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Psychiatric Drugging of Infants and Toddlers in the US - Part II

By Evelyn Pringle



Of all the harmful actions of modern psychiatry, "the mass diagnosing and drugging of children is the most appalling with the most serious consequences for the future of individual lives and for society," warns the world-renowned expert, Dr Peter Breggin, often referred to as the "Conscience of Psychiatry."

Dr Nathaniel Lehrman, author of the book, "Coming Off Psychiatric Drugs," believes that giving infants and toddlers "powerful, brain-affecting psychiatric medication is close to criminal activity."

"Giving them these drugs," he says, "has no rationale, and ignores the basic fact that youngsters are very sensitive to their environments, both social and chemical, with the juvenile brain easily damaged by the latter."

Diagnosing Disorders

During an interview on ABC Radio National in August 2007, Dr David Healy, the noted British pharmacology expert, and author of the book, "Mania: A Short History of Bipolar Disorder," told reporter Jane Shields: "Just to give you a feel for how crazy things have actually got recently, it would appear that clinicians in the US are happy to look at the ultrasounds of children in the womb, and based on the fact that they appear to be more overactive at times, and then possibly less active later, they're prepared to actually consider the possibility that these children could be bipolar."

On April 9, 2009, Christopher Lane, author of the book, "Shyness: How Normal Behavior Became a Sickness," published an interview on his Psychology Today blog with Dr Healy. In the interview, Healy explained the history behind the drastic rise in the sale of anticonvulsants and antipsychotics as "mood stabilizers," and the diagnosis of bipolar disorder.

"The key event in the mid-1990s that led to the change in perspective was the marketing of Depakote by Abbott as a mood stabilizer," Healy tells Lane, and further explains:

"Mood stabilization didn't exist before the mid-1990s. It can't be found in any of the earlier reference books and journals. Since then, however, we now have sections for mood stabilizers in all the books on psychotropic drugs, and over a hundred articles per year featuring mood stabilization in their titles.

"In the same way, Abbott and other companies such as Lilly marketing Zyprexa for bipolar disorder have re-engineered manic-depressive illness. While the term bipolar disorder was there since 1980, manic-depression was the term that was still more commonly used until the mid-1990s when it vanishes and is replaced by bipolar disorder. Nowadays, over 500 articles per year feature bipolar disorder in their titles."

"As of 2008, upwards of a million children in the United States--in many cases preschoolers--are on "mood-stabilizers" for bipolar disorder, even though the condition remains unrecognized in the rest of the world," Healy points out.

"But there is no evidence that the drugs stabilize moods," he says. "In fact, it is not even clear that it makes sense to talk about a mood center in the brain."

"A further piece of mythology aimed at keeping people on the drugs," he reports, "is that these are supposedly neuroprotective--but there's no evidence that this is the case and in fact these drugs can lead to brain damage."

Healy says the FDA's decision to add a black-box warning about suicide to SSRIs likely had little to do with the switch to prescribing antipsychotics as safer for children. What "was quite striking was how quickly companies were able to use the views of the few bipolar-ologists who argued that when children become suicidal on antidepressants it's not the fault of the drug," he points out.

"The problem, they said, stems from a mistaken diagnosis and if we could just get the diagnosis right and put the child on mood stabilizers then there wouldn't be a problem," he explains.

"There is no evidence for this viewpoint, but it was interesting to see how company support could put wind in the sails of such a perspective," he says.

Because having just one label was very limiting, Healy says, child psychiatry "needed another disorder--and for this reason bipolar disorder was welcome."

He reports that the same thing is happening to children labeled with ADHD. "Not all children find stimulants suitable," he advises, "and just as with the SSRIs and bipolar disorder it has become very convenient to say that the stimulants weren't causing the problem the child was experiencing; the child in fact had a different disorder and if we could just get the diagnosis correct, then everything else would fall into place."

A report titled, "Adverse Events Associated with Drug Treatment of ADHD: Review of Postmarketing Safety Data," presented at the FDA's March 22, 2006, Pediatric Advisory Committee meeting bears witness to Healy's explanation by stating in part: "The most important finding of this review is that signs and symptoms of psychosis or mania, particularly hallucinations, can occur in some patients with no identifiable risk factors, at usual doses of any of the drugs currently used to treat ADHD."

Between January 2000, and June 30, 2005, the FDA identified nearly 1,000 cases of psychosis or mania linked to the drugs in its own database and those from the drug makers themselves.

The antipsychotics are just as dangerous as the SSRI antidepressants, Healy says. "Long before the antidepressants were linked with akathisia, the antipsychotics were universally recognized as causing this problem," he explains in the Lane interview. "It was also universally accepted that the akathisia they induce risked precipitating the patient into suicidality or violence."

"They also cause a physical dependence," Healy states. "Zyprexa is among the drugs most likely to cause people to become physically dependent on it."

"In addition," he points out, "these drugs are known to cause a range of neurological syndromes, diabetes, cardiovascular problems, and other problems."

"It's hard to understand how blind clinicians can get to problems like these, especially in youngsters who grow obese and become diabetic right before their eyes," Healy tells Lane.

As for what he calls the "medicalization of childhood," in the radio interview, Healy points out that "children always have been unhappy, they always have been nervous, but that's actually part and parcel of being a child."

"You have to go through these things," he said. "This is how we learn to cope with the problems of life."

Children can best be helped in the safest way, he says, "if they're just seen and if they actually have the opportunity to talk about their problems, and if they get basic and sensible input about how to perhaps help them cope with these problems."

Healy said it's important to remember that severe mental illness is rare in children and that most children with a mental health problem do not need medication. Children are being picked up and put on pills "who really don't need to be on these pills and who are going to be injured by them," he warned.

"I think possibly 10 to 15 years up the road," he told Shields, "we're going to be looking at a generation of children who will have been seriously injured by the treatments that they appear ever-increasingly likely to be put on now."

But the administration of multiple drugs at once complicates the situation so that it may be impossible to determine which drugs are most responsible for the adverse reactions children experience, according to Dr Breggin.

"Because so many doctors and so many drug companies will share the blame for mistreating these children, they will be unable to seek redress against individual perpetrators through the courts when they grow up," he explains.

(Evelyn Pringle is an investigative journalist focused on exposing corruption in government and corporate America)

(This report is one of a series of articles focused on the rising rates of psychiatric drugging in the US and is sponsored by the International Center for the Study of Psychiatry and Psychology)

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