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EDITORIAL

Iatrogenesis and the Recent Selective Serotonin Reuptake Inhibitor Debate

IATROGENESIS, THE HARMFUL consequences of interventions by health care professionals, often is discussed in relation to the nosocomial infections that one develops while hospitalized in a medical surgical unit. However, psychiatric treatment and providers are once again “on the hot seat” in relation to the monitoring of treatment with antidepressants. Two recent articles in the *New York Times*, both published on the same day, February 19, 2008, have raised questions in the psychiatric community about the links between antidepressants and suicide (<http://www.nytimes.com/2008/02/19/us/19depress.html>, <http://www.nytimes.com/2008/02/19/us/19suicide.html>). The first article was focused on new reports from the Centers for Disease Control (CDC) and Prevention. From 1999 to 2004, CDC figures indicated that the suicide rate among 45- to 54-year-olds increased nearly 20%, with a 31% increase among women in that age group. As reported by the Alliance for Human Research Protection (<http://ahrp.org>), IMS Health, the international consulting and data services company that supplies the pharmaceutical industry with sales data, prescriptions for Selective Serotonin Reuptake Inhibitors (SSRIs) skyrocketed. The second article was focused on one individual, a model student who shot and killed several other students, and wounded many others, in a rampage that followed after he abruptly discontinued his use of Prozac. The academic and scientific debate will continue about the benefits and negative consequences of treatment with SSRIs

will continue. Yet, the debate must include the need for careful monitoring of withdrawal of treatment, as well as prescription patterns alone and in combination with other medications. If you have never read the terrible news reports and stories collected by two directors of the International Coalition for Drug Awareness and posted on the SSRI stories Web site, you will be shocked about the number of linkages between medication withdrawal or side effects and violence. The Web site includes over 2,100 documented stories of violence against self and others linked to adverse reactions to SSRIs, and these are only reports of the cases that have made it to the media. According to the Web site (www.ssrstories.com), since the year 2000, there are more than 500 homicides, more than 180 murder-suicides, 45 cases of bizarre behavior, 28 school shootings/incidents, and 32 postpartum depression cases reported, among other tragedies. Often, it is the case that media attention to celebrities makes a difference not just in public reaction but also to the work of scientists and clinicians. Perhaps the death of celebrity actor, Heath Ledger, who was found to have died from a lethal combination of prescription medications will help us out of the medication maze that allows for a quick fix for whatever ails us. Most importantly, as psychiatric nurses, we must raise the issues at all

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levels, whether the forum is the treatment room or the public policy debate. For along with our health care colleagues, we are dedicated to the creed: *Primum non nocere*, “first do no harm.”

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