

## Summary- Anatomy of an Epidemic

### Chapter 6 - A paradox revealed

How do psychiatric drugs affect long-term outcomes?

→ Looking at natural spectrum of outcomes for each disorder (in the absence of drugs)

#### The natural history of schizophrenia

- Final definition of schizophrenia arose in the 20's and 30's, before confounded with other diseases
- From 1900 until the end of world war II eugenic attitudes → misinterpretation of outcome data (because those people were forever locked in and never discharged)  
→ time window from 46-54 prior to Thorazine to study long term effects:
- Study by NIMH ('46-'50) in 3 state hospitals:
  - 62% of 1<sup>st</sup> episode psychotic patients discharged <12 months
  - 73% discharged <3 year
- Similar results in other hospitals & in England
- Those who returned to the community lived independently as shelter homes and disability payments did not exist yet
- Thorazine did not improve discharge rates in the 50's neither for newly diagnosed nor for chronic patients
- Study by California Department of Mental Hygiene ('61): 88% of patients without neuroleptics-treatment discharged within 18 months (only 74% of the ones with drug treatment) → Drug-treated patients tend to have longer periods of hospitalization
- 1965: Medicare & Medicaid legislation: federal subsidies for nursing home care → chronic patients were shifted from mental hospitals to nursing homes → Here the number of in-hospitalized patients dropped, not 1955 when Thorazine was introduced

#### Through a lens darkly

- In 1955 pharmaceutical companies did not have to prove to the FDA that their drugs were effective (by '62 they had to)  
→ NIMH had to access their effectiveness.
- Psychopharmacology Service Center gets established: Placebo-controlled-double-blind, randomized clinical trials over 6 weeks (problems: Patient & therapist will quickly notice who is on the drugs and who isn't, what is a good outcome? (That they are socially more acceptable, the ultimate benefit of the patient?) What are the goals of schizophrenia therapy?)  
→ Short-term reductions of the symptoms would now be seen as evidence for the drug's efficiency

#### The case for neuroleptics

- Nine-hospital trial of the Psychopharmacology Service Center: 75% of the drug patients were rated to be much or very much improved (only 23% of the placebo patients) (APA decides that a 20% reduction in the "Brief Psychiatric Rating Scale" is a clinically significant response to the drug)
- Hundreds of smaller trials produced similar results  
→ That drugs reduce the symptoms over the short term better than a placebo is fairly robust
- Next question: How long should the patients stay on the medication?
- 50% of the medicated patients were withdrawn from the drugs abruptly; of those that were withdrawn, 53% relapsed in the next 6 months, but only 16% of the patients that stayed on their medication relapsed  
→ Has been taken as evidence for leaving patients on the drugs (But it wasn't determined whether the speed of withdrawal had any influence. Later it was shown that the relapse rate for gradually withdrawn patients and those who stayed on the drugs are very similar)

## A Conundrum Appears

- There is also evidence suggesting that they might not be so effective over the long run:
- NIMH's follow up of the nine-hospital trial of 344 patients:
  - ➔ After 1 year 254 in community (58% working)
  - ➔ They didn't record the medication they received during that year, but the ones that received placebo in the beginning were less likely to be rehospitalized: Only 7% on placebo relapsed, but 65% of those who received a high dosage before being withdrawn
  - ➔ Relapse rates rose with the drug dosage (people on drugs more vulnerable to psychosis?)
  - ➔ Relapse greater in severity when on drugs
- Another study also showed that the extended use of drugs may prolong the social dependency and rises the relapse rate
- In the 70s NIMH funded 3 studies to see whether schizophrenic patients could be successfully treated without medication. They discharged sooner, relapsed lesser and suffered less
- Loren Mosher from NIMH believed that schizophrenics did not suffer from a "broken brain" but that it could be a coping mechanism in response to emotional & inner trauma and that a safe environment, sincere human involvement & understanding could help these people
  - ➔ '71 Soteria: Those patients fared way better than a matched group treated with drugs