

Children, hearing voices and the medical model



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Science, culture and politics



"You are completely free to carry out whatever research you want, so long as you come to these conclusions."

- Science is a human endeavour.
- Who speaks? Discourses and power.
- Authority of 'medicine' allows the creation of 'neurochemical selves'

Does Diagnosis help?

I'VE ALREADY GOT A DIAGNOSIS FROM
HOMEDOC.COM.. BUT I THOUGHT I'D
SEE YOU FOR A SECOND OPINION!



- Case definition developed in response to Rosenhan's and others critique not scientific evidence (cause, course, or treatment).
- Diagnosis based public health measures (education and screening) **does not** improve outcomes (e.g. defeat depression campaign).
- Few diagnosis-specific 'treatments'. No evidence that using diagnosis improves outcome. Much evidence to suggest medical model associated with poorer outcomes.
- psychosis, melancholic depression, mania, phobias, learning difficulties addictions, and character-logical present since DSM 1. **Little consensus on finer divisions.**



Birth

Ritalin

Prozac

Viagra

Death

Stimulant prescriptions England per year

1994: 6,000

2007: Over 550,000



“Lahwaah, buwha buwhaah, gullygah abawaa mey ayeeyaah. Is that normal?”

Long term prescription starts before evidence for any long term effectiveness or safety is available

Companies have the power to change cultures and to do so in an astonishingly short time David Healy, 2006

Anti-psychotics



➤TEOSS – olanzapine, risperidone, or molindone for psychosis. After 8 weeks half have discontinued, **less than 45%** response, many side effects, olanzapine arm stopped. By 1 year **only 10%** remained in study.

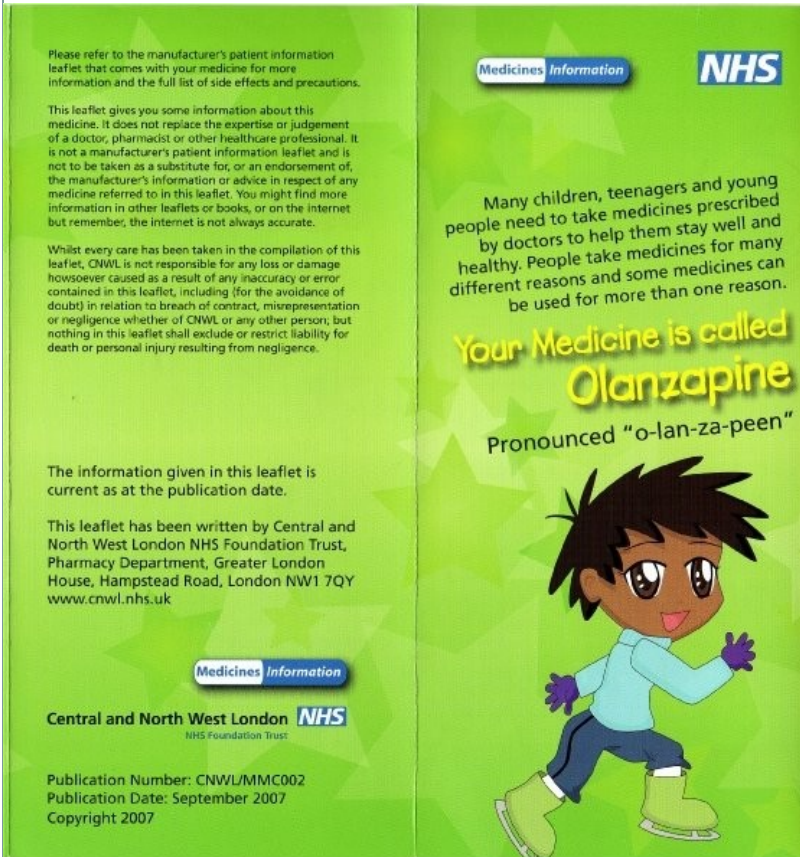
➤Marketed now to treat aggression and irritability, (autism/mentally retarded). Widely used for aggression and newly created ‘childhood bipolar disorder’.

➤Risk of **high blood sugar, obesity, diabetes, raised prolactin**, and other metabolic adverse reactions . Also **tardive dyskinesia, neuroleptic malignant syndrome, akathisia**.

➤FDA data from 2000-2004: at least **45** child deaths; 1,328 reports of serious reactions.

Sikich L, et al. (2008) Double-blind comparison of first- and second-generation antipsychotics in early-onset schizophrenia and schizo-affective disorder: findings from the treatment of early-onset schizophrenia spectrum disorders (TEOSS) study. *Am J Psychiatry* 165; 1420-31.

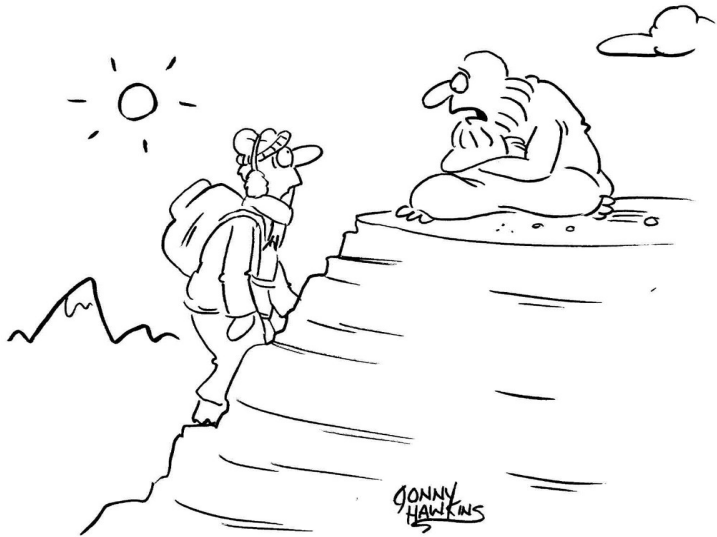
Morgan and Taylor, 2007



- *“Antipsychotic drugs in children with autism”* recommended ‘off-label’ use of anti-psychotics in children with autism and behavioural disorder/irritability.
- Quoted **2 studies** as the evidence base.
- Both 8 weeks. Around two thirds rated ‘improved’.
- Over two thirds experience ‘**somnolence**’.
- **2.7 v 0.8 kg** and **2.7 v 1.0 kg** weight increase.

Morgan, S. and Taylor, E. (2007) Antipsychotic drugs in children with autism. British Medical Journal 334, 1069-1070

Lancet editorial October 2008



"I'm sorry you climbed all the way up here, but I can't give you the meaning of life without a prescription."

Lancet editorial. (2008) Children and psychiatric drugs: disillusion and opportunity. *The Lancet* 372, 1194

- “We know little about the long-term effects of psychiatric drugs in children. Side-effects of anti psychotics include shaking, damaged bones, reduced fertility, obesity, and increased risk of heart attack, diabetes, and stroke. Stimulants can damage the heart and stunt growth. Antidepressants can increase the risk of suicide in children. Do these drugs work? Evidence is often scant—and, where it exists, is largely discouraging.”
- “Many patients have argued for years that psychiatric drugs are often more harmful, and less effective, than doctors believe. Increasingly, these patients are seen to be right. If psychiatry is to retain its claim to rationality, it must allow patients, including children, to be heard, and not merely drugged.”

Current practice: Consensus based not evidence based



- Disease paradigm.
- Psychiatric diagnoses do not link with biology, aetiology, treatment or outcome.
- Use of medication as disease specific treatment: risks often outweigh benefits.
- NICE mental health guidelines uses low level of evidence.

Evidence base tells us we should privilege:

- Meanings: historical, narrative, cultural.
- Values: therapeutic alliance, voice of client, give hope and expectation of recovery.
- Empirical: Medical model not supported, role of early trauma, normalisation.
- Use medication at lowest dose for shortest time if at all.

