Psychiatric Drugs & Suicides in Sweden 2007

A report based on data from the National Board of Health and Welfare

By Janne Larsson

Summary

The purpose of this investigation has been to find data about the preceding psychopharmacological treatment for all persons who committed suicide in Sweden 2007.

The method used was to request relevant unpublished data from the National Board of Health and Welfare [1], and from the regional departments of the National Board of Forensic Medicine [2], mainly using the Freedom of Information Act (FOIA). The Centre for Epidemiology in the National Board of Health and Welfare, has released data about all suicides in Sweden 2007 and the preceding psychopharmacological treatment in these cases. The six regional offices of the National Board of Forensic Medicine have released data about the autopsies done for 2007 and the psychiatric drugs found in the blood of the persons who had committed suicide. The regional offices of the National Board of Health and Welfare have released extensive data about all suicides committed in health care and within four weeks after last visit, which by law should be reported to the regional offices (one third of all suicides for 2007). The investigation is done outside the research community, as a critical journalistic project. In this there are certain limitations: the data forming the basis of the report are in parts subject to secrecy laws, meaning that the full picture cannot be presented.

The result shows that 1126 definite suicides were committed in Sweden in 2007 (325 women and 801 men). Of these persons 724 (64%) had filled a prescription for psychiatric drugs within a year of the suicide. Of the 325 women 250 (77%) had filled a prescription for psychiatric drugs; for the 801 men the figure was 474 (59%).

Of the 325 women 196 (60%) had filled a prescription for antidepressants; for the 801 men the figure was 306 (38%).

In the forensic toxicological analyses traces of psychiatric drugs were found in 575 persons (52%) of the 1109 analyses done. Traces of antidepressant drugs were found in 132 (41%) of the women investigated.

For the *subgroup* of suicides 2007 committed in health care and within four weeks after last visit (cases which by law should be reported to the regional offices of the National Board of Health and Welfare) it was found that 86% of the cases (338 of 393 reported cases) had got psychiatric drugs within a year of the suicide. In 304 of these cases (77%) the persons were treated with antidepressants and/or neuroleptics (antipsychotic drugs).

The conclusion is that a large percentage of the persons who committed suicide in Sweden in 2007 had received extensive treatment with psychiatric drugs within a year of and close to the suicide.

[1] The National Board of Health and Welfare, http://www.socialstyrelsen.se/english
[2] The National Board of Forensic Medicine, http://www.linkedin.com/companies/swedish-board-of-forensic-medicine

Introduction

This is a report about suicides committed in Sweden (with around 9 million citizens) in 2007 and the psychiatric drug treatment that preceded these suicides.

The report has three main parts:

- It gives unique data about *all* suicides committed in 2007 and the psychiatric drugs that the persons received *within a year of the suicide*.

- It compares these data with autopsy reports about psychiatric drugs found in the blood (of 98%) of *all* the persons who committed suicide in 2007.

- It gives extensive information about the psychiatric drug treatment given *within a year* to the *subgroup* of persons who committed suicide in 2007 and then were reported to the National Board of Health and Welfare by reason of law [3] - one third of all suicides committed that year.

The data presented on these pages should have been published by the responsible national authorities.

It can be assumed that the situations described in this report are the same or very similar in other countries in the Western world.

It is time for full investigations in many countries of the actual effects of psychiatric drugs.

It is my hope that the data presented will lead to politicians, officials, journalists and others starting to demand basic changes in the ways persons with mental problems are taken care of.

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[3] This according to the regulations in The Act on Professional Activity in Health and Medical Services (called Lex Maria). The reporting requirements are in effect since February 2006; the year 2007 is ***the first full year*** for these requirements. The requirements are that ALL suicides committed in health care and within four weeks after last visit should be reported for investigation to the National Board of Health and Welfare.

Contents

Chapter 1

Suicides 2007 – preceding psychiatric drug treatment

The national agencies in Sweden, as those in other countries, are supposed to compile, analyse and publish data about the psychiatric treatment given to those who commit suicide. But the vital information presented below has not been published.

In July 2005 the rules for the registries in Sweden were changed. From that point on it has been possible for the national agencies to present more exact data about the use of prescribed medications on an individual level [4]. It is for example possible to present information about which psychiatric drugs the persons who committed suicide were treated with.

The information below about suicides for 2007 comes directly from the National Board of Health and Welfare in Sweden; it is data that the agency have chosen not to publish.

The data concern the following:

- **Which psychiatric drugs (in different categories) the persons filled a prescription for *within a year* of the suicide (2007).**

1126 persons committed suicide in 2007, according to data from the National Board of Health and Welfare [5], **325 women and 801 men**. A registry study done by the Board in July 2009 [7] shows the following:

In total, 724 (64%) of all the 1126 persons who committed suicide in 2007 had filled a prescription for psychiatric drugs within a year of the suicide. Of the 325 women, 250 (77%) received psychiatric drugs; for the men the figure was 474 (59%).

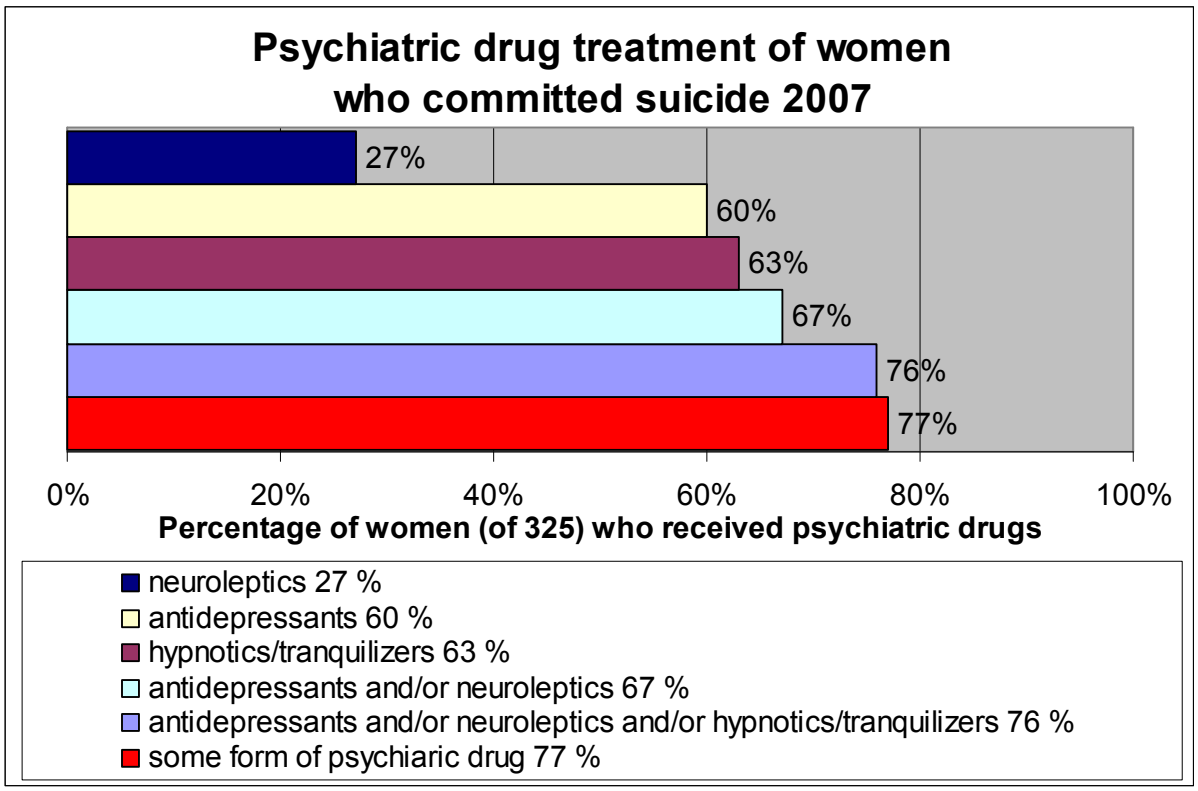
In total 502 (45%) of the 1126 persons had got treatment with antidepressants within a year. Of the 325 women 196 (60%) had got antidepressants, for the 801 men the figure was 306 (38%).

[4] Wettermark et al, "The new Swedish Prescribed Drug Register--opportunities for pharmacoepidemiological research and experience from the first six months", *Pharmacoepidemiology and Drug Safety*, 2007, visited 19 September 2009, http://www.ncbi.nlm.nih.gov/pubmed/16897791

[5] Socialstyrelsen/National Board of Health and Welfare, *Dödsorsaker 2007,* (Swedish), June 2009*,* visited 19 September 2009, http://www.socialstyrelsen.se/publikationer2009/2009-125-18

[7] Socialstyrelsen/National Board of Health and Welfare, a study requested by me, done in July 2009.

Of the 377 women, 196 (60%) received antidepressants, 204 (63%) got hypnotics/tranquilizers, 87 (27%) got neuroleptics, 21 (6%) got other forms of psychiatric drugs.



This means that a large percentage of the women got psychiatric drugs from more than one category within the last year.

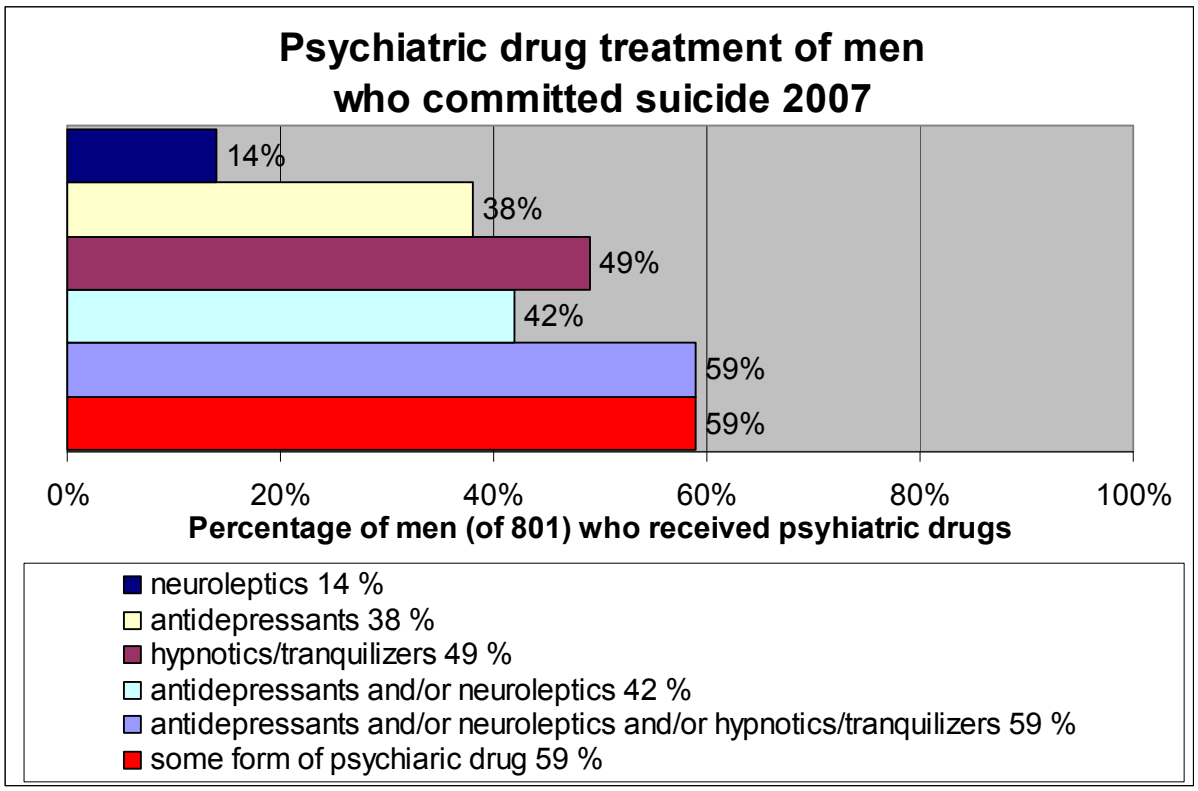
The information shows that of the 325 women 247 (76%) got antidepressants *and/or* neuroleptics *and/or* hypnotics/tranquilizers.

57 women (18%) got antidepressant *and* hypnotics/tranquilizers *and* neuroleptics within a year of the suicide. From the table below it can be understood that 105+57=162 women (50%) got antidepressants *and* hypnotics/tranquilizers, that 57+8=65 women (20%) got antidepressants *and* neuroleptics (not counting what else they got).

Table describing overlapping (1=prescribed, 0=not prescribed)

	antidepressants	neuroleptics	hypnotics/ tranquilizers	number (of 325)	percentage
women	0	0	0	78	24%
women	0	0	1	29	9%
women	0	1	0	9	3%
women	0	1	1	13	4%
women	1	0	0	26	8%
women	1	0	1	105	32%
women	1	1	0	8	2%
women	1	1	1	57	18%

Of the 801 men, 306 (38%) received antidepressants, 392 (49%) got hypnotics/tranquilizers, 114 (14%) got neuroleptics, 27 (3%) got other forms of psychiatric drugs.



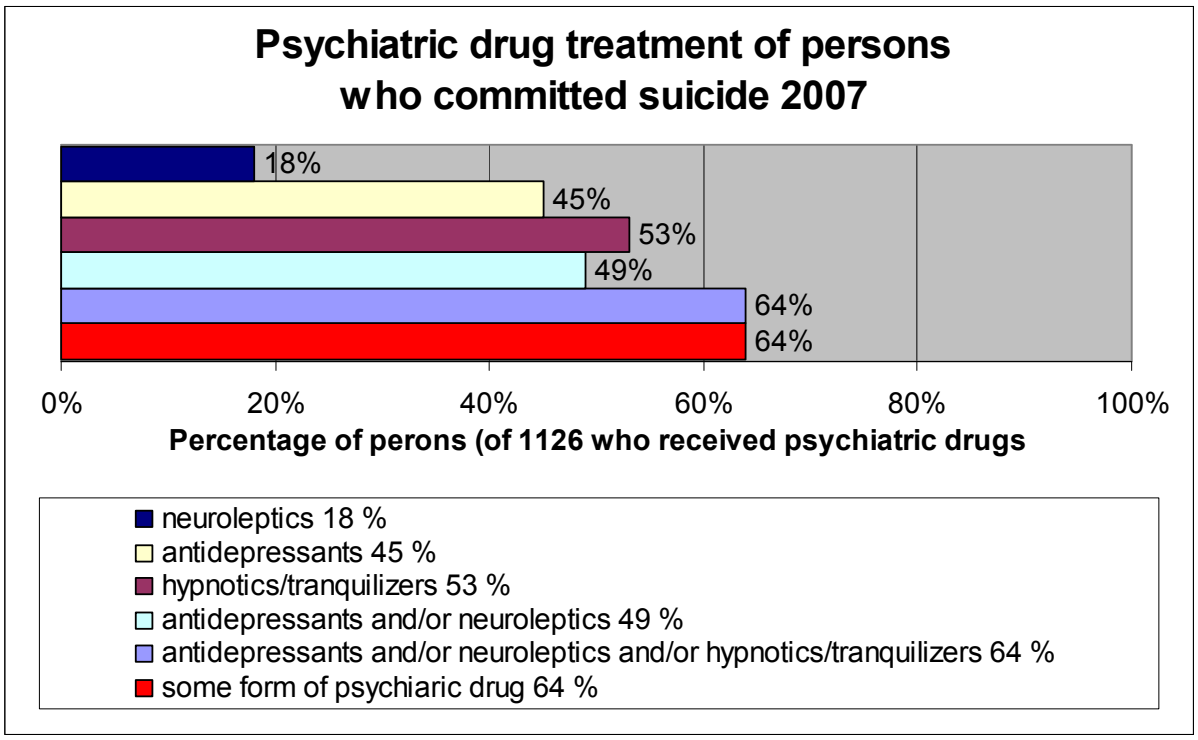
The information shows that of the 801 men 470 (59%) got antidepressants *and/or* neuroleptics *and/or* hypnotics/tranquilizers.

71 men (9%) got antidepressant *and* hypnotics/tranquilizers *and* neuroleptics within a year of the suicide. From the table below it can be understood that 171+71=242 men (30%) got antidepressants *and* hypnotics/tranquilizers, that 71+9=80 men (10%) got antidepressants *and* neuroleptics (not counting what else they got).

Table describing overlapping (1=prescribed, 0=not prescribed)

	antidepressants	neuroleptics	hypnotics/ tranquilizers	number (of 801)	percentage
men	0	0	0	331	41%
men	0	0	1	130	16%
men	0	1	0	14	2%
men	0	1	1	20	2%
men	1	0	0	55	7%
men	1	0	1	171	21%
men	1	1	0	9	1%
men	1	1	1	71	9%

For the 1126 men and women who committed suicide in 2007, 502 (45%) got antidepressants, 596 (53%) got hypnotics/tranquilizers, 201 (18%) got neuroleptics, 48 (4%) got other forms of psychiatric drugs.



The information shows that of the 1126 persons 717 (64%) got antidepressants *and/or* neuroleptics *and/or* hypnotics/tranquilizers.

128 (11%) got antidepressant *and* hypnotics/tranquilizers *and* neuroleptics within a year of the suicide. From the earlier tables it can be seen that 404 persons (36%) got antidepressants *and* hypnotics/tranquilizers, that 145 persons (13%) got antidepressant *and* neuroleptics (not counting what else they got).

A large percentage (especially of women) received treatment with psychiatric drugs that one might expect should alleviate mental problems and protect from the ultimate consequence – suicide.

The data from the National Board of Health and Welfare also show that many got more than one type of psychiatric drug. For the 325 women almost one fifth (18%) had filled prescriptions for *at least three* different classes of psychiatric drugs (antidepressants, neuroleptics, hypnotics/tranquilizers) and 56% had filled prescriptions for *two or more,* within a year of their suicide.

The conclusion is that a large percentage of the persons who committed suicide in Sweden in 2007 had received extensive treatment with psychiatric drugs within a year of their suicide.

Note that the above data don't say anything about how many different drugs in the different drug categories that the persons got. The information does not either include the psychiatric drugs given in hospitals. An estimation from the National Board of Health and Welfare is however that inclusion of the psychiatric drugs given in hospitals only to a slight degree would change the percentages given above.

In a later chapter the results are reported for a *subgroup* of these suicides – the suicides reported to the National Board of Health and Welfare per Lex Maria (see footnote page 3) – where an investigation is presented over which drugs, and which amounts of these, the persons got. In that group also psychiatric drugs given in hospitals are included.

A warning must be issued to persons who take psychiatric drugs and to relatives to patients: It can be almost as dangerous to stop taking these drugs as it is to start with them. The harmful changes in the brain caused by the drugs can become very hard for the person who *abruptly* stop taking them. A qualified physician *must* carefully supervise the withdrawal.

Chapter 2

Psychiatric drugs

Psychiatric drugs are not natural substances that persons are deficient in, nor vital substances that must be supplied to the body. The psychiatric drugs for "psychiatric disorders" cannot, for example, in any way be compared with the insulin that diabetics get. Yet they are presented with that kind of comparison.

The idea that persons who are depressed are suffering from "chemical imbalances" and are deficient in the substance serotonin has been marketed by the pharmaceutical companies selling antidepressants (in the class SSRI, such as Prozac, Paxil/Seroxat, Zoloft) for more than a decade. The intensive marketing has led persons to believe that their low mood is a *deficiency disease* – and that it is *vital* to supply the substance that corrects this deficiency – the antidepressant drug.

Doctors and patients have been told by Pfizer (Zoloft): "…depression may be related to an imbalance of natural substances between nerve cells in the brain … Zoloft works to correct this imbalance …" [8] And from Lundbeck/Forest: "Cipralex works by normalizing the serotonin levels in the brain." [9]

But there is no scientific evidence that a low mood is caused by a "chemical imbalance" in the brain [10] [11]. The hypothesis has been rejected with the following words by one of the most well known names in the field: "The serotonin theory of depression is comparable to the masturbatory theory of insanity." [12] (The old theory that masturbation caused insanity.)

Psychiatric drugs always have a toxic effect on the brain and on the body in general; a toxic substance being defined as a substance that "causes death or harm when ingested or absorbed by a living organism". And psychiatric drugs in a certain dose *always* cause harm to the brain – which is shown in the actual expected effect – as the "zombie effect" that elderly persons are systematically subjected to in elderly homes, or the "chemical lobotomies" that persons with psychotic reactions are given with neuroleptics ("antipsychotic medication") [13], [14] . You could say that the "toxic

[8] Zoloft TV-ad, visited October 29, 2009, http://www.youtube.com/watch?v=6vfSFXKlnO0
[9] Lundbeck, (Swedish) Patient information about Cipralex, visited October 29, 2009, http://sweden.lundbeck.com/Sweden/vardpersonal/depression/pdf/patientdagbok.pdf
[10] Leo/Lacasse, "The Media and the Chemical Imbalance Theory of Depression", *Society*, (2007) visited October 29, 2009, http://www.springerlink.com/content/u37j12152n826q60/fulltext.pdf
[11] Leo/Lacasse, "Serotonin and Depression: A Disconnect between the Advertisements and the Scientific Literature", *PloS Medicine*, (2005), visited October 29, 2009, http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371/journal.pmed.0020392
[12] Healy, quoted in the article *Ads for SSRI antidepressants are misleading, say researchers,* Medical News Today, (2005), visited October 29, 2009, http://www.medicalnewstoday.com/articles/33290.php
[13] Whitaker, *Affidavit*, (2007), visited October 29, 2009, http://psychrights.org/Litigation/WhitakerAffidavit.pdf (see all links to articles in the document).
[14] Jackson, *Affidavit*, (2008), visited October 29, 2009, http://psychrights.org/States/Alaska/CaseXX/3AN-08-493PS/JacksonOnNLtoxicity.pdf

dose" for psychoactive substances is the dose where they start having an effect on the behaviour – which in psychiatry is seen as the "therapeutic dose".

We have seen in the earlier chapter that a large percentage of the persons who committed suicide in 2007 in Sweden had received psychiatric drugs – in many cases more than one drug. *If* the drugs would have corrected the assumed *deficiency* the "psychiatric disorder" would have been cured – and the persons would not have committed suicide.

Pharmacological companies and psychiatrists work hard to preserve the myths. Despite the immense prescriptions of psychiatric drugs people are said to be "undertreated" – they don't get *enough* psychiatric drugs, not early enough, not in a big enough dose, and not long enough.

And we definitely don't become healthier. The increase in illness instead seems to be parallel to the increase in prescriptions of psychiatric drugs – which should get politicians to wonder what happened with the tax payers' money. Most people would shake their heads if they would hear the assessment by leading biological psychiatrists over the percentage of persons in the society being "mentally ill". As when the internationally known Swedish psychiatrist Goran Isacsson in April 2008 in the Journal of the Swedish Medical Association very seriously claimed that research shows that "… the yearly prevalence of psychiatric illness [among citizens] is estimated to be around 30 percent". According to Isacsson, almost one third of the population is mentally ill, and are, of course, in need of treatment, meaning psychiatric drugs.

Isacsson is a leading psychiatric consultant to the Swedish medical agencies and is behind many of the recommendations published by these agencies – recommendations which have led to heavy increase in prescriptions of antidepressants and other psychiatric drugs in the country.

He has also used forensic toxicological screening results for suicides to gain support for his ideas and has published many articles in international medical journals about this. The message has been: Only a tiny percentage of persons committing suicide had antidepressant drugs in their blood at autopsy, there is a large "undertreatment" among those committing suicide, many more persons must be prescribed antidepressants to be protected against suicide.

In the next chapter we shall look on the reality that Isacsson has not told about.

Chapter 3

Autopsy reports about psychiatric drugs and suicide

The Swedish medical agencies and their psychiatric consultants have used old data from forensic toxicological screenings to mislead the public and to heavily increase the use of antidepressants and other psychiatric drugs.

Government agencies have never published annual national data about the relationship between psychiatric drug treatment and suicide. Politicians and the general public have not gained access to the information about which drugs persons committing suicide had received, or any analysis about what the extensive drug treatment could have meant for the later suicide.

Instead leading agencies as The National Board of Health and Welfare have published data, based on forensic toxicological screenings, that there is a state of "undertreatment" among those committing suicide that must be handled. In one of the most important new publications one could read [15] :

> ”Of persons with a diagnosis of depression, who commit suicide, more than 80 percent are not treated at the time of death. Persons with depression are often not treated or are undertreated even after a suicide attempt … To treat the underlying psychiatric disorder is thus a central component in suicide prevention.”

Upon questioning, the agency says that these ”facts” stem from an article by psychiatrist Goran Isacsson. A closer examination shows that this article was published in the Journal of Affective Disorders – and in 1996 (!) [16]. The agency says that in this article ”the yearly number of suicides with depression that took antidepressant drugs is estimated to be 120 of 1000 cases in Sweden (12%) and the yearly number of suicides not taking antidepressant drugs to be 880 of 1000 cases (88%)”. It is further claimed that these data are supported by international research. Further the agency claims that "antidepressant drugs protect against depression, that is one of the most important risk factors for suicide" …”and that suicidal behaviour correlate to inadequate prescription of antidepressant drugs”.

The primary reference is once again the internationally known psychiatrist Goran Isacsson.

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[15] The National Board of Health and Welfare, (in Swedish) *Förslag till nationellt program för suicidprevention* (2006), http://www.socialstyrelsen.se/NR/rdonlyres/430131BA-B8F8-43E6-A743-B59CE21CCDEB/6725/200610723.pdf

[16] Isacsson, "Epidemiological data suggest antidepressants reduce suicide risk among depressives", *Journal of Affective Disorders*, 1996.

Facts are, as we have seen in chapter 1, that in 2007, *the year after* this agency report was published, 502 (45%) of ALL 1126 reported suicide cases had received antidepressants (within a year); for the women, 196 (60%) of 325 had received antidepressants (within a year).

The most important information in this area is the patients' *medical history,* the treatment history. Antidepressants, neuroleptics and other psychiatric drugs may cause harmful changes in the brain and these brain dysfunctions *do not* vanish when the drugs are discontinued – in many cases they cause chronic dysfunction to the brain, exemplified by the known neurological harm caused by neuroleptics. Many patients also get *serious* withdrawal reactions; reactions that can be so severe that they can lead to suicide.

Discoveries of psychiatric drugs in forensic toxicological screenings of persons who have committed suicide are therefore of very limited value. The fact that one cannot find any traces of psychiatric drugs in blood at autopsy does *not* mean that the earlier treatment was not having a *causal* role for the later suicide.

The Swedish psychiatrist Goran Isacsson has since the beginning of the 90's published articles about autopsy reports and antidepressants found in the blood of the persons who committed suicide. The purpose has been to show that the persons were "undertreated" and the conclusions have consistently been that too few persons got antidepressants and many more need the drugs.

In the article in the Journal of Affective Disorders, Isacsson reported that only 12% of those committing suicide were treated with antidepressants at the time of the suicide. Isacsson refers in the article to his other research projects that he says found similar results, that for only 16% of those who committed suicide traces of antidepressants could be found at autopsy [17]. He further tells that he found that around 15% of those committing suicide had filled a prescription for antidepressants within three months before the suicide – and from this the conclusions about "undertreatment" could be drawn. Isacsson also states that it is "a consistent finding" that about 50% of the patients who commit suicides is depressed. (Compare with data in chapter 1.)

Today we know (see chapter 1) that 60% percent of the women who committed suicide 2007 received antidepressants within a year before the suicide, and that 45% of all (men and women) received the same. This must of course be compared with the figures from Isacsson et al that about 50% of those committing suicide has a depression. From this it can be assumed, even if antidepressants also are prescribed for other problems, that *not too many more than half* of those committing suicide can be candidates for antidepressants – but still 60% of ALL women who committed suicide in 2007 had received antidepressants within a year.

We shall now compare the data in chapter 1 with forensic toxicological screening results for suicides from 2007.

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[17] Isacsson, et al, *Antidepressants, depression and suicide: An analysis of the San Diego Study*. Journal of Affective Disorders, 1994.

Results from forensic toxicological screenings about suicides in Sweden 2007

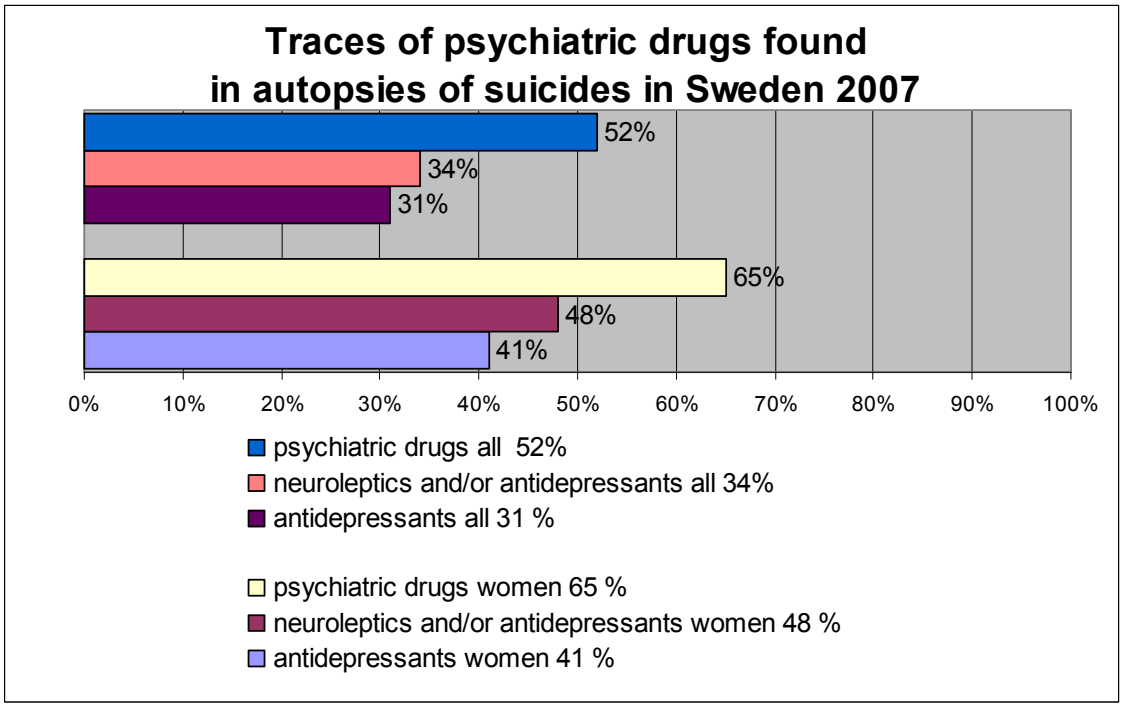
Almost all suicides in Sweden are subjected to forensic toxicological screening. The autopsies are done in the six regional departments of the National Board of Forensic Medicine.

FOIA-requests were sent to the regional offices to get data about the autopsies done for 2007 and the psychiatric drugs found in the blood for the persons who had committed suicide. The data were very helpfully compiled and released by the regional departments.

1109 autopsy reports about suicides were done for 2007, in 98% of the 1126 determined suicides.

A review of these [18] shows that 132 (41%) of the 320 women examined had traces of antidepressants in their blood. 209 (65%) of the women had traces of psychiatric drugs (all categories). An interesting finding is also that 37% of the women had received *newer* antidepressant drugs (SSRI and other newer antidepressants) at the time of suicide.

The autopsy reports show that 31% of all men and women who had committed suicide in 2007 had traces of antidepressants in their blood. In total, traces of psychiatric drugs (all categories) were found in 575 (52%) of these men and women.



[18] Reservation must be done for smaller miscalculations and misclassifications in the compilation. The author has not had acess to the original reports and of course not to the good resources for analysis or the statistical ability available for example for the National Board of Health and Welfare if that agency should have chosen to do a full investigation in the area.

Once again it must be emphasised that traces of psychiatric drugs in blood at autopsy have very limited value *in comparison with the patient's medical history.* As seen in chapter 1, and as we shall see more about in chapter 4, a large majority of the persons who committed suicide in Sweden in 2007 had received *extensive earlier treatment with psychiatric drugs.* It is *this treatment* and its relation to the suicide which is the real important area.

At the same time, this compilation of the 1109 autopsy reports serve to reject the old data and conclusions presented by psychiatrists, like the earlier mentioned internationally known Goran Isacsson – based on forensic toxicological screenings.

We know now that 31% of the persons who committed suicide in 2007 had traces of antidepressants in their blood at autopsy and that it was 41% for the women. The data from Isacsson et al about 12% and that more than 80% are "untreated" at the time of death can be excluded from future publications.

We also know that 65% of the women had traces of psychiatric drugs in their blood and that the percentage for all (men and women) was 52%. (How many *more* persons, for whom lesser amounts of psychiatric drugs, not traceable in these autopsies, were in their system, we don't know.)

Below is a table concerning what was found in the autopsies of women as regards antidepressants.

Type of antidepressant drug	**Number of women**
SSRI-drug	
Citalopram (Cipramil)	45
Fluoxetine (Prozac)	16
Paroxetine (Seroxat/Paxil)	2
Sertraline (Zoloft)	16
	In total 79 cases with women who got SSRI-drugs. (In the rare cases where the persons had got more than one SSRI-drug, only one has been counted). **In 25% of the 320 women SSRIs was found.**
Other modern antidepressants	
Duloxetine (Cymbalta)	2
Mianserine	1 (in 3 cases with another newer antidepressant
Mirtazapine (Remeron)	17 (in 14 cases with another newer antidepressant, 1 TCA, tricyclic antidepressants)
Reboxetine (Edronax)	1 (in 1 case with another newer antidepressant)
Venlafaxine (Effexor)	19 (in 7 cases with another newer antidepressant)
	In total 40 cases + SSRI = 119/320 (37%)
Tricyclic antidepressants	
Carbamazepine (Tegretol) (included as a relative to these antidepressants)	2 (in 2 cases with an another antidepressant)
Clomipramine (Anafranil)	3 (in 1 case with an another antidepressant)
Amitriptyline (Tryptizol)	8 (in 4 cases with an another antidepressant)
Maprotiline (Ludiomil)	0 (in 1 case with an another antidepressant)
	In total 13 cases + newer antidepressants = 132
	In 132/320 – in 41% – of the women antidepressants were found

Chapter 4

Suicides 2007 reported per Lex Maria – preceding psychiatric drug treatment

In Sweden all suicides committed by persons receiving health care and within four weeks after last visit should be reported to the National Board of Health and Welfare, for investigation.

According to the publication *Suicides 2006, reported per Lex Maria* [19] (in Swedish), the number of reports of suicides submitted to the National Board of Health and Welfare per the reporting requirements is estimated to be 400 per year. As described in earlier chapters around 1200 suicides are committed in Sweden in a year. Thus about one third of all suicides get reported to the National Board of Health and Welfare, *and it is for this subgroup of suicides that quite comprehensive information exists.*

For this study, data about the cases reported to the six regional offices of the National Board of Health and Welfare for 2007 were requested using the Freedom of Information Act (FOIA). *Focus was on the psychiatric drug treatment that the persons received within one year of their suicides.* (Note that the information in this chapter is taken from actual copies of patient journals where sensitive information has been excluded by the regional offices, *but* with full data about prescribed drugs included, also the drugs given in hospitals. In comparison the figures in chapter 1 of this report, for ALL suicides 2007, were from released figures from the registries of the National Board of Health and Welfare.)

In total, according to the data received, 393 cases were reported to the six regional offices for 2007.

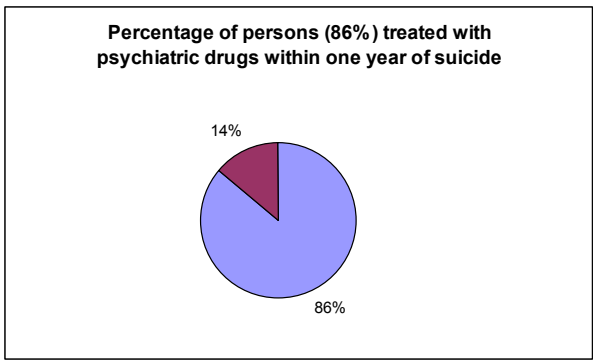
The information in these cases has, on the following pages, been analysed with regard to what psychiatric treatment preceded the tragic suicide in each of the cases. Data have been compiled about the *classes* of psychiatric drugs used (neuroleptics, antidepressants, benzodiazepines etc.) and about the *individual* drugs used.

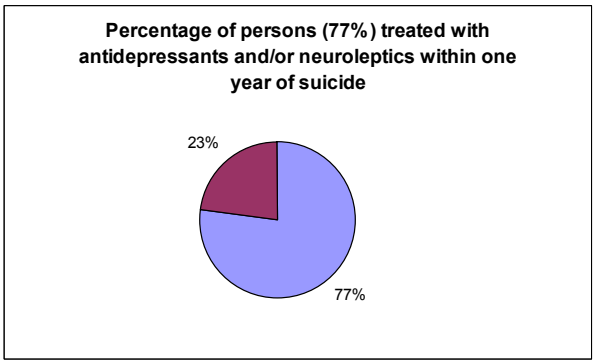
[19] National Board of Health and Welfare, (Swedish) *Sjalvmord 2006 anmalda enligt Lex Maria,* (2007), http://www.socialstyrelsen.se/Publicerat/2007/9671/2007-109-22.htm

The analysis of the treatment given shows the following:

In 338 of the 393 cases – **86% of the cases** – the persons were treated with psychiatric drugs ***within one year of their suicide*.**

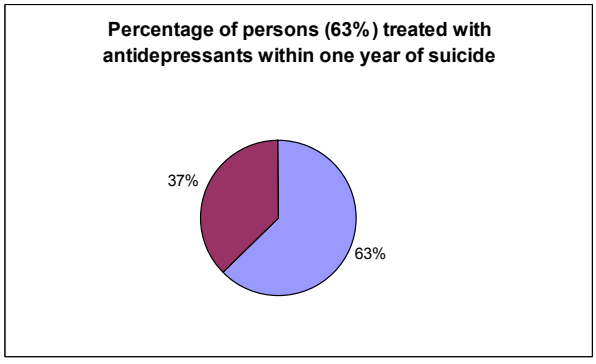
In 304 cases – **77% of the cases** – the persons were treated with antidepressant drugs *and/or* neuroleptics.

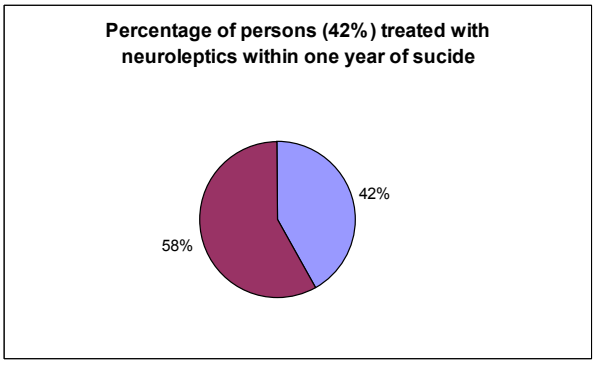




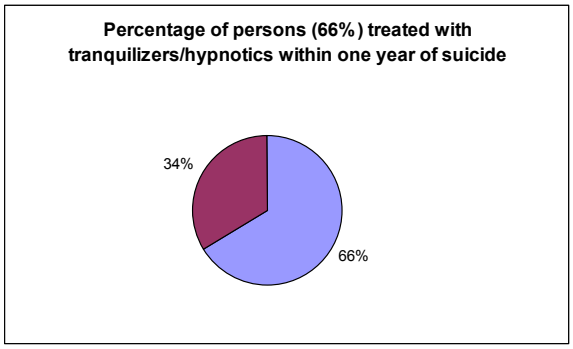
In 246 cases – **63% of the cases** – the persons were treated with antidepressant drugs.

In 164 cases – **42% of the cases** – the persons were treated with neuroleptics.





In 261 cases – **66% of the cases** – the persons were treated with tranquilizers/hypnotics; drugs of the class benzodiazepines or similar newer compounds.



In addition to the above a considerable number of persons was also treated with psychiatric drugs of other classes. These were drugs such as epileptic drugs recently started to be used as "mood stabilizers" (Lyrica, Lamictal), "ADHD drugs" (Concerta, Ritalin, Strattera) and other types of psychiatric drugs like Buprenorfin and Heminevrine.

The total amount of psychiatric drugs used

What best shows the real situation is *the total amount of psychiatric drugs prescribed* for these persons.

"The amount of treatment" can be expressed in that the 338 persons (of 393) who got psychiatric drugs *on average* got 4 different drugs in the year before the suicide.

From the diagrams above it can be understood that many persons were treated with psychiatric drugs of *different classes* (not only *different tranquilizers* or *different antidepressants*). So, for example 29% (98 persons), of the 338 persons prescribed psychiatric drugs, were treated with neuroleptics *and* antidepressants *and* hypnotics/tranquilizers in the year preceding the suicide.

This does not mean that when one drug was prescribed another was taken away. On the contrary, in most of the cases the person was treated with many different psychiatric drugs *at the same time.*

Example 1: In the area of one regional office the persons treated with psychiatric drugs were taking (on average) 3.2 different drugs *at the time of their suicide.* 36% were taking 4 drugs or more.

Example 2: In the area of another regional office the persons treated with psychiatric drugs also were taking on average 3.2 different drugs *at the time of their suicide.* 32% were on 4 drugs or more.

Of the 338 persons receiving psychiatric drugs, 39 (12%) were reported to have received electroshocks (ECT) in the year preceding the suicide – one person had received a series of 12 electroshocks and 15 different psychiatric drugs within a year. These 39 persons had concurrently with the shocks been prescribed on average 5.6 different psychiatric drugs within a year.

Only 37 persons (11%) of the 338 had taken only 1 psychiatric drug in the year before the suicide.

The facts are obvious: The men and women in this group, in an overwhelming high degree, had committed suicide after having been treated with large amounts of psychiatric drugs in the year before and at the time of their suicide.

Chapter 5

"Adequate medication" and clinical trials

The persons described in the last chapter received "adequate treatment" – in the meaning used in psychiatry. The pharmaceutical companies' unpublished clinical trials do however show the fact that the drugs increase the risk of suicidal behaviour.

The persons described in the chapter got:

- *the new antidepressant drugs* (Cymbalta 23 persons, Effexor 41, Zoloft/Sertralin 49, Cipralex 33),
- *the new forms of neuroleptics* (Risperdal 31, Zyprexa 52,)
- *the new hypnotics, similar to benzodiazepines* (Zopiclone/Imovane 128, Stilnoct [Ambien] 53),
- *the new "mood stabilizers"* (Lamictal 21, Lyrica 19).

See diagram and tables of the details, in the appendix, page 26.

And the persons who got this treatment were given on average 4 different psychiatric drugs in the year before their suicide.

There are – if one wants to *understand* the results presented in the earlier chapters – better sources of information than advertisement from the pharmaceutical companies and articles from the biological psychiatrists who have built their careers on promoting the message wanted by the industry.

Better sources of information are the *unpublished* clinical trials of psychiatric drugs done by pharmaceutical companies, and the important studies done by independent researchers.

A number of these studies show that antidepressants and neuroleptics *increase the risk of suicidal behaviour and directly cause effects that lead to suicide.*

Some of the articles in which these results are described – articles that give *lots* of references for persons wanting to know more – are: Healy, *Antidepressants and Violence: Problems at the Interface of Medicine and Law,* (2006) [21]; Breggin, *Suicidality, violence and mania caused by selective serotonin reuptake inhibitors, (SSRIs): A review and analysis,* (2004) [22]; Whitaker, *Affidavit* (A formal sworn statement of facts) about neuroleptics (2007) [23].

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[21] Healy, "Antidepressants and Violence: Problems at the Interface of Medicine and Law", *PloS Medicine* (2006), , visited 29 October, 2009 http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371/journal.pmed.0030372

[22] Breggin, "Suicidality, violence and mania caused by selective serotonin reuptake inhibitors, (SSRIs): A review and analysis", *International Journal of Risk & Safety in Medicine* 16 (2003/2004) 31–49, visited 29 October, 2009 , http://www.breggin.com/31-49.pdf

[23] Whitaker, *Affidavit* (A formal sworn statement of facts) about neuroleptics, (2007), visited 29 October, 2009 http://psychrights.org/Litigation/WhitakerAffidavit.pdf

One of the phenomena described in the articles above is the *extreme inner restlessness,* which can be *caused* by neuroleptics and antidepressant drugs. The affected persons cannot sit still, feel compelled to move about, feel tortured from within. The condition is called akathisia (from Greek *a* [not] and *káthisis* [sitting]) and *is caused by the drugs* (not by any form of "underlying disease").

That the phenomenon doesn't have anything to do with the person's mental problems – but is exclusively caused by the drugs – has been shown in studies where healthy subjects have taken the drugs and then been subjected to these effects. Akathisia is a condition that is known to drive persons to suicide (and to violent acts against others).

And the condition is also described in the official product information for neuroleptics, where it is even said to be *common* (occurring in 1-10% of the cases who get the drugs; see for example the text for Zyprexa [24]). Akathisia is also created by antidepressant drugs, which report the additional *common* harmful effect of *agitation*, (for example, see the text for Cymbalta [25]). Akathisia and agitation are part of a spectrum of adverse effects of antidepressant drugs, starting with insomnia, nervousness and irritation, then progressing towards more serious effects like agitation, aggression, akathisia and mania [5].

In the articles above, the harmful effects of antidepressants and neuroleptics become visible. The ways in which these drugs contribute to or directly cause phenomena leading to suicide are also well described.

The long known harmful effects of tranquilizers and hypnotics (benzodiazepines) – including risk for suicide – are taken up in *Brain-Disabling Effects of Benzodiazepines* (1997) [26].

In the cases of suicide for 2007 reported to the National Board of Health and Welfare in Sweden, the persons received on average 4 psychiatric drugs in the last year. The persons had in lesser or greater degree been subjected to poisonous effects.

But if the effects described above are the "contributions" psychiatric drugs can have for the subsequent suicides – how are these effects reported to the registry for adverse effects in Sweden (called SWEDIS), at the Medical Products Agency (MPA) [comparable to MedWatch in the US and the Yellow Card Scheme in UK]? And how has the National Board of Health and Welfare considered these effects in its investigations about the suicides?

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[24] Medicines Compendium, UK, Zyprexa, visited 29 October, 2009, http://emc.medicines.org.uk/emc/assets/c/html/DisplayDoc.asp?DocumentID=614

[25] Medicines Compendium, UK, Cymbalta, visited 29 October, 2009 , http://emc.medicines.org.uk/emc/assets/c/html/DisplayDoc.asp?DocumentID=15694

[26] Breggin, *Brain-Disabling Effects of Benzodiazepines* (1997), from the book *Brain-Disabling Treatments in Psychiatry*, (Second edition 2008) visited 29 October, 2009, http://www.benzo.org.uk/breggin.htm

Chapter 6

The breakdown of the reporting system

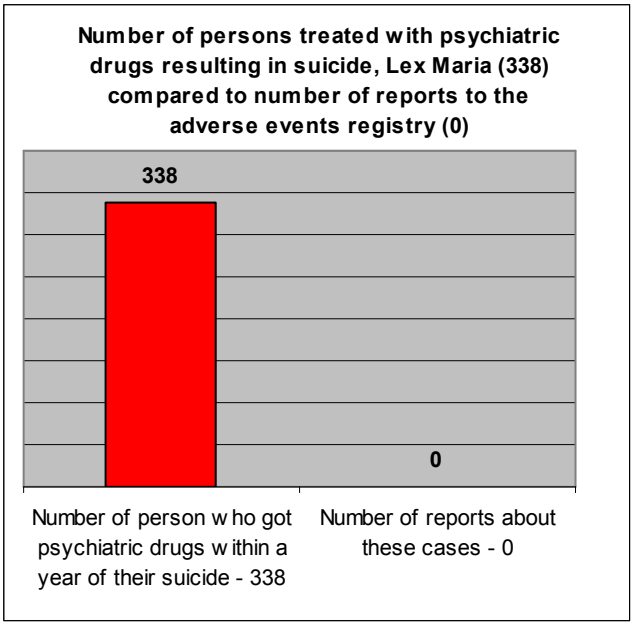
In 86% of the cases of suicide reported to the National Board of Health and Welfare for 2007 (chapter 4) – that is in 338 of 393 cases – the persons were treated with psychiatric drugs. In 0% (!) of these cases was the suicide reported as a drug adverse event to the registry for drug adverse events at the Medical Products Agency (MPA).

Not in a single one of all these cases of suicide did the responsible doctor (in most cases psychiatrists) consider that the tragic result could have been caused by the psychiatric drug or that the drug was a suspected contributory factor for the fatal result.

Not a single adverse event report was submitted about the 338 persons who committed suicide after having been prescribed psychiatric drugs!

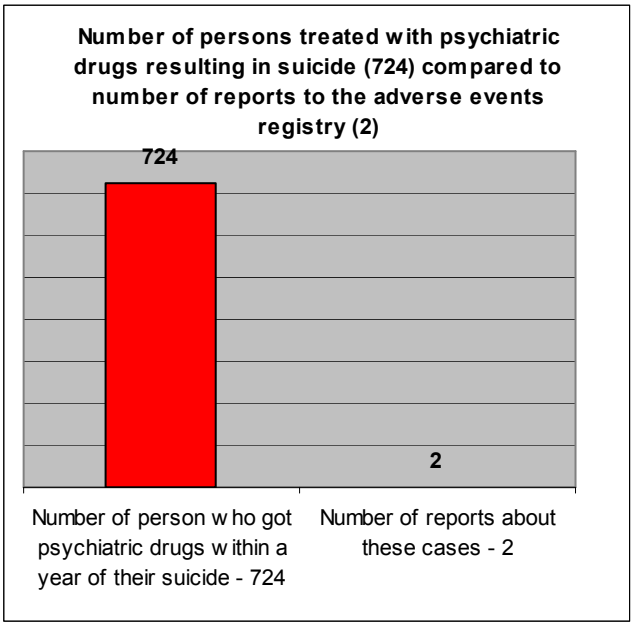
If anything should be held up as evidence for the complete breakdown of the adverse event reporting system, it must be this. If not even *fatal results* in the form of suicides following extensive treatment with psychiatric drugs are reported to the registry for adverse drug events, how should it then be with all other harmful effects patients are subjected to?

Doctors are to report all suspected serious drug effects to the Medical Products Agency. This reporting requirement must also reasonably be extended to the physicians at the National Board of Health and Welfare investigating the reported cases of suicide. But none of these doctors has considered that the extensive treatment with psychiatric drugs could have caused or strongly contributed to the fatal result. None of them has submitted an adverse event report.



We know from chapter 1 that 724 persons (64%) of the all 1126 who committed suicide 2007 had got psychopharmacological treatment within a year before the suicide. We know from chapter 3 that for 575 of these persons traces of psychiatric drugs were found in forensic toxicological screenings (in 52% of the 1109 screenings done).

The Medical Products Agency reports that 2 (!) adverse event reports were submitted for the 724 cases where the psychopharmacological treatment ended in suicide – for 0,3% of these cases.



Epilogue

Considering the results presented in this report, it is no longer possible to say that ”more” of the same sort is the solution to the problem. It’s not “more psychiatry” – more psychiatric drugs – that is the solution.

Politicians, trying to surpass each other in demanding more funds for a psychiatric industry that only means more “treatment” with psychiatric drugs, should know that they directly contribute to harming people and to the creation of more “results” of the sort presented in this report.

Subservient nodding and voting when psychiatric opinion leaders require changes in law, so that people can be drugged with force in their homes, and so that “drug treatment without exceptions” can be given for people with mental problems, only lead to an increase in the psychiatric results described earlier.

This report clearly shows one thing: A large majority of persons committed suicide after having had “adequate drug treatment” – in the meaning used in psychiatry; the very treatment that should *prevent* suicide.

There is no reason to believe that the reporting system for adverse drug events work better in other countries. The catastrophic state of these “surveillance systems” makes it possible to keep destructive drugs on the market year after year. All it takes is for pharmaceutical companies to show that many persons have been exposed to these drugs, and that almost no adverse event reports have been submitted; the drugs must be “safe and effective”.

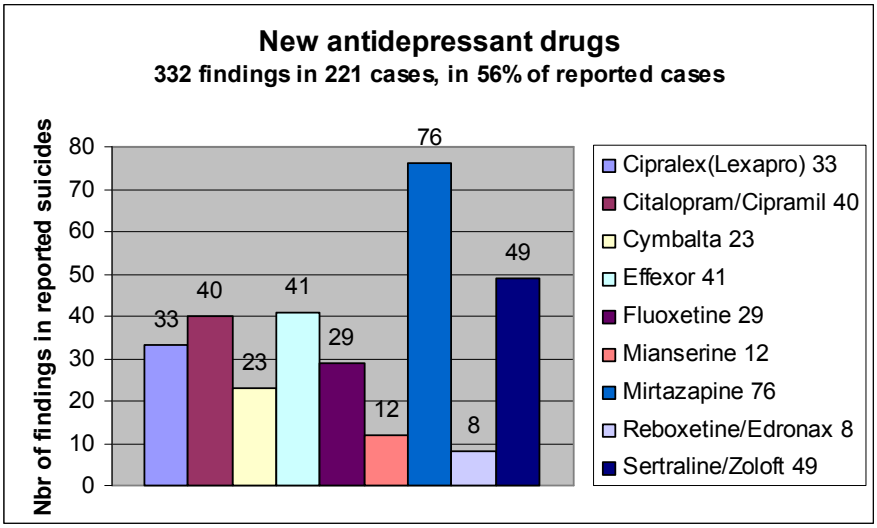
This example from Sweden shows that in 338 cases persons committed suicide after having been prescribed psychiatric drugs – and ***none*** of these cases were reported to the registry for adverse drug events. Instead of Eli Lilly claiming that the drug Zyprexa was involved in 0 cases of suicide in Sweden 2007, *the fact* was that the drug was involved in 52 cases *in this subgroup of 338 persons*. Instead of Wyeth claiming the same for Effexor, the fact was that the drug was involved in 41 cases in this group.

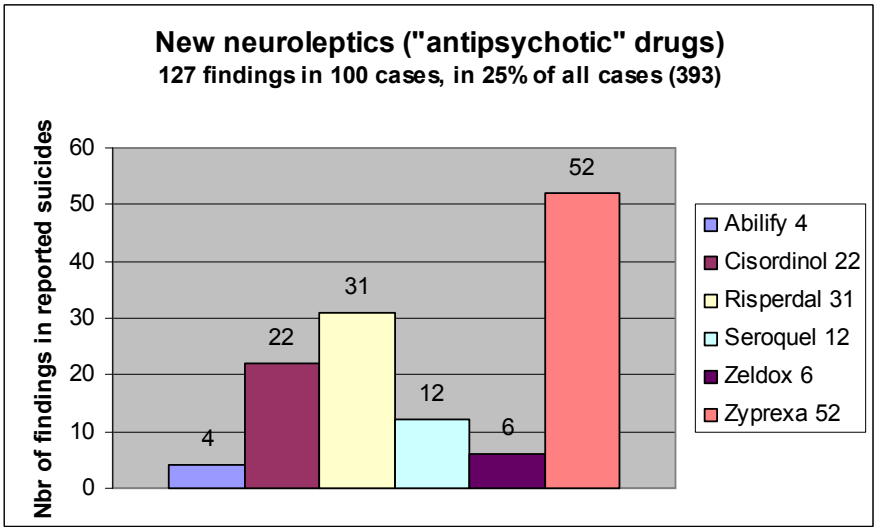
The reporting system must be completely reformed right away. It must be made mandatory for health care professionals to directly report all suspected serious adverse drug effects, and persons not reporting must be disciplined. Patients must be fully informed about the actual harmful effects of the drugs and given the right to report these effects to the adverse events registry, with the promise of effective follow-up. The reformed system must not give room for the now ruling psychiatric concealment ideology, where obvious harmful effects of psychiatric drugs are treated as “symptoms” requiring more drugs. Instead *all* these effects must be reported as suspected harmful effects from the drugs.

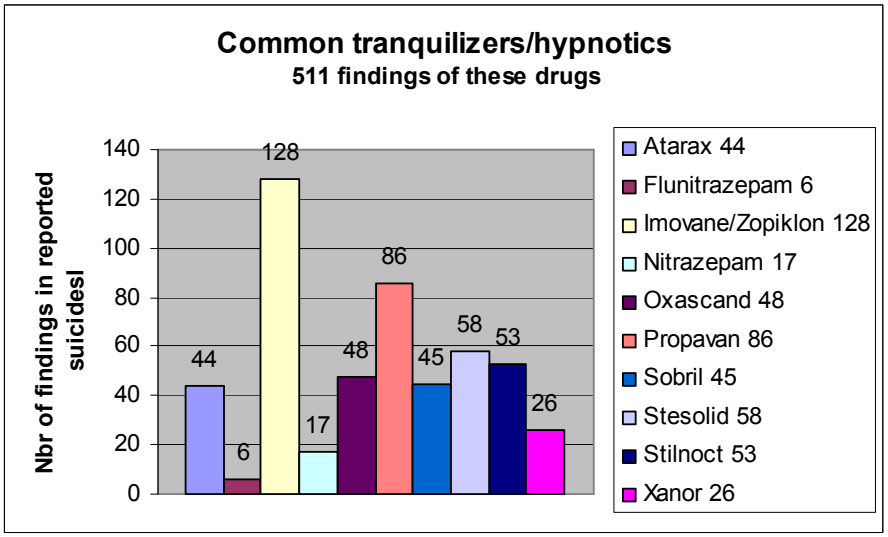
And, most importantly, the data presented in this report must lead to *basic changes* in the ways in which persons with mental problems are being cared for.

Appendix

The 393 cases reported to the National Board of Health and Welfare for 2007 (see chapter 4-6) got among other psychiatric drugs, the following:







To exemplify the treatment this is an excerpt from *some* of the reported suicides from one regional office of the National Board of Health and Welfare – a compilation of the psychiatric drugs given some of the persons in the area *within one year of the suicide:*

Neuroleptics (as Risperdal, Zyprexa, Haldol) **Antidepressants (as Prozac, Cipralex, Mirtazapine)** **Tranquilizers/Hypnotics (as Imovane, Sobril, Xanax)** **Other forms of psychiatric drugs (as Subutex, Concerta, Heminevrine)**			
Fluoxetine, Propavan, Stesolid,	Citaloprame, **Theralene**, Stilnoct,	Zyprexa, Lithionit, Zopiklon, Propavan, Zoloft, Oxascand,	Propavan, Risperdal Zoloft,
Mirtazapine, Zopiklon,	Xanor, Fontex, Stilnoct, **Theralene**, Stesolid,	Anafranil, Nozinan, Propavan, **Theralene**, Stesolid, **Fluoxetine**, Cymbalta,	Zoloft
Zopiklon, Mianserin	Remeron, Oxascand, Propavan, **Effexor**	Cymbalta, Zopiklon, Stesolid, Nozinan, ,	**Mirtazapine**, Atarax, **Theralene**, Propavan Zyprexa, Cymbalta
Oxascand, Zyprexa, Cymbalta,	Stilnoct, Propavan, Lergigan,	Zyprexa, Zopiklon, Cisordinol,	Zyprexa, Abilify
Citalopram	**Mirtazapine**	Heminevrin, Stilnoct, Propavan, **Mirtazapine**	**Effexor**, **Theralene**, Propavan, Oxascand, Citalopram, Lyrica
Zyprexa, Citalopram, Sobril,	**Effexor**, Citalopram, Lithionit, Stilnoct, Lamictal,	Nozinan, **Theralene**, Hermolepsin, Heminevrin, Sertralin, Carbamazepin, Stilnoct, Oxascand	**Fluoxetine**
Seroquel, Cipralex, Remeron, Haldol, Cipralex, Zeldox, Oxascand, Mirtazepin,	Lyrica, Sobril, Remeron, Lamotrigin, Zyprexa, Lamictal, Stilnoct, Propavan, Atarax, Klomipramin	Tryptizol, Stesolid, Nitrazepam, Seroquel, Sertralin Propavan, Imovane, Sobril, Antabus, **Effexor**, **Mirtazapine**,	Seroquel, **Fluoxetine**, Risperdal
Zopiklon, Oxascand	**Theralene**, Zopiklon, Zyprexa, Sobril,	Zopiklon, Atarax, **Theralene**, **Mirtazapine**, Sertralin, Ergenyl,	Zopiklon, Cymbalta, **Mirtazapine**, Propavan, Xanor, Sertralin, Oxascand,

Appendix to the report Psychiatric Drugs & Suicides in Sweden 2007
http://jannel.se/psychiatric.drugs.suicide.pdf

The text below also on http://jannel.se/appendix.psychdrugs.suicide.pdf

Suicides in health care in Sweden 2007: 338 cases of psychopharmacological treatment resulting in suicide – not a single adverse event report submitted

30 October 2009

For 2007 it was found that 393 persons in Sweden committed suicide in health care and within four weeks after last visit. (These are cases which by law, "Lex Maria", should be reported to the regional offices of the National Board of Health and Welfare; this is a subgroup of suicides in the country, the *total* number of suicides was 1126 for 2007).

338 of these persons (86%) had been prescribed psychiatric drugs within a year of the suicide. In 304 of these cases (77%) the persons were treated with antidepressants and/or neuroleptics (antipsychotic drugs). *In average* the 338 persons had got 4 different psychiatric drugs in the year before the suicide.

Not a single adverse event report was submitted to the Medical Products Agency (MPA) for the 338 persons who committed suicide after having been prescribed psychiatric drugs!

And the only known information about this is what is published here – this information cannot be found in any report issued by the agencies concerned.

The above means that the pharmaceutical company Eli Lilly in its Periodic Safety Update Reports (PSURs) for 2007, to the Swedish and other medical agencies in Europe, has been able to tell that NOT A SINGLE CASE of suicide has been reported in Sweden in connection with Zyprexa; Janssen-Cilag has been able to tell that no such reports have been submitted for Risperdal; Pfizer and other companies manufacturing sertraline (Zoloft) have been able to tell the same, and Lundbeck has had the chance to tell that no such reports have been submitted for Cipramil (Celexa) or Cipralex (Lexapro).

The MPA and the European Medical Agency (EMEA) have from this agreed that no new "safety signals" have been found in this area in connection with Zyprexa, Risperdal, Zoloft, Cipramil or Cipralex.

BUT THE FACTS ARE:

52 of the 338 had been treated with Zyprexa;
31 had been treated with Risperdal;
49 had been treated with sertralin (Zoloft);
40 had been treated with Cipramil;
33 had been treated with Cipralex.

Physicians should report even *suspected* adverse events to the MPA. It is written: "Already suspicions about a drug adverse event should be reported to the Medical Products Agency." It is self-evident that *cases of death* should be reported. Two of the safety risks described are "*drug ineffective"* and *"drug effect decreased".* Also these adverse effects should be reported.

There can be no doubt that in **ALL** these 338 cases of treatment ending with death the psychiatric drugs involved were "ineffective" or showed "decreased" effect. The treatment was supposed to result in a "cured" or bettered condition, but instead the condition of the persons deteriorated and ended with death.

ALL these treatment efforts resulting in death should, per the existing rules, have been reported to the adverse events registry – **NOT A SINGLE CASE WAS REPORTED**.

Take for example the person who during the first nine months 2007, up to the suicide in September, was treated with (Swedish names) *Lyrica, Sobril, Remeron, Lamotrigin, Mirtazapin, Zyprexa, Lamictal, Stilnoct, Propavan, Atarax, Panodil, Klomipramin.* Wouldn't it be possible to at least *suspect* that one of these drugs or the total effect of them could have something to do with the suicide?

Or take the person who in the last year was treated with (Swedish names) *Stesolid, Theralen, Lamictal, Lyrica, Haldol, Lithionit, Anafranil, Neurontin, Zyprexa, Halcion, Leponex, Lergigan, Stilnoct, Akineton, Cisordinol, Abilify*. Wouldn't it at least be possible to say "*drug ineffective"* or *"drug effect decreased"* for one of the drugs in this case?

Or take the person who got the following drugs in the last month before the suicide (Swedish names): *Theralen, Cisordinol, Atarax, Lergigan, Lyrica, Mirtazapin, Stesolid.* Had the total effect of these drugs nothing to do with the ensuing suicide?

"Mentally ill persons have a considerably increased mortality … This due to the psychiatric disorder they are suffering from"

These words stem from the Chief Counsel for the MPA (at the time of writing in the position of Acting Director General) and were written as an answer to a complaint to the agency about the complete absence of adverse event reports in these cases of suicide. In the answer it was further stated: "Treatment with psychiatric drugs decreases considerably the risk for premature death for example through suicide, but unfortunately it cannot be completely eliminated."

In external appearance even *suspected* adverse events should be reported, and so should also all cases of "drug ineffective" or "drug effect decreased" – especially if the treatment ended with death. But, as we can see from the words of the Acting Director General – in whose letter psychiatric problems also are compared with deadly cancer – the view at the top of the agency, as regards psychiatric drugs, is that there actually is no reason for the reporting system, it is anyway always the patient's underlying disease that is to blame! And the forces within the agency that

see things that way have succeeded to bring the reporting system to a state of collapse.

If the MPA had got full and complete reports with all data about these treatment efforts, one could have analysed the situation and could for example have found answers to the following questions:

Did the prescribed psychiatric drugs cause akathisia or agitation, and to what degree did this contribute to the ensuing suicide? Was the patient subjected to the known phenomena (deterioration) that can arise particularly when starting drug treatment, after dose change, after addition of other drugs or during abrupt withdrawal, and to what degree did this contribute to the suicide? Was the dose increased when the deteriorated condition very likely was caused by the drug treatment? What effect did the massive use of many different psychiatric drugs have on the ensuing suicide?

There are many persons in the Medical Products Agency who want to do a good and honest job in this area – but at top level there is no interest to get answers to these questions; it is not at all considered strange that 338 persons commit suicide after psychopharmacological treatment efforts; it is not at all strange that not a single adverse event report was submitted about these treatment efforts. And there is no intention to do anything about the situation – there is not even a problem.

BELOW IS A FULL COMPILATION OF THE PSYCHIATRIC DRUGS GIVEN TO THE 338 PERSONS WHO COMMITTED SUICIDE.

12% of the 338 persons had in the last year also been treated with ECT.

It is my hope that the information presented here can be of help to persons who want to establish a working adverse event reporting system.

Janne Larsson
Reporter
janne.olov.larsson@telia.com

Compilation of suicides reported per Lex Maria to the regional offices of the National Board of Health and Welfare for 2007. The compilation contains information about the different psychiatric drugs that were prescribed at the time of the suicide or shortly before, and which psychiatric drugs that were prescribed within a year of the suicide. Information about ECT is also given.

The psychiatric drugs for which the first letter is in bold style are the latest given drugs and have, from what can be seen in the material from the National Board of Health and Welfare, been given concurrently and were the drugs the person was on at the time of the suicide. (This is only for Region 1-4 below, not for Region 5-6 where only the drugs prescribed within a year are noted.)

The different drugs are marked the following way (*note that all drug names are in Swedish)*:
Neuroleptics (as Risperdal, Zyprexa, Haldol)
Antidepressants (as Fontex, Cipralex, Mirtazapin)
Hypnotics/Tranquilizers (as Imovane, Sobril, Xanor)
Other forms of psychiatric drugs (as Subutex, Concerta, Heminevrin)
Medicines for somatic conditions (as Simvastin, Trombyl)

Reservation for mistakes in classification.

Region1			Drugs (*latest* first)	ECT		
			Stilnoct, **S**onata, **T**heralen, **M**irtazapin, **C**ipralex, **A**tenolol, **I**ktorivil, **S**imvastin			
			Zopiklon, **P**ropavan, **R**isperdal, Stilnoct, Stesolid,			
			Imovane, **Z**opiklon, **P**ropavan,			
			Stilnoct, **S**obril, Propavan, Atarax			
			Stesolid, **A**limemazin, **O**ralvite, **H**eminivrin			
			Theralen, **X**anor, **S**temetil, **F**ontex, **C**isordinol,			
			Paracetamol,			

			Tegretol, Propavan, Theralen,			
			Mirtazapin, Stilnoct, Stemetil, Oxascand, Visiblin,			
			Zyprexa, Stesolid, Imovane, Efexor			
			Cisordinol, Sobril, Theralen, Oxascand			
			Oxascand, , Stesolid, Movicol, Mirtazapin, Propavan, Zopiklon, Zyprexa			
			Imovane, Cipralex,			
			Alimemazin (Theralen), Atarax			
			Lamictal, Valproat, Zyprexa, **Oxascand**, Anafranil, Cisordinol, Lithium, Atarax,	Yes, 6 times 2006, after that once a week		
			Citalopram, Propavan,			
			Oxascand, Cipralex			
			Temesta, Mirtazapin, Lamictal, Stesolid, Zopiklon, Risperdal, Panodil, Tramadol, Morfin, Normorix, Sobril, Oxascand	Yes, 6 times		
			Fluoxetin,	Yes, 11 times		
			Cipralex, Flunitrazepam,			
			Theralen, Citalopram,	Yes, 10 times		

			Lamictal, Stilnoct, Remeron,			
			-			
			Stesolid			
			Efexor			
			Trimetoprim, Zoloft, Mianserin, Citalopram			
			Efexor, Lamotrigin, Mirtazapin, Abilify, Theralen	Yes, 6 times		
			Zeldox, Lamotrigin, Zopiklon, Oxascand Mirtazapin, Zyprexa)			
			Duroferon, Folacin, Lasix, Felodipin, Ramipril, Alvedon, Oxascand, Xanor, Stilnoct, Propavan, Sertralin, Mianserin, Seretide, Betapred, Acetylystein, Atrovent,			
			Cymbalta, Primperan			
			Propavan, Risperdal Zoloft,			
			Fluoxetin, Propavan, Stesolid, Trombyl, Triobe, Nimotop,			
			Citalopram, Theralen, Stilnoct,			

			Zyprexa, Lithionit, Zopiklon, Propavan, Zoloft, Asasantin, Simvastin, Novonorm, Oxascand, Stesolid, Ventolin, Atrovent, Metformin, Efexor	Yes		
			Yes			
			Fluoxetin			
			Seroquel, Fluoxetin, Risperdal+Fluoxetin			
			Zopiklon, Cymbalta, Mirtazapin, Propavan, Antabus Xanor, Sertralin, Oxascand,			
			Zopiklon, Oxascand			
			Mirtazapin, Zopiklon,			
			Xanor, Fontex, Stilnoct, Theralen, Stesolid,			
			Anafranil, Nozinan, Propavan, Theralen, Stesolid, Fluoxetin, Cymbalta,			
			Zoloft			
			--			
			Zopiklon, Mianserin			
			Remeron, Oxascand, Propavan, Efexor			
			--			
			Cymbalta, Zopiklon, Stesolid, Nozinan,			

			Panodil, Brufen, Dexofen, Paroxetin			
			Oxascand, Zyprexa, Cymbalta,	Yes, 4 times, and also earlier		
			--			
			Mirtazapin, Atarax, Theralen, Propavan, Zyprexa, Cymbalta			
			--?			
			Stilnoct, Propavan, Lergigan,			
			Zyprexa, Temesta, Zopiklon, Cisordinol, Citalopram			
			Zyprexa, Abilify (och Zyprexa tidigare)			
			--			
			Fluoxetin, Mirtazapin,			
			--			
			Mirtazapin			
			Hemenivrin, Stilnoct, Propavan, Mirtazapin			
			Oxascand, Zoloft, Propavan			
			Oxascand, Atarax, Nitrazepam			
			Mirtazapin, Zopiklon			
			Citodon, Imovane, Tryptizol,			

			Theralen			
			Risperdal, Niferex, Movicol, Buspiron, Atarax, Sobril, Zeldox, Cisordinol, Zyprexa, Fluoxetin, Lyrica, Zoloft			
			Efexor, Theralen, Propavan, Oxascand, Citalopram, Lyrica			
			Cymbalta Fluoxetin,			
			Efexor, Propavan, Zopiklon/Imovane			
Region 2			**Drugs (*latest* first)**	**ECT**		
			Zyprexa, Citalopram, Sobril,			
			Tegretol, Seroquel,			
			Zyprexa			
			Imovane, Mirtazapin, Stesolid,			
			Citalopram, Mirtazapin, Atarax			
			Efexor, Citalopram, Lithionit, Stilnoct, Lamictal,			
			Zoloft			
			Risperdal (injekt)			
			Nozinan, Theralen, Hermolepsin, Heminivrin, Sertralin, Carbamazepin, Stilnoct, Oxascand			
			Seroquel, Cipralex, Pargitan, Imovane Remeron, Haldol, Cipralex, Zeldox,	ECT – 12 times		

			Oxascand, Mirtazepin,			
			Lyrica, Sobril, Remeron, Lamotrigin, Mirtazapin Zyprexa, Lamictal, Stilnoct, Propavan, Atarax, Panodil, Diklofenak, Klomipramin	Yes		
			Risperdal,			
			Buronit, Citalopram, Mirtazapin, Zopiklone, Plavix, Trombyl, Metoprolol, Norvase, Levaxin, Behepan, Artrox, Simvastin, Monoket, Xanor, Calcevita, Nitromex, Risperdal, Haldol,			
			Paroxetin, Stesolid, Lithium, Lamictal, Propavan, Fluoxetin, Zopiklon,	Yes		
			Citalopram			
			 Propavan, Panodil, Tramadol, Sobril, Bricanyl			
			Tryptizol, Stesolid, Nitrazepam, Seroquel, Sertralin			
			Propavan, Imovane, Sobril, Antabus, Efexor, Mirtazapin, Simvastin, insulin	Yes		
			Tegretol, Felodepin, Diklofenak, Sobril, Cymbalta, Tryptizol, Mianserin, Panodil, Stilcoct, Stesolid Propavan, Atarax			

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			Stesolid, Zyprexa, Imovane, Panodil, Tramadol			
			--			
			Theralen, Zopiklon, Zyprexa, Sobril,			
			Citalopram, Stilnoct, Simvastin, Linatil, Impigan, Digoxin, Omeprazol, Movicol,			
			Zopiklon, Atarax, Antabus, Oralovite, Folacin, Theralen, Mirtazapin, Sertralin, Ergenyl,			
			Mirtazapin, Valproat, Clozapine, Ergenyl, Stesolid, Leponex,			
			Cipralex, Imovane			
			Cipralex, Imovane, Zantac, Artrox, Tramadol,			
			Sertralin, Alimemazin, Campral, Revia, Propavan, Atarax,			
			Cipralex, Imovane			
			Antidepressiva			
			Fluoxetin, Remeron, Atarax, Haldol, Stilnoct, Antabus,			
			Hydromorfon, Dridol, Oxynorm, Panodil, Stesolid, Nitromex, Cyklopron, Fentanyl			
			Temesta			
			Selegelin			

			Sinemet, Fragmin,			
			Nitrazepam, Heminevrin, Tegretol, Trombyl, Seloken, Omeprazol, Neuobion,			
			Efexor, Xanor, Stilnoct, Efexor, Zoloft Remeron,	Yes, 12 times		
			Trilafon, Akineton, Cisordinol, Stesolid,			
			Alprazolam, Haldol, Ergenyl, Campral, Akineton, Iktorivil,			
			Efexor			
			Theralen, Heminevrin			
			Risperdal			
			Zopiklon, Zyprexa, Akineton, Cisordinol, Stilnoct, Propavan, Lithionit			
			Citalopram, Orfiril, Cetirizin,			
			Buspar, Fluoxetin, Zopiklon, Sensaval, Oxascand, Prednisolon, Orudis, Progynon,			
			Sertralin,			
			 Seroquel, Risperdal, Sensaval			
			Citalopram, Stesolid, Akineton, Zyprexa, Cisordinol			
			Heracillin, Dexofen, Doxyferm, Zoloft, Triatec, Persantin, Trombyl, Simvastin, Omeprazol, Lyrica,			

			Hydrokortison, Paraflex, Alvedon, Amimox, Xenical			
			Citalopram, Zopiklon, Oxascand			
			Cipralex, Risperdal, Sobril, Efexor, Seroxat,			
			 Zopiklon, Stilnoct, Citolapram,			
			Lamictal, Risperdal, Stesolid, Fluoxetin, , Zopiklon, Lithionit, Theralen			
			Citalopram, Stilnoct,			
			Zopiklon, Propavan, Paroxetin, Theralen, Oxascand, Sobril, Imovan, Atarax, Mirtazapin,			
			Citalopram			
			Mirtazapin, Zopiklon, Cipralex, Efexor,			
			Zopiklon, Cipralex,			
			Efexor, Atenolol, Cipralex,			
			Cymbalta, Stilnoct, Sobril, Fluoxetin,			
			Mirtazapin, Zyprexa, Cipralex, Stesolid, Xanor, Oxascand, Remeron,			
			Propavan, Imovane, Atenolol, Trombol, Lyrica, Zyprexa, Zopiklon, Efexor, Sobril,			

			Akineton, Zyprexa, Cisordinol, Siqualone, Nozinan, Stesolid, Panodil,			
			Stilnoct, Stesolid, Saroten, Efexor, Buspar, Fluoxetin, Lithionit,			
			Stesolid, Citalopram, Propavan,			
			Sobril, Atarax, Imovane, Citalopram,			
Region 3			**Drugs (*latest* first)**	**ECT**		
			Zyprexa, Lamictal, Stesolid			
			Stesolid, Theralen Lamictal, Lyrica, Haldol, Lithionit, Anafranil, Neurontin, Zyprexa, Halcion, Leponex, Lergigan, Stilnoct, Akineton, Cisordinol, Abilify	Yes, 12 times		
			Tidigare psykofarmaka			
			Cipralex, Xanor			
			Atarax, Theralen, Lyrica, Efexor, Zopiklon, Sobril, Lergigan, Citalopram			
			Mirtazapin, Sobril, Theralen, Imovane, Zoloft,			
			Mirtazapin, Sertralin, Xanor,			
			Cymbalta, Lamictal, Zoloft, Stilnoct,			

			Theralen, Zopiklon			
			Nozinan, Imovane, Cymbalta, Zopiklon			
			Risperdal, Pargitan, Zoloft, Akiteneton, Trilafon, Zopiklon, Imovane,			
			Stesolid, Mycostatin, Panodil, Mirtazapin, Theralen, Atarax, Sertralin,			
			Cipramil, Propavan,			
			Sertralin, Ritalina, Concerta, Zoloft			
			Sobril, Cipramil, Mianserin, Imovane, Lyrica, Haldol,	Yes, 8 times		
			Seroxat,	Yes, 7 times		
			Zoloft, Zopiklon, Lergigan,			
			Cymbalta, Zopiklon, Seroquel, Cipralex, Nitrazepam, Imovane			
			--			
			Theralen, Cisordinol, Atarax, Lergigan, Stesolid, Lyrica, Mirtazapin, Stesolid, Xanor, Metformin, Atenolol, Antabus			
			Zyprexa, Zopiklon, Propavan, Seroquel			
			Seroquel, Prednisolon, Omeprazol, Alvedon, Sobril, Theralen, Efexor			
			Orfiril, Zopiklon,			

			Propavan, Mirtazapin, Citalopram, Ergenyl,			
			Cisordinol, Propavan, Imovane, Sobril, Flunitrazepam, Stesolid, Akineton, Zyprexa,			
			Zyprexa, Sertalin, Lithionit,	Yes, 10 times		
			Propavan, Sobril,	Yes		
			Seroquel, Stilnoct, Seroscand, Fluoxetin,	Yes, 11 times		
			--			
Region 4			**Drugs (*latest* first)**	**ECT**		
			Citalopram, Sobril, Propavan, Zopiklon, Mirtazapin, Lergigan, Atarax,	Yes, 30 times		
			Mirtazapin, Omeprazol, Trombyl, Sobril, Citalopram, Atarax, Stilnoct	Yes		
			Mirtazapin, Risperdal, Heminevrin, Sobril, Zopiklon, Oxynorm,			
			Sertralin, Imovane, Stesolid, Anafranil,			
			Antabus, Concerta, Abilify, Remeron, Zyprexa,			

			Edronax, Stesolid,			
			Sobril, Citalopram, Xyloproct, Propavan, Metformin, Lisinopril, Persantin, Simvastin, Lyrica, Stilnoct, Imovane,			
			Anafranil, Sobril, Remeron, Doxyferm			
			--			
			Lamictal, Sobril, Stesolid, Lithium, Zyprexa, Levaxin, Atarax, Imovane, Propavan, Propranolol, Furix, Orifiril, Lergigan	Yes, 12 times		
			Risperdal. (“for the mood”)			
			Mianserin, Propavan, Zopiklon, Efexor, Citodon, Theralen, Atarax			
			Efexor, Sobril, Iktorivil, Mianserin, Tegretol,			
			Lamictal, Propavan, Cipralex, Lergigan, Apodorm, Ezetrol, Efexor,			
			Cipralex, Mianserin, Pulmicort, Ventoline, Primperan, Levaxin, Arimidex, Trombyl. Spririnolakton, Lasix, Tambocor, Detrusitol, Tenormin			

			(also earlier)			
			Cipralex, Edronax, Lamictal, Nitrazepam, Lergigan, Folacin,, Lyrica, Propavan, Stilnoct, Xanor, Cisordinol, Oxascand, Nozinan			
			Tegretol, Imovane, Mitrazapin, Stilnoct,			
			Lyrica, Lergigan, Imovane, Theralen, Lamictal, Edronax, Antabus, Campral			
			Sertralin, Imovane, Propavan, Atarax, Lyrica, Remeron, Lamotrigin, Zeldox, Zopiklon, (och tidigare) Lithium, Theralen			
			Cipralex, Cardizem, Mindiab, Trombyl, Becotide, Linatil,			
			--			
			Efexor, Campral, Orfiril, Propavan, Imodium,			
			Trilafon, Haldol, Cisordinol, Propavan, Zyprexa, Tenormin, Metformin			
			Risperdal, Mirtazapin, Trombyl, Digoxin, Furix, Emconor, Enalapril,			

			Simvastin, Levaxin, Fluoxetin, Cipralex, Sobril, Stilnoct			
			Risperdal, Mitrazapin, Theralen, Atarax, Zoloft			
			Xanor, Orfiril, Amosyl, Stilnoct, Propavan, Nozinan, Imovane,			
			Zopiklon, Propavan (ej angivet tidigare)			
			Trilafon, Remeron, Atarax, Propavan,			
			Sobril, Zopiklon, Citalopram Omeprazol, Progynon, Alvedon, Madopark,			
			Fluanxol, Lithionit			
			Risperdal, Zyprexa			
			Sertralin, Zopiklon, Stesolid, Sonata,			
			Omeprazol, Impugan,			
			Imovane, Propavan, Atarax, Omeprazol, Rohypnol			
			Mirtazapin, Stilnoct, Brufen,			
			Lergigan,			

			Sobril,			
			Paraflex, Stesolid, Dexofen,			
			Siqualone, Zyprexa, Stesolid, Stilnoct, Sertralin, Ventoline, Dimetikon, Omeprazol			
			Zopiklon			
			Atarax, Sertralin, Mirtazapin, Theralen, Propavan, Nitrazepam, (även tidigare) Stilnoct, Zopiklon			
			Klomipramin, Emconcor, Lanacrist, Furix, Spironolakton, Enalapril, Insultard, Eusaprim, Trombyl, Metformin, Waran,			
			Zyprexa, Stesolid, Sertralin, Citalopram, Propavan, Clarityn			
			Imovane, Folacin, Simvastin, Duroferon, Ergenyl, Klomipramin, Temesta, Pargatin, Cisordinol, Atenolol, Haldol, Citalopram, Lithionit, Cisordinol,	Yes, 4 times		
			Paroxetin, Zyprexa, Theralen, Propavan, Nozinan, Nitrazepam, Catapresan,			
			Citalopram,			

			Mianserin, Buspiron, Efexor			
			Cisordinol, Fontex, Zopiklon, Efexor, Nozinan, Stesolid, Haldol, Risperdal, Mirtazapin, Sertralin, Klomipramin, Esucos, Zyprexa, Heminevrin	Yes, 25 times		
			Seroxat			
			Lergigan, Imovane			
			--			
			--			
			--			
			Strattera Concerta, Ritalina,			
			Tenormin, Triatec, Digoxin, Lasix			
			--			
			Cipramil, Cordarone, Waran, Imovane,			
			Theralen, Mirtazapin, Cipralex, Imovane Omeprazol, Dimor, Zopiklon, Xanor, Trombyl, Sertralin, Sobril, Imodium, Simvastin, Atarax,			
			Zyprexa, Litarex, Trilafon, Zopiklon, Valproat, Imovane			
			Cipralex, Stilnoct, Theralen, Cymbalta, Lergigan, Zoloft, Esucos, Lamictal, Orfiril,			

			Propavan, Risperdal,			
			Remeron, Lamictal, Risperdal, Zeldox, Anafranil, Stesolid, Zyprexa, Lergigan, Efexor,	Yes,		
			Omeprazol, Atascand, Brufen, Alvedon. Diklofenak, Stilnoct,			
			Cipralex, Edronax, Antabus, Imovane, Oxascand, Lamictal, Atenolol, Stilnoct, Esucos	Yes, 14 times		
			Fluoxetin, Omeprazol, Xanor, Nitrazepam, Seroquele, Tryptizol, Laktulos, Edronax	Yes, 4 times		
			Zopiklon, Oxascand, Akineton, Efexor, Atarax, Mianserin, Cipralex, Propavan, Mirtazapin, Theralen, Imodium,			
			Zyprexa, Propavan, Theralen, Stilnoct, Imdur, Xanor, Tradolan, Dolcontin, Cymbalta, Waran, Oxycontin, Esucos,			
			Ciprofloxacin, Zopiklon, Cialis, Xatral,			
			Iktorivil, Subutex			

			Cisordinol, Stesolid, Nitrazepam, Atarax, Theralen, Haldol, Xanor, Zyprexa,			
			Haldol, Lergigan, Zopiklon, Theralen, Propavan, Ergenyl, Heminevrin, Sobril,			
			Theralen,			
			Nozinan, Propavan, Klopoxid, Acetyl-cystein, Tegretol,			
			Ritalin			
			Mirtazapin, Cymbalta, Atarax, Antabus, Efexor, Fluoxetin, Citalopram, Remeron,			
			Citalopram, Atarax, Propavan			
			Fluoxetin			
			Prednisolon, Avodart, Digoxin, Emoncor, Enalapril, Imdur, Nitromex, Simvastin, Altenova, Suscard, Trombyl, Viscotears, Waran,			
			Lergigan, Zyprexa, Ergenyl, Lamictal, Theralen, Revia, Zoloft, Edronax			
			Cipralex, Atarax, Lergigan,			

			Lyrica, Remeron, Cipralex, Propavan, Sobril, Stilnoct, Imovane, Minidiab, Trombyl, Risperdal			
			Mirtazapin, Lyrica, Seroquel, Theralen, Lergigan,	Yes, 12 times		
			Mirtazapin, Theralen, Atarax, Zoloft, Anafranil,			
			Efexor, Tradolan, Oxascand, Alvedon, Omeprazol, Arthotec, Atarax,			
			Propavan, Sertralin,			
			Citalopram, Artrox, Plendil, Triobe, Acetylcystein, Alindrin,			
			Buspropolol, Stesolid,			
			Imovane, Cisordinol, Lithionit, Xanor, Concerta, Propavan, Atarax, Theralen, Haldol, Efexor, Zyprexa, Risperdal,			
			Omeprazol, , Sertralin, Logimax,			

			Mirtazapin			
			Lithium, Sertralin, Stesolid, Dexofen, Omiprazol, Simvastin, Risperdal, Theralen Klomipramin, Lanzo, Paraflex,			
			Seroxat, Surmontil, Mirtazapin, Atarax, Zopiklon, Propavan			
			Trilafon, Remeron, Sobril, Imovane, Stilnoct,			
			Dexofen, Subutex, Stesolid, Theralen, Subuxone			
			Klomipramin, Sobril, Lithionit, Zopiklon			
			Mirtazapin, Atarax, Antabus, Campral, Remeron, Propavan, Oxascand, Nitrazepam,			
			Tegretol, Sobril, Zopiklon, Propranolol, Cozaar, Oxascand			
			Cymbalta, Lyrica, Lergigan, Mogadon, Propavan, Panocod, Omiprazol, Ipren, Zopiklon,			
			--			
			unclear			
			Cisordinol, Efexor, Propavan, Tegretol, Propavan, Orfiril,	Yes, 15 times		

			Serdolect, Nozinan, Haldol, Akineton, Imovane,			
			Mirtazipin, Imovane, Propavan, Captopril, Simvastin, Trombyl, Triobe, Stilnoct, Esucos, Campral, Cordarone,			
			Cipralex, Stilnoct, Mirtazapin, Sobril, Atarax, Waran, Enalapril, Salures, Tenormin, Laktulos, Plendil,			
			Tegretol, Zopiklon, Efexor, Lamictal, Sobril, Propavan, Oxascand, Atarax, Zyprexa, Lamotrigin, Folacin, Ergenyl, Xanor,			
Region 5			**Drugs**	**ECT**		
			Cipralex, Zopiklon			
			Haldol			
			Stesolid, Nitrazepam			
			Fluanxol, Stesolid, Zopiklon,			
				Yes		
			Truxal, Zopiklon, Nitrazepam, Flunitrazepam			
			Mirtazapin, Risperdal, Oxascand, Propavan			
			Propavan,			
			--			
			--			
			Efexor, Lergigan,			

			Zopiklon, Propavan, Theralen			
			Xanor			
			Cymbalta, Stesolid, Stilnoct			
			Zyprexa			
			Remeron, Oxascand, Cipralex, Propavan			
			Zyprexa, Nozinan, Efexor, Cisordinol, Theralen			
			--			
			(Not noted)	Yes		
			Zoloft, Sertralin			
			Zyprexa, Klonazepam, Sobril,			
			Mirtazapin, Remeron, Sobril			
			Lithionit, Paroxetin, Mirtazapin, Leponex, Zopiklon			
			Efexor, Zopiklon	Yes		
			Stilnoct			
			(Not noted)			
			Lithionit, Cisordinol, Zopiklon			
			--			
			Tryptizol			
			Stesolid, Mirtazapin, Seroquel, Zyprexa, Zopiklon, Propavan, Theralen			
			Haldol, Oxascand, Lithionit, Mirtazapin, Theralen, Mianserin			
			--			
			--			
			Lyrica, Haldol, Zopiklon, Propavan			
			Cymbalta, Stesolid,	Yes		
			Zoloft, Zyprexa			
			Lithionit, Mirtazapin, Sobril, Nitrazepam			
			Mirtazapin, Risperdal, Flunitrazepam	Yes		
			Xanor	Yes		
			Mirtazapin, Cipralex, Oxascand, Zopiklon			

			Stesolid, Nitrazepam, Propavan, Lergigan			
			--			
			Atarax, Theralen,			
			Oxascand, Cipralex			
			Remeron, Oxascand, Zyprexa, Haldol, Zopiklon,	Yes		
Region 6			**Drugs**	**ECT**		
			Propavan, Paroxetin			
			Stesolid, Imovane, Behepan, Folacon			
			Cymbalta, Propavan, Imovane, Lergigan, Nitrazepam, Oxascand			
			Risperdal, Temesta			
			Seloken, Madopark, Citalopram, Salures, Omeprazol, Oxascand, Lipitor, Nitromex			
			Xanor, Seloken, Zoloft, Remeron, Imovane, Propavan, Zyprexa, Oxascand	Yes,		
			Fluoxetin, Atarax			
			Citalopram, Propavan			
			--			
			Anafranil, Imovane			
			Cymbalta			
			Maprotilin, Xanor			
			Cymbalta, Imovane, Fluanxol, Propavan			
			Mirtazapin, Oxascand, Zyprexa, Lithionit, Imovane, Efexor,			
			Alimemazin			
			Stesolid, Alimemazin			
			Cipralex			
			Propavan, Oxascand, Paroxetin			
			Subutex			
			Subutex			
			Edronax, Stesolid,			

			Nitrazepam, Imovane, Pargitan Mite, Fluanxol, Haldol			
			Anafranil, Risperdal, Propavan, Stilnoct,			
			Mirtazapin, Leponex, Fluoxetin, Nitrazepam, Xanor, Inderal Retard			
			Oxascand, Mitrazapin, Efexor, Stilnoct, Cipramil,	Yes		
			Risperdal, Cisordinol, Propavan, Imovane, Atarax, Zoloft			
			Atarax, Theralen, Strattera			
			--			
			Propavan, Atarax			
			Efexor, Risperdal, Zoplikon, Imovane, Oxascand			
			--			
			Stesolid, Oxascand, Heminevrin,			
			Zopiklon, Sobril, Sensaval			
			--			
			Cymbalta, Stilnoct, Atarax, Sobril			
			--			
			Efexor depot, Buspiron, Lyrica			
			Trilafon, Norflex depot, Nitrazepam			
			Sertralin, Propavan, Zopiklon, Atarax			
			Oxascand, Stilnoct			
			Zyprexa, Lergigan, Oxascand, Stilnoct	Yes		
			Zyprexa, Fluoxetin, Lergigan			
			Cicordinol Depot, Imovan			
			Cicordinol Depot, Nozinan			

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			Tryptizol, Stilnoct, Diazepam			
			Oxascand, Zopiklon, Lyrica			
			Fluanxol, Anafranil retard, Lithionit, Propavan, Zopiklon	Yes		
			Cicordinol			
			Fontex, Propavan, Stilnoct, Xanor			
			Remeron, Zopiklon			
			unclear			
			Abilify, Propavan, Zoloft, Atarax, Zopiklon			
			Cicordinol depot, Anafranil, Flunitrazepam			
			Zeldox, Citalopram, Stesolid, Imovane, Propavan			
			Remeron, Flunitrazepam	Yes		
			Stilnoct, Stesolid, Cymbalta			
			Zyprexa, Mirtazapin, Imovane			
			Imovane, Oxascand			
			Efexor, Nozinan, Propavan, Zopiklon Theralen, Nitrazepam			
			Lyrica, Efexor depot, Xanor depot, Stesolid, Zopiklon, Propavan	Yes		
			Cicordinol Depot			
			Citalopram			
			Citalopram			
			Mirtazapin, Zyprexa, Oxascand			
			Xanor, Propavan, Imovane Mirtazapin			
			Moklobemid, Zopiklon, Stesolid, Theralen			
			Abilify, Cipralex Lamictal			

			Efexor			
			Concerta, Edronax			
			Mirtazapin Zopiklon, Atarax, Efexor			
			Anafranil, Atarax Oxascand, Theralen Propavan			
			Fluoxetin			
			Risperdal, Atarax, Theralen			
			neuroleptics			
			Zoloft			
			bensodiazepiner			