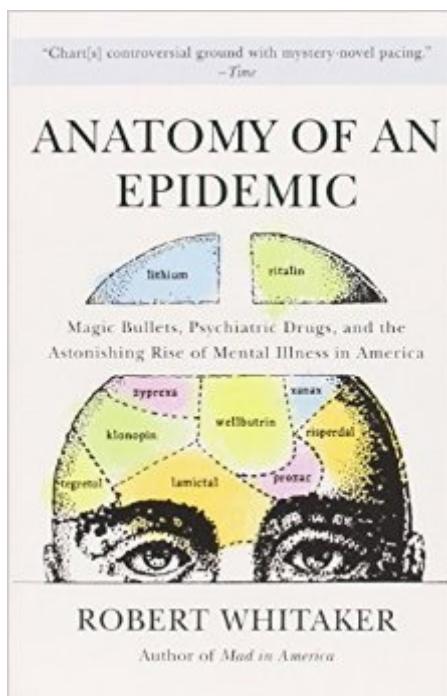


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Anatomy Of An Epidemic: Magic Bullets, Psychiatric Drugs, And The Astonishing Rise Of Mental Illness In America



Synopsis

Now with bonus material, including a new foreword and afterword with updated researchIn this astonishing and startling book, award-winning science and history writer Robert Whitaker investigates a medical mystery: Why has the number of disabled mentally ill in the United States tripled over the past two decades? Every day, 1,100 adults and children are added to the government disability rolls because they have become newly disabled by mental illness, with this epidemic spreading most rapidly among our nationâ™s children. What is going on?Â Anatomy of an Epidemic challenges readers to think through that question themselves. First, Whitaker investigates what is known today about the biological causes of mental disorders. Do psychiatric medications fix âœchemical imbalancesâ• in the brain, or do they, in fact, create them? Researchers spent decades studying that question, and by the late 1980s, they had their answer. Readers will be startledâ"and dismayedâ"to discover what was reported in the scientific journals.Â Then comes the scientific query at the heart of this book: During the past fifty years, when investigators looked at how psychiatric drugs affected long-term outcomes, what did they find? Did they discover that the drugs help people stay well? Function better? Enjoy good physical health? Or did they find that these medications, for some paradoxical reason, increase the likelihood that people will become chronically ill, less able to function well, more prone to physical illness?Â This is the first book to look at the merits of psychiatric medications through the prism of long-term results. Are long-term recovery rates higher for medicated or unmedicated schizophrenia patients? Does taking an antidepressant decrease or increase the risk that a depressed person will become disabled by the disorder? Do bipolar patients fare better today than they did forty years ago, or much worse? When the National Institute of Mental Health (NIMH) studied the long-term outcomes of children with ADHD, did they determine that stimulants provide any benefit?Â By the end of this review of the outcomes literature, readers are certain to have a haunting question of their own: Why have the results from these long-term studiesâ"all of which point to the same startling conclusionâ"been kept from the public?Â In this compelling history, Whitaker also tells the personal stories of children and adults swept up in this epidemic. Finally, he reports on innovative programs of psychiatric care in Europe and the United States that are producing good long-term outcomes. Our nation has been hit by an epidemic of disabling mental illness, and yet, as Anatomy of an Epidemic reveals, the medical blueprints for curbing that epidemic have already been drawn up.

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Customer Reviews

Robert Whitaker's Anatomy of an Epidemic reveals the damage that can and very often does result from long-term use of psychotropic drugs, and, along with it, the alarming rise in chronic mental illness in this country since such drugs as Thorazine were introduced in the 1950s. Because this drug could cause tardive dyskinesia and other permanent nervous system damage, the pharmaceutical industry got to work on new generations of drugs that are being used now. The rise in drug use corresponds with psychiatry staking a renewed claim to therapeutic expertise and market share, which had begun to erode due to competition from counselors, social workers and others (see the Selling of DSM by Kirk and Kutchins -- [...]-- and Making Us Crazy by the same authors). The prescription pad, and the power of academic psychiatry in collaboration with Big Pharma, allowed psychiatry to open up a very large market, one that today seems to encompass the entire population. Whitaker documents the alarming rise of disability and increasing number of people on SSI and SSDI due to mental illness over the last 50 years, including the increase since the 1980s, when serotonin reuptake inhibitors such as Prozac were introduced, and again, with the introduction of what are called atypical antipsychotics (e.g., Risperdal, Zyprexa), and reliance on drugs in the benzodiazepine family (Valium). But perhaps the most tragic of all cases with drugs used to treat what were once considered within the range of "normal" behavior (e.g., shyness) is the prescribing of amphetamine-like agents such as Ritalin or Adderall for so-called attention deficit disorder (ADHD) in children, and, even worse, powerful psychotropic drug cocktails to treat a newly introduced category of illness, childhood-onset bipolar disorder.

Whitaker and many of 's reviewers have a lot to say about psychiatric drugs, most of them virulently negative. As someone who actually is mentally ill and takes some of these drugs, I see things very differently and I want to share my story and my point of view.I have schizoaffective disorder (a combination of schizophrenia and bipolar disorder). I developed this disease in my early 20s. I was beset by mania, depression, and psychosis. The mania and depression were bad but easier to manage than my psychosis. I heard loud, terrifying voices which threatened to kill me and worse. They sounded just as real as any voice I had ever heard in my life. They tortured me morning, noon, and night without interruption. I was completely disabled by them.I was a bright young woman with a good education but I could barely leave my house, let alone work. I could not even have a meaningful conversation with anyone because the voices were too loud. My parents became my caretakers and my friends disappeared completely. Despite my family's support, I felt utterly alone in the world.This went on for years as I tried different antipsychotics. They worked to a degree but the voices simply would not go away. I certainly did not get better or "heal" on my own--despite my family's love and support. No words can describe how hellish and worthless my life felt. I thought about killing myself but my parents helped me hold on to what seemed like a very slim hope that the voices would be stilled one day.Geodon, the last antipsychotic I had settled on, began to give me symptoms of dyskinesia and my doctor made me stop taking it right away. The symptoms went away and I began to take a new drug: Seroquel.

The point of psychiatric drugs is to improve the lives of people living with mental illness. Therefore people who take psychiatric drugs should do markedly better than their peers who do not take medication, right? Wrong. Long term studies show over and over again that people do worse on medication than off. In fact, medication may be responsible for a great increase in psychiatric disability since the introduction of medication.If you find this fact shocking or preposterous this book is for you. If you suspected this all along, this book is for you, too. It is calm and scientific. Whitaker works from the psychiatric literature to do a review of evidence from within the field. He explains how the illusion that the drugs work and are needed is maintained: in short trials (usually six weeks) the drugs do provide some improvement in symptoms. In trials of abrupt withdrawal of drugs, patients do worse due to withdrawal effects, since their brains have adjusted to some interruption in neurotransmitter function and need time to adjust back. In clinical work doctors can see this: the drugs do some good at first, and when a patient stops taking them they usually do worse. While poor long term outcomes are deplorable, they are seen as first and foremost caused by the illness itself. Whitaker's thesis is that this is not the case: the increasingly poor long term outcomes are

iatrogenic, caused by medication. If that is the case, this is a huge scandal, so huge it is hard to get a grasp on it. And after reading this book, I am convinced that it is the case. I hope that many will read this book and take its message seriously, and I hope that it provokes productive dialogue. This would not be the first time that medicine got something this wrong.

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