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Combatting Psychiatric Patients' Catastrophic Reduction in Life Expectancy: User-orientated approaches

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Reduced Life Expectancy

"25 Years. Average number of years prematurely that people with serious mental illness die."

FEMHC – The Foundation for Excellence in Mental Health Care (2014). *Just the Facts.* Wilsonville, OR. www.mentalhealthexcellence.org/

"Research has shown that the life expectancy for people living with a serious mental health condition is, on average, 25 years shorter than the general population. Heart disease, diabetes, respiratory diseases, and infectious diseases (such as HIV/AIDS) are the most common causes of death among this population."

Janssen Pharmaceuticals, Inc. (2012). The importance of total wellness. *Choices in Recovery—Support and Information for Schizophrenia, Schizoaffective, and Bipolar Disorder, 9*(2), 12

Reduced Life Expectancy

"It has been known for several years that persons with serious mental illness die younger than the general population. However, recent evidence reveals that the rate of serious morbidity (illness) and mortality (death) in this population has accelerated. In fact, persons with serious mental illness (SMI) are now dying 25 years earlier than the general population."

Parks J. (October 2006). Foreword. In: J. Parks, D. Svendsen, P. Singer, & M.E. Foti (Eds.), *Morbidity and mortality in people with serious mental illness* (p. 4). Alexandria, VA: National Association of State Mental Health Program Directors (NASMHPD), Medical Directors Council
www.nasmhpd.org/sites/default/files/Mortality%20and%20Morbidity%20Final%20Report%208.18.08.pdf

Reduced Life Expectancy

"However, with time and experience the second generation antipsychotic medications have become more highly associated with weight gain, diabetes, dislipidemia *(fat metabolism disorder)*, insulin resistance and the metabolic syndrome and the superiority of clinical response (except for clozapine) has been questioned. Other psychotropic medications that are associated with weight gain may also be of concern" (p. 6).

Parks J., Svendsen D., Singer P., & Foti M.E. (Eds.) (October 2006). *Morbidity and mortality in people with serious mental illness.* Alexandria, VA: National Association of State Mental Health Program Directors (NASMHPD), Medical Directors Council
www.nasmhpd.org/sites/default/files/Mortality%20and%20Morbidity%20Final%20Report%208.18.08.pdf

Reduced Life Expectancy

"Tumors of the mammary glands can be the result of increased prolactin concentration in the blood. Numerous antipsychotics also cause hyperprolactinaemia in humans."

Janssen-Cilag AG (December 2015): Haldol®, Zug: Product information. In: *Arzneimittel-Kompendium der Schweiz*, Berne: HCI Solutions AG. https://compendium.ch/mpro/mnr/3404/html/de?start=1#7350

Reduced Life Expectancy

"They reviewed mammograms and charts of 275 female patients over the age of 40 in a state psychiatric hospital and 928 women of comparable age at a general hospital radiology clinic. The incidence of breast cancer documented by pathology reports among the psychiatric patients was more than 3.5 times higher than that of patients at the general hospital and 9.5 times higher than the reported incidence in the general population" (p. 559).

Halbreich U., Shen J., & Panaro V. (1996). Are chronic psychiatric patients at increased risk for developing breast cancer? *American Journal of Psychiatry, 153,* 559-560.

Reduced Life Expectancy

"The association between elevated prolactin levels and conventional antipsychotics is well-established. The novel antipsychotic, risperidone, has also been shown to elevate prolactin levels. Patients undergoing treatment with these medications are at high risk for developing hyper-prolactinemia, which is associated with decreased bone mineral density, osteoporosis, menstrual disruptions and infertility, galactorrhea, breast cancer, cardiovascular disorders, and sexual impairment" (p. 344).

Halbreich U. & Kahn L. (2003). Hyperprolactinemia and schizophrenia. *Journal of Psychiatric Practice, 9,* 344-353.

Reduced Life Expectancy

More toxic effects and withdrawal problems at psychiatric drugs:

Thrombosis, embolisms, stroke, Takotsubo cardiomyopathy (especially at additional restraint), renal failure, neuroleptic malignant syndrome, malignant hyperthermia, agranulocytosis, asphyxia, tardive dyskinesia, serotonin syndrome, Stevens-Johnson-syndrome, malformations in newborn, paradoxical or intrinsic suicidal drug effects, states of cramping at withdrawal, etc.

Reduced Life Expectancy

Between others, drug firms advice physicians to reduce and/or withdraw immediately in case of adverse effects like

serious allergic reactions, serotonin syndrome, agranulocytosis, hyperthermia, malignant neuroleptic syndrome, hyponatremia, increased intra-ocular pressure
cardiac symptoms (eg cardiac arrhythmias),
permanently increased liver values,
icterus and other liver disorders,
symptoms of tardive dyskinesia,
symptoms of approaching cerebro-vascular incidents

Do physicians forward this information to patients? Do they monitor their patients carefully? Do they inform their patients about the meaning of the states they (perhaps) monitor and the early warning symptoms?

Dealing with Reduced Expectancy of Life

"Consensus recommendations included regular monitoring of body mass index, plasma glucose level, lipid profiles, and signs of prolactin elevation or sexual dysfunction. Information from monitoring should guide the selection of antipsychotic agents. Specific recommendations were made for cardiac monitoring of patients who receive medications associated with QT interval prolongation including thioridazine, mesoridazine, and ziprasidone, and for monitoring for signs of myocarditis in patients treated with clozapine. …

Dealing with Reduced Expectancy of Life

Patients who receive both first- and second-generation anti-psychotic medications should be examined for extrapyramidal symptoms and tardive dyskinesia. Patients with schizophrenia should receive regular visual examinations. (...)

Some of the recommendations in this report may be difficult to implement in certain mental health settings. For example, clinics of private offices may not have the capacity to monitor plasma glucose levels or provide ECGs and may not have ready access to weight-management programs" (pp. 1334 / 1346).

Marder S.R., Essock, S.M., Miller A.L., Buchanan R.W., Casey D.E., Davis J.M., et al. (2004). Physical health monitoring of patients with schizophrenia. *American Journal of Psychiatry, 161,* 1334-1349

Reduced Life Expectancy

Adverse Effects and Withdrawal Problems at Psychiatric Drugs:

"At a dosage of 13.3 mg/kg of chlorpromazine, abrupt withdrawal led to a sudden death within 14 days, probably due to irreversibly blocked metabolic processes that stopped functioning (similar observations in human beings have been published in which death followed a brief stage of cramping)" (p. 487).

Sommer, H. & Quandt, J. (1970). Langzeitbehandlung mit Chlorpromazin im Tierexperiment. *Fortschritte der Neurologie-Psychiatrie und ihrer Grenzgebiete, 38,* 466-491

Dealing with Reduced Expectancy of Life

"1/4 mg haloperidol, a dose that would not produce a plasma level which could be measured with currently available methods, can result in a significant prolactin secretion; a maximum prolactin secretion is, however, reached with 1 1/2 mg haloperidol. Thus it becomes evident that haloperidol is biologically effective even in this dose range" (p. 113).

Langer G. (1983). Contribution to the discussion. In: H. Hippius & H.E. Klein (Eds.), *Therapie mit Neuroleptika* (pp. 113-114). Erlangen: Perimed

Dealing with Reduced Expectancy of Life

About modern *atypical* neuroleptics

"It is not a case of fewer side-effects, but of different ones which can be just as debilitating even if the patient isn't immediately aware of them. Therefore, patients can be more easily motivated to take these drugs because they no longer suffer instantly and as much from the excruciating dyskinesias / extrapyramidal side effects" (p. 30).

Ebner G. (2003). Aktuelles aus der Psychopharmakologie. Das Wichtigste vom ECNP-Kongress in Barcelona 05.-09.10.2002. *Psychiatrie,* (1), pp. 29-32

Dealing with Reduced Expectancy of Life

"The lunatic is dangerous and will remain so until his death, which unfortunately rarely happens quickly!" (p. 3).

Kraepelin E. (1916). *Einführung in die psychiatrische Klinik.* 3rd edition. Leipzig: Barth

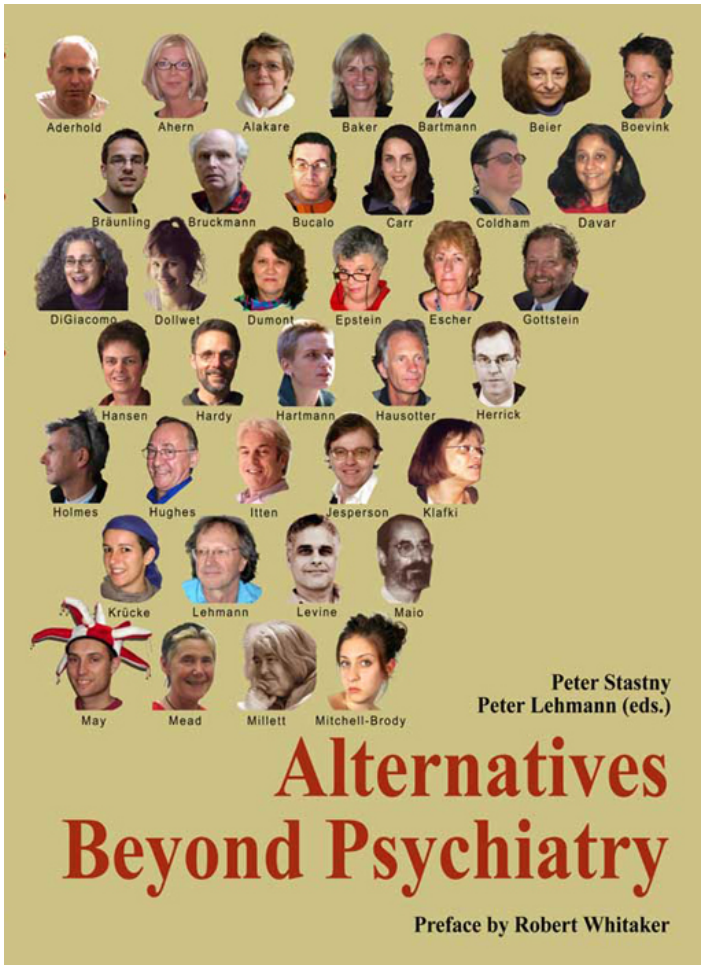
More about Kraepelin and his appreciation by mainstream-psychiatry until today see:

Lehmann P. (2017). Irreconcilable memory culture in psychiatry. Congratulation to Dorothea Buck's 100th birthday. *Journal of Critical Psychology, Counselling and Psychotherapy, 17,* 112-120.
www.peter-lehmann-publishing.com/articles/lehmann/pdf/dorothea-buck-jcpcp.pdf

Measures to Reduce Psychiatric Patients' Mortality

Humanistic alternatives like

- Soteria
- Intervoice
- Unusual Belief Groups
- Runaway-house (Berlin)
- Trauma informed peer run crisis alternatives
- Crisis Hostel (Ithaca)
- Windhorse
- Hotel Magnus Stenbock
- Open Dialogue
- Personal Ombudsman
- Icarus Project



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Measures to Reduce Psychiatric Patients' Mortality

"The integrated intervention for depression would extensively cover medical and metabolic history. Further it would address the autonomic nervous system responses through a range of body techniques such as relaxation, biofeedback, guided imagery, mindfulness training, breathing rhythms, trance, meditations, tai chi or yoga" (p. 88).

Davar B. (2007). Depression and the use of natural healing methods. In: P. Stastny & P. Lehmann (Eds.), *Alternatives beyond psychiatry* (pp. 83-90). Berlin / Eugene, OR / Shrewsbury: Peter Lehmann Publishing (ebook 2014)

Measures to Reduce Psychiatric Patients' Mortality

"We gave no medications. Our expectations were high, but we were astonished at the results. The most remarkable feature was the rapidity with which these persons made their come-back from the psychotic state: most 'come down' into a coherent, rational state of mind within one to five days, and the longest anyone took was nine days. There recovery was not only becoming symptom-free, but going out into fruitful living and growth afterwards" (p. 194).

Perry J.W. (1980). Psychosis as visionary state. In I.F. Baker (Ed.), *Methods of treatment in analytical psychology* (pp. 193-198). Fellbach: Bonz.

Measures to Reduce Psychiatric Patients' Mortality

"Our research showed that access to and actual use of the hostel significantly contributed to healing, empowerment and satisfaction with services. In addition, we found that people who actually used the hostel spent less time in psychiatric wards. This shift in acute care services use, coupled with the lower per diem costs of the hostel compared with a day of psychiatric hospitalization, accounted for modest cost savings. Thus we conclude that the Crisis Hostel was an effective innovation" (p. 180).

Dumont J. & Jones K. (2007). The Crisis Hostel: Findings from a consumer/survivor-defined alternative to psychiatric hospitalisation. In: P. Stastny & P. Lehmann (Eds.), *Alternatives beyond psychiatry* (pp. 179-187). Berlin / Eugene, OR / Shrewsbury: Peter Lehmann Publishing (ebook 2014).

Measures to Reduce Psychiatric Patients' Mortality

La Cura and Associazione Penelope. Sicily, Italy

"Gives to these people a place to live, a place to eat, to be heard, but also a place where they can wash themselves, can obtain clothing, find a job and a place to live, or where they can lay back and go on a journey within themselves. (…) The headquarter for this net is La Cura, an emergency social service open 365 days a year, 24 hours a day. (…) The center is 'de-psychiatrized,' which means that mental health workers are not allowed in the center and the guests are free to choose whether they want to be under pharmacological treatment or not" (p. 222).

Bucalo G. (2007). A Sicilian way to antipsychiatry: La Cura. In: P. Stastny & P. Lehmann (Eds.), *Alternatives beyond psychiatry* (pp. 217-223). Berlin / Eugene, OR / Shrewsbury: Peter Lehmann Publishing (ebook 2014)

Measures to Reduce Psychiatric Patients' Mortality

- Education about risks of psychiatric drugs, their damages, and alternatives – www.lvpe-rlp.de/sites/default/files/pdf/aufklaerungsbogen-nl.pdf
- Support in withdrawal – www.absetzen.info

"It is his role yet to prescribe drugs. This physicians do learn. How to withdraw drugs, they do not learn."

Finzen A. (2015). Wie man Medikamente absetzen, lernen Ärzte nicht. *Soziale Psychiatrie, 39,* (2), 16

Which withdrawal symptoms may occur especially during the transition from mini doses to zero?

Which psychotropic, naturopathic and other methods are useful to relieve withdrawal symptoms (e.g., sleeping problems) to stabilize in particularly the vulnerable period immediately after withdrawal?

Measures to Reduce Psychiatric Patients' Mortality

"We now know that it is extremely difficult, if not impossible, for many of the chronic patients to stop neuroleptics because of the unbearable withdrawal-symptoms" (p. 175).

Degkwitz, R., Luxenburger, O. (1965). Das terminale extrapyramidale Insuffizienz- bzw. Defektsyndrom infolge chronischer Anwendung von Neurolepticis. *Nervenarzt, 36,* 173-175

Measures to Reduce Psychiatric Patients' Mortality

"The reduction or withdrawal from psycholeptics leads, as described above, to considerable withdrawal symptoms that cannot be distinguished from those symptoms occurring with the withdrawal of alcaloids and sleeping pills" (p. 161).

Degkwitz, R. (1967). *Leitfaden der Psychopharmakologie.*
Stuttgart: Wissenschaftliche Verlagsgesellschaft 1967

Measures to Reduce Psychiatric Patients' Mortality

Symptoms in withdrawal from antidepressants

"... can look really bad, under certain circumstances bringing on severe headaches, profuse sweating, tachycardia attacks *[racing heart beat]*, sometimes also vomiting, all of which disappear within a half hour of resuming the medication. This is a phenomenon that looks very similar to the 'withdrawal symptoms' of toxicomania *[drug dependence]*..." (p. 248).

Kuhn, R. (1960). Probleme der praktischen Durchführung der Tofranil-Behandlung. *Wiener Medizinische Wochenschrift, 110,* 245-250

Measures to Reduce Psychiatric Patients' Mortality

Psychic symptoms at the withdrawal from neuroleptics

Tension, restlessness, destructiveness, aggression, irritability, excitability, withdrawal psychoses,
delirious states…

"The ultimate factor in the delirium syndrome is certain to be the psychoactive pharmaceuticals. On the surface, it appears to compare to the withdrawal delirium of the alcoholic" (pp. 446-447).

Reimer, F. (1965). Das "Absetzungs"-Delir. *Nervenarzt, 34,* 446-447

Measures to Reduce Psychiatric Patients' Mortality

"Interestingly, in most studies on withdrawal no position is taken on possible withdrawal symptoms apparently because the studies are not set up to deal with these findings" (p. 46).

Woggon, B. (1979). Neuroleptika-Absetzversuche bei chronisch schizophrenen Patienten. 1. Literaturzusammenfassung. *International Pharmacopsychiatry, 14*, 34-56

Measures to Reduce Psychiatric Patients' Mortality

"In the neonates of mothers who took antipsychotics (including haloperidol) during the third trimester of pregnancy, there is risk of extrapyramidal symptoms and / or withdrawal symptoms after birth. These symptoms in newborns may include agitation, abnormally increased or decreased muscle tone, tremor, sleepiness, difficulty breathing or feeding problems. These complications may vary in their severity. In some cases, the symptoms were self-limiting, in other cases, the newborns required monitoring in the intensive care unit or a longer hospitalisation."

Janssen-Cilag AG (2016, December). Haldol. Product information. In: *Arzneimittel-Kompendium der Schweiz*, Berne: HCI Solutions AG. https://compendium.ch/mpro/mnr/3404/html/de?start=1#7350

Measures to Reduce Psychiatric Patients' Mortality

"Long-term administration of antipsychotic drugs to animals induces supersensitive mesolimbic *[referring to nerve tracts from the mid-brain to the cerebral cortex]* postsynaptic dopamine receptors. It is possible that a similar process can occur in man. Following a reduction in the dose of antipsychotic medications, or their complete discontinuation, mesolimbic dopamine receptor supersensitivity could be reflected in rapid relapse of schizophrenic patients, the development of schizophrenic symptoms in patients with no prior history of schizophrenia, or in the necessity for ever-increasing doses of long-acting depot fluphenazine to maintain a remission" (p. 699).

Davis, K. L. & Rosenberg, G. S. (1979). Is there a limbic system equivalent of tardive dyskinesia? *Biological Psychiatry, 14*, 699-703

Measures to Reduce Psychiatric Patients' Mortality

"There is a worsening of the psychosis (delusions, hallucinations, suspiciousness) induced by long-term use of neuroleptic drugs. Typically, those who develop supersensitivity psychosis respond well initially to low or moderate doses of antipsychotics, but with time seem to require larger doses after each relapse and ultimately megadoses to control symptoms" (p. 44).

Tornatore, F., Sramek, J. J., Okeya, B. L., & Pi, E. H. (1987). *Reactions to psychotropic medication.* New York / London: Plenum Medical Book Company

"Thus, a tolerance to the antipsychotic effect seems to develop" (p. 53).

Tornatore, F., Sramek, J. J., Okeya, B. L., & Pi, E. H. (1991). *Unerwünschte Wirkungen von Psychopharmaka.* Stuttgart / New York: Thieme Verlag

Measures to Reduce Psychiatric Patients' Mortality

"Although adverse events, such as suicide, dissatisfied patients or relatives, loss of job, deteriorating course, and brain abnormalities, can all be observed during drug withdrawal, each of these is also commonly encountered in the clinical care of medicated patients!" (p. 193)

Carpenter, W. T. & Tamminga, C. A. (1995). Why neuroleptical withdrawal in schizophrenia? *Archives of General Psychiatry, 52,* 192-193

Measures to Reduce Psychiatric Patients' Mortality

"Do we not leave our patients alone with their sorrows and problems, when they—for whatever reasons—decide by themselves to come off their psychotropic drugs? Where can they find support, understanding and good examples, if they turn away from us disappointed (or we from them)?" (p. 14)

Lahti, P. (2004). Preface. In P. Lehmann (Ed.), *Coming off psychiatric drugs* (pp. 13-15). Berlin / Eugene / Shrewsbury: Peter Lehmann Publishing

Measures to Reduce Psychiatric Patients' Mortality

➔ Advance directives based on equality before the law

- Including personal experiences and values
- Listing personal and family burdens with physical diseases
- Description of concrete situations with severe emotional distress and suggesting self-determined ways to overcome them

Lehmann P (2013, September 7). Forced psychiatric treatment (and protection against it) in Germany in 2013. Contribution to: Mad in America – Science, Psychiatry and Community. www.madinamerica.com/2013/09/forced-psychiatric-treatment-protection-germany-2013/

Law Project for Psychiatric Rights (PsychRights). *Advance Directives in Various Countries*. http://psychrights.org/Countries/AdvanceDirectives.htm

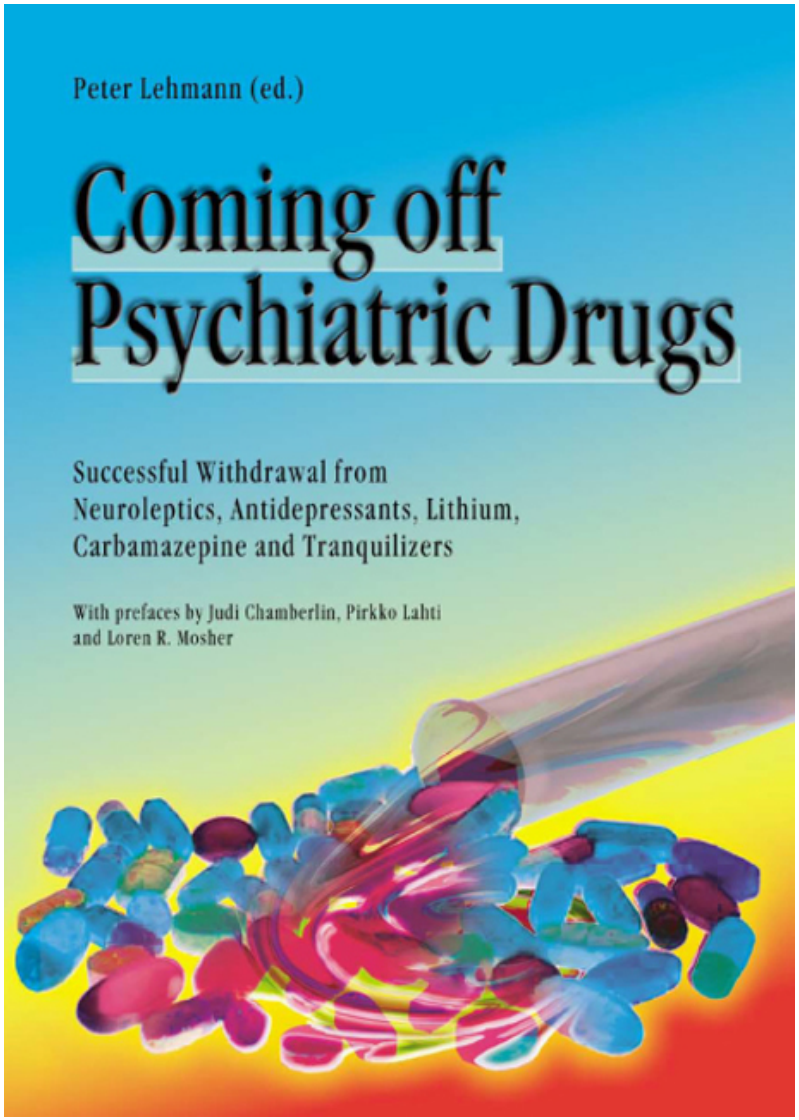
Synthetics and Profit Orientation or Ecology and Humanistic Orientation

"Assuming that our world is becoming ever more artificial and 'man-made,' and the demands by our modern performance-oriented society on our mental stability are constantly on the rise, wouldn't it make sense to investigate every possible chemical influence on mental functions with respect to its potential social usefulness?" (p. 17)

Helmchen H. & Müller-Oerlinghausen B. (1978). Klinische Prüfung neuer Psychopharmaka. In H. Helmchen & B. Müller-Oerlinghausen (Eds.), *Psychiatrische Therapie-Forschung – Ethische und juristische Probleme* (pp. 7-26). Berlin / Heidelberg / New York: Springer

…. or Ecology and Humanistic Orientation

"In this field ex-users/survivors can play an important role as staff-members and consultants, having the knowledge about what helped us to recover. Such services linked with a positive subcultural identity and dignity can be provided by the public or with public financial support by the user/survivor movement itself giving people the space to meet and create their own lives. (…)



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…. or Ecology and Humanistic Orientation

Until the final abolition of these drugs, a lot of people need help and support to withdraw from the drugs. Alternative systems and decentralized services to meet the needs of people experiencing mental health problems would minimize and in the long run make the use of synthetic and toxic psychiatric drugs needless" (p. 308).

Bach Jensen K. (2004). Detoxification—in the large and in the small: Towards a culture of respect. In: P. Lehmann (Ed.), *Coming off psychiatric drugs: Successful withdrawal from neuroleptics, antidepressants, lithium, carbamazepine and tranquilizers* (pp. 303-309). Berlin / Eugene, OR / Shrewsbury: Peter Lehmann Publishing (ebook 2013)

…. or Ecology and Humanistic Orientation

"The field of mental health continues to be over-medicalized and the reductionist biomedical model, with support from psychiatry and the pharmaceutical industry, dominates clinical practice, policy, research agendas, medical education and investment in mental health around the world. The majority of mental health investments in low-, middle- and high-income countries disproportionately fund services based on the biomedical model of psychiatry. There is also a bias towards first-line treatment with psychotropic medications, in spite of accumulating evidence that they are not as effective as previously thought, that they produce harmful side effects and, in the case of antidepressants, specifically for mild and moderate depression, the benefit experienced can be attributed to a placebo effect. …

…. or Ecology and Humanistic Orientation

… Despite those risks, psychotropic medications are increasingly being used in high-, middle- and low-income countries across the world. We have been sold a myth that the best solutions for addressing mental health challenges are medications and other biomedical interventions" (pp. 5-6).

United Nations (2017, March 3). *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*", report A/HRC/35/21 to the Human Rights Council, 35th session 6-23 June 2017, agenda item.

https://documents-dds-ny.un.org/doc/UNDOC/GEN/G17/076/04/pdf/G1707604.pdf?OpenElement

Combatting Psychiatric Patients' Catastrophic Reduction in Life Expectancy: User-orientated approaches

- Establishing equality before the law for persons with severe emotional distress and especially safeguarding their human right to bodily integrity (e.g., advance directives)
- Establishing equality before the law for transgressions by psychiatrists and other physicians
- Supporting self-help efforts by people with severe distress
- Educating patients on the risks of psychiatric drugs and on measures to minimize risks in withdrawal
- Documenting medical information on risks and alternatives in detail
- Mentioning risks of dependence withdrawal problems on information sheets of psychiatric drugs

Combatting Psychiatric Patients' Catastrophic Reduction in Life Expectancy: User-orientated approaches

- Mentioning ways how to withdraw and how to cope with withdrawal problems
- Making further studies on the dependence from neuroleptics and antidepressants by including experts by experience in its design, execution and evaluation
- Expanding your guidelines with instructions for withdrawal
- Developing humanistically oriented support systems – jointly by professionals from all disciplines with good will, experienced and independent users and survivors of psychiatry, supporting relatives, and dedicated citizens.

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