

PART I

The Myths about Medication

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Psychiatric Drugs—Poison or Panacea?

Unhappy all her life, a thirty-one-year-old woman has felt good, alive, *normal*, only in the last few months since she's been taking Prozac. A middle-aged man feels trapped in a cycle of anxiety and addiction to Xanax. The parents of a teenage boy with hallucinations think their son is calmer on clozapine, but he feels like a zombie. Teachers are thrilled with the effects of Ritalin on a fourth-grader, but his mother worries about how it affects his personality. The daughter of an elderly woman with Alzheimer's disease hopes Cognex will help her mother's failing memory but worries about the doctor's warning that it can cause liver problems.

One in four people in the United States will suffer from depression at some point in their lives, one in five from anxiety. Millions more experience debilitating symptoms from schizophrenia, bipolar disorder, attention deficit disorder, and other psychiatric problems. More than thirty million people in the United States consume billions of dollars worth of psychiatric medications such as Prozac, Ritalin, Xanax, clozapine, and lithium. However, most people suffering from psychiatric problems receive no treatment.¹

There is a great deal of information about psychiatric problems and drugs in the media. Pharmaceutical companies have developed many new psychiatric drugs in the last decade, which they promote at public events and in popular magazines. Celebrities like Mike Wallace, Patty Duke, William Styron, and Lawton Chiles have gone public with their problems and their experiences with medication. Many people not in the public eye have told their stories on television, in print, and on radio talk shows. Television shows like *Frontline* and *Sixty Minutes* have focused on psychiatric problems such as attention deficit disorder, posttraumatic stress disorder, and the debate over the reality of sexual abuse.

Some media stories on television and in print have praised the use of medications. Many doctors have welcomed the drugs with open arms, ignored the problems with drug treatment, and dropped other effective forms of treatment. Third-party payers such as HMOs and managed-care organizations promote the use of drugs over other forms of treatment. Some people take medication in the hope that it will be a panacea that will solve every aspect of their distress.

Other people have heard things that make them worry that psychiatric medication could poison them. They recall the "mind-numbing" tranquilizers used in mental hospitals in the 1950s. They remember Miltown and Equanil, used to treat

depression and anxiety in the 1950s and '60s, drugs that are now seen as having damaged the lives of people who used them. They don't want to get addicted to medication, as they may know has happened to millions of people who take benzodiazepines like Valium and Librium (and their newer cousins Klonopin, Xanax, and Ativan). They've heard the reports that Prozac might have made some people commit suicide. They've heard that too many children are prescribed Ritalin.

Does Prozac transform people and make them happy? Does it make some people commit suicide? Is Ritalin appropriate for people with attention deficit disorder or is it used by schools as a cheap way to contain rambunctious children? Are Klonopin and Xanax good treatment for people with panic disorder and anxiety, or are they addictive drugs that need to be avoided at all costs? Is Clozaril a "miracle" for schizophrenia or does it just turn a person into a compliant zombie? Are medications a poison we should avoid or a panacea that can cure every ill?

Much of the information presented in the media is one-sided, distorted, or outright wrong. The media need to sell stories and the truth gets lost in the rush to tell you something exciting, especially if the truth involves complex details. Most people are skeptical of what they hear or read, but have no place to turn for accurate information about psychiatric disorders and proper treatment. Although some people are knowledgeable about psychiatric problems and medications used in their treatment, many possess only fragmentary information that is often inaccurate. These people often receive poor care and continue to be quite distressed. Many patients in psychological pain turn to their family physician for help, unaware that the vast majority of physicians do not have the training, time, or inclination to perform a comprehensive psychiatric assessment and are woefully ignorant of the full range of treatments that can be used to help a person in distress.

If you are depressed, anxious, or having a psychological problem, you may be as perplexed about what to do as the people described above. You may wonder whether there is medication that will cure the problem or whether it will help at all. You may be concerned that medication will cause side effects or damage your body. You may be unsure whether it will be harmful in some way that you may not be able to notice right away. You may worry about getting addicted. You may wonder whether psychiatric medications will interact unfavorably with medications that you need for a medical problem. You may want to know whether there are treatments other than medications that might help you.

I have long been troubled by the difficulties people experience when they consider psychiatric medication. I know that most people aren't familiar with psychiatric problems and the medications used in their treatment. I also know that when people feel distressed enough to see a psychiatrist, their problems may impair their concentration and sap their willpower to do anything but get through the day. Trying to manage their distress, talk to a doctor they've never met before about intimate details of their lives, understand what the doctor is saying about their problems, learn about the different treatment options, and decide between different medicines that are completely unknown is extremely difficult! It is no wonder

that many people say to the doctor, “I’ll do whatever you say,” and take whatever prescription is handed out.

This can be a big mistake. Although your doctor cares about you, you do yourself no favors to give up control of your treatment. Psychiatric problems are not like other medical problems such as a broken leg or pneumonia where the best treatment has been determined by scientific studies. There are too many subjective, personal aspects of our psychological makeup and problems to use such a cookbook approach. You can be helped, but not by haphazardly planned and poorly administered treatment.

It’s important that you know that there really *are* good treatments if you have a psychiatric problem. Our understanding of psychiatric problems like depression, anxiety, schizophrenia, and bipolar disorder and the treatments that have been developed for them are vastly superior to what we had fifty, twenty, and even ten years ago. That is the good news, the good, important news that should give you hope.

But how do you make sense of the information that is out there? Are psychiatric diagnoses accurate or even useful? What is a “chemical imbalance”? Why are psychiatric drugs suddenly so popular? Are they safe? Your questions about psychiatric problems and the medications used to treat them are valid ones.

I am asked these questions every day by my patients. I’ve spent a great deal of time in my work with thousands of patients over the last fifteen years to give people accurate answers to these very sensible questions. I’ve learned that almost everyone wants to know their diagnosis and understand their problems. They want to know about medications and how to use them most sensibly. They don’t want a lot of psychobabble—they want the facts in a clear, straightforward manner.

You *can* learn what you need to know about psychiatric problems and the medications used to treat them. You’ll learn that medications are neither a poison nor a panacea, but a powerful tool that *may* help you. You will be rewarded many times over by knowledge that will help you make an informed judgment about treatment. Then you can be sure that the decision you make about medication will be the right one for you.

Since you won’t know which is the right treatment or medication until an accurate diagnosis is made, our first step will be to understand those symptoms and make a diagnosis. And that runs us smack dab into the problem that everyone who considers psychiatric medication must face: how to make an accurate diagnosis.