

# ***USING MEDICATION WISELY***

John Watkins



**Dialectical views of the potential  
of pharmacology:**

**Medication, in the wrong hands,  
as thief of the self;**

**Medication, in the right hands,  
as restorer of the self.**

Peter Kramer *Listening to Prozac* (1994)

# SPURIOUS INVENTION OF THE “ATYPICALS”

“What was seen as an advance 20 years ago – when a new generation of antipsychotic drugs with additional benefits and fewer adverse effects was introduced – is now, and only now, seen as a chimera that has passed spectacularly before our eyes before disappearing and leaving puzzlement and many questions in its wake.

Antipsychotic drugs differ in their potencies and have a wide range of adverse-effect profiles, with nothing that clearly distinguishes the two major groups. Importantly, the second-generation drugs have no special atypical characteristics that separate them from the typical, or first-generation, antipsychotics. As a group they are no more efficacious, do not improve specific symptoms, have no clearly different side-effect profiles than first-generation antipsychotics, and are less cost effective.

The spurious invention of the atypicals can now be regarded as invention only, cleverly manipulated by the drug industry for marketing purposes and only now being exposed. But how is it that for nearly two decades we have, as some have put it, ‘been beguiled’ into thinking they were superior?”

Tyrer,P. and Kendall,T. (2009)  
The Spurious Advance of Antipsychotic Drug Therapy  
*The Lancet*, Vol.373: 4-5

# HEED YOUR OWN EXPERIENCE

“An an increasing proportion of the so-called scientific literature in therapeutics is ghost-written and, in scientific terms, is ornamental rather than substantive. It has the appearance of science, but is increasingly a set of infomercials aimed to sell drugs rather than inform science.”

“In this new situation the takers of medications [are encouraged] to pay heed to their own experiences on treatment and not to be cowed by professional statements of what the drugs do, which are typically little more than crude bio-mythology.”

David Healy (2009) *Psychiatric Drugs Explained*

# HYPERSENSITIVITY

“All schizophrenics are, at least originally, more sensitive than the average person. It is likely that increased sensitivity and heightened responsiveness to sensory and emotional stimulation is present from an early age, possibly from birth.

Schizophrenia may be characterised by a genetic hypersensitivity that leaves the patient vulnerable to an overwhelming onslaught of stimuli from without and within.”

Kaplan and Sadock (1981)

*Comprehensive Textbook of Psychiatry*

# NEUROLEPTICS DIMINISH SENSITIVITY

“Neuroleptics act by changing the activity or the sensitivity of definite neurological systems.

The therapeutic consequences consist mainly in *calming agitation* and *diminishing sensitivity to stimulation*, both by psychodynamic experience and by experience from the outer world.

For these reasons, neuroleptics are of great value in many schizophrenic conditions.”

Prof Manfred Bleuler

Burrows, G. et al (eds) *Handbook of Studies on Schizophrenia*. Amsterdam: Elsevier (1986)

# A NEUROLEPTIC SHIELD

- Neuroleptics produce a feeling of detachment – of being less bothered by what had formerly been bothering (a ‘who cares’ feeling).
- When working properly, takers report beneficial effects on ability to focus or concentrate on things. Subjects feel more mentally alert, more able to focus on tasks, less in a daydream, less distracted by internal dialogues, strange thoughts, or intrusive imagery.
- Voices, thoughts or obsessions may still be present but have receded from centre stage.
- At least part of person’s mind is left free to get on with other thoughts.

David Healy (2009) *Psychiatric Drugs Explained*



# **PSYCHIATRIC MEDICATION:**

## **Part of the Solution or part of the Problem?**

### **Possible Benefits (self and others)**

- **Alleviate distressing symptoms (therapeutic effect)**
- **Reduce likelihood of 'relapse' (prophylactic effect)**
- **Enhance sense of stability, groundedness, self-control**
- **Reduce distractability & disorganised thinking and behaviour**
- **Facilitate participation in social, occupational and/or therapeutic activities (work, counselling, psychosocial rehabilitation)**
- **Reduce innate 'hypersensitivity' to more manageable level**



# **PSYCHIATRIC MEDICATION:**

## **Part of the Solution or part of the Problem?**

### **Possible Risks**

- **Excessive de-sensitisation ('psychic indifference')**
- **Numbing of emotions and blunting of personality and/or creativity ("not the real me")**
- **Tiredness, sluggishness, loss of energy & vitality**
- **Shame, embarrassment, guilt, stigmatisation**
- **Loss of control, autonomy, self-determination**
- **Adverse ('side') effects – physical, mental and social (both immediate & longer-term)**

# A NEUROLEPTIC DILEMMA

“Atypical antipsychotics can compound a patient’s risk for developing metabolic, endocrine, and cardiac complications that may be comparable to, if not worse, than risks associated with extrapyramidal side effects and tardive dyskinesia.”

Abidi et al. (2003) From Chlorpromazine to Clozapine –  
Antipsychotic Adverse Effects and the Clinician’s Dilemma.  
*Canadian Journal of Psychiatry*. Vol.48, No.11.

# Neuroleptic-Induced Dopamine Receptor SUPERSENSITIVITY

“The brain responds to neuroleptics – the blocking of dopamine transmission – as though it were a pathological insult. To compensate, dopaminergic brain cells sprout more D2 receptors. The density of such receptors may increase by more than 50 per cent. The brain is now ‘supersensitive’ to dopamine, and this neurotransmitter is thought to be a mediator of psychosis.

The person has become *more* biologically vulnerable to psychosis and is at particularly high risk of severe relapse should he or she abruptly quit taking the drugs.”

Robert Whitaker (2002) *Mad In America*

# STATUS OF “SUPERSENSITIVITY PSYCHOSIS” (J. MONCRIEFF)

- “Rapid onset psychosis” preferable to “supersensitivity psychosis” because former is neutral about possible mechanisms
- No consensus about existence or mechanism of supersensitivity psychosis
- Psychotic deterioration following withdrawal of antipsychotic drugs traditionally taken as evidence of the chronicity of the underlying condition though evidence suggests *some* recurrent episodes of psychosis may be iatrogenic
- Clinicians may want to re-evaluate the benefits of long-term treatment in some patients
- Urgent need for further research to clarify possible risks
- Strategies to manage conditions related to medication withdrawal that attempt to avoid automatic resumption of long-term treatment should be developed, both to facilitate patient choice and reduce unnecessary exposure to drugs

Moncrieff, J. (2006)

Does Antipsychotic Withdrawal Provoke Psychosis? Review of the Literature on Rapid Onset Psychosis (Supersensitivity Psychosis) and Withdrawal-Related Relapse. *Acta Psychiatrica Scandinavica*, 114: 3-13.

# **Medication and Long-Term Improvement: Professor Manfred Bleuler's Findings**

**Based on continuous personal observation of 208 patients over 23 years**

**“Of all my numerous patients who had long-standing remissions or reached stable recovery lasting throughout the observation period, not a single one has been on long-standing neuroleptic medication.**

**Many of them were given neuroleptics during active phases of the psychosis, but not for longer than a few weeks after they recovered.**

**This should be remembered when we consider the value of continuing neuroleptic medication after recovery.”**

**Prof Manfred Bleuler**

**The Long-Term Course of the Schizophrenic Psychoses**

***Psychological Medicine, Vol.4 (1974)***

# MANFRED BLEULER'S PROVISIO

**“We can dispense with permanent administration of drugs more frequently than usual.**

**However, there are some patients in whom new acute attacks [psychotic episodes] can only be prevented by medication lasting many years. In other instances, a chronic psychosis can only be kept under a certain control with permanent medication.”**

**Prof Manfred Bleuler**

**Some Results of Research in Schizophrenia**

***Behavioral Science, Vol.15 (1970)***

# NEUROLEPTICS FUNCTION AS 'GENERAL BUFFERS'

“As for medication, and the neuroleptics in particular, the view developed here does not question their potential usefulness, either in acute conditions or as preventive measures against relapses.

Their ability to reduce sensitivity to stress and the vehemence of emotions, and thus to act as an effective ‘brake’ in cases of psychotic ‘runaway’, suggests their main function is as general buffers.

Although this function may certainly be advantageous in some situations, it may be superfluous or even harmful in others.”

**Prof Luc Ciompi**

*The Psyche and Schizophrenia* (1988)

# AN HOLISTIC APPROACH IS VITAL

**“Medication represents a potentially useful tool that is best employed only when a patient’s total social and personal situation is taken into account.**

**Results from the *Soteria Project* indicate that drug therapy can become unnecessary even for acute schizophrenics if other conditions for therapy are particularly favourable.”**

**Prof Luc Ciompi**

*The Psyche and Schizophrenia (1988)*



# BIO-BIO-BIO PSYCHIATRY

**“The US pharmaceutical industry is one of the most profitable industries in the history of the world, averaging a return of 17% on revenue over the last quarter century.**

**Antipsychotic medications generated \$6.5 billion in revenue last year.**

**One of the charges against psychiatry is that *many patients are being prescribed the wrong drugs or drugs they don't need*. These charges are true, but it is not psychiatry's fault.**

***As a profession, we have allowed the biopsychosocial model to become the bio-bio-bio model.”***

**Steven Sharfstein**

**President, American Psychiatric Association**

**Sharfstein, S. (2005) Big Pharma and American Psychiatry: The Good, the Bad, and the Ugly. *Psychiatric News*, Vol.40, No.16.**

# MEDICATION & SOTERIA

Soteria Project (6-8 beds in San Jose, California from 1971-1983)

- Retrospective *DSM-IV* diagnoses: schizophreniform disorder 58%; schizophrenia 42% (N = 82)
- Forty-two percent of the Soteria residents were never exposed to medication; 39% used it on a temporary basis; only 19% needed medication continuously throughout the two-year post-discharge follow-up period (Whitaker, 2010)
- “Contrary to popular views, *minimal use* of antipsychotic medications combined with specially designed psychosocial intervention for patients newly identified with schizophrenia spectrum disorders is not harmful but appears advantageous.”

Bola, J. and Mosher, L. (2003)

Treatment of Acute Psychosis Without Neuroleptics: Two-Year Outcomes from the Soteria Project. *Journal of Nervous and Mental Disease*, 191:219-229

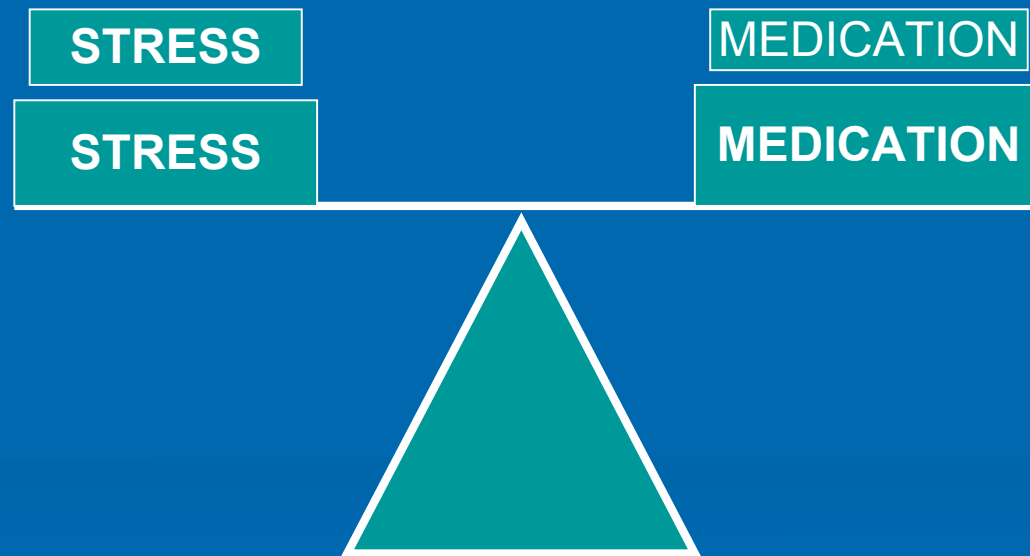
# SOTERIA BERNE

## 1984-1990

- Home-like therapeutic household in Berne, Switzerland. Clinical Director: Professor Luc Ciompi
- 56 research subjects (diagnoses: 39 acute schizophrenia, 14 schizophreniform psychosis, 3 uncertain) (*DSM-III-R*)
- Average duration of stay: 1-4 months; 20 residents did not receive any neuroleptic medication while in programme
- 31 residents received medication for approx 1/3 of their time in programme
- Average medication dose equivalent to 172.5 mg chlorpromazine per day (“about 1/5–1/10 of the usual American doses”)
- “It is particularly interesting that, for certain patients, a remission of symptoms can occur without neuroleptic medication”
- Research results “confirm findings by Mosher et al”

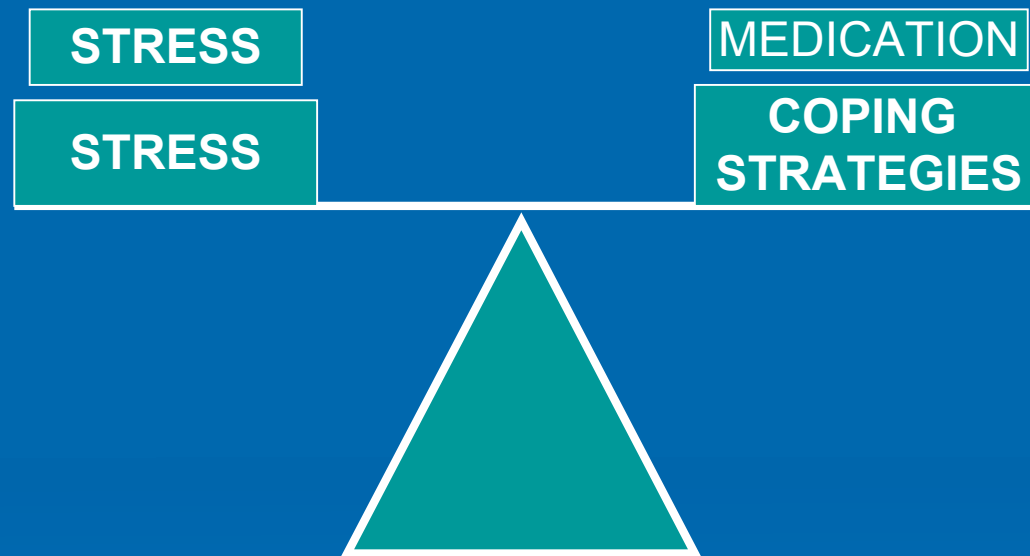
Ciompi, L. et al (1992) The Pilot Project “Soteria Berne”: Clinical Experiences and Results. *British Journal of Psychiatry*, Vol.161 (suppl.18), 145-153

# MEDICATION and STRESS



**STRESS RELATED TO *INNER* AND *OUTER* SOURCES**

# MEDICATION and STRESS



**STRESS RELATED TO *INNER* AND *OUTER* SOURCES**

# THE VARIETIES OF PSYCHOTIC EXPERIENCE

“Though people displaying characteristic psychotic symptoms (delusions, hallucinations, loss of contact with reality) may be having radically different inner experiences and grappling with very different personal predicaments, once diagnosed with a ‘psychotic illness’ they tend to be treated in a strikingly uniform manner, with most being given psychotropic medications they may be advised to take for long periods, possibly indefinitely.











Such medications are likely to constitute the only significant component of ongoing treatment for many.”

**John Watkins**

*Unshrinking Psychosis: Understanding and Healing the Wounded Soul.* Melbourne: Michelle Anderson (2010)

# USING MEDICATION WISELY

## Ten Key Principles

-  **An holistic approach**
-  **Initial medication-free assessment**
-  **Individualised treatment (e.g. low dose, intermittent)**
-  **Emphasise non-drug coping strategies**
-  **Minimal effective dose ('start low, go slow')**
-  **Early medication-reduction trial**
-  **'Relapse' or Withdrawal Syndrome? Re-emergence?**
-  **Regular review of long-term 'maintenance' regimes**
-  **Judicious use of benzodiazepines (short term)**
-  **Risk minimisation strategies (minimise cumulative exposure, attend to lifestyle & nutritional factors)**

# **GUIDELINESS for REDUCING and/or STOPPING NEUROLEPTIC MEDICATION**

- Legitimate reasons for reducing or stopping?
- Devise and follow a plan (systematic approach)
- Seek and accept appropriate guidance & support
- Be well prepared (physical, mental, social, spiritual)
- Learn to recognise personal “warning signals”
- Prepare contingency plans in case of difficulties
- Reduce medication dosages very gradually
- Only change one drug at a time (inc. social drugs)
- Be prepared to increase dosage if necessary
- Accept more personal responsibility
- Don't make medication the centre of your life



# THE MOST POWERFUL DRUG THERE IS

“Recovery from psychosis is possible and is much more likely to come about through the catalyst of human intimacy. There is no medicine that can ever substitute for it.”

Dr Edward Podvoll

*Recovering Sanity: A Compassionate Approach  
To Understanding and Treating Psychosis (2003)*



JOHN WATKINS

# HEALING SCHIZOPHRENIA

USING MEDICATION WISELY

*"A brilliant guide to neuroleptic use for mental health  
consumers, their families and carers, and health professionals."*

ASSOCIATE PROFESSOR BILL HEALY

