

New Study Finds Antipsychotics Don't Prevent but Cause Psychosis

CCHR hopes study will put an end to the psychiatric practice of pre-drugging children with psychotropic drugs to prevent possible onset of a behavioral disorder

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/EINPresswire.com/ -- The mental health industry watchdog, [Citizens Commission on Human Rights International \(CCHR\)](#) says that a new study, which found prescribing antipsychotics does not prevent psychosis and is harmful and ineffective, should put such practices to rest. For a decade CCHR has opposed "pre-drugging" youths and adults to prevent the onset of

behavioral disorders that physically don't exist. Researchers of the new study published this month in the Australian & New Zealand Journal of Psychiatry, vindicates CCHR's concerns.

Researchers investigated whether antipsychotics might prevent "conversion to psychosis" in people who were identified as at "clinical high risk (CHR)" of it. However, they concluded: "Administration of antipsychotics to CHR patients is potentially harmful with no preventive benefits. We do not recommend antipsychotic treatment for CHR individuals...."[1]

The researchers found subjects consistently became psychotic in those taking antipsychotics, who had multiple prescriptions, and who took a higher dose of an antipsychotic.[2]

The practice of drugging youths labeled as symptomatic of "Psychosis Risk Syndrome" (PRS), aka CHR, "Attenuated Psychosis Syndrome" (APS) and "prodromal" (early symptom) came under international opposition when PRS was proposed for inclusion in the Diagnostic & Statistical Manual of Mental Disorders (DSM-5) eventually published in 2013.[3]



CCHR hopes study will put an end to the psychiatric practice of pre-drugging children with powerful psychotropic drugs to prevent the possible onset of a behavioral disorder. Experts condemn the practice as unscientific and harmful.

Dr. Allen Francis, Professor Emeritus of Psychiatry and Behavioral Sciences, Duke University, feared early diagnosis could lead to people without psychosis being put on drugs that have serious side effects.[4] He said the tool used to identify who might become psychotic had a “false positive rate” ranging from 60 to 90 percent,” which were “totally unacceptable odds.”[5]

Jan Eastgate, President of CCHR International, said: “This is not surprising, as the diagnosis couldn’t appear to be more arbitrary and unscientific.” A subjective checklist of symptoms includes “suspiciousness,” “mind tricks, unanticipated beliefs,” “awkward or anxious,” “going off track while speaking,” and “odd beliefs or magical thinking.”[6]

Dr. Richard Warner, formerly a professor of psychiatry at the University of Colorado, countered the idea that science drives pre-disorder assessment, stating, “Given the expected number of false positives, the potential for harm is significant.”[7]

Frances also warned antipsychotics “have no proven efficacy in preventing psychosis.”[8] DSM-5 rejected the proposal to make PRS an official category; however, according to Frances, its alternate name “Attenuated Psychosis Syndrome” slid in under the section on Schizophrenia Spectrum and Other Psychotic Disorders as one type of “Other Specified Schizophrenia Spectrum Disorder”/“Other Psychotic Disorder.” It can be coded for insurance reimbursement.[9]

Some of the early studies to assess first episode or prodromal psychosis occurred in Australia (McGorry, Yung) in the early 90s, then in the U.S. Despite the DSM findings, writing in 2018, Prof. Patrick McGorry, et al., still advocated that “at risk mental state” should be regarded as a syndrome in its own right. McGorry wants to change the idea that a person must have a diagnosis before treatment can begin.[10]

But David Webb, board member of the World Network of Users and Survivors of Psychiatry and Melissa Raven, psychiatric epidemiologist and policy analyst wrote: “There are many hazards with pre-emptive medical interventions, especially with such potent drugs as antipsychotics (which have been described as possibly the second most toxic chemicals used in medicine after the drugs used in chemotherapy), which have serious side-effects including diabetes, metabolic syndrome, and sudden cardiovascular death.”[11]

There is already a dark history of children and teens being drugged in the U.S. According to IQVia’s Total Patient Tracker Database for Year 2019, over 6.7 million children in the U.S. were prescribed psychotropic drugs, of which 1,022,918 were prescribed antipsychotics and 2,148,871, given antidepressants. Over 1.3 million were prescribed anti-anxiety drugs and 3,396,066 prescribed “ADHD” drugs, many of which are more potent than cocaine.[12]

“It is a Brave New World paradigm in mental health, when one has the power to arbitrarily label and drug people, especially children, before they are even ‘ill.’ Uninformed parents should know

that antipsychotics cause harm and pre-drugging children wrecks lives," Eastgate says. She hopes this latest ANZJP study that refutes the use of antipsychotics to treat "at risk" symptoms, can sway governments not to fund the practice and to prevent such abuse.

She says Australian psychiatrist Niall McLaren best summed up such practice when he said: "Not since [lobotomies] has psychiatry stumbled so far from the principle of Primum, non nocere. First, do no harm." [13]

[Read the full article here.](#)

CCHR is a mental health watchdog responsible for more than 180 laws that protect patients from damaging psychiatric practices. DONATE to support its work here:

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