



Patients' Choices in Psychiatric Care

Alaska Chapter of Compassion and Choices
Anchorage Senior Center
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James B. (Jim) Gottstein, Esq.
Law Project for Psychiatric Rights
Jim.Gottstein@PsychRights.org
<http://PsychRights.org/>

● ● ● | Topics Covered

- Choice in Psychiatric Care Means Informed Consent, Including by Guardians
- Big Picture on Psych Drugs
- Most Vulnerable Populations: Children & Seniors
- Neuroleptics Given to Nursing Home Residents Is Largely Medicare Fraud

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● ● ● | Choice in Psychiatric Care Means Informed Consent

- Massive Harm Caused by Psych Drugs with No Corresponding Benefit for Patients
- Big Pharma Corruption of Information
- Doctors Fooled or Complicit
- Guardians & Informed Consent
- Nursing Homes Often Not Acting In Residents' Best Interests

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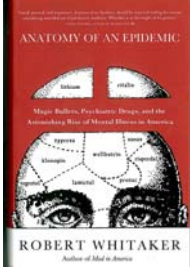
● ● ● | Law Project for Psychiatric Rights (PsychRights®)

- Public Interest Law Firm
- Mission: Mount Strategic Litigation Campaign Against Forced Psychiatric Drugging and Electroshock.
- National in Scope
- Adopted Drugging of Children & Youth as Priority Few Years Ago
- Psychiatric Drugging of Elderly in Nursing Homes is Also Huge Unaddressed Problem

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● ● ● | Psychiatric Drugs Causing Massive Harm with Little or No Benefit

- Life Spans Now 25 Years Shorter
- Neuroleptics Cut the Recovery Rate At Least in Half
 - 5% v. 40% recovery Rate in recent study
- 6-fold Increase in Mental Illness Disability Rate
- Neuroleptics Double Mortality in Elderly



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● ● ● | PsychRights in Alaska Supreme Court

- *Myers* (2006)
 - Best Interests
 - No Less Intrusive Alternative Available
- *Wetherhorn* (2007)
 - Unable to Survive Safely in Freedom
- *Wayne B* (2008)
 - Necessity of Transcript from Masters
- *Bigley* (2009)
 - Available means feasible
 - Procedural Due Process Rights
- *PsychRights v. Alaska* (2010)
 - No Standing

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● ● ● | Black Box Warning of Mortality Doubling for Neuroleptics Used on Seniors

WARNING: INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA-RELATED PSYCHOSIS

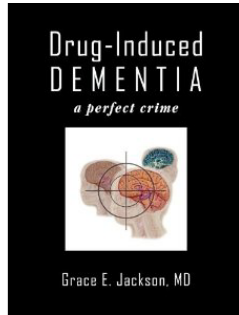
See full prescribing information for complete boxed warning.

• **Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. ZYPREXA is not approved for the treatment of patients with dementia-related psychosis. (5.1, 5.14, 17.2)**

When using ZYPREXA and fluoxetine in combination, also refer to the Boxed Warning section of the package insert for Symbyax.

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Psych Drugs Also Cause Dementia



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Nursing Homes Often Not Acting In Residents' Best Interests

- Often Most Interested in Bottom Line
- Residents Who Can Not Get Out of Bed Are Easier to House (Less Expensive) .

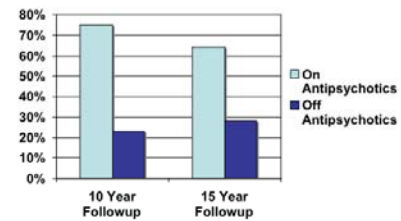
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Big Pharma Corruption of Process

- Fraudulent Clinical Trials
- Ghostwritten Articles
- Continued Medical Education Sponsorship
- Buying "Key Opinion Leaders"
- Drug Detailers/Goodies to Doctors

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Psychotic Symptoms



The schizophrenia patients who stayed on antipsychotics long-term were much more likely to continue to suffer from psychotic symptoms. Source: Martin Harrow and Thomas Jobe. "Factors Involved in Outcome and Recovery in Schizophrenia Patients Not on Antipsychotic Medications: A 15-year Multifollow-up Study." *The Journal of Nervous and Mental Disease*, 195 (2007):406-414.

12 Courtesy of Robert Whitaker, author of *Anatomy of an Epidemic* and *Mad in America*

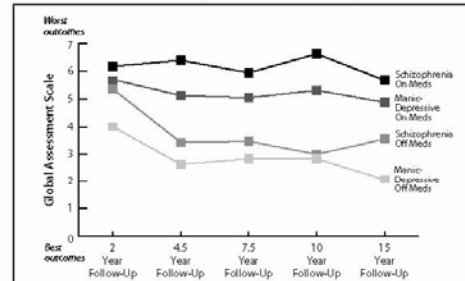
Guardians & Informed Consent

- Reliance on "Experts" misplaced
- Guardians Not Always Acting In Ward's Best Interests

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15-Year Outcomes for Schizophrenia and Manic-Depressive Patients



In this graphic, the group labeled "manic depressive" consisted of psychotic patients with bipolar illness, unipolar depression, and milder psychotic disorders. Source: Harrow, M. "Factors involved in outcome and recovery in schizophrenia patients not on antipsychotic medications." *The Journal of Nervous and Mental Disease*, 195 (2007):406-414.

Courtesy of Robert Whitaker, author of *Anatomy of an Epidemic* and *Mad in America*

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NIMH Withdrawal Studies

Chlorpromazine dosage (before withdrawal)	Number of patients	Relapsed	Percentage
Placebo	30	2	7%
Under 300 mg.	99	23	23%
300 to 500 mg.	91	47	52%
Over 500 mg.	81	63	65%

In these two studies, there was a group of schizophrenia patients who were on antipsychotic medication at the start (the placebo group). The patients on chlorpromazine at the start were then withdrawn from the drug. The results indicated that exposure to drug heightened a patient's biological vulnerability to relapse. Source: Pines, R. "Discontinuation of chemotherapy for chronic schizophrenics." *Hosp. Community Psychiatry* 22 (1971):20-3.

Courtesy of Robert Whitaker, author of *Anatomy of an Epidemic and Mad in America*

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Anticonvulsants Misbranded as Mood Stabilizers

- o Can Cause:
 - Hostility, Aggression, Depression & Confusion
 - Liver Failure
 - Fatal pancreatitis
 - Severe & lethal skin disorders
- o May Cause
 - Mild cognitive impairment with chronic use

Source: Brain Disabling Treatments in Psychiatry, Breggin, Springer, 2008

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Antidepressants

- o Increase Suicidality & Violence
- o Addictive
- o Lose "effectiveness" over time
- o Cause Mania → Bipolar Diagnoses

Source: Brain Disabling Treatments in Psychiatry, Breggin, Springer, 2008

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Stimulants

- o No convincing evidence of short or long term improvement in cognitive ability or academic performance
- o Brain Damage
- o Cardiovascular Harm, including cardiac arrest
- o Stunts Growth
- o Mania, psychosis, hallucinations
- o Agitation
- o Aggression
- o Insomnia
- o Depression, suicide
- o Headaches
- o Stomach aches
- o Obsessive Compulsive Behaviors
- o Quadruples Cocaine Abuse Rate
- o Many more

Source: Brain Disabling Treatments in Psychiatry, Breggin, Springer, 2008

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The Transformation of Bipolar Disorder in the Modern Era

	Pre-Lithium Bipolar	Medicated Bipolar Today
Prevalence	1 in 5,000 to 20,000	1 in 20 to 50
Good long-term functional outcomes	75% to 90%	33%
Symptom course	Time-limited acute episodes of mania and major depression with recovery to euthymia and a favorable functional adaptation between episodes	Slow or incomplete recovery from acute episodes, continued risk of recurrences, and sustained morbidity over time
Cognitive function	No impairment between episodes or long-term impairment	Impairment even between episodes; long-term impairment in many cognitive domains; impairment is similar to what is observed in medicated schizophrenia

This information is drawn from multiple sources. See in particular Huxley, N. "Disability and its treatment in bipolar disorder patients." *Bipolar Disorders* 9 (2007): 183-96.

Courtesy of Robert Whitaker, author of *Anatomy of an Epidemic and Mad in America*

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Benzodiazepines

- o Effective for only a few weeks
- o Highly Addictive
 - Some People Simply Can Not Get Off Them
- o Can cause mania
- o Can cause violence

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Children & Elderly Targeted by Drug Companies

- Most Disempowered Populations
- Other People Making Decisions
- Way to Suppress Objected to Behavior
- Parents of Poor Children Disempowered
 - God Help Foster Children
- Nursing Home Residents On Neuroleptics Often Cannot Get Out of Bed and/or Are Unable to Complain

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Psych Drugs Given to Nursing Home Residents Often Medicare Fraud

- Must Be “Medically Accepted Indication” to be Reimbursed under Medicare Part D.
 - Medically Accepted Indication Means an Indication Approved by the FDA or “Supported” by a Specified Compendium

42 U.S.C. § 1395w-102(e), incorporating 42 U.S.C. § 1396f-8(k)(2),(3),(6); *Kilmer v. Leavitt*, 609 F.Supp.2d 750 (S.D.Ohio 2009).

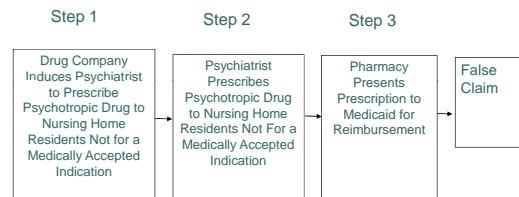
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Psychiatric Drugging of Children

- 1 in 23 on stimulants (3.5 million)
 - No long term benefit; short term benefit mainly for adults
- 1 in 40 on antidepressants
 - Prozac Boys Study: 23% developed manic like symptoms; 19% more drug induced hostility
 - Bipolar Rate soars
 - From close to none in 1995 to 800,000 by 2003
 - Then come the neuroleptics & anticonvulsants misbranded as mood stabilizers.
- Many Now on Neuroleptics, even six month olds.
- Child MH Disability Rate Soars from Essentially Zero in 1987 to 600,000 by 2007.

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The Fraudulent Scheme



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Psychiatric Drugging of Nursing Home Residents

- Thousands Die Each Year from Neuroleptics Used on Residents Who Are Not Mentally Ill
- Neuroleptics Double Mortality Rate (without necessarily being attributed to the drugs in practice).
- Dramatically reduces Quality of Life
 - Many Seniors “come to life” when taken off the neuroleptic

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Whistleblower (False Claims Act) Qui Tam Cases

- Anyone with “Non-Public” Information (Offending Prescriptions) Can Sue on Behalf of the Government and Share in the Recovery, if Any
- Each Offending Prescription Carries Minimum Penalty of \$5,500
- Many Technicalities
 - Filed Under Seal
 - Public Disclosure Bar
 - Particularity
 - First to File Rule
 - Need Attorney

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Psychotropic Drug use in Nursing Homes :: Your Health Updates

<http://www.yourhealthupdates.com/psychotropic-drugs-nursing-home/>

December 6, 2010



A post by Blanche Scharf <http://www.yourhealthupdates.com>

I have been studying natural healing modalities for the last 25 years. In that time I have had the privilege of working with some of the greatest minds in Natural Healing including Naturopaths, Scientists, and Energy Healers. I have seen people miraculously heal from all kinds of dis-ease thru non-invasive methods. Personally, I have experienced all kinds of diets from Macrobiotics to Raw Foods. Now is a very important time to start sharing this health information with as many people as possible, so people can make well informed decisions about their health and not fall victim to a sickcare system based on profit, rather than one of supporting wholeness, compassion and love

To see more posts by Blanche Scharf, [click here](#)

Nursing homes are jumping on the psychotropic drug bandwagon. Thousands of elderly are being drugged. This is a vulnerable population that has a problem with eliminating these drugs from their systems. When anyone in their senior years are administrated a toxic drug their body has a harder time to break it down. In the elderly decreased clearance of these drugs from the body has been noted. With the increased chance of drug interaction and accumulation of toxins the elderly are put in harms way.

Drug Use in the Elderly

There are no safe psychiatric drugs, and the elderly are placed in harms way by the use of these. Psychiatric drugs obtain results by causing changes in the brain. Psychotropic drugs dull awareness, cause emotional numbing, and cognitive dysfunction. Just what aging patients need more of is to walk around with dull senses. The portion of the American population that is over the age of 65 is increasing. Psychiatric problems are thought to be more common in the geriatric populations. The capacity for drugs to help with these problems is slim to none. Yet, the use of these agents for this population is growing.

Consequences

Psychotropic drug use in nursing homes is troubling. The elderly respond differently to psychotropic drugs. They are more sensitive to pharmaceuticals in general. There are problems with absorption, distribution, elimination, and clearance of these drugs in the elderly. There are biological reasons why these drugs are problematic for the geriatric

elderly. There are biological reasons why these drugs are problematic for the geriatric population. The elderly display greater sensitivity to the effects of medication even at reduced doses. There are a greater number, and severity of side effects. A lower dose does not eliminate this problem.

These side effects are not only magnified, but become more dangerous in the elderly. One of the major side effects is orthostatic hypotension. This is also known as postural hypotension. In plain language it is a dizzy spell. A person's blood pressure suddenly drops when they stand up. These occurrences are most pronounced after resting, and the incidence increases with age.

The elderly are usually reclining or sitting thus this is a particularly troubling side effect. The other significant side effects are confusion, cognitive decline, dry mouth, constipation, urinary retention, tachycardia (heart rhythm disturbance), and blurry vision. Other possible ones are confusion, disorientation, impaired memory, worsening of irritability and agitation. Glaucoma can be precipitated, peripheral neuropathy, and weight gain may occur.

Candidates for Drug Intervention

Anyone is a candidate for the misuse of drugs. **The elderly are just more vulnerable. They can be drugged without giving their consent, and without a legitimate psychiatric diagnosis.** A psychotropic drug can be given for any number of reasons. People in nursing homes have every reason to become easily annoyed.

This is the population that suffers the most from malnutrition. A lack of B complex vitamins could account for any number of symptoms that this population displays. This can account for depression, and cognitive decline. Many patients who are given antipsychotic drugs have not been formally diagnosed with any kind of psychosis. The misuses of psychotropic drugs are a nationwide problem in both the nursing home setting, and the psychiatrist's office.

In testimony before Congress some years ago, Food and Drug Administration scientist Dr. David Graham estimated that **thousands of nursing home residents die each year from antipsychotic drugs that are used for patients who are not mentally ill.** Graham is known for blowing the whistle on Vioxx, the painkiller tied to heart attacks, his warning on the psychotropics issue has not done much to curtail its use.

A New York researcher Christie Teigland, who has analyzed medical data on 275,000 nursing home residents with dementia, found that those on psychotropic drugs were more likely to fall or experience general decline than others.

When taken off the medication, the patients improved, she said.

“These residents come alive,” said Teigland, of the nonprofit New York Association of Homes & Services for the Aging. “It’s like they become functional individuals again.”

Why the Increased Usage

These are a prescription for perceived behavior problems. With the drug companies on your side you can bully people into behaving, without the use of force or effort. That is why **the two most vulnerable groups’ children and the elderly seem to be signaled out.** This shows that we have lost touch with ethics. With the pharmaceutical companies leading the way we fall in line like sheep. The only people that have a say in the use of these drugs, are not speaking up. We must be the protector of those that are being harmed by the use these pharmaceutical agents

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