

TV Review

***Panorama*: "Seroxat: E-mails from the edge"**

BBC1, 11 May 2003 at 10.15pm

What does it mean to say that anti-depressants have helped millions of people round the world?

The *Panorama* programme "Seroxat: E-mails from the edge" was a follow-up to "The secrets of Seroxat" screened in October 2002. The documentary was intended to provide a balanced perspective on the risk of suicide, violence and discontinuation reactions caused by paroxetine (Seroxat), one of the SSRI (serotonin specific re-uptake inhibitor) class of antidepressants. A central feature of the follow-up programme was the report of a systematic analysis of the e-mail response to the first programme.

The programme was timely. An expert working group on the safety of SSRIs, set up by the Committee on Safety of Medicines to review the current available evidence relating to the safety of SSRIs, including paroxetine, was disbanded in March 2003 because two of its four members were found to hold shares in GlaxoSmithKline, which manufactures Seroxat. GlaxoSmithKline have also recently dropped their insistence that paroxetine is not addictive. This is at least partly because of confusion about the technical and lay definitions of dependence and addiction. A drug which is thought to improve mood is likely to be habit forming, so however much the medical profession may declare that antidepressants are not primarily reinforcing like psychostimulants, the public understand that there may be discontinuation problems with antidepressants.

Like *Panorama*, I do think it is important to take patient experience seriously. Doctors clearly do not always know best about medication withdrawal and may be biased towards prescribing rather than not prescribing. The *Panorama* programme therefore served the valuable and essential function of providing public accountability for medical practice. However, patient accounts cannot necessarily be taken at face value. In their attempt to provide a balanced perspective the programme makers also included positive accounts of patients' experience with paroxetine. This was different from "The secrets of Seroxat", the previous programme. "Seroxat: E-mails from the edge" began by emphasising that paroxetine has helped millions of people round the world.

I think it is worth thinking about what is meant by this statement. GlaxoSmithKline use it as their justification for continuing to manufacture paroxetine despite the concerns about safety. Individual experience may be that paroxetine has helped. For others it may not have been of benefit. Clinical trials do tend to show an advantage for antidepressants, but this is not as great as is commonly assumed and a good proportion of people do not respond to antidepressants.

Analysis of the New Drug Application data sets sent to the U.S. Food and Drug Administration by the manufacturers of the six most widely prescribed antidepressants, including paroxetine, has shown that although the response to

antidepressants was substantial, the response to inert placebo was almost as great. More than half of the clinical trials sponsored by the pharmaceutical companies failed to find significant drug/placebo difference, and there were no advantages for higher doses of antidepressants.

It has been argued that these data reinforce the argument that the small size of the average drug/placebo difference is an artifact associated with the breaking of the blind in clinical trials and of questionable clinical significance. This issue is to be debated at the Critical Psychiatry Network conference in London on 13 June 2003 (details at www.criticalpsychiatry.co.uk/AnnualConference2003.htm). *Panorama* has raised issues about the cost/benefit ratio of antidepressants. We also need to critically examine the apparent benefits as well as the supposed risks.

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Conflict of interest: Founding member of Critical Psychiatry Network