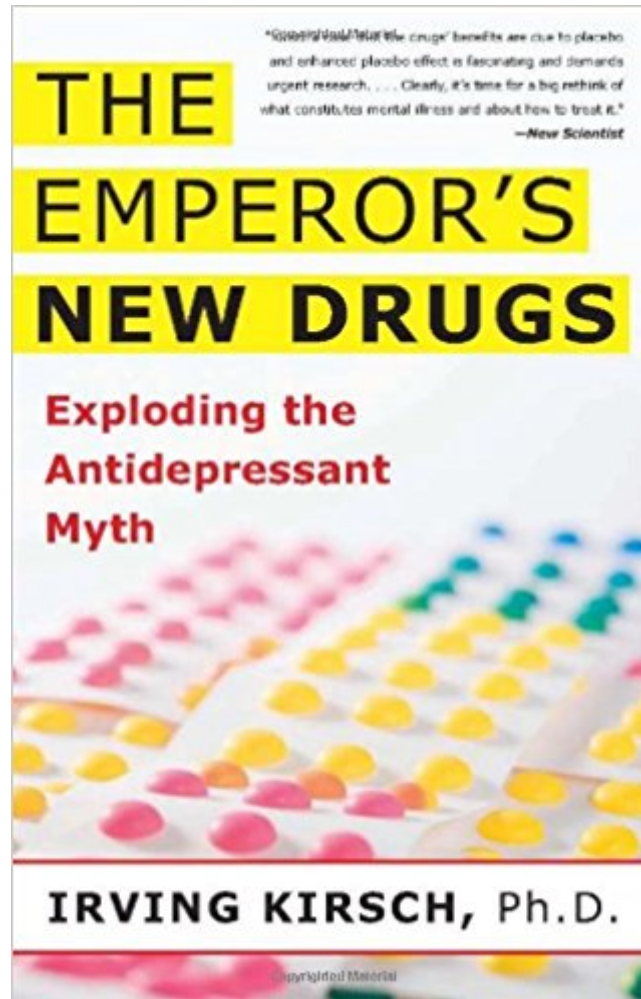


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The Emperor's New Drugs: Exploding The Antidepressant Myth



Synopsis

Irving Kirsch has the world doubting the efficacy of antidepressants. Based on fifteen years of research, *The Emperor's New Drugs* makes an overwhelming case that what the medical community considered a cornerstone of psychiatric treatment is little more than a faulty consensus. But Kirsch does more than just criticize: He offers a path society can follow to stop popping pills and start proper treatment.

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Depression

Customer Reviews

I have conflicts of interest to declare. I'm a physician but I also write. I share a publisher (Random House UK) with Irving Kirsch and have written for them about the damage done by doctors who don't subject their ideas to reliable tests. Because of this I was asked if I'd provide a recommendation to go on the dust jacket of Kirsch's book. I was familiar with his work, having read his medical journal articles analysing the evidence behind antidepressant tablets. On that basis I sat down to his book expecting that I'd probably be able to say something nice about it. I thought it'd most likely amount to saying that Kirsch's research is important and interesting and should be mandatory for doctors involved with antidepressant prescriptions. This book, though, isn't worthy & technical - it's fascinating. It's a remarkably readable account of how we got carried away with an idea about the brain that isn't true. You don't need to have an interest in depression and you don't have to be a medic; this is a thoughtful look at how bright & well-meaning people get enchanted with an idea & go on to fool themselves and everyone else. It isn't a doctor-bashing book, nor one that

pushes the author's own pet therapy. Instead it gives a lovely insight into the way science works, and the way it can sometimes get done so badly that it doesn't work at all. Kirsch argues antidepressant tablets are based on a false pharmacological model of the brain, and that the balance of evidence shows they don't work except as placebos. Even if you're not persuaded by Kirsch's thesis - and I think you should be - you'll find his ideas thought-provoking. For most of human history, going to see a doctor was a bad move. We did more harm than good.

I've often felt that there should be an Anti-Nobel Prize for Medicine. This would be given not for discovering something new, but for discovering that something we believed deeply wasn't true. If there were such an award, Irving Kirsch would be up for it. We have known some fundamentals about depression for decades: It is caused by a biochemical imbalance, the imbalance is in the serotonergic system, antidepressant drugs targeting this system somehow correct the problem, and they do so safely and with an excellent risk to benefit ratio. As the data have accumulated, however, the elegance and sense of these ideas have given way to confusion. In terms of Kuhn's concept of paradigm shifts, the evidence is tilting us uncomfortably from a belief in the origins, nature, and pharmacological treatment of clinical depression, toward a period of confusion where the older ideas collapse but have yet to be replaced by a newer model. Few have done more elegant and powerful work in this area than Kirsch. As a psychologist specializing in depression, I have followed his articles closely since his work on this topic began coming out over ten years ago. As you read the book, you can begin to get a small chirping annoyance that takes a while to find its way into awareness. With all due respect to Kirsch: "This seems like good work, but it's not exactly rocket science. It's a bit obvious to go back and look at all the data to see what has actually been done, which of it has been published, and what it actually shows in terms of effectiveness. How is it that no one did this before?" You are led to two possibilities: Either people connected with the work see the problems and ignore them, or the quality of the science in this field is pretty low.

It's common knowledge now that antidepressants are no better than placebo for the majority of patients. It's true that antidepressants successfully treat depression. The problem is that sugar pills ("placebos") also successfully treat depression, and the sugar pills are about as effective as antidepressants, without any of the drugs' side effects. Irving Kirsch, a researcher who pioneered the use of meta-analysis in studying antidepressants, writes about the chimera of antidepressant effectiveness in his book. Kirsch's main argument is that placebos are effective treatments for depression, and that antidepressants add very little except side effects. After analyzing 38 clinical

trials involving more than 3000 depressed patients, Kirsch found that only 25% of the benefit of antidepressant treatment was due to the drug effect. The placebo effect, the patient's hope that he will improve from treatment, was twice as powerful as the drug effect. When analyzing the data, Kirsch also found that the newer antidepressants (e.g. SSRI's) were no better than the older antidepressants. Even more surprisingly, he found that sedatives, barbiturates, antipsychotic drugs, stimulants, opiates, and thyroid medications were as effective as antidepressants in treating depression. The only thing that these drugs have in common is that they produce easily noticeable side effects. Kirsch explains that in a clinical trial, patients are randomly assigned to either a treatment (drug) group or a placebo group. If the patient knows that he's been assigned the drug, he'll feel more hopeful and optimistic--i.e. he'll feel less depressed. Since the studies are supposed to be double-blind, the only way the patient can know this is if he gets side effects.

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