



Hazards of the Happy Pill
4 Corners April 28, 2003

Report on SANE Helpline Feedback

Background

ABC television's '4 Corners' screened *Hazards of the Happy Pill* on April 28, 2003. A BBC *Panorama* production, the program had major community impact when first shown in the UK in October 2002. The ABC therefore approached SANE Australia requesting permission to list SANE Helpline details for people seeking further information about mental illness. SANE agreed and also made the decision to open Helpline for 2 hours immediately following the program (9.15 - 11.15pm).

Hazards of the Happy Pill reported instances of difficulties experienced by some people with the widely prescribed anti-depressant medication, paroxetine (brand name *Aropax* in Australia), especially in withdrawal. The program focused on the distressing, negative experiences of some people who used paroxetine. There was little contextual information providing for example, the overall numbers using the medication, and 'balancing' stories from people who find the medication helpful and free from distressing side effects were not provided.

Response from callers was immediate and energetic. SANE Helpline – a national Freecall service offering information about mental illness and referral to local services– operated at maximum capacity over the following days receiving over 1000 calls. After-hours callers were invited to call back during business hours or to visit the website for Helpline Online.

Unfortunately, the '4 Corners' program was screened as the news broke around the country of the largest pharmaceutical product recall in Australia's history. All Pan Pharmaceuticals were removed from sale due to the company failing to meet production standards. Despite Pan producing only one prescription medication (which happened to be an anti-depressant) the confusion that enveloped consumers, created an elevated anxiety (bordering at some points on hysteria) about taking any medications – whether prescription or complementary therapies.

This Report is based on an analysis of 500 of the calls and e-mails to SANE's Helpline and incorporates discussions posted on the ABC chat room immediately following the program.

4 Corners related SANE Helpline activity

Caller profile

- Female 66% Male 34%.
- Consumer 60% Family/friend 33% Other 7%
- Urban 67% Rural 33% All states and territories were proportionally represented

Diagnosis of concern

- Depression or anxiety 65% Other 35%

Issues raised

A. Medication

- **Paroxetine.** The primary concern of callers was paroxetine use and its negative effect on health. In particular, many reported experience of distressing side effects and problems with withdrawal, such as self-harm, feelings of disassociation, 'electric' shocks, mood fluctuations, and sleepiness while taking or withdrawing from paroxetine.
- **Anti-depressant medications,** Callers expressed concern about the short and long-term impact of all anti-depressant medications. They were convinced that they should either stop taking it altogether in case they developed problems, or not start taking it at all.
- **Psychotropic medications** A significant number of contacts related to medications other than anti-depressants. These reflected generalised fears about using medications to treat a range of mental illnesses.
- **Withdrawal** Many people wanted information about withdrawal from the medication, such as how long it would take for the drug to leave a person's 'system' and how to go about withdrawing safely. People seemed reluctant to seek this advice from their prescribing doctor.
- **Positive comments** Some callers reported that anti-depressants had greatly helped their lives, and although they may have experienced side effects at first, the benefits in combating depression and anxiety outweighed any negative side effects.

B. Relationship with professionals

- **Information** Most callers felt they were given little information about their medication and reported being unaware that they may have any withdrawal problems. They were angry that they had been prescribed medication on which they might now be dependant.

Some commented that if the drug produced withdrawal symptoms it should be classified as addictive.
- **Being heard** Many people felt that health professionals were dismissive of their concerns about difficulties with medications. They believed that treating doctors too often trivialised and downplayed their reports of side effects.
- **Trust** The issue of trust in respect of doctors and pharmaceutical companies was a common theme. Many callers expressed their opinion that doctors only prescribe medication and are either ignorant of the issues or working with pharmaceutical companies to 'deliberately keep people in the dark' about potential damaging side effects. There was a perception from callers that they were being given biased advice about medications, leaving them feeling vulnerable and suspicious. Most were unaware of the mechanisms available for doctors to report specific side effects to a central body.

C. Sample Emails

- *We need information on Aropax - the program last night showed the disturbing effects of the drug. My wife has been on this medication since June last year and has tried to stop taking the drug, but she becomes worse and needs help to stop. Our Local G.P. says this drug is not addictive but we believe it is! Please e-mail us some information, as we would like to seek a second opinion on my wife's condition.*

 - *My mum was about to begin Aropax but after seeing a documentary on 4 Corners she decided not to as it seemed to have more negatives than positives. My mum's doctor prescribed her Aropax but she refuses to take it. Are there any other safer medications she may be able to use?*

 - *I have been taking Luvox for depression for about 8 months. The side effects are awful yet my GP insists that these are due to other reasons, not the drugs, yet I have reported mood swings, terrible dreams, electric shock type sensations in my limbs, feelings of aggression over the littlest things. I experience muscular and joint pain, which my GP dismissed as being due to my work, yet I did not have this prior to starting anti-depressants. I want to get off this drug and yet when I have missed a dose (I take 100mg per day, before bed), the side effects I have described are more intense, coupled with a drop in mood, sadness and feeling restless and or agitated. How can I do this?*
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SANE Helpline Response

- Callers were advised to consult their doctors about any concerns with medication or treatment.

Although some people lacked confidence in their doctor's advice, most did agree to consult them before deciding to stop any medication.
- Information about mental illness was sent out to callers and referral numbers provided for support services in their state. Those who had very specific queries about medications were referred to their doctor, pharmacist or the National Medicines Information Line.
- Many callers required discussion about the 'case' for medication as an effective part of treatment for their illness.

Recommendations

1. **Information** As part of an informed decision-making process, people need clear information about their medication including possible side effects and difficulties in withdrawal from anti-depressant medication. This should include discussion about the differences between medication side effects and symptoms of mental illness and explanation of the word 'addictive' as it has different meanings for different people.

Information should be timely – given early, regularly reinforced and appropriate to the stage of recovery. Ideally this will come from an independent and trusted source such as a pharmacist, GP or a respected non-government organisation.

2. **Comprehensive treatment** Health professionals should acknowledge the value of a range of treatments for mental illness by providing information/discussion about, and referral to, psychological treatments and referral to community rehabilitation and support programs.

This will reduce any perception that doctors only prescribe medications or that medications are the only treatment for mental illness.

3. **Doctor/patient relationship** Patients' concerns about medication need to be taken seriously and responses to these should be honest and forthcoming. Patients should be active participants and decision makers in the development and implementation of a treatment plan.

This will help to build a more trusting doctor/patient relationship, thus improving adherence with treatment and ensuring ongoing consultation for future concerns.

4. **Community awareness** Community education is needed to raise levels of mental health literacy and reduce the stigma associated with mental illness and its treatment.

This will encourage people to seek effective help early and to be more discerning consumers.

SANE Australia, June 2003

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