Statement

Context:

On June 4, 2015, MEP Michèle Rivasi published an exceptionally violent article in the French evening newspaper « Le Monde » asking to end the public reimbursement of antidepressant drugs. Ms Rivasi claimed that French tax-payers should not continue financially to support medications which were extremely dangerous (triggering suicide attempts in depressed patients) and not efficacious. Ms Rivasi signed off her paper not only as a MEP but also as the head of a parliamentary group within the EP.

There are two aspects in Ms. Rivasi's article:

a. First, there is a direct attack upon named drug companies (Servier, Eli Lilly and GSK) and medical agencies. Ms. Rivasi asserts that these companies have fraudulently suppressed the occurrence of serious adverse events (such as aggressive behaviours in the case of paroxetine) during the development of their antidepressants or still have many « corpses in their closets ». We hope the affected companies will respond to these accusations. The pharmacoepidemiological group of the French Medical Agency has already refuted her claims about them by publishing an authoritative article in the same newspaper.
b. Second, she repeats a series of misleading claims regarding the clinical risks of taking antidepressant drugs, and specifically that they 'cause' violence and suicide. Nothing that she claims stands objective scrutiny. This is because associations between a prescribed drug and a bad outcome are easily mistaken for the illness itself. If we take the example of anti-cancer drugs, these are often associated with the death of the patients who take them. This is because cancer kills people, not the drugs. The case of antidepressants is completely analogous; depression unfortunately increases the risk of suicide. Antidepressants are prescribed to depressed people because under controlled conditions they have been shown to *reduce* suicidal thoughts, just as cancer drugs are prescribed to treat cancer.

Such an extreme and deliberate statement by a public figure can have dramatic consequences for the responsible clinical use of these medicines, because patients who need them may refuse to take them. Moreover, the call to deny reimbursement for economically disadvantaged patients is cruel and irresponsible. Finally, the pointless stigmatization of their use may also have an extremely negative impact on efforts to improve treatment through research. It is the duty of EBC to rectify this misinformation.

1. An extremely large number of clinical trials conducted in the field of antidepressant drugs over the past decades allow absolutely no doubt about the efficacy of these medications in the treatment of depressive states. Contrary to what is supposed by the author of the article, comparative studies against placebo remain the « gold standard » methodology, avoiding the « positive » biases of head-to-head comparisons (comparing a new drug only to an active comparator).

2. The main cause of suicide in depressive states is depression itself and not the treatment received. Only 20% of patients who kill themselves have detectable levels of antidepressant in their blood stream at the point of death. Important epidemiological surveys have shown that when physicians of a well-defined geographical area were trained to adequately screen, diagnose and treat depressive states, the rate of suicide was significantly decreased in this area.

Similarly, when safer antidepressant drugs were introduced and prescribed in European regions the rate of suicide has decreased as well. And last but not least the most recent studies conducted to explore the links between suicidal risk and the prescription of antidepressants have concluded that antidepressant treatments reduced the risk of suicide

3. Depression consists of 3 major symptomatic components: an emotional one (sadness, anhedonia), a cognitive one (attention and executive functions deficit) and a motor one (inhibition, retardation). The speed of improvement of these different components under an antidepressant treatment can vary. When the improvement of the inhibition component occurs first, there is quite obviously a risk of « disinhibition », hence if the patient has suicidal ideation, of suicide attempts. This risk has been well known since the 1960s when the first antidepressants were introduced and is reported since in all the manuals of psychopharmacology. It is the reason why, as in any field of medicine, the prescription of a drug obeys strict technical rules (choice of the drug, dosage, duration) and the treatment of difficult cases falls within the competency of specialists. But the major difference compared to the years 1960/1970s is the greater safety of the antidepressants prescribed now. When patients committed suicide by ingesting the antidepressants existing at this time (tricyclics), the lethality was quite high. Fatalities from overdosing of new antidepressants are extremely rare. Additionally, if doctors refuse to prescribe such medicines (or patients do not present for diagnosis), there is a real risk of those affected buying medications online where many medicines are counterfeit, falsified and ultimately dangerous – especially when taken without supervision.

4. In 2010, according to the Cost document of the European Brain Council, 30 million European citizen suffered from major depression with total cost for the community of about 92000 million euro. In 2020, according to the World health Organization, depression will be the number one cause of disability in Medicine, whatever the pathology considered. This is a major and pressing Public Health concern and now more then ever there is an urgent need for new and better drugs for this devastating mental disorder. Unfortunately, this is exactly the period of time during which most of the drug companies have decided to withdraw from the development of psychotropic drugs. Economic reasons have been put forward to explain this disengagement. But the negative and stigmatizing image, systematically circulated by the media around the prescription of psychotropic drugs and the reluctance to reimburse by healthcare systems has played a role as well. We know that currently nothing can replace the use of psychotropic drugs in the treatment of major and well-characterized mental disorders. As a consequence, disseminating false information about the efficacy and safety of antidepressants as in the above-mentioned article is contributing to deprive patients not only of currently efficacious treatments but of the potential for novel treatments in the future as well.

Statement endorsed by:

EBC
European Brain Council

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EFNA
European Federation of Neurological Associations

European Federation of Neurological Associations (EFNA)

The Global Alliance for Mental Illness Advocacy Networks (GAMIAN-Europe)

The European Academy of Neurology (EAN)

The European Association of Neurosurgical Societies (EANS)

The European College of Neuropsychopharmacology (ECNP)

The European Psychiatric Association (EPA)

The Federation of all European Neuroscience Societies (FENS)