02/08/2005 07:44 AM  
>>> Please respond to  
>>> jcoyne@mail.med.upenn.edu  
>>>  
>>> To  
>>>  
>>> Society for a Scientific Clinical Psychology  
>>> <sscpnet@listserv.it.northwestern.edu>  
>>> cc  
>>>  
>>> Subject  
>>>  
>>> David Healy's testimony concerning antidepressants causing violent  
>>> behavior  
>>>  
>>>  
>>> >David Healy's testimony reported in the article below has nothing  
>>> to do  
>>> >with science, and everything to do with junk science for hire. This  
>>> is an  
>>> >amazing bit of work and raises obvious ethical issues.  
>>> Peter Breggin is getting ready to take a similar stance in a civil suit  
>>> related to the Columbine shootings.  
>>>  
>>>  
>>> ><http://archives.postandcourier.com/archive/arch05/0205/arc02052143778.shtml>  
>>>  
>>> >  
>>> >Doctor says Zoloft alone led to killings  
>>> >Published on 02/05/05  
>>> >BY SCHUYLER KROPF  
>>> >Of The Post and Courier Staff



>>> >Accused double-murderer Christopher Pittman's defense team presented a  
>>> >medical expert Friday who said the antidepressant Zoloft  
>>> undoubtedly drove  
>>> >the boy to kill his grandparents.  
>>> >  
>>> >Psychiatrist David Healy was asked by defense lawyer Andy Vickery  
>>> whether  
>>> >he believes Zoloft and nothing else prompted the then-12-year-old  
>>> to shoot  
>>> >and kill the couple.  
>>> >  
>>> >"The facts are consistent with the drug having caused that," responded  
>>> >Healy, who added every piece of evidence he's seen from the case  
>>> points  
>>> >only to Zoloft.  
>>> >  
>>> >Healy's testimony came a day after a prosecution witness who was  
>>> called by  
>>> >the defense said he believed Zoloft definitely was not to blame for  
>>> the  
>>> >boy's actions. Dr. James Ballenger, also a psychiatrist, said rage  
>>> is what  
>>> >caused Pittman to kill his grandparents, not a drug-induced haze.  
>>> >  
>>> >"I don't think there is any evidence that's credible that he was  
>>> manic,"  
>>> >Ballenger said. He said the killings came about after the  
>>> grandparents had  
>>> >threatened to send the boy back to Florida to live with his father.  
>>> >  
>>> >Healy's testimony came as the first week of Pittman's trial came to a  
>>> >close. About 20 witnesses have testified.  
>>> >  
>>> >Outside the courtroom, Healy, an expert in psychopharmacology who  
has  
>>> >studied the effects of drugs on children, said he has never  
>>> interviewed  
>>> >the boy. He said he based his courtroom testimony on information  
>>> from the  
>>> >boy's psychiatrist and on industry studies he said show an  
>>> increased risk  
>>> >of violence and destructive behavior in some children who take Zoloft.  
>>> >  
>>> >Zoloft, made by Pfizer Inc., is one of several antidepressants on the  
>>> >market classified as selective serotonin reuptake inhibitors, or  
>>> SSRIs. In  
>>> >October, the FDA ordered that such drugs carry a so-called "black box"  
>>> >warning â€” a label that is the government's strongest warning  
>>> short of a

>>> >ban "on the increased risk of suicidal behavior in children  
>>> taking the  
>>> >medications. The company says its drug is safe.  
>>> >  
>>> >On the witness stand Friday, Healy said he felt certain "other  
>>> factors in  
>>> >play" clouded the boy's ability to determine right from wrong.  
>>> >  
>>> >He also said he doubted anyone the boy met before or after the  
>>> killings  
>>> >was qualified to judge what Zoloft was doing to Pittman because  
>>> violent  
>>> >feelings and thoughts can be masked. "I don't think he was in a fit  
>>> state  
>>> >to let people know what was going on," Healy said.  
>>> >  
>>> >Pittman, now 15, is accused of walking into his grandparents'  
>>> bedroom on  
>>> >Nov. 28, 2001, and shooting Joe Frank Pittman, 66, and his wife, Joy  
>>> >Roberts Pittman, 62, in their Chester County home and setting the  
>>> house on  
>>> >fire. He stole their vehicle and drove to a neighboring county  
>>> where he  
>>> >told hunters and police that an intruder had committed the murders.  
>>> After  
>>> >authorities connected him to the fire, he confessed.  
>>> >  
>>> >Because of the heinous nature of the crime, the state is trying the  
>>> boy as  
>>> >an adult and is seeking a life sentence.  
>>> >  
>>> >The defense concedes the boy killed the couple but that he is  
>>> innocent of  
>>> >murder because he was under the influence of Zoloft.  
>>> >  
>>> >Friday's final witness gave an account of the last time she saw the  
>>> boy  
>>> >before the Pittmans were killed.  
>>> >  
>>> >Vickie Phillips, choir director at the family's church, said the boy's  
>>> >grandfather chastised him after he had been kicking her piano  
>>> stool. When  
>>> >the boy came back, his face was filled with rage, she said.  
>>> >  
>>> >"It was a look I'd never seen before," Phillips said.  
>>> >  
>>> >The boy killed his grandparents a couple hours later.  
>>> >  
>>> >Testimony in the trial resumes Monday.  
>>> >

>>> >-  
>>  
>>  
>> James C. Coyne, Ph.D.  
>> Co-Director, Cancer Control and Outcomes Program  
>> Abramson Cancer Center of the University of Pennsylvania and  
>> Professor  
>> Department of Psychiatry  
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>> Philadelphia, Pa 19104  
>> (215) 662-7035  
>> fax: (215) 349-5067  
>> <http://www.uphs.upenn.edu/abramson/coyne.html>  
>  
>  
>

From Richard\_Gist@kcmo.org Tue Feb 8 10:27:49 2005  
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by iris.itcs.northwestern.edu (8.12.10/8.12.10) id j18GRmSQ026688  
for <sscpnet@listserv.acns.nwu.edu>; Tue, 8 Feb 2005 10:27:48 -0600  
(CST)  
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<Richard\_Gist@kcmo.org> using -f  
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violent  
behavior  
To: rwmontgomery@mindspring.com  
Cc: James Coyne <jcoyne@mail.med.upenn.edu>,  
owner-sscpnet@listserv.it.northwestern.edu,  
sscpnet@listserv.acns.nwu.edu  
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Date: Tue, 8 Feb 2005 10:26:11 -0600  
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From Richard\_Gist@kcmo.org Tue Feb 8 11:21:01 2005  
Received: (from mailnull@localhost)  
by iris.itcs.northwestern.edu (8.12.10/8.12.10) id j18HL0o8027549;  
Tue, 8 Feb 2005 11:21:00 -0600 (CST)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<Richard\_Gist@kcmo.org> using -f  
Received: from Notesmail2.kcmo.org (notesmail2.kcmo.org [216.62.88.26]) by  
iris.itcs.northwestern.edu via smap (V2.0)  
id xma026842; Tue, 8 Feb 05 11:20:34 -0600  
In-Reply-To: <00f901c50d72\$267d8400\$93df8a80@Miklowitz>  
Subject: Re: Data Contradict Antidepressant/Suicide Link (with more data)  
To: miklow@psych.colorado.edu  
Cc: jcoyne@mail.med.upenn.edu, owner-  
sscpnet@listserv.it.northwestern.edu,  
"SSCP" <sscpnet@listserv.it.northwestern.edu>  
X-Mailer: Lotus Notes Release 6.0.2CF1 June 9, 2003  
Message-ID: <OF7B9AC23A.24CAD6AA-ON86256FA2.0049908A-  
86256FA2.005F2E3B@kcmo.org>  
From: Richard Gist <Richard\_Gist@kcmo.org>  
Date: Tue, 8 Feb 2005 11:19:37 -0600  
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6.5|September 26, 2003) at  
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I've  
alluded several times . . . suicide is, most especially in the young, a=  
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reporting. The notion that a significant change in population rates is=  
likely to be meaningfully demonstrated as directly attributable to the  
number of Prozac pills popped per person on a county by county level li=  
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somewhere between the far-fetched and the shockingly naive. I might  
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broad population model unless and until broad population dosing becomes=  
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effective IV . . . but then again, we've got Prozac in the water now,  
according to some interesting reports from both the US and the UK.  
\*That's\* maybe the point most deserving of discussion here.

Richard Gist, Ph.D.  
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Page: 816.989.8741

=

"David Miklowitz" =

<miklow@psych.col =

orado.edu> =

To Sent by: <jcoyne@mail.med.upenn.edu> =

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ect 02/07/2005 06:07 Re: Data Contradict =

h PM Antidepressant/Suicide Link (wit=

more data) =

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Please respond to =

miklow@psych.col =

orado.edu =

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Jim,

Thanks for the references. I'm beginning to wonder if the

antidepressant/suicide debate has merged "suicide" with "suicidal thoughts and behaviors," which really should be kept separate. My recollection of the FDA data was that there was a 4% risk of suicidal thoughts and behaviors among kids taking antidepressants and 2% on placebos, but there were no

actual completed suicides in the 24 trials included in the meta-analysis.

This distinction may account in part for why studies like the one you cite below (which concerns completed suicides) don't find increases in people on antidepressants.

David  
David J. Miklowitz, Ph.D.  
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F: (303) 492-2967  
miklow@psych.colorado.edu

----- Original Message -----

From: "James C Coyne" <jcoyne@mail.med.upenn.edu>

To: "Society for a Scientific Clinical Psychology"

<sscpnet@listserv.it.northwestern.edu>

Sent: Monday, February 07, 2005 4:10 PM

Subject: Re: Data Contradict Antidepressant/Suicide Link (with more data)

> I agree that there is some confusion between mode and cause here, but

this

> effort does represent the entering data into a discussion that often goes

> on in the absence or direct contradiction of data. I have also done more

to

> responsibly point out (d) (i.e., using data) than anyone else on this

> listserve, although I have some similar strong doubts that the delivery

of

> psychotherapy of adequate quality and duration in the community to be

very

> effective in treating depression. Therapy is probably not a wholesale=

> answer to the limitations on the delivery of antidepressants in the community.

>

> but to round out your "what we know"

>

> f. the information suggesting SSRIs definitely cause suicide is colored

by

> the undisclosed economic incentives available to those who make such claims

> (Healy, Breggin etc)

>

> g. recent claims by a journalist associated with BMJ, Jeanne Lenzer, = of a

> coverup of data concerning risk associated with SSRIs were unfounded = and

a

> hoax serving her ideological interests and close ties to those with

> substantial personal financial interests.

>

>

> just by coincidence, the batch of emails in which your email arrived=

> included the announcement for this week's Archives of General Psychiatry,

> and the abstract for one of the articles is

>

>

> The Relationship Between Antidepressant Medication Use and Rate of Suicide

>

> Robert D. Gibbons, PhD; Kwan Hur, PhD; Dulal K. Bhaumik, PhD; J. John=

Mann, MD

>

> Arch Gen Psychiatry. 2005;62:165-172.

>

> Background Approximately 30 000 people die annually by suicide in the=

> United States. Although 60% of suicides occur during a mood disorder,=

> mostly untreated, little is known about the relationship between

> antidepressant medication use and the rate of suicide in the United States.

>

> Objective To examine the association between antidepressant medication=

n  
 > prescription and suicide rate by analyzing associations at the county=  
 level  
 > across the United States.  
 >  
 > Design Analysis of National Vital Statistics from the Centers for Dis=  
 ease  
 > Control and Prevention.  
 >  
 > Setting All US counties.  
 >  
 > Participants All US individuals who committed suicide between 1996 an=  
 d  
 1998.  
 >  
 > Main Outcome Measures National county-level suicide rate data are bro=  
 ken  
 > down by age, sex, income, and race for the period of 1996 to 1998.  
 National  
 > county-level antidepressant prescription data are expressed as number=  
 of  
 > pills prescribed. The primary outcome measure is the suicide rate in =  
 each  
 > county expressed as the number of suicides for a given population siz=  
 e.  
 >  
 > Results The overall relationship between antidepressant medication  
 > prescription and suicide rate was not significant. Within individual  
 > classes of antidepressants, prescriptions for selective serotonin  
 reuptake  
 > inhibitors (SSRIs) and other new-generation non-SSRI antidepressants =  
 (eg,  
 > nefazodone hydrochloride, mirtazapine, bupropion hydrochloride, and  
 > venlafaxine hydrochloride) are associated with lower suicide rates (b=  
 oth  
 > within and between counties). A positive association between tricycli=  
 c  
 > antidepressant (TCA) prescription and suicide rate was observed. Resu=  
 lts  
 > are adjusted for age, sex, race, income, and county-to-county variabi=  
 lity  
 > in suicide rates. Higher suicide rates in rural areas are associated =  
 with  
 > fewer antidepressant prescriptions, lower income, and relatively more=  
 > prescriptions for TCAs.  
 >  
 > Conclusions The aggregate nature of these observational data preclude=  
 a



> direct causal interpretation of the results. A high number of TCA  
> prescriptions may be a marker for those counties with more limited access  
> to quality mental health care and inadequate treatment and detection of  
> depression, which in turn lead to increased suicide rates. By contrast,  
> increases in prescriptions for SSRIs and other new-generation non-SSRIs  
are  
> associated with lower suicide rates both between and within counties over  
> time and may reflect antidepressant efficacy, compliance, a better quality  
> of mental health care, and low toxicity in the event of a suicide attempt  
> by overdose.

>  
>  
> Author Affiliations: Center for Health Statistics, University of Illinois  
at Chicago (Drs Gibbons, Hur, and Bhaumik); and Department of Neuroscience,  
> New York State Psychiatric Institute, Department of Psychiatry, Columbia  
University College of Physicians and Surgeons, New York (Dr Mann).

>  
>  
>  
>  
>  
>  
>  
> At 03:58 PM 2/7/2005 -0600, you wrote:

>  
> >C'mon, Jim . . . parts of this have to have caused you some heartburn!

I'm  
> >not arguing that the case against SSRI may not have as many logical flaws

> >as the case built for them; the jury's still deliberating there, but so  
it

> >goes. The hyperbole about suicide rates in this release, however, belie

> >both epidemiologic ignorance and a rhetorical bias to overstate.  
Consider,

> >for example:

> >"Suicide is the most common cause of death in children age 5 to 14, =  
the

> >third most common cause of death in people age 15 to 24 and the four=

th

> >most common cause in people age 25 to 44."

> >

> >Why is this problematic? Well, first off, suicide is \*not\* a cause of

death . . . it is a mode of death. There are many causes of death but

only

> >four possible modes (and these are distinct from the mechanism of death).

> >A death is a homicide if the decedent dies by externally engendered means

> >as the intended result of the actions of another, by suicide if the

> >decedent dies by externally engendered means as the intended result of

his

> >or her own act, or an accidental death if the decedent dies of externally

> >engendered means absent intent of self or another. If not externally=

> >inflicted, the death is considered, by default, a natural death.

> >Accidental deaths have been and remain the leading cause of pediatric

> >demise; natural deaths are second. Suicides in young children, while=

> >exceedingly rare, exceed homicides but this reverses in adolescence =

and

> >early adulthood (though accidental and natural deaths continue to exceed

> >suicides and homicides by about eight and four fold, respectively).

> >

> >E-900 series deaths (external injuries) are typically reported by mode,

> >while natural deaths are broken down by "cause"--meaning in this context

> >the underlying disease or degenerative process which led to the mechanism

> >of death . . . mechanical asphyxia secondary to impingement of neoplastic

> >growth ends up listed as a death from laryngeal cancer. In smaller

> >children especially, accidental deaths are increasingly disaggregated,

but

> >homicides and suicides remain, by convention, reported as if a "cause."

> >Reaggregate accidental and natural deaths and you get a very different

picture.

> >

> >Why would we report as quoted above? Simple: It's a rhetorical

hyperbole,

> >designed to make a very rare event seem nearly epidemic and to cloud=

> >objective assessment with large dosages of emotion. Very scientific.=

> >Depression and suicide is much like smoking and cancer . . . smoking=

leads

> >to cancer but does not, in the strictest sense, cause it. Those who smoke,

> >though, are more likely than nonsmokers to develop pulmonary neoplas= m.

Are

> >those who take SSRIs more or less likely to off themselves than thos= e

who

> >do not? These data do not really help us to determine that--they sim= ply

> >argue that there are other factors to consider, and we knew that already.

> >What we seem to know about SSRIs at this point includes:

> >

> >(a) their efficacy has been overstated;

> >(b) their risk was systematically underreported;

> >(c) the information reported was colored by economic incentives;

> >(d) they are rampantly overprescribed without sufficient monitoring = or

> >appropriate conjunctive care;

> >(e) they make an obscene amount of money for their producers.

> >

> >That's the cause of the current backlash . . . the data will need to=

> >settle more before we can say much more with any certainty. But hyperbole

> >doesn't help--from either camp.

> >

> >Richard Gist, Ph.D.

> >Principal Assistant to the Director

> >Kansas City, Missouri Fire Department

> >

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> >Page: 816.989.8741

> >7ca2aaf.jpgJames C Coyne <jcoyne@mail.med.upenn.edu>

> >

> >James C Coyne <jcoyne@mail.med.upenn.edu> Sent by:

> >owner-sscpnet@listserv.it.northwestern.edu

> >

> >02/07/2005 03:25 PM

> >Please respond to jcoyne@mail.med.upenn.edu

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> >  
> >New UCLA Study Disputes Antidepressant/Suicide Link; Scientists Fear=

Rise

> >in Deaths From Untreated Depression  
> >76a0b13.jpg  
> >76a0b3b.jpg  
> >Date: February 2, 2005  
> >Contact: Elaine Schmidt ( eschmidt@mednet.ucla.edu )  
> >Phone: 310-794-2272  
> >76a0b4f.jpg  
> >  
> >Challenging recent claims linking antidepressant use to suicidal  
behavior,  
> >a new UCLA study shows that American suicide rates have dropped stea=  
dily  
> >since the introduction of Prozac and other serotonin reuptake inhibi=  
tor  
> >(SSRI) drugs. In research published Feb. 1 in the journal Nature Rev=  
iews  
> >Drug Discovery, the authors caution that regulatory actions to limit=

SSRI

> >prescriptions may actually increase death rates from untreated  
depression,  
> >the No. 1 cause of suicide.  
> >  
> >"The recent debate has focused solely on a possible link between  
> >antidepressant use and suicide risk without examining the question  
within  
a  
> >broader historical and medical context," said Dr. Julio Licinio, a  
> >professor of psychiatry and endocrinology at the David Geffen School=  
of  
> >Medicine and a researcher at the UCLA Neuropsychiatric Institute. "W=  
e

> > feared that the absence of treatment may prove more harmful to depressed individuals than the effects of the drugs themselves."

> >

> > "The vast majority of people who commit suicide suffer from untreated depression," he said. "We wanted to explore a possible SSRI-suicide link while ensuring that effective treatment and drug development for depression were not halted without cause."

> >

> > Licinio worked with fellow psychiatrist Dr. Ma-Ling Wong to conduct an exhaustive database search of studies published between 1960 and 2004 on antidepressants and suicide. The team reviewed each piece of research in great detail and created a timeline of key regulatory events related to antidepressants. Then they generated charts tracking antidepressant use and suicide rates in the United States.

> >

> > What they found surprised them.

> >

> > "Suicide rates rose steadily from 1960 to 1988 when Prozac, the first SSRI drug, was introduced," Licinio said. "Since then, suicide rates have dropped precipitously, sliding from the eighth to the 11th leading cause of death in the United States."

> >

> > Several large-scale studies in the United States and Europe also screened blood samples from suicide victims and found no association between antidepressant use and suicide.

> >

> > "Researchers found blood antidepressant levels in less than 20 percent of suicide cases," Licinio said. "This implies that the vast majority of suicide victims never received treatment for their depression."

> >

> > "Our findings strongly suggest that these individuals who committed

suicide

> >were not reacting to their SSRI medication," he added. "They actually  
> >killed themselves due to untreated depression. This was particularly=

true

> >in men and in people under 30."

> >

> >Licinio and Wong fear that overzealous regulatory and medical reaction,

> >public confusion and widespread media coverage may persuade people to  
o

stop

> >taking antidepressants altogether. They warn that this would result =  
in a

> >far worse situation by causing a drop in treatment for people who  
actually

> >need it.

> >

> >The UCLA study also looked at other reasons that may contribute to  
suicidal

> >behavior by people taking SSRIs for depression.

> >

> >Before the introduction of SSRIs, patients taking early drug treatments

for

> >depression were susceptible to overdoses and serious side effects, such

as

> >irregular heart rates and blood pressure increases. As a result, doctors

> >prescribed the drugs in small doses and followed patients closely.

> >

> >In contrast, toxic side effects are rare in SSRIs. Physicians often

> >prescribe the drugs in larger doses and may not see the patient again

for

> >up to two months. This scenario, Licinio warns, can set the stage for

> >suicide risk.

> >

> >"When people start antidepressant therapy, the first symptom to be

> >alleviated is low energy, but the feeling that life isn't worth living

is

> >the last to go," he said. "Prior to taking SSRIs, depressed people may

not

> >have committed suicide due to their extreme lethargy. As they begin =  
drug

> >therapy, they experience more energy, but still feel that life isn't=  
worth  
> >living. That's when a depressed person is most in danger of committi=  
ng  
> >suicide."  
> >  
> >Licio stresses the need for even closer monitoring of SSRI use by  
children.  
> >  
> >"The only antidepressant proven to be effective for treating childre=  
n  
with  
> >depression is Prozac," he said. "Children should receive Prozac only=  
and  
> >should be followed very closely by their physicians during treatment=  
."  
> >  
> >Funding from the National Institute of General Medical Sciences and =  
an  
> >award from the Dana Foundation supported the research.  
> >  
> >Depression is a complex disorder that affects some 10 percent of men=  
and  
20  
> >percent of women in the United States during their lifetime. Ten per=  
cent  
to  
> >15 percent of depressed people commit suicide. Depression plays a ro=  
le  
in  
> >at least one-half of all adult suicides and in 76 percent of suicide=  
s  
> >committed by children. Suicide is the most common cause of death in  
> >children age 5 to 14, the third most common cause of death in people=  
age  
15  
> >to 24 and the fourth most common cause in people age 25 to 44.  
> >  
> >The UCLA Neuropsychiatric Institute is an interdisciplinary research=  
and  
> >education institute devoted to the understanding of complex human  
behavior,  
> >including the genetic, biological, behavioral and sociocultural  
> >underpinnings of normal behavior, and the causes and consequences of=  
  
> >neuropsychiatric disorders. More information is available online at  
>  
><<<http://www.npi.ucla.edu/>  
><http://www.npi.ucla.edu/>>[http://www.npi.ucla.edu](http://www.npi.ucla.edu/)

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The efficacy of SSRIs in preventing suicide is not reasonably studied in a broad population model unless and until broad population dosing becomes the effective IV . . . but then again, we've got Prozac in the water now, according to some interesting reports from both the US and the UK. \*That's\* maybe the point most deserving of discussion here.<br>

<br>  
<br>  
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<br>  
Office: 816.784.9242<br>  
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Page: 816.989.8741<br>

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lorado.edu&gt;</font></b><font size=3D"2"> </font><br>

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<font size=3D"2">&lt;jcoyne@mail.med.upenn.edu&gt;</font></td></tr>



s.<br>

This distinction may account in part for why studies like the one you cite  
below (which concerns completed suicides) don't find increases in people on  
antidepressants.<br>

<br>

David<br>

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<br>

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<br>

----- Original Message ----- <br>

From: "James C Coyne" <jcoyne@mail.med.upenn.edu><br>

To: "Society for a Scientific Clinical Psychology"<br>

<sscpnet@listserv.it.northwestern.edu><br>

Sent: Monday, February 07, 2005 4:10 PM<br>

Subject: Re: Data Contradict Antidepressant/Suicide Link (with more data)<br>

<br>

<br>

> I agree that there is some confusion between mode and cause here, =  
but this<br>

> effort does represent the entering data into a discussion that often goes<br>

> on in the absence or direct contradiction of data. I have also done more<br>

to<br>

> responsibly point out (d) (i.e., using data) than anyone else on this<br>

> listserve, although I have some similar strong doubts that the delivery of<br>

> psychotherapy of adequate quality and duration in the community to be very<br>

> effective in treating depression. Therapy is probably not a whole sale<br>

> answer to the limitations on the delivery of antidepressants in the<br>

community.<br>

><br>

> but to round out your "what we know"<br>

><br>

> f. the information suggesting &nbsp;SSRIs definitely cause suicide is colored<br>

by  
> the undisclosed economic incentives available to those who make such  
claims  
> (Healy, Breggin etc)  
>  
> g. recent claims by a journalist associated with BMJ, Jeanne Lenze-  
r, of a  
> coverup of data concerning risk associated with SSRIs were unfound-  
ed and a  
> hoax serving her ideological interests and close ties to those wit-  
h  
> substantial personal financial interests.  
>  
>  
> just by coincidence, the batch of emails in which your email  
arrived  
> included the announcement for this week's Archives of General Psychi-  
atry,  
> and the abstract for one of the articles is  
>  
>  
> The Relationship Between Antidepressant Medication Use and Rate of  
Suicide  
>  
> Robert D. Gibbons, PhD; Kwan Hur, PhD; Dulal K. Bhaumik, PhD; J. John  
Mann, MD  
>  
> Arch Gen Psychiatry. 2005;62:165-172.  
>  
> Background Approximately 30 000 people die annually by suicide in the  
United States. Although 60% of suicides occur during a mood disorder,  
> mostly untreated, little is known about the relationship between  
antidepressant medication use and the rate of suicide in the United States.  
>  
> Objective To examine the association between antidepressant medication  
prescription and suicide rate by analyzing associations at the county  
level  
> across the United States.  
>  
> Design Analysis of National Vital Statistics from the Centers for Disease

&gt; Control and Prevention.<br>  
&gt;<br>  
&gt; Setting All US counties.<br>  
&gt;<br>  
&gt; Participants All US individuals who committed suicide between 1996=  
and<br>  
1998.<br>  
&gt;<br>  
&gt; Main Outcome Measures National county-level suicide rate data are =  
broken<br>  
&gt; down by age, sex, income, and race for the period of 1996 to 1998.=  
<br>  
National<br>  
&gt; county-level antidepressant prescription data are expressed as num=  
ber of<br>  
&gt; pills prescribed. The primary outcome measure is the suicide rate =  
in each<br>  
&gt; county expressed as the number of suicides for a given population =  
size.<br>  
&gt;<br>  
&gt; Results The overall relationship between antidepressant medication=  
<br>  
&gt; prescription and suicide rate was not significant. Within individu=  
al<br>  
&gt; classes of antidepressants, prescriptions for selective serotonin =  
reuptake<br>  
&gt; inhibitors (SSRIs) and other new-generation non-SSRI antidepressan=  
ts (eg,<br>  
&gt; nefazodone hydrochloride, mirtazapine, bupropion hydrochloride, an=  
d<br>  
&gt; venlafaxine hydrochloride) are associated with lower suicide rates=  
(both<br>  
&gt; within and between counties). A positive association between tricyc=  
lic<br>  
&gt; antidepressant (TCA) prescription and suicide rate was observed. R=  
esults<br>  
&gt; are adjusted for age, sex, race, income, and county-to-county vari=  
ability<br>  
&gt; in suicide rates. Higher suicide rates in rural areas are associat=  
ed with<br>  
&gt; fewer antidepressant prescriptions, lower income, and relatively m=  
ore<br>  
&gt; prescriptions for TCAs.<br>  
&gt;<br>  
&gt; Conclusions The aggregate nature of these observational data precl=  
ude a<br>  
&gt; direct causal interpretation of the results. A high number of TCA<=  
<br>  
&gt; prescriptions may be a marker for those counties with more limited=  
access<br>

&gt; to quality mental health care and inadequate treatment and detection of  
&gt; depression, which in turn lead to increased suicide rates. By contrast,  
&gt; increases in prescriptions for SSRIs and other new-generation non-SSRIs  
are  
&gt; associated with lower suicide rates both between and within counties over  
&gt; time and may reflect antidepressant efficacy, compliance, a better quality  
&gt; of mental health care, and low toxicity in the event of a suicide attempt  
&gt; by overdose.  
&gt;  
&gt;  
&gt; Author Affiliations: Center for Health Statistics, University of Illinois  
at Chicago (Drs Gibbons, Hur, and Bhaumik); and Department of Neuroscience,  
&gt; New York State Psychiatric Institute, Department of Psychiatry, Columbia  
&gt; University College of Physicians and Surgeons, New York (Dr Mann).  
&gt;  
&gt;  
&gt;  
&gt;  
&gt;  
&gt;  
&gt; At 03:58 PM 2/7/2005 -0600, you wrote:  
&gt;  
&gt; &gt;C'mon, Jim . . . parts of this have to have caused you some heartburn!  
I'm  
&gt; &gt;not arguing that the case against SSRI may not have as many logical flaws  
&gt; &gt;as the case built for them; the jury's still deliberating there, but so  
it  
&gt; &gt;goes. The hyperbole about suicide rates in this release, however, belies  
&gt; &gt;both epidemiologic ignorance and a rhetorical bias to overstate.  
Consider,  
&gt; &gt;for example:  
&gt; &gt;"Suicide is the most common cause of death in children age 5 to 14, the  
&gt; &gt;third most common cause of death in people age 15 to 24 and the fourth

&gt; &gt;most common cause in people age 25 to 44.&quot;<br>
 &gt; &gt;<br>
 &gt; &gt;Why is this problematic? Well, first off, suicide is \*not\* a cause of<br>
 &gt; &gt;death . . . it is a mode of death. There are many causes of death but<br>
 &gt; &gt;only<br>
 &gt; &gt;four possible modes (and these are distinct from the mechanism of death).<br>
 &gt; &gt;A death is a homicide if the decedent dies by externally engendered means<br>
 &gt; &gt;as the intended result of the actions of another, by suicide if the decedent dies by externally engendered means as the intended result of<br>
 &gt; &gt;his<br>
 &gt; &gt;or her own act, or an accidental death if the decedent dies of<br>
 &gt; &gt;engendered means absent intent of self or another. If not externally<br>
 &gt; &gt;inflicted, the death is considered, by default, a natural death.<br>
 &gt; &gt;Accidental deaths have been and remain the leading cause of pediatric<br>
 &gt; &gt;demise; natural deaths are second. Suicides in young children, while<br>
 &gt; &gt;exceedingly rare, exceed homicides but this reverses in adolescence and<br>
 &gt; &gt;early adulthood (though accidental and natural deaths continue to exceed<br>
 &gt; &gt;suicides and homicides by about eight and four fold, respectively).<br>
 &gt; &gt;<br>
 &gt; &gt;E-900 series deaths (external injuries) are typically reported by mode,<br>
 &gt; &gt;while natural deaths are broken down by &quot;cause&quot;--meaning in this context<br>
 &gt; &gt;the underlying disease or degenerative process which led to the mechanism<br>
 &gt; &gt;of death . . . mechanical asphyxia secondary to impingement of neoplastic<br>
 &gt; &gt;growth ends up listed as a death from laryngeal cancer. In smaller<br>
 &gt; &gt;children especially, accidental deaths are increasingly disaggregated,<br>
 &gt; &gt;but<br>
 &gt; &gt;homicides and suicides remain, by convention, reported as if a &quot;cause.&quot;<br>
 &gt; &gt;Reaggregate accidental and natural deaths and you get a very different<br>

picture.<br>  
&gt; &gt;<br>  
&gt; &gt;Why would we report as quoted above? Simple: It's a rhetorical=  
hyperbole,<br>  
&gt; &gt;designed to make a very rare event seem nearly epidemic and to=  
cloud<br>  
&gt; &gt;objective assessment with large dosages of emotion. Very scien=  
tific.<br>  
&gt; &gt;Depression and suicide is much like smoking and cancer . . . s=  
moking<br>  
leads<br>  
&gt; &gt;to cancer but does not, in the strictest sense, cause it. Thos=  
e who<br>  
smoke,<br>  
&gt; &gt;though, are more likely than nonsmokers to develop pulmonary n=  
eoplasm.<br>  
Are<br>  
&gt; &gt;those who take SSRIs more or less likely to off themselves tha=  
n those who<br>  
&gt; &gt;do not? These data do not really help us to determine that--th=  
ey simply<br>  
&gt; &gt;argue that there are other factors to consider, and we knew th=  
at already.<br>  
&gt; &gt;What we seem to know about SSRIs at this point includes:<br>  
&gt; &gt;<br>  
&gt; &gt;(a) their efficacy has been overstated;<br>  
&gt; &gt;(b) their risk was systematically underreported;<br>  
&gt; &gt;(c) the information reported was colored by economic incentive=  
s;<br>  
&gt; &gt;(d) they are rampantly overprescribed without sufficient monit=  
oring or<br>  
&gt; &gt;appropriate conjunctive care;<br>  
&gt; &gt;(e) they make an obscene amount of money for their producers.<=  
br>  
&gt; &gt;<br>  
&gt; &gt;That's the cause of the current backlash . . . the data will n=  
eed to<br>  
&gt; &gt;settle more before we can say much more with any certainty. Bu=  
t hyperbole<br>  
&gt; &gt;doesn't help--from either camp.<br>  
&gt; &gt;<br>  
&gt; &gt;Richard Gist, Ph.D.<br>  
&gt; &gt;Principal Assistant to the Director<br>  
&gt; &gt;Kansas City, Missouri Fire Department<br>  
&gt; &gt;<br>  
&gt; &gt;Office: 816.784.9242<br>  
&gt; &gt;FAX: 816.784.9230<br>  
&gt; &gt;Page: 816.989.8741<br>  
&gt; &gt;7ca2aaf.jpgJames C Coyne  
&lt;jcoyne@mail.med.upenn.edu&gt;<br>=



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&gt; &gt;<br>  
&gt; &gt;New UCLA Study Disputes Antidepressant/Suicide Link; Scientist=  
s Fear Rise<br>  
&gt; &gt;in Deaths From Untreated Depression<br>  
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&gt; &gt;Date: February 2, 2005<br>  
&gt; &gt;Contact: Elaine Schmidt ( eschmidt@mednet.ucla.edu )<br>  
&gt; &gt;Phone: 310-794-2272<br>  
&gt; &gt;76a0b4f.jpg<br>  
&gt; &gt;<br>  
&gt; &gt;Challenging recent claims linking antidepressant use to suicid=  
al<br>  
behavior,<br>  
&gt; &gt;a new UCLA study shows that American suicide rates have droppe=  
d steadily<br>  
&gt; &gt;since the introduction of Prozac and other serotonin reuptake =  
inhibitor<br>  
&gt; &gt;(SSRI) drugs. In research published Feb. 1 in the journal Natu=  
re Reviews<br>  
&gt; &gt;Drug Discovery, the authors caution that regulatory actions to=  
limit SSRI<br>  
&gt; &gt;prescriptions may actually increase death rates from untreated=  
<br>  
depression,<br>  
&gt; &gt;the No. 1 cause of suicide.<br>  
&gt; &gt;<br>  
&gt; &gt;"The recent debate has focused solely on a possible link =  
between<br>

&gt; &gt; antidepressant use and suicide risk without examining the ques=  
tion within<br>  
<br>  
&gt; &gt; broader historical and medical context,&quot; said Dr. Julio L=  
icinio, a<br>  
&gt; &gt; professor of psychiatry and endocrinology at the David Geffen =  
School of<br>  
&gt; &gt; Medicine and a researcher at the UCLA Neuropsychiatric Institu=  
te. &quot;We<br>  
&gt; &gt; feared that the absence of treatment may prove more harmful to=  
depressed<br>  
&gt; &gt; individuals than the effects of the drugs themselves.&quot;<br>  
>  
&gt; &gt;<br>  
&gt; &gt;&quot;The vast majority of people who commit suicide suffer fr=  
om untreated<br>  
&gt; &gt; depression,&quot; he said. &quot;We wanted to explore a possib=  
le SSRI-suicide link<br>  
&gt; &gt; while ensuring that effective treatment and drug development f=  
or<br>  
depression<br>  
&gt; &gt; were not halted without cause.&quot;<br>  
&gt; &gt;<br>  
&gt; &gt; Licinio worked with fellow psychiatrist Dr. Ma-Ling Wong to co=  
nduct an<br>  
&gt; &gt; exhaustive database search of studies published between 1960 a=  
nd 2004 on<br>  
&gt; &gt; antidepressants and suicide. The team reviewed each piece of r=  
esearch in<br>  
&gt; &gt; great detail and created a timeline of key regulatory events r=  
elated to<br>  
&gt; &gt; antidepressants. Then they generated charts tracking antidepre=  
ssant use<br>  
and<br>  
&gt; &gt; suicide rates in the United States.<br>  
&gt; &gt;<br>  
&gt; &gt; What they found surprised them.<br>  
&gt; &gt;<br>  
&gt; &gt;&quot;Suicide rates rose steadily from 1960 to 1988 when Proza=  
c, the first<br>  
SSRI<br>  
&gt; &gt; drug, was introduced,&quot; Licinio said. &quot;Since then, su=  
icide rates have<br>  
&gt; &gt; dropped precipitously, sliding from the eighth to the 11th lea=  
ding cause<br>  
of<br>  
&gt; &gt; death in the United States.&quot;<br>  
&gt; &gt;<br>  
&gt; &gt; Several large-scale studies in the United States and Europe al=  
so screened<br>

&gt; &gt; blood samples from suicide victims and found no association between  
&gt; &gt; antidepressant use and suicide.<br>  
&gt; &gt;<br>  
&gt; &gt; "Researchers found blood antidepressant levels in less than 20 percent of  
&gt; &gt; suicide cases," Licinio said. "This implies that the vast majority of  
&gt; &gt; suicide victims never received treatment for their depression."  
&gt; &gt;<br>  
&gt; &gt; "Our findings strongly suggest that these individuals who committed  
suicide  
&gt; &gt; were not reacting to their SSRI medication," he added. "They actually  
&gt; &gt; killed themselves due to untreated depression. This was particularly true  
&gt; &gt; in men and in people under 30."  
&gt; &gt;<br>  
&gt; &gt; Licinio and Wong fear that overzealous regulatory and medical reaction,  
&gt; &gt; public confusion and widespread media coverage may persuade people to  
stop  
&gt; &gt; taking antidepressants altogether. They warn that this would result in a  
&gt; &gt; far worse situation by causing a drop in treatment for people who  
actually  
&gt; &gt; need it.<br>  
&gt; &gt;<br>  
&gt; &gt; The UCLA study also looked at other reasons that may contribute to  
suicidal  
&gt; &gt; behavior by people taking SSRIs for depression.<br>  
&gt; &gt;<br>  
&gt; &gt; Before the introduction of SSRIs, patients taking early drug treatments  
for  
&gt; &gt; depression were susceptible to overdoses and serious side effects, such  
as  
&gt; &gt; irregular heart rates and blood pressure increases. As a result, doctors  
&gt; &gt; prescribed the drugs in small doses and followed patients closely.<br>  
&gt; &gt;<br>  
&gt; &gt; In contrast, toxic side effects are rare in SSRIs. Physicians often

&gt; &gt;prescribe the drugs in larger doses and may not see the patient again for<br>  
&gt; &gt;up to two months. This scenario, Licinio warns, can set the stage for<br>  
&gt; &gt;suicide risk.<br>  
&gt; &gt;<br>  
&gt; &gt;&quot;When people start antidepressant therapy, the first symptom to be<br>  
&gt; &gt;alleviated is low energy, but the feeling that life isn't worthwhile living is<br>  
&gt; &gt;the last to go,&quot; he said. &quot;Prior to taking SSRIs, depressed people may<br>  
<br>  
&gt; &gt;have committed suicide due to their extreme lethargy. As they begin drug<br>  
&gt; &gt;therapy, they experience more energy, but still feel that life isn't<br>  
<br>  
&gt; &gt;worth living. That's when a depressed person is most in danger of committing<br>  
&gt; &gt;suicide.&quot;<br>  
&gt; &gt;<br>  
&gt; &gt;Licinio stresses the need for even closer monitoring of SSRI use by<br>  
<br>  
&gt; &gt;children.<br>  
&gt; &gt;<br>  
&gt; &gt;&quot;The only antidepressant proven to be effective for treating<br>  
<br>  
&gt; &gt;with<br>  
&gt; &gt;depression is Prozac,&quot; he said. &quot;Children should receive Prozac only and<br>  
&gt; &gt;should be followed very closely by their physicians during treatment.&quot;<br>  
&gt; &gt;<br>  
&gt; &gt;Funding from the National Institute of General Medical Sciences and an<br>  
&gt; &gt;award from the Dana Foundation supported the research.<br>  
&gt; &gt;<br>  
&gt; &gt;Depression is a complex disorder that affects some 10 percent of men and<br>  
<br>  
&gt; &gt;20<br>  
&gt; &gt;percent of women in the United States during their lifetime. Ten percent<br>  
<br>  
&gt; &gt;15 percent of depressed people commit suicide. Depression plays a role in<br>  
&gt; &gt;at least one-half of all adult suicides and in 76 percent of suicides<br>  
<br>  
&gt; &gt;committed by children. Suicide is the most common cause of death in<br>  
<br>

&gt; &gt;children age 5 to 14, the third most common cause of death in =  
people age<br>  
15<br>  
&gt; &gt;to 24 and the fourth most common cause in people age 25 to 44.=  
<br>  
&gt; &gt;<br>  
&gt; &gt;The UCLA Neuropsychiatric Institute is an interdisciplinary re=  
search and<br>  
&gt; &gt;education institute devoted to the understanding of complex hu=  
man<br>  
behavior,<br>  
&gt; &gt;including the genetic, biological, behavioral and sociocultura=  
l<br>  
&gt; &gt;underpinnings of normal behavior, and the causes and consequen=  
ces of<br>  
&gt; &gt;neuropsychiatric disorders. More information is available onli=  
ne at<br>  
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Date: Tue, 08 Feb 2005 12:59:19 -0500  
To: Richard\_Gist@kcmo.org, miklow@psych.colorado.edu  
From: Thomas Joiner <joiner@psy.fsu.edu>  
Cc: jcoyne@mail.med.upenn.edu, owner-  
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"SSCP" <sscpnet@listserv.it.northwestern.edu>  
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this "at best far-fetched" result appeared in the Archives of General Psychiatry, it should be reiterated. A credentialed outlet, for sure. It is true that credentialed outlets make mistakes though. I wonder what specific mistakes were made in this particular paper?

At 12:19 PM 2/8/2005, Richard Gist wrote:

>[snip] The notion that a significant change in population rates is likely  
>to be meaningfully demonstrated as directly attributable to the number of  
>Prozac pills popped per person on a county by county level lies somewhere  
>between the far-fetched and the shockingly naive. [snip]  
>Richard Gist, Ph.D.  
>Principal Assistant to the Director  
>Kansas City, Missouri Fire Department  
>  
>Office: 816.784.9242  
>FAX: 816.784.9230  
>Page: 816.989.8741  
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>  
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>To  
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><jcoyne@mail.med.upenn.edu>  
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>  
>  
>Jim,  
>  
>Thanks for the references. I'm beginning to wonder if the  
>antidepressant/suicide debate has merged "suicide" with "suicidal thoughts  
>and behaviors," which really should be kept separate. My recollection of  
>the FDA data was that there was a 4% risk of suicidal thoughts and  
>behaviors  
>among kids taking antidepressants and 2% on placebos, but there were no  
>actual completed suicides in the 24 trials included in the meta-analysis.  
>This distinction may account in part for why studies like the one you cite  
>below (which concerns completed suicides) don't find increases in people on  
>antidepressants.  
>  
>David  
>David J. Miklowitz, Ph.D.  
>Professor of Psychology and Psychiatry  
>Muenzinger Bldg.  
>University of Colorado  
>Boulder, CO 80309-0345  
>  
>O: (303) 492-8575  
>F: (303) 492-2967  
>miklow@psych.colorado.edu  
>  
>----- Original Message -----  
>From: "James C Coyne" <jcoyne@mail.med.upenn.edu>  
>To: "Society for a Scientific Clinical Psychology"  
><sscpnet@listserv.it.northwestern.edu>  
>Sent: Monday, February 07, 2005 4:10 PM  
>Subject: Re: Data Contradict Antidepressant/Suicide Link (with more data)

>  
>  
> > I agree that there is some confusion between mode and cause here, but this  
> > effort does represent the entering data into a discussion that often goes  
> > on in the absence or direct contradiction of data. I have also done more  
> to  
> > responsibly point out (d) (i.e., using data) than anyone else on this  
> > listserve, although I have some similar strong doubts that the delivery of  
> > psychotherapy of adequate quality and duration in the community to be very  
> > effective in treating depression. Therapy is probably not a wholesale  
> > answer to the limitations on the delivery of antidepressants in the  
> community.  
> >  
> > but to round out your "what we know"  
> >  
> > f. the information suggesting SSRIs definitely cause suicide is colored  
> by  
> > the undisclosed economic incentives available to those who make such  
> claims  
> > (Healy, Breggin etc)  
> >  
> > g. recent claims by a journalist associated with BMJ, Jeanne Lenzer, of a  
> > coverup of data concerning risk associated with SSRIs were unfounded  
> and a  
> > hoax serving her ideological interests and close ties to those with  
> > substantial personal financial interests.  
> >  
> >  
> > just by coincidence, the batch of emails in which your email arrived  
> > included the announcement for this week's Archives of General  
Psychiatry,  
> > and the abstract for one of the articles is  
> >  
> >  
> > The Relationship Between Antidepressant Medication Use and Rate of  
Suicide  
> >  
> > Robert D. Gibbons, PhD; Kwan Hur, PhD; Dulal K. Bhaumik, PhD; J. John  
> Mann, MD  
> >  
> > Arch Gen Psychiatry. 2005;62:165-172.  
> >  
> > Background Approximately 30 000 people die annually by suicide in the  
> > United States. Although 60% of suicides occur during a mood disorder,  
> > mostly untreated, little is known about the relationship between  
> > antidepressant medication use and the rate of suicide in the United  
> States.  
> >

> > Objective To examine the association between antidepressant medication  
> > prescription and suicide rate by analyzing associations at the county  
> level  
> > across the United States.  
> >  
> > Design Analysis of National Vital Statistics from the Centers for Disease  
> > Control and Prevention.  
> >  
> > Setting All US counties.  
> >  
> > Participants All US individuals who committed suicide between 1996 and  
> 1998.  
> >  
> > Main Outcome Measures National county-level suicide rate data are  
broken  
> > down by age, sex, income, and race for the period of 1996 to 1998.  
> National  
> > county-level antidepressant prescription data are expressed as number of  
> > pills prescribed. The primary outcome measure is the suicide rate in each  
> > county expressed as the number of suicides for a given population size.  
> >  
> > Results The overall relationship between antidepressant medication  
> > prescription and suicide rate was not significant. Within individual  
> > classes of antidepressants, prescriptions for selective serotonin reuptake  
> > inhibitors (SSRIs) and other new-generation non-SSRI antidepressants  
(eg,  
> > nefazodone hydrochloride, mirtazapine, bupropion hydrochloride, and  
> > venlafaxine hydrochloride) are associated with lower suicide rates (both  
> > within and between counties). A positive association between tricyclic  
> > antidepressant (TCA) prescription and suicide rate was observed. Results  
> > are adjusted for age, sex, race, income, and county-to-county variability  
> > in suicide rates. Higher suicide rates in rural areas are associated with  
> > fewer antidepressant prescriptions, lower income, and relatively more  
> > prescriptions for TCAs.  
> >  
> > Conclusions The aggregate nature of these observational data preclude a  
> > direct causal interpretation of the results. A high number of TCA  
> > prescriptions may be a marker for those counties with more limited access  
> > to quality mental health care and inadequate treatment and detection of  
> > depression, which in turn lead to increased suicide rates. By contrast,  
> > increases in prescriptions for SSRIs and other new-generation non-SSRIs  
> are  
> > associated with lower suicide rates both between and within counties over  
> > time and may reflect antidepressant efficacy, compliance, a better quality  
> > of mental health care, and low toxicity in the event of a suicide attempt  
> > by overdose.  
> >  
> >  
> > Author Affiliations: Center for Health Statistics, University of Illinois  
> > at Chicago (Drs Gibbons, Hur, and Bhaumik); and Department of

>Neuroscience,  
> > New York State Psychiatric Institute, Department of Psychiatry, Columbia  
> > University College of Physicians and Surgeons, New York (Dr Mann).  
> >  
> >  
> >  
> >  
> >  
> >  
> > At 03:58 PM 2/7/2005 -0600, you wrote:  
> >  
> > >C'mon, Jim . . . parts of this have to have caused you some heartburn!  
>I'm  
> > >not arguing that the case against SSRI may not have as many logical  
flaws  
> > >as the case built for them; the jury's still deliberating there, but so  
>it  
> > >goes. The hyperbole about suicide rates in this release, however, belies  
> > >both epidemiologic ignorance and a rhetorical bias to overstate.  
>Consider,  
> > >for example:  
> > >"Suicide is the most common cause of death in children age 5 to 14, the  
> > >third most common cause of death in people age 15 to 24 and the fourth  
> > >most common cause in people age 25 to 44."  
> > >  
> > >Why is this problematic? Well, first off, suicide is \*not\* a cause of  
> > >death . . . it is a mode of death. There are many causes of death but  
>only  
> > >four possible modes (and these are distinct from the mechanism of  
death).  
> > >A death is a homicide if the decedent dies by externally engendered  
means  
> > >as the intended result of the actions of another, by suicide if the  
> > >decedent dies by externally engendered means as the intended result of  
>his  
> > >or her own act, or an accidental death if the decedent dies of externally  
> > >engendered means absent intent of self or another. If not externally  
> > >inflicted, the death is considered, by default, a natural death.  
> > >Accidental deaths have been and remain the leading cause of pediatric  
> > >demise; natural deaths are second. Suicides in young children, while  
> > >exceedingly rare, exceed homicides but this reverses in adolescence  
and  
> > >early adulthood (though accidental and natural deaths continue to  
exceed  
> > >suicides and homicides by about eight and four fold, respectively).  
> > >  
> > >E-900 series deaths (external injuries) are typically reported by mode,  
> > >while natural deaths are broken down by "cause"--meaning in this  
context

> > >the underlying disease or degenerative process which led to the mechanism  
> > >of death . . . mechanical asphyxia secondary to impingement of neoplastic  
> > >growth ends up listed as a death from laryngeal cancer. In smaller  
> > >children especially, accidental deaths are increasingly disaggregated, >but  
> > >homicides and suicides remain, by convention, reported as if a "cause."  
> > >Reaggregate accidental and natural deaths and you get a very different >picture.  
> > >  
> > >Why would we report as quoted above? Simple: It's a rhetorical hyperbole,  
> > >designed to make a very rare event seem nearly epidemic and to cloud  
> > >objective assessment with large dosages of emotion. Very scientific.  
> > >Depression and suicide is much like smoking and cancer . . . smoking >leads  
> > >to cancer but does not, in the strictest sense, cause it. Those who >smoke,  
> > >though, are more likely than nonsmokers to develop pulmonary neoplasm.  
>Are  
> > >those who take SSRIs more or less likely to off themselves than those who  
> > >do not? These data do not really help us to determine that--they simply  
> > >argue that there are other factors to consider, and we knew that already.  
> > >What we seem to know about SSRIs at this point includes:  
> > >  
> > >(a) their efficacy has been overstated;  
> > >(b) their risk was systematically underreported;  
> > >(c) the information reported was colored by economic incentives;  
> > >(d) they are rampantly overprescribed without sufficient monitoring or  
> > >appropriate conjunctive care;  
> > >(e) they make an obscene amount of money for their producers.  
> > >  
> > >That's the cause of the current backlash . . . the data will need to  
> > >settle more before we can say much more with any certainty. But hyperbole  
> > >doesn't help--from either camp.  
> > >  
> > >Richard Gist, Ph.D.  
> > >Principal Assistant to the Director  
> > >Kansas City, Missouri Fire Department  
> > >  
> > >Office: 816.784.9242  
> > >FAX: 816.784.9230  
> > >Page: 816.989.8741  
> > >7ca2aaf.jpgJames C Coyne <jcoyne@mail.med.upenn.edu>  
> > >  
> > >James C Coyne <jcoyne@mail.med.upenn.edu> Sent by:

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> > >  
> > >New UCLA Study Disputes Antidepressant/Suicide Link; Scientists Fear  
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> > >in Deaths From Untreated Depression  
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> > >Date: February 2, 2005  
> > >Contact: Elaine Schmidt ( eschmidt@mednet.ucla.edu )  
> > >Phone: 310-794-2272  
> > >76a0b4f.jpg  
> > >  
> > >Challenging recent claims linking antidepressant use to suicidal  
>behavior,  
> > >a new UCLA study shows that American suicide rates have dropped  
steadily  
> > >since the introduction of Prozac and other serotonin reuptake inhibitor  
> > >(SSRI) drugs. In research published Feb. 1 in the journal Nature  
Reviews  
> > >Drug Discovery, the authors caution that regulatory actions to limit SSRI  
> > >prescriptions may actually increase death rates from untreated  
>depression,  
> > >the No. 1 cause of suicide.  
> > >  
> > >"The recent debate has focused solely on a possible link between  
> > >antidepressant use and suicide risk without examining the question  
within  
>a  
> > >broader historical and medical context," said Dr. Julio Licinio, a  
> > >professor of psychiatry and endocrinology at the David Geffen School of  
> > >Medicine and a researcher at the UCLA Neuropsychiatric Institute. "We  
> > >feared that the absence of treatment may prove more harmful to  
depressed

> > > individuals than the effects of the drugs themselves."  
> > >  
> > > "The vast majority of people who commit suicide suffer from untreated  
> > > depression," he said. "We wanted to explore a possible SSRI-suicide link  
> > > while ensuring that effective treatment and drug development for  
> depression  
> > > were not halted without cause."  
> > >  
> > > Licinio worked with fellow psychiatrist Dr. Ma-Ling Wong to conduct an  
> > > exhaustive database search of studies published between 1960 and  
> 2004 on  
> > > antidepressants and suicide. The team reviewed each piece of research  
> in  
> > > great detail and created a timeline of key regulatory events related to  
> > > antidepressants. Then they generated charts tracking antidepressant  
> use  
> and  
> > > suicide rates in the United States.  
> > >  
> > > What they found surprised them.  
> > >  
> > > "Suicide rates rose steadily from 1960 to 1988 when Prozac, the first  
> SSRI  
> > > drug, was introduced," Licinio said. "Since then, suicide rates have  
> > > dropped precipitously, sliding from the eighth to the 11th leading cause  
> of  
> > > death in the United States."  
> > >  
> > > Several large-scale studies in the United States and Europe also  
> screened  
> > > blood samples from suicide victims and found no association between  
> > > antidepressant use and suicide.  
> > >  
> > > "Researchers found blood antidepressant levels in less than 20 percent  
> of  
> > > suicide cases," Licinio said. "This implies that the vast majority of  
> > > suicide victims never received treatment for their depression."  
> > >  
> > > "Our findings strongly suggest that these individuals who committed  
> suicide  
> > > were not reacting to their SSRI medication," he added. "They actually  
> > > killed themselves due to untreated depression. This was particularly true  
> > > in men and in people under 30."  
> > >  
> > > Licinio and Wong fear that overzealous regulatory and medical reaction,  
> > > public confusion and widespread media coverage may persuade people  
> to  
> stop  
> > > taking antidepressants altogether. They warn that this would result in a  
> > > far worse situation by causing a drop in treatment for people who

>actually  
> > >need it.  
> > >  
> > >The UCLA study also looked at other reasons that may contribute to  
>suicidal  
> > >behavior by people taking SSRIs for depression.  
> > >  
> > >Before the introduction of SSRIs, patients taking early drug treatments  
>for  
> > >depression were susceptible to overdoses and serious side effects, such  
>as  
> > >irregular heart rates and blood pressure increases. As a result, doctors  
> > >prescribed the drugs in small doses and followed patients closely.  
> > >  
> > >In contrast, toxic side effects are rare in SSRIs. Physicians often  
> > >prescribe the drugs in larger doses and may not see the patient again for  
> > >up to two months. This scenario, Licinio warns, can set the stage for  
> > >suicide risk.  
> > >  
> > >"When people start antidepressant therapy, the first symptom to be  
> > >alleviated is low energy, but the feeling that life isn't worth living is  
> > >the last to go," he said. "Prior to taking SSRIs, depressed people may  
>not  
> > >have committed suicide due to their extreme lethargy. As they begin  
drug  
> > >therapy, they experience more energy, but still feel that life isn't  
>worth  
> > >living. That's when a depressed person is most in danger of committing  
> > >suicide."  
> > >  
> > >Licinio stresses the need for even closer monitoring of SSRI use by  
>children.  
> > >  
> > >"The only antidepressant proven to be effective for treating children  
>with  
> > >depression is Prozac," he said. "Children should receive Prozac only and  
> > >should be followed very closely by their physicians during treatment."  
> > >  
> > >Funding from the National Institute of General Medical Sciences and an  
> > >award from the Dana Foundation supported the research.  
> > >  
> > >Depression is a complex disorder that affects some 10 percent of men  
and  
>20  
> > >percent of women in the United States during their lifetime. Ten percent  
>to  
> > >15 percent of depressed people commit suicide. Depression plays a role  
in  
> > >at least one-half of all adult suicides and in 76 percent of suicides  
> > >committed by children. Suicide is the most common cause of death in



```
> > > children age 5 to 14, the third most common cause of death in people
age
> 15
> > > to 24 and the fourth most common cause in people age 25 to 44.
> > >
> > > The UCLA Neuropsychiatric Institute is an interdisciplinary research and
> > > education institute devoted to the understanding of complex human
> behavior,
> > > including the genetic, biological, behavioral and sociocultural
> > > underpinnings of normal behavior, and the causes and consequences of
> > > neuropsychiatric disorders. More information is available online at
> >
> > <<<http://www.npi.ucla.edu/>http://www.npi.ucla.edu/>http://www.npi.ucla.
> edu/>http://www.npi.ucla.edu
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Thomas Joiner, Ph.D.  
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Florida State University  
Tallahassee, Florida 32306-1270  
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Phone  
(850) 644-9362  
joiner@psy.fsu.edu

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<font color="#0000FF">[snip]</font><br>

Richard Gist, Ph.D.<br>

Principal Assistant to the Director<br>

Kansas City, Missouri Fire Department<br><br>

Office: 816.784.9242<br>

FAX: 816.784.9230<br>

Page: 816.989.8741<br>

&quot;David

Miklowitz&quot; &lt;miklow@psych.colorado.edu&gt;<br><br>

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<ul>

<font size=2><b>&quot;David Miklowitz&quot;

&lt;miklow@psych.colorado.edu&gt;</b> </font>

<font size=2>Sent by: owner-sscpnet@listserv.it.northwestern.edu</font>

<br><br>

<font size=2>02/07/2005 06:07 PM</font> <div align="center">

<font size=2>Please respond to

miklow@psych.colorado.edu</font></div>

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<div align="right"><font size=2>To</font><br>

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<br>

<font size=2>&lt;jcoyne@mail.med.upenn.edu&gt;</font><br>

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<font size=2>&quot;SSCP&quot;  
&lt;sscpnet@listserv.it.northwestern.edu&gt;</font><br>  
<br>  
<div align="right"><font size=2>Subject</font><br>  
</div>  
<br>  
<font size=2>Re: Data Contradict Antidepressant/Suicide Link (with more  
data)</font><br>  
<br><br>  
<tt>Jim,<br><br>  
Thanks for the references.&nbsp;I'm beginning to wonder if the<br>  
antidepressant/suicide debate has merged &quot;suicide&quot; with  
&quot;suicidal thoughts<br>  
and behaviors,&quot; which really should be kept separate.&nbsp;My  
recollection of<br>  
the FDA data was that there was a 4% risk of suicidal thoughts and  
behaviors<br>  
among kids taking antidepressants and 2% on placebos, but there were  
no<br>  
actual completed suicides in the 24 trials included in the meta-analysis.<br>  
This distinction may account in part for why studies like the one you cite<br>  
below (which concerns completed suicides) don't find increases in people  
on<br>  
antidepressants.<br><br>  
David<br>  
David J. Miklowitz, Ph.D.<br>  
Professor of Psychology and Psychiatry<br>  
Muenzinger Bldg.<br>  
University of Colorado<br>  
Boulder, CO 80309-0345<br><br>  
O: (303) 492-8575<br>  
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miklow@psych.colorado.edu<br><br>  
----- Original Message ----- <br>  
From: &quot;James C Coyne&quot; &lt;jcoyne@mail.med.upenn.edu&gt;<br>  
To: &quot;Society for a Scientific Clinical Psychology&quot;<br>  
&lt;sscpnet@listserv.it.northwestern.edu&gt;<br>  
Sent: Monday, February 07, 2005 4:10 PM<br>  
Subject: Re: Data Contradict Antidepressant/Suicide Link (with more  
data)<br><br>  
<br>  
&gt; I agree that there is some confusion between mode and cause here, but  
this<br>  
&gt; effort does represent the entering data into a discussion that often  
goes<br>

&gt; on in the absence or direct contradiction of data. I have also done  
more<br>  
to<br>  
&gt; responsibly point out (d) (i.e., using data) than anyone else on this<br>  
&gt; listserve, although I have some similar strong doubts that the delivery  
of<br>  
&gt; psychotherapy of adequate quality and duration in the community to be  
very<br>  
&gt; effective in treating depression. Therapy is probably not a wholesale<br>  
&gt; answer to the limitations on the delivery of antidepressants in the<br>  
community.<br>  
&gt;<br>  
&gt; but to round out your &quot;what we know&quot;<br>  
&gt;<br>  
&gt; f. the information suggesting&nbsp; SSRIs definitely cause suicide is  
colored<br>  
by<br>  
&gt; the undisclosed economic incentives available to those who make  
such<br>  
claims<br>  
&gt; (Healy, Breggin etc)<br>  
&gt;<br>  
&gt; g. recent claims by a journalist associated with BMJ, Jeanne Lenzer, of  
a<br>  
&gt; coverup of data concerning risk associated with SSRIs were unfounded  
and a<br>  
&gt; hoax serving her ideological interests and close ties to those with<br>  
&gt; substantial personal financial interests.<br>  
&gt;<br>  
&gt;<br>  
&gt; just by coincidence, the batch of emails&nbsp; in which your email  
arrived<br>  
&gt; included the announcement for this week's Archives of General  
Psychiatry,<br>  
&gt; and the abstract for one of the articles is<br>  
&gt;<br>  
&gt;<br>  
&gt; The Relationship Between Antidepressant Medication Use and Rate of  
Suicide<br>  
&gt;<br>  
&gt; Robert D. Gibbons, PhD; Kwan Hur, PhD; Dulal K. Bhaumik, PhD; J.  
John<br>  
Mann, MD<br>  
&gt;<br>  
&gt; Arch Gen Psychiatry. 2005;62:165-172.<br>  
&gt;<br>  
&gt; Background Approximately 30 000 people die annually by suicide in  
the<br>  
&gt; United States. Although 60% of suicides occur during a mood  
disorder,<br>

&gt; mostly untreated, little is known about the relationship between<br>  
&gt; antidepressant medication use and the rate of suicide in the United<br>  
States.<br>  
&gt;<br>  
&gt; Objective To examine the association between antidepressant  
medication<br>  
&gt; prescription and suicide rate by analyzing associations at the county<br>  
level<br>  
&gt; across the United States.<br>  
&gt;<br>  
&gt; Design Analysis of National Vital Statistics from the Centers for  
Disease<br>  
Control and Prevention.<br>  
&gt;<br>  
&gt; Setting All US counties.<br>  
&gt;<br>  
&gt; Participants All US individuals who committed suicide between 1996  
and<br>  
1998.<br>  
&gt;<br>  
&gt; Main Outcome Measures National county-level suicide rate data are  
broken<br>  
&gt; down by age, sex, income, and race for the period of 1996 to 1998.<br>  
National<br>  
&gt; county-level antidepressant prescription data are expressed as number  
of<br>  
&gt; pills prescribed. The primary outcome measure is the suicide rate in  
each<br>  
&gt; county expressed as the number of suicides for a given population  
size.<br>  
&gt;<br>  
&gt; Results The overall relationship between antidepressant medication<br>  
&gt; prescription and suicide rate was not significant. Within individual<br>  
&gt; classes of antidepressants, prescriptions for selective serotonin  
reuptake<br>  
&gt; inhibitors (SSRIs) and other new-generation non-SSRI antidepressants  
(eg,<br>  
&gt; nefazodone hydrochloride, mirtazapine, bupropion hydrochloride,  
and<br>  
&gt; venlafaxine hydrochloride) are associated with lower suicide rates  
(both<br>  
&gt; within and between counties). A positive association between  
tricyclic<br>  
&gt; antidepressant (TCA) prescription and suicide rate was observed.  
Results<br>  
&gt; are adjusted for age, sex, race, income, and county-to-county  
variability<br>  
&gt; in suicide rates. Higher suicide rates in rural areas are associated  
with<br>

> fewer antidepressant prescriptions, lower income, and relatively  
more<br>  
> prescriptions for TCAs.<br>  
><br>  
> Conclusions The aggregate nature of these observational data preclude  
a<br>  
> direct causal interpretation of the results. A high number of TCA<br>  
> prescriptions may be a marker for those counties with more limited  
access<br>  
> to quality mental health care and inadequate treatment and detection  
of<br>  
> depression, which in turn lead to increased suicide rates. By  
contrast,<br>  
> increases in prescriptions for SSRIs and other new-generation non-  
SSRIs<br>  
are<br>  
> associated with lower suicide rates both between and within counties  
over<br>  
> time and may reflect antidepressant efficacy, compliance, a better  
quality<br>  
> of mental health care, and low toxicity in the event of a suicide  
attempt<br>  
> by overdose.<br>  
><br>  
><br>  
> Author Affiliations: Center for Health Statistics, University of Illinois<br>  
> at Chicago (Drs Gibbons, Hur, and Bhaumik); and Department of<br>  
Neuroscience,<br>  
> New York State Psychiatric Institute, Department of Psychiatry,  
Columbia<br>  
> University College of Physicians and Surgeons, New York (Dr  
Mann).<br>  
><br>  
><br>  
><br>  
><br>  
><br>  
><br>  
><br>  
> At 03:58 PM 2/7/2005 -0600, you wrote:<br>  
><br>  
> >C'mon, Jim . . . parts of this have to have caused you some  
heartburn!<br>  
I'm<br>  
> >not arguing that the case against SSRI may not have as many logical  
flaws<br>  
> >as the case built for them; the jury's still deliberating there, but so<br>  
it<br>  
> >goes. The hyperbole about suicide rates in this release, however,  
belies<br>  
> >both epidemiologic ignorance and a rhetorical bias to overstate.<br>

Consider,<br>  
&gt; &gt;for example:<br>  
&gt; &gt;&quot;Suicide is the most common cause of death in children age 5 to 14, the<br>  
&gt; &gt;third most common cause of death in people age 15 to 24 and the fourth<br>  
&gt; &gt;most common cause in people age 25 to 44.&quot;<br>  
&gt; &gt;<br>  
&gt; &gt;Why is this problematic? Well, first off, suicide is \*not\* a cause of<br>  
&gt; &gt;death . . . it is a mode of death. There are many causes of death but<br>  
only<br>  
&gt; &gt;four possible modes (and these are distinct from the mechanism of death).<br>  
&gt; &gt;A death is a homicide if the decedent dies by externally engendered means<br>  
&gt; &gt;as the intended result of the actions of another, by suicide if the<br>  
&gt; &gt;decedent dies by externally engendered means as the intended result of<br>  
his<br>  
&gt; &gt;or her own act, or an accidental death if the decedent dies of externally<br>  
&gt; &gt;engendered means absent intent of self or another. If not externally<br>  
&gt; &gt;inflicted, the death is considered, by default, a natural death.<br>  
&gt; &gt;Accidental deaths have been and remain the leading cause of pediatric<br>  
&gt; &gt;demise; natural deaths are second. Suicides in young children, while<br>  
&gt; &gt;exceedingly rare, exceed homicides but this reverses in adolescence and<br>  
&gt; &gt;early adulthood (though accidental and natural deaths continue to exceed<br>  
&gt; &gt;suicides and homicides by about eight and four fold, respectively).<br>  
&gt; &gt;<br>  
&gt; &gt;E-900 series deaths (external injuries) are typically reported by mode,<br>  
&gt; &gt;while natural deaths are broken down by &quot;cause&quot;-- meaning in this context<br>  
&gt; &gt;the underlying disease or degenerative process which led to the mechanism<br>  
&gt; &gt;of death . . . mechanical asphyxia secondary to impingement of neoplastic<br>  
&gt; &gt;growth ends up listed as a death from laryngeal cancer. In smaller<br>  
&gt; &gt;children especially, accidental deaths are increasingly disaggregated,<br>  
but<br>

&gt; &gt;homicides and suicides remain, by convention, reported as if a  
&quot;cause.&quot;<br>  
&gt; &gt;Reaggregate accidental and natural deaths and you get a very  
different<br>  
picture.<br>  
&gt; &gt;<br>  
&gt; &gt;Why would we report as quoted above? Simple: It's a rhetorical  
hyperbole,<br>  
&gt; &gt;designed to make a very rare event seem nearly epidemic and to  
cloud<br>  
&gt; &gt;objective assessment with large dosages of emotion. Very  
scientific.<br>  
&gt; &gt;Depression and suicide is much like smoking and cancer . . .  
smoking<br>  
leads<br>  
&gt; &gt;to cancer but does not, in the strictest sense, cause it. Those  
who<br>  
smoke,<br>  
&gt; &gt;though, are more likely than nonsmokers to develop pulmonary  
neoplasm.<br>  
Are<br>  
&gt; &gt;those who take SSRIs more or less likely to off themselves than  
those who<br>  
&gt; &gt;do not? These data do not really help us to determine that--they  
simply<br>  
&gt; &gt;argue that there are other factors to consider, and we knew that  
already.<br>  
&gt; &gt;What we seem to know about SSRIs at this point includes:<br>  
&gt; &gt;<br>  
&gt; &gt;(a) their efficacy has been overstated;<br>  
&gt; &gt;(b) their risk was systematically underreported;<br>  
&gt; &gt;(c) the information reported was colored by economic incentives;<br>  
&gt; &gt;(d) they are rampantly overprescribed without sufficient monitoring  
or<br>  
&gt; &gt;appropriate conjunctive care;<br>  
&gt; &gt;(e) they make an obscene amount of money for their producers.<br>  
&gt; &gt;<br>  
&gt; &gt;That's the cause of the current backlash . . . the data will need to<br>  
&gt; &gt;settle more before we can say much more with any certainty. But  
hyperbole<br>  
&gt; &gt;doesn't help--from either camp.<br>  
&gt; &gt;<br>  
&gt; &gt;Richard Gist, Ph.D.<br>  
&gt; &gt;Principal Assistant to the Director<br>  
&gt; &gt;Kansas City, Missouri Fire Department<br>  
&gt; &gt;<br>  
&gt; &gt;Office: 816.784.9242<br>  
&gt; &gt;FAX: 816.784.9230<br>  
&gt; &gt;Page: 816.989.8741<br>



&gt; &gt;7ca2aaf.jpgJames C Coyne  
&lt;jcoyne@mail.med.upenn.edu&gt;<br>  
&gt; &gt;<br>  
&gt; &gt;James C Coyne &lt;jcoyne@mail.med.upenn.edu&gt; Sent by:<br>  
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&gt; &gt;<br>  
&gt; &gt;New UCLA Study Disputes Antidepressant/Suicide Link; Scientists  
Fear Rise<br>  
&gt; &gt;in Deaths From Untreated Depression<br>  
&gt; &gt;76a0b13.jpg<br>  
&gt; &gt;76a0b3b.jpg<br>  
&gt; &gt;Date: February 2, 2005<br>  
&gt; &gt;Contact: Elaine Schmidt ( eschmidt@mednet.ucla.edu )<br>  
&gt; &gt;Phone: 310-794-2272<br>  
&gt; &gt;76a0b4f.jpg<br>  
&gt; &gt;<br>  
&gt; &gt;Challenging recent claims linking antidepressant use to suicidal<br>  
behavior,<br>  
&gt; &gt;a new UCLA study shows that American suicide rates have dropped  
steadily<br>  
&gt; &gt;since the introduction of Prozac and other serotonin reuptake  
inhibitor<br>  
&gt; &gt;(SSRI) drugs. In research published Feb. 1 in the journal Nature  
Reviews<br>  
&gt; &gt;Drug Discovery, the authors caution that regulatory actions to limit  
SSRI<br>  
&gt; &gt;prescriptions may actually increase death rates from untreated<br>  
depression,<br>  
&gt; &gt;the No. 1 cause of suicide.<br>  
&gt; &gt;<br>  
&gt; &gt;&quot;The recent debate has focused solely on a possible link  
between<br>

&gt; &gt; antidepressant use and suicide risk without examining the question within<br>  
&lt;br>  
&gt; &gt; broader historical and medical context,&quot; said Dr. Julio Licinio,  
&lt;br>  
&gt; &gt; professor of psychiatry and endocrinology at the David Geffen School of<br>  
&gt; &gt; Medicine and a researcher at the UCLA Neuropsychiatric Institute.  
&quot;We<br>  
&gt; &gt; feared that the absence of treatment may prove more harmful to  
depressed<br>  
&gt; &gt; individuals than the effects of the drugs themselves.&quot;<br>  
&gt; &gt;<br>  
&gt; &gt;&quot;The vast majority of people who commit suicide suffer from  
untreated<br>  
&gt; &gt; depression,&quot; he said. &quot;We wanted to explore a possible  
SSRI-suicide link<br>  
&gt; &gt; while ensuring that effective treatment and drug development for<br>  
depression<br>  
&gt; &gt; were not halted without cause.&quot;<br>  
&gt; &gt;<br>  
&gt; &gt; Licinio worked with fellow psychiatrist Dr. Ma-Ling Wong to conduct  
an<br>  
&gt; &gt; exhaustive database search of studies published between 1960 and  
2004 on<br>  
&gt; &gt; antidepressants and suicide. The team reviewed each piece of  
research in<br>  
&gt; &gt; great detail and created a timeline of key regulatory events related  
to<br>  
&gt; &gt; antidepressants. Then they generated charts tracking antidepressant  
use<br>  
and<br>  
&gt; &gt; suicide rates in the United States.<br>  
&gt; &gt;<br>  
&gt; &gt; What they found surprised them.<br>  
&gt; &gt;<br>  
&gt; &gt;&quot;Suicide rates rose steadily from 1960 to 1988 when Prozac,  
the first<br>  
SSRI<br>  
&gt; &gt; drug, was introduced,&quot; Licinio said. &quot;Since then, suicide  
rates have<br>  
&gt; &gt; dropped precipitously, sliding from the eighth to the 11th leading  
cause<br>  
of<br>  
&gt; &gt; death in the United States.&quot;<br>  
&gt; &gt;<br>  
&gt; &gt; Several large-scale studies in the United States and Europe also  
screened<br>  
&gt; &gt; blood samples from suicide victims and found no association  
between<br>

&gt; &gt; antidepressant use and suicide.<br>  
&gt; &gt;<br>  
&gt; &gt;&quot;Researchers found blood antidepressant levels in less than 20 percent of<br>  
&gt; &gt;suicide cases,&quot; Licinio said. &quot;This implies that the vast majority of<br>  
&gt; &gt;suicide victims never received treatment for their depression.&quot;<br>  
&gt; &gt;<br>  
&gt; &gt;&quot;Our findings strongly suggest that these individuals who committed<br>  
&gt; suicide<br>  
&gt; &gt;were not reacting to their SSRI medication,&quot; he added. &quot;They actually<br>  
&gt; &gt;killed themselves due to untreated depression. This was particularly true<br>  
&gt; &gt;in men and in people under 30.&quot;<br>  
&gt; &gt;<br>  
&gt; &gt;Licinio and Wong fear that overzealous regulatory and medical reaction,<br>  
&gt; &gt;public confusion and widespread media coverage may persuade people to<br>  
&gt; stop<br>  
&gt; &gt;taking antidepressants altogether. They warn that this would result in a<br>  
&gt; &gt;far worse situation by causing a drop in treatment for people who<br>  
&gt; actually<br>  
&gt; &gt;need it.<br>  
&gt; &gt;<br>  
&gt; &gt;The UCLA study also looked at other reasons that may contribute to<br>  
&gt; suicidal<br>  
&gt; &gt;behavior by people taking SSRIs for depression.<br>  
&gt; &gt;<br>  
&gt; &gt;Before the introduction of SSRIs, patients taking early drug treatments<br>  
&gt; for<br>  
&gt; &gt;depression were susceptible to overdoses and serious side effects, such<br>  
&gt; as<br>  
&gt; &gt;irregular heart rates and blood pressure increases. As a result, doctors<br>  
&gt; &gt;prescribed the drugs in small doses and followed patients closely.<br>  
&gt; &gt;<br>  
&gt; &gt;In contrast, toxic side effects are rare in SSRIs. Physicians often<br>  
&gt; &gt;prescribe the drugs in larger doses and may not see the patient again for<br>  
&gt; &gt;up to two months. This scenario, Licinio warns, can set the stage for<br>

&gt; &gt;suicide risk.<br>  
&gt; &gt;<br>  
&gt; &gt;&quot;When people start antidepressant therapy, the first symptom to be<br>  
&gt; &gt;alleviated is low energy, but the feeling that life isn't worth living is<br>  
&gt; &gt;the last to go,&quot; he said. &quot;Prior to taking SSRIs, depressed people may<br>  
&gt; &gt;not<br>  
&gt; &gt;have committed suicide due to their extreme lethargy. As they begin drug<br>  
&gt; &gt;therapy, they experience more energy, but still feel that life isn't<br>  
&gt; &gt;worth<br>  
&gt; &gt;living. That's when a depressed person is most in danger of committing<br>  
&gt; &gt;suicide.&quot;<br>  
&gt; &gt;<br>  
&gt; &gt;Licinio stresses the need for even closer monitoring of SSRI use by<br>  
&gt; &gt;children.<br>  
&gt; &gt;<br>  
&gt; &gt;&quot;The only antidepressant proven to be effective for treating children<br>  
&gt; &gt;with<br>  
&gt; &gt;depression is Prozac,&quot; he said. &quot;Children should receive Prozac only and<br>  
&gt; &gt;should be followed very closely by their physicians during treatment.&quot;<br>  
&gt; &gt;<br>  
&gt; &gt;Funding from the National Institute of General Medical Sciences and an<br>  
&gt; &gt;award from the Dana Foundation supported the research.<br>  
&gt; &gt;<br>  
&gt; &gt;Depression is a complex disorder that affects some 10 percent of men and<br>  
&gt; &gt;20<br>  
&gt; &gt;percent of women in the United States during their lifetime. Ten percent<br>  
&gt; &gt;to<br>  
&gt; &gt;15 percent of depressed people commit suicide. Depression plays a role in<br>  
&gt; &gt;at least one-half of all adult suicides and in 76 percent of suicides<br>  
&gt; &gt;committed by children. Suicide is the most common cause of death in<br>  
&gt; &gt;children age 5 to 14, the third most common cause of death in people age<br>  
&gt; &gt;15<br>  
&gt; &gt;to 24 and the fourth most common cause in people age 25 to 44.<br>  
&gt; &gt;<br>

&gt; &gt;The UCLA Neuropsychiatric Institute is an interdisciplinary research and<br>  
&gt; &gt;education institute devoted to the understanding of complex human<br>  
behavior,<br>  
&gt; &gt;including the genetic, biological, behavioral and sociocultural<br>  
&gt; &gt;underpinnings of normal behavior, and the causes and consequences of<br>  
&gt; &gt;neuropsychiatric disorders. More information is available online at<br>  
&gt;<br>  
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href="http://www.npi.ucla.edu/">http://www.npi.ucla.edu/</a>&gt;<a  
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QA7

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From joiner@psy.fsu.edu Tue Feb 8 14:17:18 2005  
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by iris.itcs.northwestern.edu (8.12.10/8.12.10) id j18KHIA013612;  
Tue, 8 Feb 2005 14:17:18 -0600 (CST)  
X-Authentication-Warning: iris.itcs.northwestern.edu: mailnull set sender to  
<joiner@psy.fsu.edu> using -f  
Received: from darwin.psy.fsu.edu (darwin.psy.fsu.edu [128.186.66.5]) by  
iris.itcs.northwestern.edu via smap (V2.0)  
id xma013328; Tue, 8 Feb 05 14:16:53 -0600  
Received: from psy315c.psy.fsu.edu (psy315b [128.186.66.43])  
by darwin.psy.fsu.edu (8.12.11/8.12.11) with ESMTP id  
j18KGfwk001069;  
Tue, 8 Feb 2005 15:16:41 -0500  
Message-Id: <6.1.1.1.2.20050208151159.08df6a38@psy.fsu.edu>  
X-Sender: joiner@psy.fsu.edu (Unverified)  
X-Mailer: QUALCOMM Windows Eudora Version 6.1.1.1  
Date: Tue, 08 Feb 2005 15:17:23 -0500  
To: Richard Gist <Richard\_Gist@kcmo.org>  
From: Thomas Joiner <joiner@psy.fsu.edu>  
Subject: Re: Data Contradict Antidepressant/Suicide Link (with more

Cc: jcoyne@mail.med.upenn.edu, miklow@psych.colorado.edu,  
owner-sscpnet@listserv.it.northwestern.edu,  
"SSCP" <sscpnet@listserv.it.northwestern.edu>  
In-Reply-To: <OF5A72957D.4DA01D35-ON86256FA2.006CAD60-  
86256FA2.006E8E60@  
kcmo.org>  
References: <6.1.1.1.2.20050208125536.025ae950@psy.fsu.edu>  
<OF5A72957D.4DA01D35-ON86256FA2.006CAD60-  
86256FA2.006E8E60@kcmo.org>  
Mime-Version: 1.0  
Content-Type: multipart/related;  
type="multipart/alternative";  
boundary="===== \_-1949829437==.REL "  
X-Psychology-MailScanner-Information: none  
X-Psychology-MailScanner: Found to be clean  
X-Psychology-MailScanner-SpamScore: s  
X-MailScanner-From: joiner@psy.fsu.edu  
Reply-To: joiner@psy.fsu.edu  
Sender: owner-sscpnet@listserv.it.northwestern.edu  
X-Listprocessor-Version: 8.2.09/990901/11:28 -- ListProc(tm) by CREN  
Status: O  
X-Status:  
X-Keywords:  
X-UID: 175

--===== \_-1949829437==.REL  
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boundary="===== \_-1949829417==.ALT"

--===== \_-1949829417==.ALT  
Content-Type: text/plain; charset="iso-8859-1"; format=flowed  
Content-Transfer-Encoding: quoted-printable

perhaps if you just said, maybe in bulleted form, what two or three  
problems are with the paper, I would better understand. I'm not saying  
there aren't problems - just that you seem to see many and I'd like to know  
what you believe they are. I don't really get it from what you sent, which  
I accept may be my failing.

as for "revered" outlets and sources - my word was "credentialed" - please  
note that of course they do make mistakes (as I noted, and so your  
characterization of "no-holds-barred" etc. seems inaccurate); it's just  
that their credentials should not be dismissed as long as they have been  
earned (similar to Meehl's argument in his "credentialed knowledge,  
credentialed people" paper a few years ago).

At 03:07 PM 2/8/2005, Richard Gist wrote:

>Wow! A no-holds-barred, no-apologies-at-all ad verecundiam . . . don't=20  
>often see those hereabouts. Flippancy aside for a moment, let me save=20  
>myself some time (at the expense, perhaps, of any who care to read it) by=  
=20  
>pasting in here a few paragraphs from a chapter we wrote a few years back=  
=20  
>on the "trauma tourism" stuff. We're discussing here a paper published in=  
=20  
>NEJM (another revered outlet) by folks from CDC (another revered source)  
.=  
=20  
>. . the issues are essentially quite similar:  
>These insidious phenomena cannot be discounted as if only the tragic=20  
>comedy of postmodern foolishness; they have led to a nearly ubiquitous=20  
>collection of nested presumptions that sometimes so obscure our=20  
>objectivity that even the best of scientists can be led to look right past=  
=20  
>gaping holes in the fabric of theory and data that might otherwise have=20  
>been chillingly obvious. Consider an elaborate epidemiological study from=  
=20  
>the Centers for Disease Control, published in the prestigious New England=  
=20  
>Journal of Medicine (Krug et al., 1998). A number of explicit conclusions=  
=20  
>were entered that seemed to derive from strong statistical findings=20  
>regarding suicides increasing following various sorts of natural=20  
>disasters, reported in terms of aggregated percentages across counties=20  
>affected by various types of catastrophe. The authors offered a=20  
>particularly strong summary conclusion that these data  
=E2=80=9Cconfirm(s)=  
the=20  
>need for mental health support after severe disasters=E2=80=9D (p. 373).  
S=  
purred=20  
>by publicists and press releases, these findings were widely and=20  
>aggressively disseminated throughout popular media and professional=20  
>digests alike. The study, however, made no attempt to examine the  
presumed=  
=20  
>mechanisms for these calculated increases; it made no foray into risk=20  
>factors, vectors, mechanisms, or methods. It explored no avenues of=20  
>surveillance that might shed light on such critical factors, nor were any=  
=20  
>data whatever developed regarding the efficacy, absolute or relative, of=  
=20  
>any approach to intervention. These issues alone would be sufficient to=20  
>render suspect so bold a conclusion regarding the need for structured and=  
=20



>orchestrated intervention. But the larger issue, despite the seeming=20  
 >mathematical sophistication of the piece, was essentially one of=20  
 >=E2=80=9Cinnumeracy=E2=80=9D (Paulos, 1989). When reduced to the  
 level of =  
 its=20  
 >principal data unit (individual counties), the net increase in suicides=20  
 >was about one per county=97from about six to about seven, on  
 average=97in=  
 the=20  
 >wake of a Presidential declared disaster. Where seemingly alarming=20  
 >increases were found=97say, for example, in the first year following=20  
 >earthquakes=97these became a different matter altogether as critical=20  
 >scrutiny of the data revealed that only four very large and quite atypical=  
 =20  
 >counties experienced such events during the period of analysis. But the=20  
 >more salient implication may have been this: What justification have we to=  
 =20  
 >say that any intervention we might rush to mount would successfully find=  
 =20  
 >that one extra case in 52,000 folk (the average population of a county in=  
 =20  
 >this study), and what legitimate assurance can we give that broad-brush=20  
 >efforts to do so would do no harm, much less do any good? Sadly, this=20  
 >story took yet another couple of tragic twists in the months following its=  
 =20  
 >much promoted original appearance. Shoaf (1998) made gentle reference  
 to=  
 =20  
 >exactly those shortcomings raised above in a brief letter to the editor of=  
 =20  
 >the journal shortly after the original report appeared; she aptly noted=20  
 >that the data as reported indicated that severe impacts such as suicide=20  
 >were, in fact, remarkably rare and that those data spoke much more=20  
 >eloquently to resilience than to risk. Krug, Powell, and Dahlberg (1998),=  
 =20  
 >in their rejoinder, argued again that the increases were real,=20  
 >significant, and a symptom of a much larger mental health problem that=20  
 >demanded concerted address. Before a year had passed, however, Krug et  
 al.=  
 =20  
 >(1999) were compelled to print a nearly complete retraction of their data=  
 =20  
 >and results. An error in their processing of data led one year=97exclusive=  
 ly=20  
 >a postdisaster year for their rubric=97to be counted twice. When this=20  
 >error was corrected, essentially all of the statistically significant=20  
 >findings so touted a few months earlier evaporated into astoundingly=20  
 >trivial differences. Indeed, the alarming increase of nearly two-thirds=20  
 >following earthquakes reduced to a slight decrease in the corrected=20  
 >analysis, and the only value even approaching statistical significance was=

=20  
>a 8.7% decrease in suicides in the years following severe storms. Even=20  
>then, though, the authors rejected the resilience hypothesis and its=20  
>concomitant suggestion that the focus return to more instrumental forms of=  
=20  
>postdisaster assistance in favor of a renewed, now principally rhetorical=  
=20  
>argument to maintain the original conclusion=97never directly explored in=  
=20  
>their study or supported in their data=97that mental health services are=  
=20  
>vitally needed.  
>  
>Again (not as if I haven't said this several different ways in about a=20  
>half-dozen posts across the past few weeks), suicide data are tricky,=20  
>tricky, tricky at their very best. I compared it once in a keynote for a=  
=20  
>state public health association to inferences based on passengers flowing=  
=20  
>through O'Hare, Hartsfield, or LAX--lots and lots of folks pass through=20  
>one of these portals, but all that really tells us is that they were, on=20  
>that given day, travellers. We know nothing from such figures regarding=20  
>where they originated, where they were headed, or where else they  
stopped=  
=20  
>along the way, much less about why they chose to travel, whom they went  
to=  
=20  
>see, or why they chose the routing they chose. The determination of=20  
>suicide, after all, is based on speculative reconstruction of motives held=  
=20  
>by a person now deceased and typically isolated from others prior to the=  
=20  
>act--and all we can with much certainty about the dead is that they're=20  
>terribly nonresponsive in interviews and don't return questionnaires.  
>  
>Many folks consider suicide; few execute the option. In the piece you=20  
>reference, look again at the methods and then ask again if you don't see=  
=20  
>the problem (outlined, I thought rather clearly if somewhat succinctly in=  
=20  
>the passage you quote). If you're still puzzled, consider that the radical=  
=20  
>rate changes in reported suicides among young persons across the last=20  
>decades of the 20th Century correlate very strongly with the number of=20  
>Toyotas sold in the US across the same period. There must be a connection,  
right?  
>  
>R.

>  
>Richard Gist, Ph.D.  
>Principal Assistant to the Director  
>Kansas City, Missouri Fire Department  
>  
>Office: 816.784.9242  
>FAX: 816.784.9230  
>Page: 816.989.8741  
>8bc7f515.gif  
>Thomas Joiner <joiner@psy.fsu.edu>  
>  
>Thomas Joiner <joiner@psy.fsu.edu>  
>  
>02/08/2005 11:59 AM  
>8bc7f53d.gif  
>  
>To  
>Web Bug from  
cid:30\_\_=3D09BBE531DFFF2BF08f9e8a93df93869@kcmo.org  
>  
>Richard\_Gist@kcmo.org, miklow@psych.colorado.edu  
>8bc7f53d.gif  
>  
>cc  
>Web Bug from  
cid:30\_\_=3D09BBE531DFFF2BF08f9e8a93df93869@kcmo.org  
>  
>jcoyne@mail.med.upenn.edu, owner-  
sscpnet@listserv.it.northwestern.edu,=20  
>"SSCP" <sscpnet@listserv.it.northwestern.edu>  
>8bc7f53d.gif  
>  
>Subject  
>Web Bug from  
cid:30\_\_=3D09BBE531DFFF2BF08f9e8a93df93869@kcmo.org  
>  
>Re: Data Contradict Antidepressant/Suicide Link (with more  
>Web Bug from  
cid:30\_\_=3D09BBE531DFFF2BF08f9e8a93df93869@kcmo.org  
>Web Bug from  
cid:30\_\_=3D09BBE531DFFF2BF08f9e8a93df93869@kcmo.org  
>  
>  
>  
>this "at best far-fetched" result appeared in the Archives of General=20  
>Psychiatry, it should be reiterated. A credentialed outlet, for sure. It=  
=20  
>is true that credentialed outlets make mistakes though. I wonder what=20  
>specific mistakes were made in this particular paper?  
>

>At 12:19 PM 2/8/2005, Richard Gist wrote:  
>[snip] The notion that a significant change in population rates is likely=  
=20  
>to be meaningfully demonstrated as directly attributable to the number of=  
=20  
>Prozac pills popped per person on a county by county level lies somewhere=  
=20  
>between the far-fetched and the shockingly naive. [snip] Richard Gist,=20  
>Ph.D. Principal Assistant to the Director Kansas City, Missouri Fire Depar=  
tment  
>Office: 816.784.9242 FAX: 816.784.9230 Page: 816.989.8741  
>8bc7f5a1.gif  
>"David Miklowitz" <miklow@psych.colorado.edu>  
>"David Miklowitz" <miklow@psych.colorado.edu> Sent by:=20  
>owner-sscpnet@listserv.it.northwestern.edu 02/07/2005 06:07 PM  
>Please respond to miklow@psych.colorado.edu  
>8bc7f5c9.gif  
>To  
><jcoyne@mail.med.upenn.edu>  
>8bc7f5fb.gif  
>cc  
>"SSCP" <sscpnet@listserv.it.northwestern.edu>  
>8bc7f62d.gif  
>Subject  
>Re: Data Contradict Antidepressant/Suicide Link (with more data)  
>  
>Jim,  
>Thanks for the references. I'm beginning to wonder if the=20  
>antidepressant/suicide debate has merged "suicide" with "suicidal thoughts=  
=20  
>and behaviors," which really should be kept separate. My recollection of=  
=20  
>the FDA data was that there was a 4% risk of suicidal thoughts and=20  
>behaviors among kids taking antidepressants and 2% on placebos, but  
there=  
=20  
>were no actual completed suicides in the 24 trials included in the=20  
>meta-analysis. This distinction may account in part for why studies like=  
=20  
>the one you cite below (which concerns completed suicides) don't find=20  
>increases in people on antidepressants.  
>David David J. Miklowitz, Ph.D. Professor of Psychology and Psychiatry=20  
>Muenzinger Bldg. University of Colorado Boulder, CO 80309-0345  
>O: (303) 492-8575 F: (303) 492-2967 miklow@psych.colorado.edu  
>----- Original Message ----- From: "James C Coyne"=20  
><jcoyne@mail.med.upenn.edu> To: "Society for a Scientific Clinical=20  
>Psychology" <sscpnet@listserv.it.northwestern.edu> Sent: Monday,  
February=  
=20

>07, 2005 4:10 PM Subject: Re: Data Contradict Antidepressant/Suicide  
Link=  
=20  
>(with more data)  
>  
> > I agree that there is some confusion between mode and cause here, but=  
=20  
> this > effort does represent the entering data into a discussion that=20  
> often goes > on in the absence or direct contradiction of data. I have=20  
> also done more to > responsibly point out (d) (i.e., using data) than=20  
> anyone else on this > listserve, although I have some similar strong=20  
> doubts that the delivery of > psychotherapy of adequate quality and=20  
> duration in the community to be very > effective in treating depression.=  
=20  
> Therapy is probably not a wholesale > answer to the limitations on the=20  
> delivery of antidepressants in the community. > > but to round out your=  
=20  
> "what we know" > > f. the information suggesting SSRIs definitely cause=  
=20  
> suicide is colored by > the undisclosed economic incentives available to=  
=20  
> those who make such claims > (Healy, Breggin etc) > > g. recent claims by=  
=20  
> a journalist associated with BMJ, Jeanne Lenzer, of a > coverup of data=  
=20  
> concerning risk associated with SSRIs were unfounded and a > hoax  
serving=  
=20  
> her ideological interests and close ties to those with > substantial=20  
> personal financial interests. > > > just by coincidence, the batch of=20  
> emails in which your email arrived > included the announcement for this=  
=20  
> week's Archives of General Psychiatry, > and the abstract for one of the=  
=20  
> articles is > > > The Relationship Between Antidepressant Medication Use=  
=20  
> and Rate of Suicide > > Robert D. Gibbons, PhD; Kwan Hur, PhD; Dulal K.=  
=20  
> Bhaumik, PhD; J. John Mann, MD > > Arch Gen Psychiatry.=20  
> 2005;62:165-172. > > Background Approximately 30 000 people die  
annually=  
=20  
> by suicide in the > United States. Although 60% of suicides occur during=  
=20  
> a mood disorder, > mostly untreated, little is known about the=20  
> relationship between > antidepressant medication use and the rate of=20  
> suicide in the United States. > > Objective To examine the association=20  
> between antidepressant medication > prescription and suicide rate by=20  
> analyzing associations at the county level > across the United=20  
> States. > > Design Analysis of National Vital Statistics from the Centers=

=20  
> for Disease > Control and Prevention. > > Setting All US counties. > >=20  
> Participants All US individuals who committed suicide between 1996  
and=20  
> 1998. > > Main Outcome Measures National county-level suicide rate data=  
=20  
> are broken > down by age, sex, income, and race for the period of 1996 to=  
=20  
> 1998. National > county-level antidepressant prescription data are=20  
> expressed as number of > pills prescribed. The primary outcome measure  
is=  
=20  
> the suicide rate in each > county expressed as the number of suicides for=  
=20  
> a given population size. > > Results The overall relationship between=20  
> antidepressant medication > prescription and suicide rate was not=20  
> significant. Within individual > classes of antidepressants,=20  
> prescriptions for selective serotonin reuptake > inhibitors (SSRIs) and=  
=20  
> other new-generation non-SSRI antidepressants (eg, > nefazodone=20  
> hydrochloride, mirtazapine, bupropion hydrochloride, and > venlafaxine=20  
> hydrochloride) are associated with lower suicide rates (both > within and=  
=20  
> between counties). A positive association between tricyclic >=20  
> antidepressant (TCA) prescription and suicide rate was observed.=20  
> Results > are adjusted for age, sex, race, income, and county-to-county=  
=20  
> variability > in suicide rates. Higher suicide rates in rural areas are=  
=20  
> associated with > fewer antidepressant prescriptions, lower income, and=  
=20  
> relatively more > prescriptions for TCAs. > > Conclusions The aggregate=  
=20  
> nature of these observational data preclude a > direct causal=20  
> interpretation of the results. A high number of TCA > prescriptions may=  
=20  
> be a marker for those counties with more limited access > to quality=20  
> mental health care and inadequate treatment and detection of >=20  
> depression, which in turn lead to increased suicide rates. By contrast, >=  
=20  
> increases in prescriptions for SSRIs and other new-generation non-SSRIs=  
=20  
> are > associated with lower suicide rates both between and within=20  
> counties over > time and may reflect antidepressant efficacy, compliance,=  
=20  
> a better quality > of mental health care, and low toxicity in the event=  
=20  
> of a suicide attempt > by overdose. > > > Author Affiliations: Center for=  
=20  
> Health Statistics, University of Illinois > at Chicago (Drs Gibbons, Hur,=

=20  
> and Bhaumik); and Department of Neuroscience, > New York State=20  
> Psychiatric Institute, Department of Psychiatry, Columbia > University=20  
> College of Physicians and Surgeons, New York (Dr Mann). > > > > > >  
At=  
=20  
> 03:58 PM 2/7/2005 -0600, you wrote: > > >C'mon, Jim . . . parts of this=  
=20  
> have to have caused you some heartburn! I'm > >not arguing that the case=  
=20  
> against SSRI may not have as many logical flaws > >as the case built for=  
=20  
> them; the jury's still deliberating there, but so it > >goes. The=20  
> hyperbole about suicide rates in this release, however, belies > >both=20  
> epidemiologic ignorance and a rhetorical bias to overstate.=20  
> Consider, > >for example: > >"Suicide is the most common cause of death=  
=20  
> in children age 5 to 14, the > >third most common cause of death in=20  
> people age 15 to 24 and the fourth > >most common cause in people age  
25=  
=20  
> to 44." > > >Why is this problematic? Well, first off, suicide is \*not\*=  
=20  
> a cause of > >death . . . it is a mode of death. There are many causes of=  
=20  
> death but only > >four possible modes (and these are distinct from the=20  
> mechanism of death). > >A death is a homicide if the decedent dies by=20  
> externally engendered means > >as the intended result of the actions of=  
=20  
> another, by suicide if the > >decedent dies by externally engendered=20  
> means as the intended result of his > >or her own act, or an accidental=  
=20  
> death if the decedent dies of externally > >engendered means absent=20  
> intent of self or another. If not externally > >inflicted, the death is=  
=20  
> considered, by default, a natural death. > >Accidental deaths have been=  
=20  
> and remain the leading cause of pediatric > >demise; natural deaths are=  
=20  
> second. Suicides in young children, while > >exceedingly rare, exceed=20  
> homicides but this reverses in adolescence and > >early adulthood  
(though=  
=20  
> accidental and natural deaths continue to exceed > >suicides and=20  
> homicides by about eight and four fold, respectively). > > >E-900=20  
> series deaths (external injuries) are typically reported by=20  
> mode, > >while natural deaths are broken down by "cause"--meaning in  
this=  
=20  
> context > >the underlying disease or degenerative process which led to=20

> the mechanism > >of death . . . mechanical asphyxia secondary to=20  
 > impingement of neoplastic > >growth ends up listed as a death from=20  
 > laryngeal cancer. In smaller > >children especially, accidental deaths=20  
 > are increasingly disaggregated, but > >homicides and suicides remain, by=  
 =20  
 > convention, reported as if a "cause." > >Reaggregate accidental and=20  
 > natural deaths and you get a very different picture. > > >Why would we=  
 =20  
 > report as quoted above? Simple: It's a rhetorical hyperbole, > >designed=  
 =20  
 > to make a very rare event seem nearly epidemic and to cloud > >objective=  
 =20  
 > assessment with large dosages of emotion. Very scientific. > >Depression=  
 =20  
 > and suicide is much like smoking and cancer . . . smoking leads > >to=20  
 > cancer but does not, in the strictest sense, cause it. Those who=20  
 > smoke, > >though, are more likely than nonsmokers to develop  
 pulmonary=20  
 > neoplasm. Are > >those who take SSRIs more or less likely to off=20  
 > themselves than those who > >do not? These data do not really help us to=  
 =20  
 > determine that--they simply > >argue that there are other factors to=20  
 > consider, and we knew that already. > >What we seem to know about  
 SSRIs=  
 =20  
 > at this point includes: > > >(a) their efficacy has been=20  
 > overstated; > >(b) their risk was systematically underreported; > >(c)=20  
 > the information reported was colored by economic incentives; > >(d) they=  
 =20  
 > are rampantly overprescribed without sufficient monitoring=20  
 > or > >appropriate conjunctive care; > >(e) they make an obscene amount  
 of=  
 =20  
 > money for their producers. > > >That's the cause of the current=20  
 > backlash . . . the data will need to > >settle more before we can say=20  
 > much more with any certainty. But hyperbole > >doesn't help--from either=  
 =20  
 > camp. > > >Richard Gist, Ph.D. > >Principal Assistant to the=20  
 > Director > >Kansas City, Missouri Fire Department > > >Office:=20  
 > 816.784.9242 > >FAX: 816.784.9230 > >Page:=20  
 > 816.989.8741 > >7ca2aaf.jpgJames C Coyne=20  
 > <jcoyne@mail.med.upenn.edu> > > >James C Coyne=20  
 > <jcoyne@mail.med.upenn.edu> Sent=20  
 > by: > >owner-sscpnet@listserv.it.northwestern.edu > > >02/07/2005  
 03:25=  
 =20  
 > PM > >Please respond to=20  
 > jcoyne@mail.med.upenn.edu > >7ca2ab9.jpg > >To > >7ca2ac3.jpg >  
 > Society=  
 =20



> for a Scientific Clinical=20  
 > Psychology > ><sscpnet@listserv.it.northwestern.edu> > >7ca2acd.jpg >  
 >cc=  
 =20=20  
 > > >7ca2ad7.jpg > >7ca2aeb.jpg > >Subject > >7ca2af5.jpg > >Data=20  
 > Contradict Antidepressant/Suicide=20  
 > Link > >7ca2aff.jpg7ca2b09.jpg > > > > >New UCLA Study Disputes=20  
 > Antidepressant/Suicide Link; Scientists Fear Rise > >in Deaths From=20  
 > Untreated Depression > >76a0b13.jpg > >76a0b3b.jpg > >Date: February  
 2,=  
 =20  
 > 2005 > >Contact: Elaine Schmidt ( eschmidt@mednet.ucla.edu ) >  
 >Phone:=20  
 > 310-794-2272 > >76a0b4f.jpg > > > >Challenging recent claims linking=20  
 > antidepressant use to suicidal behavior, > >a new UCLA study shows that=  
 =20  
 > American suicide rates have dropped steadily > >since the introduction of=  
 =20  
 > Prozac and other serotonin reuptake inhibitor > >(SSRI) drugs. In=20  
 > research published Feb. 1 in the journal Nature Reviews > >Drug=20  
 > Discovery, the authors caution that regulatory actions to limit=20  
 > SSRI > >prescriptions may actually increase death rates from untreated=20  
 > depression, > >the No. 1 cause of suicide. > > > >"The recent debate has=  
 =20  
 > focused solely on a possible link between > >antidepressant use and=20  
 > suicide risk without examining the question within a > >broader=20  
 > historical and medical context," said Dr. Julio Licinio, a > >professor=  
 =20  
 > of psychiatry and endocrinology at the David Geffen School of > >Medicine=  
 =20  
 > and a researcher at the UCLA Neuropsychiatric Institute. "We > >feared=20  
 > that the absence of treatment may prove more harmful to=20  
 > depressed > >individuals than the effects of the drugs=20  
 > themselves." > > > >"The vast majority of people who commit suicide=20  
 > suffer from untreated > >depression," he said. "We wanted to explore a=20  
 > possible SSRI-suicide link > >while ensuring that effective treatment and=  
 =20  
 > drug development for depression > >were not halted without=20  
 > cause." > > > >Licinio worked with fellow psychiatrist Dr. Ma-Ling Wong=  
 =20  
 > to conduct an > >exhaustive database search of studies published  
 between=  
 =20  
 > 1960 and 2004 on > >antidepressants and suicide. The team reviewed  
 each=  
 =20  
 > piece of research in > >great detail and created a timeline of key=20  
 > regulatory events related to > >antidepressants. Then they generated=20  
 > charts tracking antidepressant use and > >suicide rates in the United=20  
 > States. > > > >What they found surprised them. > > > >"Suicide rates rose=

=20

> steadily from 1960 to 1988 when Prozac, the first SSRI > >drug, was=20  
> introduced," Licinio said. "Since then, suicide rates have > >dropped=20  
> precipitously, sliding from the eighth to the 11th leading cause=20

> of > >death in the United States." > > >Several large-scale studies in=

=20  
> the United States and Europe also screened > >blood samples from  
suicide=

=20

> victims and found no association between > >antidepressant use and=20  
> suicide. > > >"Researchers found blood antidepressant levels in less=20  
> than 20 percent of > >suicide cases," Licinio said. "This implies that=20

> the vast majority of > >suicide victims never received treatment for=20

> their depression." > > >"Our findings strongly suggest that these=20

> individuals who committed suicide > >were not reacting to their SSRI=20

> medication," he added. "They actually > >killed themselves due to=20

> untreated depression. This was particularly true > >in men and in people=

=20  
> under 30." > > >Licinio and Wong fear that overzealous regulatory and=

=20  
> medical reaction, > >public confusion and widespread media coverage  
may=

=20

> persuade people to stop > >taking antidepressants altogether. They warn=

=20  
> that this would result in a > >far worse situation by causing a drop in=

=20  
> treatment for people who actually > >need it. > > >The UCLA study also=

=20  
> looked at other reasons that may contribute to suicidal > >behavior by=20

> people taking SSRIs for depression. > > >Before the introduction of=20

> SSRIs, patients taking early drug treatments for > >depression were=20

> susceptible to overdoses and serious side effects, such as > >irregular=

=20  
> heart rates and blood pressure increases. As a result,=20

> doctors > >prescribed the drugs in small doses and followed patients=20

> closely. > > >In contrast, toxic side effects are rare in SSRIs.=20

> Physicians often > >prescribe the drugs in larger doses and may not see=

=20  
> the patient again for > >up to two months. This scenario, Licinio warns,=

=20  
> can set the stage for > >suicide risk. > > >"When people start=20

> antidepressant therapy, the first symptom to be > >alleviated is low=20

> energy, but the feeling that life isn't worth living is > >the last to=20

> go," he said. "Prior to taking SSRIs, depressed people may not > >have=20

> committed suicide due to their extreme lethargy. As they begin=20

> drug > >therapy, they experience more energy, but still feel that life=20

> isn't worth > >living. That's when a depressed person is most in danger=

=20

> of committing > >suicide." > > >Licinio stresses the need for even=20

> closer monitoring of SSRI use by children. > > > "The only=20  
> antidepressant proven to be effective for treating children=20  
> with > > depression is Prozac," he said. "Children should receive Prozac=  
=20  
> only and > > should be followed very closely by their physicians during=20  
> treatment." > > > Funding from the National Institute of General Medical=  
=20  
> Sciences and an > > award from the Dana Foundation supported the=20  
> research. > > > Depression is a complex disorder that affects some 10=20  
> percent of men and 20 > > percent of women in the United States during=20  
> their lifetime. Ten percent to > > 15 percent of depressed people commit=  
=20  
> suicide. Depression plays a role in > > at least one-half of all adult=20  
> suicides and in 76 percent of suicides > > committed by children. Suicide=  
=20  
> is the most common cause of death in > > children age 5 to 14, the third=  
=20  
> most common cause of death in people age 15 > > to 24 and the fourth  
most=  
=20  
> common cause in people age 25 to 44. > > > The UCLA  
Neuropsychiatric=20  
> Institute is an interdisciplinary research and > > education institute=20  
> devoted to the understanding of complex human behavior, > > including the=  
=20  
> genetic, biological, behavioral and sociocultural > > underpinnings of=20  
> normal behavior, and the causes and consequences of >  
> neuropsychiatric=  
=20  
> disorders. More information is available online=20  
> at > > <<<<http://www.npi.ucla.edu/>><http://www.npi.ucla.edu/>><http://www.npi.ucla.edu/>>  
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perhaps if you just said, maybe in bulleted form, what two or three problems are with the paper, I would better understand.&nbsp; I'm not saying there aren't problems - just that you seem to see many and I'd like to know what you believe they are.&nbsp; I don't really get it from what you sent, which I accept may be my failing.<br><br>

as for &quot;revered&quot; outlets and sources - my word was &quot;credentialed&quot; - please note that of course they do make mistakes (as I noted, and so your characterization of &quot;no-holds-barred&quot; etc. seems inaccurate); it's just that their credentials should not be dismissed as long as they have been earned (similar to Meehl's argument in his &quot;credentialed knowledge, credentialed people&quot; paper a few years ago).<br><br>

At 03:07 PM 2/8/2005, Richard Gist wrote:<br><br>

<blockquote type=3Dcite class=3Dcite cite=3D"">Wow! A no-holds-barred, no-apologies-at-all ad verecundiam . . . don't often see those hereabouts. Flippancy aside for a moment, let me save myself some time (at the expense, perhaps, of any who care to read it) by pasting in here a few paragraphs from a chapter we wrote a few years back on the &quot;trauma tourism&quot; stuff. We're discussing here a paper published in NEJM (another revered outlet) by folks from CDC (another revered source) . . . the issues are essentially quite similar:

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These insidious phenomena cannot be discounted as if only the tragic comedy of postmodern foolishness; they have led to a nearly ubiquitous collection of nested presumptions that sometimes so obscure our objectivity that even the best of scientists can be led to look right past gaping holes in the fabric of theory and data that might otherwise have been chillingly obvious. Consider an elaborate epidemiological study from the Centers for Disease Control, published in the prestigious *New England Journal of Medicine* (Krug *et al.*, 1998). A number of explicit conclusions were entered that seemed to derive from strong statistical findings regarding suicides increasing following various sorts of natural disasters, reported in terms of aggregated percentages across counties affected by various types of catastrophe. The authors offered a particularly strong summary conclusion that these data confirm(s) the need for mental health support after severe disasters (p. 373). Spurred by publicists and press releases, these

findings were widely and aggressively disseminated throughout popular media and professional digests alike.

The study, however, made no attempt to examine the presumed mechanisms for these calculated increases; it made no foray into risk factors, vectors, mechanisms, or methods. It explored no avenues of surveillance that might shed light on such critical factors, nor were any data whatever developed regarding the efficacy, absolute or relative, of any approach to intervention. These issues alone would be sufficient to render suspect so bold a conclusion regarding the need for structured and orchestrated intervention.

But the larger issue, despite the seeming mathematical sophistication of the piece, was essentially one of innumeracy (Paulos, 1989).

When

reduced to the level of its principal data unit (individual counties), the net increase in suicides was about one per county from about six to about seven, on average in the wake of a Presidentially declared disaster. Where seemingly alarming increases were found—say, for example, in the first year following earthquakes—these became a different matter altogether as critical scrutiny of the data revealed that only four very large and quite atypical counties experienced such events during the period of analysis. But the more salient implication may have been this: What justification have we to say that any intervention we might rush to mount would successfully find that one extra case in 52,000 folk (the average population of a county in this study), and what legitimate assurance can we give that broad-brush efforts to do so would do no harm, much less do any good?

Sadly, this story took yet another couple of tragic twists in the months following its much promoted original appearance. Shoaf (1998) made gentle reference to exactly those shortcomings raised above in a brief letter to the editor of the journal shortly after the original report appeared; she aptly noted that the data as reported indicated that severe impacts such as suicide were, in fact, remarkably rare and that those data spoke much more eloquently to resilience than to risk. Krug, Powell, and Dahlberg

(1998), in their rejoinder, argued again that the increases were real, significant, and a symptom of a much larger mental health problem that demanded concerted address.

Before a year had passed, however, Krug *et al.* (1999) were compelled to print a nearly complete retraction of their data and results. An error in their processing of data led one year=97exclusively a postdisaster year for ttheir rubric=97to be counted twice. When thiss error was corrected, essentially all of the statistically significant findings so touted a few months earlier evaporated into astoundingly trivial differences. Indeed, the alarming increase of nearly two-thirds following earthquakes reduced to a slight *decrease* in the corrected analysis, and the only value even approaching statistical significance was a 8.7% decrease in suicides in the years following severe storms. Even then, though, the authors rejected the resilience hypothesis and its concomitant suggestion that the focus return to more instrumental forms of postdisaster assistance in favor of a renewed, now principally rhetorical argument to maintain the original conclusion=97never directly explored in their studyy or supported in their data=97that mental heaalth services are vitally needed.

</ul>

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Again (not as if I haven't said this several different ways in about a half-dozen posts across the past few weeks), suicide data are tricky, tricky, tricky at their very best. I compared it once in a keynote for a state public health association to inferences based on passengers flowing through O'Hare, Hartsfield, or LAX--lots and lots of folks pass through one of these portals, but all that really tells us is that the were, on that given day, travellers. We know nothing from such figures regarding where they originated, where they were headed, or where else they stopped along the way, much less about why they chose to travel, whom they went to see, or why they chose the routing they chose. The determination of suicide, after all, is based on speculative reconstruction of motives held by a person now deceased and typically isolated from others prior to the act--and all we can with much certainty about the dead is that they're terribly nonresponsive in interviews and don't return questionnaires. <br><br>

Many folks consider suicide; few execute the option. In the piece you reference, look again at the methods and then ask again if you don't see the problem (outlined, I though rather clearly if somewhat succinctly in the passage you quote). If you're still puzzled, consider that the radical rate changes in reported suicides among young persons across the last decades of the 20th Century correlate very strongly with the number of Toyotas sold the US across the same period. There must be a connection, right?<br><br>

R.<br><br>

Richard Gist, Ph.D.<br>

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<font size=3D2><b>Thomas Joiner &lt;joiner@psy.fsu.edu></b>  
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miklow@psych.colorado.edu</font><br>

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<font size=3D4><br>  
this &quot;at best far-fetched&quot; result appeared in the Archives of General Psychiatry, it should be reiterated. A credentialed outlet, for sure. = It is true that credentialed outlets make mistakes though. I wonder what specific mistakes were made in this particular paper?<br><br>  
At 12:19 PM 2/8/2005, Richard Gist wrote:</font>=20  
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<font size=3D4 color=3D"#0000FF">[snip] The notion that a significant change in population rates is likely to be meaningfully demonstrated as directly attributable to the number of Prozac pills popped per person on a county by county level lies somewhere between the far-fetched and the shockingly naive.</font><font size=3D4> </font><font size=3D4 color=3D"#0000FF">[snip]</font><font size=3D4>  
Richard Gist, Ph.D.  
Principal Assistant to the Director  
Kansas City, Missouri Fire Department<br>

Office: 816.784.9242  
FAX: 816.784.9230  
Page: 816.989.8741</font>  
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Please respond to miklow@psych.colorado.edu</div>

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<ul><ul>  
Re: Data Contradict Antidepressant/Suicide Link (with more data)<font size=  
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Jim,<br>

Thanks for the references.&nbsp; I'm beginning to wonder if the antidepressant/suicide debate has merged &quot;suicide&quot; with &quot;suicidal thoughts and behaviors,&quot; which really should be kept separate.&nbsp; My recollection of the FDA data was that there was a 4% risk of suicidal thoughts and behaviors among kids taking antidepressants and 2% on placebos, but there were no actual completed suicides in the 24 trials included in the meta-analysis. This distinction may account in part for why studies like the one you cite below (which concerns completed suicides) don't find increases in people on antidepressants.<br>

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----- Original Message -----=20

From: &quot;James C Coyne&quot; <jcoyne@mail.med.upenn.edu>  
To: &quot;Society for a Scientific Clinical Psychology&quot;  
&lt;sscpnet@listserv.it.northwestern.edu>  
Sent: Monday, February 07, 2005 4:10 PM  
Subject: Re: Data Contradict Antidepressant/Suicide Link (with more data)<br>  
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&gt; I agree that there is some confusion between mode and cause here, but  
=  
this  
&gt; effort does represent the entering data into a discussion that often g=  
oes  
&gt; on in the absence or direct contradiction of data. I have also done mo=  
re  
to  
&gt; responsibly point out (d) (i.e., using data) than anyone else on this  
&gt; listserve, although I have some similar strong doubts that the deliver=  
y of  
&gt; psychotherapy of adequate quality and duration in the community to be =  
very  
&gt; effective in treating depression. Therapy is probably not a wholesale  
&gt; answer to the limitations on the delivery of antidepressants in the  
community.  
&gt;  
&gt; but to round out your &quot;what we know&quot;  
&gt;  
&gt; f. the information suggesting&nbsp; SSRIs definitely cause suicide is =  
colored  
by  
&gt; the undisclosed economic incentives available to those who make such  
claims  
&gt; (Healy, Breggin etc)  
&gt;  
&gt; g. recent claims by a journalist associated with BMJ, Jeanne Lenzer, o=  
f a  
&gt; coverup of data concerning risk associated with SSRIs were unfounded  
a=  
nd a  
&gt; hoax serving her ideological interests and close ties to those with  
&gt; substantial personal financial interests.

&gt;  
&gt;  
&gt; just by coincidence, the batch of emails&nbsp; in which your email arrived  
&gt; included the announcement for this week's Archives of General  
Psychiatry,  
&gt; and the abstract for one of the articles is  
&gt;  
&gt;  
&gt; The Relationship Between Antidepressant Medication Use and Rate of  
Suicide  
&gt;  
&gt; Robert D. Gibbons, PhD; Kwan Hur, PhD; Dulal K. Bhaumik, PhD; J.  
John  
Mann, MD  
&gt;  
&gt; Arch Gen Psychiatry. 2005;62:165-172.  
&gt;  
&gt; Background Approximately 30 000 people die annually by suicide in the  
&gt; United States. Although 60% of suicides occur during a mood disorder,  
&gt; mostly untreated, little is known about the relationship between  
&gt; antidepressant medication use and the rate of suicide in the United  
States.  
&gt;  
&gt; Objective To examine the association between antidepressant  
medication  
&gt; prescription and suicide rate by analyzing associations at the county  
level  
&gt; across the United States.  
&gt;  
&gt; Design Analysis of National Vital Statistics from the Centers for Disease  
and  
&gt; Control and Prevention.  
&gt;  
&gt; Setting All US counties.  
&gt;  
&gt; Participants All US individuals who committed suicide between 1996 and  
1998.  
&gt;  
&gt; Main Outcome Measures National county-level suicide rate data are  
broken  
en  
&gt; down by age, sex, income, and race for the period of 1996 to 1998.  
National  
&gt; county-level antidepressant prescription data are expressed as number =  
of  
&gt; pills prescribed. The primary outcome measure is the suicide rate in each

> county expressed as the number of suicides for a given population size.

>

> Results The overall relationship between antidepressant medication

> prescription and suicide rate was not significant. Within individual

> classes of antidepressants, prescriptions for selective serotonin reup=

> take inhibitors (SSRIs) and other new-generation non-SSRI antidepressants

(=

eg,

> nefazodone hydrochloride, mirtazapine, bupropion hydrochloride, and

> venlafaxine hydrochloride) are associated with lower suicide rates (bo=

th

> within and between counties). A positive association between tricyclic

> antidepressant (TCA) prescription and suicide rate was observed. Resul=

> are adjusted for age, sex, race, income, and county-to-county variabil=

ity

> in suicide rates. Higher suicide rates in rural areas are associated w=

> ith fewer antidepressant prescriptions, lower income, and relatively more

> prescriptions for TCAs.

>

> Conclusions The aggregate nature of these observational data preclude

a

> direct causal interpretation of the results. A high number of TCA

> prescriptions may be a marker for those counties with more limited acc=

ess

> to quality mental health care and inadequate treatment and detection of

> depression, which in turn lead to increased suicide rates. By contrast,

> increases in prescriptions for SSRIs and other new-generation non-

SSRIs

are

> associated with lower suicide rates both between and within counties o=

ver

> time and may reflect antidepressant efficacy, compliance, a better qua=

lity

> of mental health care, and low toxicity in the event of a suicide atte=

mpt

> by overdose.

>

>

> Author Affiliations: Center for Health Statistics, University of Illin=

ois

> at Chicago (Drs Gibbons, Hur, and Bhaumik); and Department of

Neuroscience,

> New York State Psychiatric Institute, Department of Psychiatry, Columb=

ia

> University College of Physicians and Surgeons, New York (Dr Mann).

>

>

&gt;  
&gt;  
&gt;  
&gt;  
&gt; At 03:58 PM 2/7/2005 -0600, you wrote:  
&gt;  
&gt; &gt;C'mon, Jim . . . parts of this have to have caused you some heartburn!  
I'm  
&gt; &gt;not arguing that the case against SSRI may not have as many logical flaws  
&gt; &gt;as the case built for them; the jury's still deliberating there, but so  
it  
&gt; &gt;goes. The hyperbole about suicide rates in this release, however, =  
belies  
&gt; &gt;both epidemiologic ignorance and a rhetorical bias to overstate.  
Consider,  
&gt; &gt;for example:  
&gt; &gt;"Suicide is the most common cause of death in children age 5 =  
to 14, the  
&gt; &gt;third most common cause of death in people age 15 to 24 and the  
fourth  
&gt; &gt;most common cause in people age 25 to 44."  
&gt; &gt;  
&gt; &gt;Why is this problematic? Well, first off, suicide is \*not\* a cause  
of  
&gt; &gt;death . . . it is a mode of death. There are many causes of death =  
but  
only  
&gt; &gt;four possible modes (and these are distinct from the mechanism of =  
death).  
&gt; &gt;A death is a homicide if the decedent dies by externally engendered means  
&gt; &gt;as the intended result of the actions of another, by suicide if the  
&gt; &gt;decedent dies by externally engendered means as the intended result  
of  
his  
&gt; &gt;or her own act, or an accidental death if the decedent dies of externally  
&gt; &gt;engendered means absent intent of self or another. If not externally  
inflicted, the death is considered, by default, a natural death.  
&gt; &gt;Accidental deaths have been and remain the leading cause of pediatric  
demise; natural deaths are second. Suicides in young children, which

le  
> >exceedingly rare, exceed homicides but this reverses in adolescence and  
> >early adulthood (though accidental and natural deaths continue to exceed  
> >suicides and homicides by about eight and four fold, respectively).  
> >  
> >E-900 series deaths (external injuries) are typically reported by mode,  
> >while natural deaths are broken down by "cause"--meaning=  
in this context  
> >the underlying disease or degenerative process which led to the mechanism  
> >of death . . . mechanical asphyxia secondary to impingement of neoplastic  
> >growth ends up listed as a death from laryngeal cancer. In smaller  
> >children especially, accidental deaths are increasingly disaggregated,  
but  
> >homicides and suicides remain, by convention, reported as if a "cause."  
> >Reaggregate accidental and natural deaths and you get a very different  
picture.  
> >  
> >Why would we report as quoted above? Simple: It's a rhetorical hyperbole,  
> >designed to make a very rare event seem nearly epidemic and to cloud  
ud  
> >objective assessment with large dosages of emotion. Very scientific.  
> >Depression and suicide is much like smoking and cancer . . . smoking  
leads  
> >to cancer but does not, in the strictest sense, cause it. Those who smoke,  
> >though, are more likely than nonsmokers to develop pulmonary neoplasms.  
Are  
> >those who take SSRIs more or less likely to off themselves than those who  
> >do not? These data do not really help us to determine that--they simply  
> >argue that there are other factors to consider, and we knew that already.  
> >What we seem to know about SSRIs at this point includes:  
> >

&gt; &gt;(a) their efficacy has been overstated;  
&gt; &gt;(b) their risk was systematically underreported;  
&gt; &gt;(c) the information reported was colored by economic incentives;  
&gt; &gt;(d) they are rampantly overprescribed without sufficient monitoring or  
&gt; &gt;appropriate conjunctive care;  
&gt; &gt;(e) they make an obscene amount of money for their producers.  
&gt; &gt;  
&gt; &gt;That's the cause of the current backlash . . . the data will need =  
to  
&gt; &gt;settle more before we can say much more with any certainty. But hypothesis  
perbole  
&gt; &gt;doesn't help--from either camp.  
&gt; &gt;  
&gt; &gt;Richard Gist, Ph.D.  
&gt; &gt;Principal Assistant to the Director  
&gt; &gt;Kansas City, Missouri Fire Department  
&gt; &gt;  
&gt; &gt;Office: 816.784.9242  
&gt; &gt;FAX: 816.784.9230  
&gt; &gt;Page: 816.989.8741  
&gt; &gt;7ca2aaf.jpgJames C Coyne <jcoyne@mail.med.upenn.edu>  
&gt; &gt;  
&gt; &gt;James C Coyne <jcoyne@mail.med.upenn.edu> Sent by:  
&gt; &gt;owner-sscpnet@listserv.it.northwestern.edu  
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&gt; &gt;Date: February 2, 2005

&gt; &gt;Contact: Elaine Schmidt ( [eschmidt@mednet.ucla.edu](mailto:eschmidt@mednet.ucla.edu) )  
&gt; &gt;Phone: 310-794-2272  
&gt; &gt;[76a0b4f.jpg](#)  
&gt; &gt;  
&gt; &gt;Challenging recent claims linking antidepressant use to suicidal behavior,  
&gt; &gt;a new UCLA study shows that American suicide rates have dropped steadily  
&gt; &gt;since the introduction of Prozac and other serotonin reuptake inhibitors  
&gt; &gt;(SSRI) drugs. In research published Feb. 1 in the journal Nature Reviews  
&gt; &gt;Drug Discovery, the authors caution that regulatory actions to limit SSRI  
&gt; &gt;prescriptions may actually increase death rates from untreated depression,  
&gt; &gt;the No. 1 cause of suicide.  
&gt; &gt;  
&gt; &gt;"The recent debate has focused solely on a possible link between  
&gt; &gt;antidepressant use and suicide risk without examining the question within  
&gt; &gt;a  
&gt; &gt;broader historical and medical context," said Dr. Julio Licinio, a  
&gt; &gt;professor of psychiatry and endocrinology at the David Geffen School of  
&gt; &gt;Medicine and a researcher at the UCLA Neuropsychiatric Institute. "We  
&gt; &gt;feared that the absence of treatment may prove more harmful to depressed  
&gt; &gt;individuals than the effects of the drugs themselves."  
&gt; &gt;  
&gt; &gt;"The vast majority of people who commit suicide suffer from untreated  
&gt; &gt;depression," he said. "We wanted to explore a possible SSRI-suicide link  
&gt; &gt;while ensuring that effective treatment and drug development for depression  
&gt; &gt;were not halted without cause."  
&gt; &gt;  
&gt; &gt;Licinio worked with fellow psychiatrist Dr. Ma-Ling Wong to conduct an  
&gt; &gt;exhaustive database search of studies published between 1960 and 2004 on



> > antidepressants and suicide. The team reviewed each piece of research in great detail and created a timeline of key regulatory events related to antidepressants. Then they generated charts tracking antidepressant use and suicide rates in the United States. > > What they found surprised them. > > "Suicide rates rose steadily from 1960 to 1988 when Prozac, the first SSRI drug, was introduced," Licinio said. "Since then, suicide rates have dropped precipitously, sliding from the eighth to the 11th leading cause of death in the United States." > > Several large-scale studies in the United States and Europe also screened blood samples from suicide victims and found no association between antidepressant use and suicide. > > "Researchers found blood antidepressant levels in less than 20 percent of suicide cases," Licinio said. "This implies that the vast majority of suicide victims never received treatment for their depression." > > "Our findings strongly suggest that these individuals who committed suicide were not reacting to their SSRI medication," he added. "They actually killed themselves due to untreated depression. This was particularly true in men and in people under 30." > > Licinio and Wong fear that overzealous regulatory and medical reaction, public confusion and widespread media coverage may persuade people to stop

&gt; &gt; taking antidepressants altogether. They warn that this would result in a  
&gt; &gt; far worse situation by causing a drop in treatment for people who actually  
&gt; &gt; need it.  
&gt; &gt;  
&gt; &gt; The UCLA study also looked at other reasons that may contribute to suicidal  
&gt; &gt; behavior by people taking SSRIs for depression.  
&gt; &gt;  
&gt; &gt; Before the introduction of SSRIs, patients taking early drug treatments  
for  
&gt; &gt; depression were susceptible to overdoses and serious side effects, such  
as  
&gt; &gt; irregular heart rates and blood pressure increases. As a result, doctors  
&gt; &gt; prescribed the drugs in small doses and followed patients closely.  
&gt; &gt;  
&gt; &gt; In contrast, toxic side effects are rare in SSRIs. Physicians often  
&gt; &gt; prescribe the drugs in larger doses and may not see the patient again for  
up to two months. This scenario, Licinio warns, can set the stage for  
&gt; &gt; suicide risk.  
&gt; &gt;  
&gt; &gt; "When people start antidepressant therapy, the first symptom to be  
&gt; &gt; alleviated is low energy, but the feeling that life isn't worth living is  
&gt; &gt; the last to go," he said. "Prior to taking SSRIs, depressed people may  
not  
&gt; &gt; have committed suicide due to their extreme lethargy. As they begin drug  
&gt; &gt; therapy, they experience more energy, but still feel that life isn't  
worth  
&gt; &gt; living. That's when a depressed person is most in danger of committing  
&gt; &gt; suicide." &gt;  
&gt; &gt;  
&gt; &gt; Licinio stresses the need for even closer monitoring of SSRI use by  
children.  
&gt; &gt;  
&gt; &gt; "The only antidepressant proven to be effective for treating children  
with  
&gt; &gt; depression is Prozac," he said. "Children should receive=

Prozac only and  
> > should be followed very closely by their physicians during treatment.  
> >  
> > Funding from the National Institute of General Medical Sciences and an  
> > award from the Dana Foundation supported the research.  
> >  
> > Depression is a complex disorder that affects some 10 percent of men and  
20  
> > percent of women in the United States during their lifetime. Ten percent  
to  
> > 15 percent of depressed people commit suicide. Depression plays a  
=  
role in  
> > at least one-half of all adult suicides and in 76 percent of suicides  
des  
> > committed by children. Suicide is the most common cause of death in  
> > children age 5 to 14, the third most common cause of death in people age  
15  
> > to 24 and the fourth most common cause in people age 25 to 44.  
> >  
> > The UCLA Neuropsychiatric Institute is an interdisciplinary research and  
ch and  
> > education institute devoted to the understanding of complex human  
behavior,  
> > including the genetic, biological, behavioral and sociocultural  
> > underpinnings of normal behavior, and the causes and  
consequences =  
of  
> > neuropsychiatric disorders. More information is available online at  
>  
> << <a href="http://www.npi.ucla.edu/"><font face="Courier  
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</font><font size=3D1>Phone (850) 644-1454; FAX (850) 644-7739; Pager  
(850)=  
386-9039; Lab Phone (850) 644-9362<br>  
</font><font size=3D2>joiner@psy.fsu.edu <br>

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From: jcoyne@mail.med.upenn.edu  
To: Society for a Scientific Clinical Psychology  
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The jury was asked to believe that not only did antidepressants agitate individuals into committing complex planful violent behavior, these drugs take away the ability to judge right from wrong. Healy's already limited credibility takes another hit. but I am sure his expert opinion is still for sale.

Source: Dow Jones International News Date: February 15, 2005  
CHARLESTON, S.C. (AP)--A 15-year-old boy who claimed the antidepressant Zoloft, developed by Pfizer Inc. (PFE), drove him to kill his grandparents was sentenced to 30 years in jail after being found guilty of murder Tuesday.

Christopher Pittman was sentenced to the minimum of 30 years in prison with no chance of parole after a jury rejected his claim that he was involuntarily intoxicated by the drug.

The trial has been billed as the first case involving a youngster who says an antidepressant caused him to kill, and it comes at a time of heightened scrutiny over the use of antidepressants among children.

Pittman spoke briefly to the court before the sentence was handed down. "I know it's in the hands of God. Whatever he decides is what it's going to be," Pittman said quietly.

Defense attorneys urged the jury to send a message to the nation by blaming Zoloft for the killings. They said the negative effects of Zoloft are more

pronounced in youngsters, and the drug affected Pittman so he did not know right from wrong.

"We do not convict children for murder when they have been ambushed by chemicals that destroy their ability to reason," attorney Paul Waldner said.

But prosecutors called the Zolof defense a smokescreen, saying the then-12-year-old Pittman knew exactly what he was doing three years ago when

he shot his grandparents, torched their house and then drove off in their car.

Pittman's father, Joe, told the judge he still supports his son even though the victims were Joe Pittman's parents.

"I love my son with all of my heart, just like my mom and dad," Joe Pittman said. "And if my mom and dad were here, I know they would be begging you for mercy."

Christopher Pittman cried as several other family members also asked the judge for mercy.

From rwmontgomery@mindspring.com Tue Feb 15 13:44:55 2005

Received: (from mailnull@localhost)

by iris.itcs.northwestern.edu (8.12.10/8.12.10) id j1FJirj4016319

for <sscpnet@listserv.it.northwestern.edu>; Tue, 15 Feb 2005 13:44:53

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Date: Tue, 15 Feb 2005 14:47:12 -0500

From: "Robert W. Montgomery, Ph.D." <rwmontgomery@mindspring.com>

Reply-To: RWM@Behavior-Consultant.Com

User-Agent: Mozilla/5.0 (Windows; U; Windows NT 5.1; en-US; rv:1.4)

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To: Society for a Scientific Clinical Psychology

<sscpnet@listserv.it.northwestern.edu>

Subject: Re: US Youth Sentenced To 30 Yrs For Killing Grandparents

References: <1108495241.42124b89e61d1@webmail.pobox.upenn.edu>

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Status: O

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Disinhibition is real, it occurs, it can be caused by a variety of mechanisms (i.e., TBI, alcohol intoxication, etc.). Again, the questions I asked before, that went unaddressed here, are relevant to this topic. Your assertions below ignore the possibility that the person in question under the previous discussion was identified as ALREADY agitated by circumstances and was an adolescent and there was not even an implication in that prior exchange by anyone I can recall that the medication caused the agitation (as you assert below). While I realize that many in the media and among the legal ranks make such assertions it really isn't conducive to a productive discussion of the effects of medications on behavior - IMHO.

-RWM

jcoyne@mail.med.upenn.edu wrote:

> The jury was asked to believe that not only did antidepressants agitate  
> individuals into committing complex planful violent behavior, these drugs  
take  
> away the ability to judge right from wrong. Healy's already limited  
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> sale.  
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> Source: Dow Jones International News Date: February 15, 2005  
> CHARLESTON, S.C. (AP)--A 15-year-old boy who claimed the  
antidepressant  
> Zoloft, developed by Pfizer Inc. (PFE), drove him to kill his grandparents  
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> Christopher Pittman was sentenced to the minimum of 30 years in prison  
with  
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> involuntarily intoxicated by the drug.  
> The trial has been billed as the first case involving a youngster who says  
> an antidepressant caused him to kill, and it comes at a time of heightened  
> scrutiny over the use of antidepressants among children.  
> Pittman spoke briefly to the court before the sentence was handed down.  
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> the victims were Joe Pittman's parents.  
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> said. "And if my mom and dad were here, I know they would be begging you  
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> mercy."  
> Christopher Pittman cried as several other family members also asked the  
> judge for mercy.  
>  
>  
>

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this email in error, please contact the sender immediately, delete it,  
any attachments, and all copies of it from your system, and destroy any  
hard copies of it. Any unauthorized review, use, disclosure or  
distribution is prohibited.

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The Washington Post  
Antidepressants raise risk of suicide=20  
Concern mounts about Prozac, Paxil, Zoloft  
By Shankar Vedantam  
Feb. 17, 2005 A-1

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Adults taking popular antidepressants such as Prozac, Paxil and Zoloft  
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more than twice as likely to attempt suicide as patients given sugar pills,=20  
according to an analysis released yesterday of hundreds of clinical trials=20  
involving tens of thousands of patients.  
The results mirror a recent finding of the Food and Drug Administration that=  
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the drugs increase suicidal thoughts and behavior among some children,  
and=20  
offer tangible support to concerns going back 15 years that the mood-lifting=

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pills have a dark side.

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The examination of 702 controlled clinical trials involving 87,650 patients=20 is the most comprehensive look at the subject and is particularly telling=20 because it counted suicide attempts and included patients treated for a vari=20

ety of=20 conditions, including sexual dysfunction, bulimia, panic disorder and=20 depression.

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Experts cautioned, however, that the risks should be balanced against the=20 drugs' benefits. They have been shown to be effective against depression and=

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host of other disorders in adults, a positive track record largely missing i=20 n=20

tests of the drugs on children.

Adults with severe depression should continue to be considered for drug=20 treatment, but those with milder symptoms should probably not be medicated,=20=

said=20

John Geddes, a professor of epidemiological psychiatry at Oxford University,=20 who=20

wrote a commentary accompanying the studies.

"For a lot of time, these drugs were seen as a panacea for low mood in=20 general," he said in a telephone interview. "We do need to ensure they are o=20 nly=20

prescribed for patients with clearly diagnosed depressive disorders."

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The new study is certain to add to the controversy over the class of drugs=20 known as selective serotonin reuptake inhibitors, or SSRI's. Following the=20 arrival of Prozac in 1988, these drugs have transformed psychiatry in the Un=20

ited=20 States, even as persistent critics have warned that their benefits were hype=20 d=20

and their risks ignored. A spate of lawsuits in recent years have claimed th=20 at=20

the drugs were responsible for violent and suicidal behavior.

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New analyses of clinical trials in children last year prompted FDA to requir=20 e=20

a prominent black box warning on labels that the medications could increase=20

the risk of suicide. The warning refers only to children but is given to all=

=20

patients.

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Support from psychiatrists

American psychiatrists continue to strongly back SSRI drugs. Groups such as=20

the American Psychiatric Association say that fears of drug-induced suicide=20= are=20 vastly exaggerated and that untreated depression carries a far greater risk=20 of suicide.  
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"If these medications were really increasing the incidence of suicide=20 attempts, you would think we would be seeing more completed suicides," said=20= David=20 Fassler, an APA trustee and psychiatrist in Burlington, Vt. "In fact, we are=20 seeing exactly the opposite."  
Adolescent suicide rates have dropped 25 percent since the early 1990s, even=20 as more than a million children were put on the drugs, Fassler said. Although=20 no one can say for sure what the connection is between those two trends,=20 Fassler said, "if the medications were significantly increasing the risk of=20 suicide, it is unlikely we would be seeing this kind of decline over time."  
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David Healy, a psychiatrist at the University of Wales who helped conduct the=20 new study, said managed-care insurance companies in the United States were=20 not likely to look kindly upon physicians who monitor patients without=20 prescribing drugs.  
Healy prescribes the drugs but has long raised red flags about them. He aske=20 yesterday why scientists at the FDA and research universities had not=20 previously conducted this analysis, given that the data have long been avail=20 able.  
"For whatever reason, an awful lot of people didn't want to think there was=20= a=20 risk," he said.

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FDA officials have said they are conducting an independent analysis.

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The new study was conducted by epidemiologist Dean Fergusson and his=20 colleagues at the Ottawa Health Research Institute and included scientists f=rom McGill=20

University. It is published in the current issue of the British Medical=20

Journal along with two related articles and a commentary by Geddes and

Unive=

rsity=20

of Verona psychiatrists Andrea Cipriani and Corrado Barbui.

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Scientists have long bemoaned the lack of high-quality studies on=20

antidepressants and the risk of suicide. One of the new studies, by Universi=

ty of Bristol=20

and University of London researchers, examined drug trials submitted by=20

pharmaceutical companies to British regulators. It found some evidence of

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drugs increased the risk of completed suicides.

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A third study found no difference in suicide risk between SSRI drugs and

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earlier class of medications known as tricyclic antidepressants.

Questions about methodology

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Complicating the picture is the fact that suicide is rare -- meaning that it=

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takes very large studies to yield definitive results. Fergusson's=20

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about a suicide attempt, thereby muddying the data.

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While Fergusson agreed that better trials are needed, he said he was=20

confident about the results of this analysis, because it relied on placebo-c=

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trials -- considered the most definitive. And not all the patients getting=20

drugs were being treated for depression, he said -- there was evidence of=20

increased risk of suicide attempts for patients with all kinds of disorders.  
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Suicide "is uncommon but serious," Fergusson said in an interview. "The=20  
biggest concern is these drugs are widely prescribed. There are millions  
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people=20  
on the drugs, so even a risk of one in a 1,000 when you amplify it to the=20  
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email: oliver2@aol.com

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