MSM Book Review

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Editors' note: We begin a 'Book Review' section with this issue. We start, in 2007, with the review of a book that was published in 2004. Why? Simply because this is a review that has been lying with three prestigious journals, awaiting publication, for nearly two years. Two of them initially accepted the review for publication but later backed out, citing some reason or the other. The third accepted but had a huge backlog. When we are putting the pharmaceutical industry under the scanner in this issue, in all fairness, we must also look at our own sins of omission and commission. When journals fight the good fight to ensure patient welfare and research integrity, they must not forget the wisdom of the old adage, 'Physician, heal thyself.'

It is not just the pharmaceutical industry that stymies publication of unfavourable articles. Journals may be equally guilty. Articles may be refused publication because of the journal's editorial policies, for fear of hurting sponsors' interests, or because of the fear of legal hassles. The poor author is left dangling in hope: his article has been accepted for publication in a prestigious journal which increases his credibility in the profession; neither can he withdraw nor can he get published. The invisible arm of sponsors may be involved in some such cases; and should this come to be known it greatly tarnishes the image of the journal in the mind of the justifiably disgruntled author.

It is time journals too looked to their long-term interests which, most certainly, lie with satisfied authors. There must be no compromise in the efforts to get at the truth, howsoever unpleasant it may be to howsoever powerful a person or organisation.

We are very tempted to reveal names but will desist. It is the issue that is important, not the characters that are involved. They keep changing and are often involved in such manoeuvres quite unwittingly. See also postscript. -Eds.


Ever since David Healy first announced in 1991 that SSRIs (selective serotonin reuptake inhibitors) have a causal role in some suicide cases, he has had to face ostracism from corporate psychiatry, has had a job offer from the University of Toronto withdrawn, been accused of practicing 'junk science' by the pharmaceutical industry and of covertly promoting a non-SSRI antidepressant via a secret plot with a particular company and of constructing with Carl Elliott his own martyrdom. The New York Times (Nov 15, 2005) recently dubbed Healy 'psychiatry's gadfly' for his stinging criticism of his profession's blind acceptance of the safety and efficacy data provided by drug companies-data based on their clinical trials of their own drugs.

Let Them Eat Prozac details in quasi-autobiographical fashion the events that led up to Healy's discontent with psychiatry’s cozy relationship with the pharmaceutical industry. The critical issue of concern is the aggressive marketing of the SSRIs that has usurped the authority of science and led to a cover-up of the risks involved in the use of these psychotropic drugs. The
beyond the age of 24. It showed that the frequency of suicidal behaviour in young adults treated with paroxetine was higher and that this may extend to suicide. Results of a new meta-analysis of suicidal behaviour and ideation in placebo-controlled clinical trials of paroxetine (Seroxat), in a letter to healthcare professionals in May 2006, advised of a label change and warned that there is a possibility of increased risk of suicide-related behaviour whether the drug is prescribed for depression or for other conditions not associated with suicidality in the pediatric population on SSRIs. Second, the industry's response to 'the Healy problem' was a public-relations exercise. The FDA, faced with pressure from an action by UK regulators, followed up with the strongest warning possible—the 'black box' warning—that describes the increased risk of suicide is always caused by the underlying disorder and never the drug is contradicted by the results of their own healthy-volunteer studies that have been suppressed by 'the file-drawer phenomenon'-favourable studies being selected for publication while those that reveal unfavourable results in safety and efficacy are filed away. Third, in a surprising reversal of the decade-long denial of any increased risk of suicidal behavior on SSRIs, GlaxoSmithKline (GSK), the maker of paroxetine (Paxil, Zoloft), in a letter to healthcare professionals in May 2006, advised of a label change and warned that there is a possibility of increased risk of suicide-related behaviour whether the drug is prescribed for depression or for other conditions not associated with suicidality in the pediatric population on SSRIs. As for the causal connection between SSRIs and suicide, many of Healy's critics have dismissed him as an alarmist who has driven patients away from their much-needed medication. The government regulators and the industry have long maintained that there is no credible evidence linking the drugs to suicide. The controversy over the issue of whether SSRIs increase the risk of suicide continues in the leading medical journals, yet the lack of any consensus comes as no surprise at a time when it is estimated that over 50% of the articles are ghostwritten by the pharmaceutical companies. Recent revelations, however, appear to vindicate Healy's position. First, in 2004 government regulators in the UK and the US issued warnings about the emergence of suicidality, especially at the onset of SSRI therapy. Then the FDA, faced with pressure from an action by UK regulators, followed up with the strongest warning possible—the 'black box' warning—that describes the increased risk of suicidality in the pediatric population on SSRIs. Second, the industry's response to 'the Healy problem' was a public-relations campaign that was designed to discredit Healy's scientific reputation and the results of his healthy-volunteer study in which two patients on SSRIs became suicidal. Suicidality, they maintained, is always a tragic result of the underlying disorder of depression. Aside from the alleged weaknesses in the design of Healy's small study, the central point is that their claim that suicide is always caused by the underlying disorder and never the drug is contradicted by the results of their own healthy-volunteer studies that have been suppressed by 'the file-drawer phenomenon'-favourable studies being selected for publication while those that reveal unfavourable results in safety and efficacy are filed away. Third, in a surprising reversal of the decade-long denial of any increased risk of suicidal behavior on SSRIs, GlaxoSmithKline (GSK), the maker of paroxetine (Paxil, Seroxat), in a letter to healthcare professionals in May 2006, advised of a label change and warned that there is a possibility of increased risk of suicide-related behaviour whether the drug is prescribed for depression or for other conditions not associated with suicidality. Results of a new meta-analysis of suicidal behaviour and ideation in placebo-controlled clinical trials of paroxetine showed that the frequency of suicidal behaviour in young adults treated with paroxetine was higher and that this may extend beyond the age of 24.
The chronology of events, with the early suspicions about SSRI-induced suicidality, the denial of any such connections by industry and by the vast majority of psychiatrists and the slow process of acceptance by the industry and regulators of the evidence that has been present from the outset has shown that time is on Healy's side. Let Them Eat Prozac is a lesson that with the corporatisation of medicine caveat emptor remains as relevant now as it was before statutory law offered consumers protection in the quality of goods.

Postscript

[Author's note: The original review was initially accepted for publication in a prestigious journal. Nine months later the review editor wrote to me to say that he would not be able to publish it. He said that he had re-read the review when it was time to publish and had decided to consult a psychiatrist who was of the opinion that there were sweeping generalisations in the review for which no supporting evidence was given. I complained that the review had already been accepted for publication and that the job of a book reviewer is to give a fair exposition of the book's contents and any relevant critical evaluation, which was what I had done. The editor apologized, saying that it was all his fault for not reading the review carefully the first time, but reminded me that the contract I had signed allowed the journal to decline publication at any time.

The review was then submitted to another prestigious journal and accepted for publication by the review editor. However, 3 months later he wrote to say that their lawyers had advised against publishing the review because the book was judged to be potentially libellous and that, therefore, the review might also invite such an action in England. The lawyers also warned that I could be party to a libel action against the journal if I were to continue with publication. I protested, saying that the review had already appeared in another journal of the group and they and their lawyers were being inconsistent.

The review was then submitted to a third journal, where it underwent a peer review and was very slightly modified at the beginning and at the end to update the reader on the 'Healy problem' and the current status of the SSRI-suicide debate. They bravely accepted it knowing its history, but there was a bit of a logjam with many papers in their queue, awaiting publication. The review has been waiting in a queue with the journal for a whole year and that brings us to the present].

About The Author

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Leemon McHenry read philosophy at the University of Edinburgh where he wrote a PhD thesis on the metaphysics of Alfred North Whitehead and F. H. Bradley. He is currently lecturer at California State University, Northridge, USA and research consultant for the Baum Hedlund law firm of Los Angeles, California. His research interests include metaphysics, philosophy of science and medical ethics.

Figures

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[VIEW]
A. De Sousa, (2014), MSM Book Review. 165. hypothesis called the buffer of perception and action interface (BPAI), which is worth a read. The third chapter written by Cottam and Ranson, two Belgian researchers speak of biosemiotic view of consciousness. This is a theory based on biosemiotics, which explains signs in living process and life systems that demonstrate consciousness while they also take in various aspects of systems theory and systems hierarchy and apply it to explain conscious phenomena. MSM is a library allowing you to easily and quickly define state machines of very high performance. From this point, two main questions usually quickly arise, so please allow me to try answering them upfront. MSM v1. â€œ The original version of this framework is based on the brilliant work of David Abrahams and Aleksey Gurtovoy who laid down the base and the principles of the framework in their excellent book, â€œC++ template Metaprogrammingâ€. The implementation also makes heavy use of the boost::mpl. MSM - a natural painkiller and health supplement. MSM has existed in our lives for over 20 years. We have been using it as a food supplement to enhance our quality of life and as a painkiller, replacing DMSO and its foul smell and side effects. But how much do we really know about it? How much do we really know about how sulfur can work in our favor? 3 Books in One. Basic information about MSM. I had already watched several videos on this subject, but wanted to get more. To complete each task, the program calculates the relationship between the concept codes in the MSM classifier, taking into account the context and ambiguity of expressions. Having chosen a context suitable for most elements, the element that was least satisfactory in similarity to these elements was determined.