

CCHR Warns New Guidelines to Screen All Adults for Anxiety Will Result in More Needlessly Prescribed Psychotropic Drugs

Recent guidelines to screen for anxiety in all adults will medicalize normal emotions and promote dangerous psychotropic drug prescriptions, watchdog says.

LOS ANGELES, CALIFORNIA, UNITED STATES, August 16, 2023

/EINPresswire.com/ -- The [Citizens Commission on Human Rights \(CCHR\)](#)

warns against the recent U.S. guidelines that recommend screening all adults, including pregnant women, for anxiety as set by the U.S. Preventive Services Task Force, an independent body appointed by the Department of Health and Human Services. Even David Rosmarin, an associate professor of psychology in the Department of Psychiatry at Harvard Medical School, warned that the screening will create high risks of false positives.[1]



CCHR warns that as the mental health and pharmaceutical industries continue to collude, it becomes imperative to critically examine the motivations behind the push for universal anxiety screenings and the subsequent prescriptions of psychiatric drugs.

In an article for the Wall Street Journal, titled, "Screening for Anxiety Will Only Make Us More Anxious," Rosmarin stated, "The new guidelines call upon physicians to use the two-item Generalized Anxiety Disorder screening tool (GAD-2), which asks patients how often they have felt anxious or unable to stop worrying over the past two weeks. Its clinical cutoff to distinguish between normal and abnormal anxiety is purposefully low. Anything more than a report of 'not at all' for anxiety and worry triggers potential diagnosis and treatment for an anxiety disorder." [2]

While screening relies on such subjective inquiries, potentially leading to the inaccurate labeling of individuals as "mentally disordered," it is also noteworthy that the GAD-2 screening tool was developed through a grant from Pfizer, the maker of the antidepressant sertraline and the

benzodiazepines alprazolam, diazepam, and lorazepam.[3]

It is not surprising then that the treatment protocols for anxiety disorders outlined in the U.S. Preventive Services Task Force guidelines include antidepressants and benzodiazepines.[4]

This connection raises concerning questions about the symbiotic relationship between pharmaceutical interests and psychiatrists in marketing mental disorders. As far back as 2002, Brendan I. Koerner's must-read article, "Disorders Made to Order," published in Mother Jones was revelatory in exposing the marketing of Generalized Anxiety Disorder (GAD) and Social Anxiety Disorder (SAD). It revealed how GlaxoSmithKline, manufacturer of the antidepressant paroxetine, orchestrated a media campaign to raise awareness of GAD to promote the drug's new indication for its treatment. This campaign involved distributing a "video news release" that the drugmaker had distributed to TV stations around the country. The footage included the comments of Dr. Jack Gorman, a psychiatrist at Columbia University, who had frequently served as a paid consultant to GlaxoSmithKline. The article pointed out that "Typically, a corporate-sponsored 'disease awareness' campaign focuses on a mild psychiatric condition with a large pool of potential sufferers. Companies fund studies that prove the drug's efficacy in treating the affliction, a necessary step in obtaining FDA approval for a new use, or 'indication.' Prominent doctors are enlisted to publicly affirm the malady's ubiquity. Public-relations firms launch campaigns to promote the new disease, using dramatic statistics from corporate-sponsored studies. Finally, patient groups are recruited to serve as the 'public face' for the condition, supplying quotes and compelling human stories for the media; many of the groups are heavily subsidized by drugmakers, and some operate directly out of the offices of drug companies' P.R. firms." [5]

The article further stated, "The strategy has enabled the pharmaceutical industry to squeeze millions in additional revenue from the blockbuster drugs known as selective serotonin reuptake inhibitors (SSRIs)..." [6]

The ease with which the mental health and pharmaceutical industry coalesce is due to the fact that psychiatric disorders are created by committee and approved through a voting process by the American Psychiatric Association, before being included in the Diagnostic and Statistical Manual of Mental Disorders (DSM), the billing bible of psychiatry.

It is ironic that the U.S. Preventive Services Task Force, which created the new anxiety screening guidelines, purports to be a "panel of national experts in disease prevention and evidence-based medicine," [7] considering there is no evidence-based medical test, to confirm anxiety as a disease or medical condition. A diagnosis is purely subjective.

Case in point, Professor Allen Frances, psychiatrist, was the former DSM-IV Task Force Chairman, who decides on which mental disorders are to be included in the DSM. He stated, "There are no objective tests in psychiatry-no X-ray, laboratory, or exam finding that says definitively that someone does or does not have a mental disorder.... There is no definition of a mental disorder.

It's bull—t. I mean, you just can't define it.”[8] He also stated, “‘Mental illness’ is terribly misleading because the ‘mental disorders’ we diagnose are no more than descriptions of what clinicians observe people do or say, not at all well-established diseases.”[9]

Thomas Insel, Former Director of the National Institute of Mental Health (NIMH), stated, “While DSM has been described as a ‘Bible’ for the field, it is, at best, a dictionary.... The weakness is its lack of validity. Unlike our definitions of ischemic heart disease, lymphoma, or AIDS, the DSM diagnoses are based on a consensus about clusters of clinical symptoms, not any objective laboratory measure. In the rest of medicine, this would be equivalent to creating diagnostic systems based on the nature of chest pain or the quality of fever.”[10]

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Already in America, there are [76 million Americans being prescribed psychiatric drugs](#) that carry hundreds of international drug regulatory agency warnings for severe and often life-threatening [adverse reactions](#). [11]

The potential consequences of medicalizing normal emotional experiences and promoting psychiatric drugs as the solution underscore the ease with which psychiatric disorders are created and approved. Lacking any objective tests, it also raises questions about the validity of the entire diagnostic framework within the mental health industry.

[1] David Rosmarin, “Screening for Anxiety Will Only Make Us More Anxious,” The Wall Street Journal, 23 July 2023, <https://www.wsj.com/articles/screening-for-anxiety-will-only-make-us-more-anxious-21057f9c>

[2] David Rosmarin, “Screening for Anxiety Will Only Make Us More Anxious,” The Wall Street Journal, 23 July 2023, <https://www.wsj.com/articles/screening-for-anxiety-will-only-make-us-more-anxious-21057f9c>

[3] <https://reference.medscape.com/calculator/570/generalized-anxiety-disorder-2-gad-2>

[4] US Preventive Services Task Force, “Screening for Anxiety Disorders in Adults: US Preventive Services Task Force Recommendation Statement,” JAMA, 2023;329(24):2163–2170. doi:10.1001/jama.2023.9301, <https://jamanetwork.com/journals/jama/fullarticle/2806250>

[5] Brendan Koerner, “Disorders Made to Order,” Mother Jones, July/Aug. 2002, <https://www.motherjones.com/politics/2002/07/disorders-made-order/>

[6] Brendan Koerner, “Disorders Made to Order,” Mother Jones, July/Aug. 2002, <https://www.motherjones.com/politics/2002/07/disorders-made-order/>

[7] <https://www.uspreventiveservicestaskforce.org/uspstf/>

[8] Allen Frances, "Psychiatric Fads and Overdiagnosis," Psychology Today, 2 June 2010, <https://www.psychologytoday.com/us/blog/dsm5-in-distress/201006/psychiatric-fads-and-overdiagnosis>; Gary Greenberg, "The Book of Woe— Inside the Battle to Define Mental Illness," WIRED, 17 Dec. 2014, <https://www.wired.com/2010/12/ff-dsmv/>

[9] Allen Frances, "What's in a Name?" Psychology Today, 2 Apr. 2015, <https://www.psychologytoday.com/us/blog/dsm5-in-distress/201504/whats-in-name>

[10] Thomas Insel, "Transforming Diagnosis," National Institute of Mental Health, 29 Apr. 2013, <https://psychrights.org/2013/130429NIMHTransformingDiagnosis.htm>

[11] <https://www.cchrint.org/psychiatric-drugs/>

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