

From: taiwhenua1@hotmail.com
To: emailmoh@moh.govt.nz
Subject: Depression Website
Date: Wed, 14 Apr 2010 10:11:43 +1200

I have just visited www.depression.org.nz for the first time and am concerned that information on the website is incorrect and undermines the right of consumers to fully informed consent. The website advises that changes in brain chemistry result from or cause depression. I am interested to know on what basis this claim is made given both the FDA and leading researchers in mood disorders have discounted this theory due to lack of evidence. Dr Wayne Goodman Chair of the US Food and Drug Administration (FDA) is on the record as stating "Biological psychiatrists have looked very closely for a serotonin imbalance or dysfunction in patients with depression or obsessive compulsive disorder and, to date, it has been elusive." He is supported by Stanford Psychiatrist David Burns, winner of the A.E. Bennett Award given by the Society for Biological Psychiatry for his research on serotonin metabolism who says

•"I spent the first several years of my career doing full-time research on brain serotonin metabolism, but I never saw any convincing evidence that any psychiatric disorder, including depression, results from a deficiency of brain serotonin. In fact, we cannot measure brain serotonin levels in living human beings so there is no way to test this theory."

The 'chemical imbalance' theory is acknowledged by those conducting research in this area as a pharmaceutical company marketing strategy used to persuade consumers to select antidepressants as a treatment option. It has been a very successful strategy for increasing antidepressant sales but has no basis in fact. It is concerning that the Ministry would perpetuate this fallacy when providing information for consumers to assist with making informed choices in relation to treatment for depression. Further support by the Ministry for pharmaceutical company marketing is found in the self test provided on the website for which Pfizer holds the copyright.

The website provides information on the risks and benefits of SSRIs. As with much of the information provided to consumers it understates the risks and overstates the benefits. I suggest the Ministry of Health review the expert testimony of psychiatrists and Medsafe who evaluated the information provided to my son and I by WDHB, information similar to that provided on your website, and concluded it

was misleading and inaccurate. I further suggest that the Ministry review statement about the effectiveness of antidepressant treatment in light of meta analyses showing little if any benefit above placebo and the consensus of psychiatrists that SSRIs double the risk of suicidality. It is of concern that Medsafe's advice that the risks of SSRIs in young people outweigh the benefits and Mylan's advice that the safety and efficacy of Fluox has not been established in young people and recommendation that they not be prescribed to this population are not included on the website. Medsafe urges consumers to be well informed when making decisions around treatment options. Your website is inconsistent with this.

I further suggest the Ministry review the first long term study of antidepressants published in Pediatrics on 12 April 2010 which found that rather than doubling in suicide risk, SSRIs increased it fivefold and found no difference between fluoxetine and other SSRIs. It also put paid to claims that there have been no completed suicides in paediatric trials.

•Finally I am aware that a Ministry of Health funded study into the use of SSRIs to treat 'lazy eye' and to assess their ability to improve learning outcomes is recruiting subjects on Facebook. Many of my son's friends currently struggle to find work to support their studies and have told me that being paid to participate in a drug trial would have seemed an easy option for making money had they not been aware of the risks of SSRIs. I am interested to know what information on the risks is being provided to potential subjects and how risks associated with suicidality, violence and other known side effects of these medications will be monitored and managed during this trial. I note none of the researchers listed has professional qualifications which would indicate knowledge or expertise in this area. I would be interested to see the documents on which this study obtained ethical approval and would appreciate being provided with a copy of the research protocol and any supporting documentation.

The suicide of a child is possibly the worst injury a human being can suffer and my goal in bringing these issues to your attention is the prevention of such injury to others. I would appreciate a response from the Ministry in relation to these issues. I am happy to provide further information or copies of the research and notes of evidence from Toran's inquest to which I refer should this be required. I attach the brief of evidence of Professor David Healy submitted to the inquest into my son's death. Dr Healy is both a psychiatrist and psychopharmacologist who has researched and written extensively on the effects of SSRIs and whose qualifications and experience outweigh those of any recognised New Zealand

experts.

Regards

Maria Bradshaw

Reply from MOH on 5/07/2010

Hi Maria

I do apologise for the length of time it has taken for you to have a reply to the concerns you raised with the Ministry on 14 May. There is a lot of change going on in the Ministry, and my position has been disestablished, along with many others, and it has been difficult for us to carry on with our usual work.

As the person in the Ministry currently responsible for the National Depression Initiative, I have been asked to respond. I have followed up with our Chief Advisor Mental Health, Dr David Chaplow, on this matter as I am neither a clinician nor an expert in brain chemistry. He is happy with the limited information we provide on the website, given that our role is provide basic information about depression and to encourage people to seek help, from families and friends, from support services, and in some cases from the medical profession. The information about treatment options is minimal, in recognition that anybody who was to be prescribed with anti-depressant medication would have to be under the care of a clinician and responsibility for explaining the use and effects of any particular drug in any detail would rest with that person.

I will respond to your points in the order you make them.

1. Communications about brain chemistry

You are right to challenge the often-stated assertion that depression is caused by or contributes to changes in brain chemistry, and to raise concerns about 'medicalising' depression. Our knowledge is certainly incomplete in this area. The Ministry acknowledges that there are strong differences of opinion amongst clinicians and researchers regarding the importance of brain chemistry, and I note that you have quoted some highly qualified researchers who support your view. It is also the case that well-established research evidence is often challenged by those who bring alternative evidence to the table, and this is the nature of knowledge, it is constantly scrutinised and challenged in light of new evidence or different views.

My approach in placing information on the depression website has been to provide helpful, accurate, evidence-based information, in a way that can be easily understood. Unfortunately this sometimes results in a compromise that can be criticised, either for not being sufficiently evidence-based, or not being well communicated.

In this case, we have chosen to avoid discussions about brain chemistry as much as possible in recognition of the contention surrounding these matters, and to focus more on people's potential for self-help and self-management of their mental health. The NDI does not promote the use of medication per se but we do support people getting appropriate professional help when they need it, and for some people this can include drug therapy. What we do suggest for those with severe depression is discussion with a mental health or primary care professional with a view to an *agreed* treatment approach/plan. The information on the website relating to brain chemistry is confined to one of the fact sheets which draws from information that is widely available on many websites and books about depression. Brain function is far more complex than can be explained in a fact sheet.

2. Use of SSRIs amongst young people

You raise some important issues here about the use of SSRIs with young people. Again this is an area of contention amongst researchers and clinicians, and new evidence continues to be brought forward. The material on our website is consistent with current NZ Guideline Group recommendations on treating young people with depression.

3. Use of the PHQ9

The 'self test' we use on the website is indeed developed by the drug company Pfizer. The reason we use the PHQ9 is because it is used commonly throughout primary care, and it is the only reliable test we could find that is suitable for this purpose that available free. The cost of using any other test would be prohibitive - the user would need to pay each time they completed the test, which would be a barrier to access.

4. Research on the use of SSRIs to treat 'lazy eye'

I have been unable to find out anything about this research. I suggest you contact the Health Research Council who may have funded it.

Yours sincerely,

Candace Bagnall
Senior Analyst
Population Health Directorate
Ministry of Health
DDI: 09 580 9038
Mobile: 027 480 7936
Fax: 09 580 9001

<http://www.moh.govt.nz>
mailto:Candace_Bagnall@moh.govt.nz