



LETTERS

PRESCRIPTION OF ANTIDEPRESSANTS

The “pharmaceuticalisation” of life

Alain Braillon *senior consultant*¹, Joel Lexchin *professor emeritus*², Aubrey Blumsohn *previously senior lecturer in medicine*³, Michael P Hengartner *senior lecturer*⁴

¹University Hospital, 80000 Amiens, France; ²School of Health Policy and Management, Faculty of Health, York University, Toronto, Ontario, Canada; ³University of Sheffield, Sheffield, UK; ⁴Department of Applied Psychology, Zurich University of Applied Sciences, Zurich, Switzerland

Commenting on “the record number of antidepressants prescribed last year,” Helen Stokes-Lampard, chair of the Royal College of General Practitioners, said that “research has shown [antidepressants] can be very effective when used appropriately.”¹ This opinion about whether the number of prescriptions is appropriate is one sided.

Firstly, evidence shows that only one in nine people benefit from antidepressants: the remaining eight are unnecessarily put at risk of adverse drug effects.²

Secondly, the effect size for antidepressants is modest, plateauing at around 0.30 compared with placebo, and is based on scales of questionable clinical relevance.³ Only one of the 17 items of the Hamilton Depression Rating Scale deal with wellbeing, and the Montgomery-Åsberg Depression Rating Scale has no such items.³

Thirdly, mood perturbations commonly reflect real life circumstances. Many depressive presentations respond to judicious “watchful waiting.” Most cases of depression, even major or persisting, are successfully treated with psychosocial interventions, which are preferred by patients, are beneficial for self esteem and social functioning, and don’t have adverse effects.³

Fourthly, the serious adverse effects of antidepressants—including suicide attempts, cardiovascular events, and severe withdrawal reaction after discontinuation of long term pharmacotherapy—cannot be overlooked.⁴

Finally, treating resistant depression remains a challenge. Studies sponsored by the drug industry have overestimated benefits and underestimated harms.⁵⁻⁸ Writing a prescription should be cautiously undertaken only after ruling out substance use, ensuring better care for physical health problems, and eliminating barriers to implementation of lifestyle enhancements.

In 2012 Allen Frances, chair of the task force that produced DSM-IV, was a lone voice when he warned that DSM-5 “will

medicalise normality and result in a glut of unnecessary and harmful drug prescription.”⁹ Unfortunately, he seems to have been proven correct.

Competing interests: Alain Braillon is a member of several task forces at the French Medicine Agency (Agence nationale de sécurité du médicament). JL was a paid consultant on indication-based prescribing (United States Agency for Healthcare Research and Quality) and received payment for being on a panel that discussed a pharmacare plan for Canada (Canadian Institute, a for-profit organisation). He is currently a member of the Jean Monnet Network in Health Law and Policy funded by the European Union (<http://jmhealthnet.org/>). Aubrey Blumsohn and MPH have no conflicts to declare.

Full response at: <https://www.bmj.com/content/364/bmj.l1508/rr-3>.

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