

WHY DID PSYCHIATRIST ALLEN
FRANCES, M.D. WRITE A BOOK TITLED
SAVING NORMAL?

(and why does that matter?)

Who is Allen Frances?

- ▣ 1. Professor emeritus and former chair of the Department of Psychiatry and Behavioral Science at Duke University School of Medicine.
- ▣ 2. Part of the leadership group for the DSM-III and DSM-III-R.
- ▣ 3. Clearly a “thought leader” and a prestigious and influential mainstream psychiatrist who also happened to be....

Allen Frances, M.D.

- ▣ THE CHAIRMAN OF THE DSM-IV
TASK FORCE !!

What is the book about?

- ▣ Here is the full title of the book:

*saving normal. an insiders revolt
against out-of-control psychiatric
diagnosis, DSM-5, big pharma and
the medicalization of ordinary life*

whoa...

WHY DID YOU DO IT DR. ALLEN?

- ▣ This is the story he tells:
- ▣ Pretty much retired for ten years he decided to drop into a party in San Francisco to see some old friends from psychiatry. The topic of the day: DSM-5.
- ▣ He heard from an enthusiastic old colleague about a proposed diagnosis: “Psychosis risk syndrome”and went on the warpath.

Dr. Frances' intention, clearly spelled out in the preface:

- ▣ “This book is my reaction to the excesses – part mea culpa, part j'accuse, part cri de coeur. It provides an insider's despairing view of what has gone wrong and also offers a road map back to a safe and sane psychiatry. My goal is to not only “save normal”, but also to help save psychiatry. Psychiatry is a noble and essential profession, sound at its core, and extremely effective when done well.”

AND:

- ▣ “My critique is directed only against the excesses of psychiatry, not its heart and soul. “Saving normal” and “saving psychiatry” are really two sides of the very same coin. Psychiatry needs to be saved from rushing in where it should fear to tread. Normal needs to be saved from the powerful forces trying to convince us that we are all sick.”

CHAPTER TITLES

- ▣ 1. What's Normal and What's Not?
- ▣ 2. From Shaman to Shrink
- ▣ 3. Diagnostic Inflation
- ▣ 4. Fads of the Past
- ▣ 5. Fads of the Present
- ▣ 6. Fads of the Future
- ▣ 7. Taming Diagnostic Inflation
- ▣ 8. The Smart Consumer
- ▣ 9. The Worst and Best of Psychiatry

What's Normal and What's Not?

- ▣ It is impossible to accurately define “normal” and therefore impossible also to clearly define “abnormal.”
- ▣ “Not having a useful definition of mental disorder creates a gaping hole at the center of psychiatric classification, resulting in two unanswered conundrums: how to decide which disorders to include in the diagnostic manual and how to decide whether a given individual has a mental disorder”

What's Normal and What's Not?

- ▣ “We still do not have a single (diagnostic) laboratory test in psychiatry.”
- ▣ “The absence of biological tests is a huge disadvantage for psychiatry. It means that all of our diagnoses are now based on subjective judgments that are inherently fallible and prey to capricious change.”

Normal...Cont.

- ▣ “The carefully done DSM-IV attention deficit predicted that our proposed changes would cause only a 15% increase in rates...We couldn’t foresee the abrupt switch in reality that occurred in 1997, when drug companies brought new and expensive medicine to market and were simultaneously set free to advertise them directly to parents and teachers. Soon the selling of ADHD as a diagnosis was ubiquitous in magazines, on your TV screen and in pediatricians’ offices – an unexpected epidemic was born, and the rates of ADHD tripled.”

FLOOD THE MARKETPLACE

Registration for complimentary CME Web-Enhanced Teleconference, June-July 2007

ADHD, Depression, and Anxiety: Common Comorbidities in Adults

Program Moderator:
 Leonard S. Adler, MD
 Director, Adult ADHD Program
 Department of Psychiatry and Neurology
 New York University School of Medicine
 New York, New York

Faculty:
 Jeffrey S. Smith, MD
 Associate Professor of Psychiatry
 Massachusetts General Hospital
 Boston, Massachusetts

Guest Doctors:
 John S. Mullen, MD
 Associate Professor of Psychiatry
 New York University School of Medicine
 New York, New York

Ask your questions in a live Q&A!

Adult ADHD and Comorbid Substance Use Disorders: DANGEROUS LIAISONS

Faculty:
 Leonard S. Adler, MD
 Director, Adult ADHD Program
 Department of Psychiatry and Neurology
 New York University School of Medicine
 New York, New York

Timothy M. Wilens, MD
 Clinical Associate Professor
 Department of Psychiatry
 Harvard Medical School
 Boston, Massachusetts

Presented by Shire Institute
 Shire Institute
 255 Humboldt Street
 Philadelphia, PA 19106-4100

ADHD & MOOD DISORDERS

Current Updates for Today's Practitioner

ADHD and Comorbid Disorders: A Family Affair

Faculty:
 Timothy M. Wilens, MD
 Associate Professor of Psychiatry
 Harvard Medical School
 Boston, Massachusetts

Presented by Shire Institute
 Shire Institute
 255 Humboldt Street
 Philadelphia, PA 19106-4100

#1

FOR A NUMBER OF REASONS

ONE DOSE DAILY
ADD-RAL XR[®]
 ADD-RAL XR is a prescription medicine used to treat ADHD. It is taken once daily. It may be used with or without food. It is not known if it is safe and effective in children younger than 6 years of age. It is not known if it is safe and effective in pregnant women. It is not known if it is safe and effective when used during breastfeeding. Tell your doctor if you are pregnant, planning to get pregnant, or are breastfeeding. Tell your doctor about all the medicines you are taking, including over-the-counter medicines, vitamins, and herbal products. Tell your doctor if you have ever had seizures or if you have a history of heart disease, high blood pressure, or diabetes. Tell your doctor if you have ever had trouble swallowing pills. Tell your doctor if you have ever had a stomach ulcer or if you have ever had a kidney problem. Tell your doctor if you have ever had a liver problem. Tell your doctor if you have ever had a thyroid problem. Tell your doctor if you have ever had a blood clot or if you have ever had a stroke. Tell your doctor if you have ever had a heart attack. Tell your doctor if you have ever had a heart failure. Tell your doctor if you have ever had a heart rhythm problem. Tell your doctor if you have ever had a heart valve problem. Tell your doctor if you have ever had a heart surgery. Tell your doctor if you have ever had a heart transplant. Tell your doctor if you have ever had a heart catheterization. Tell your doctor if you have ever had a heart angiogram. Tell your doctor if you have ever had a heart catheter. Tell your doctor if you have ever had a heart stent. Tell your doctor if you have ever had a heart bypass surgery. Tell your doctor if you have ever had a heart transplant. Tell your doctor if you have ever had a heart catheterization. Tell your doctor if you have ever had a heart angiogram. Tell your doctor if you have ever had a heart catheter. Tell your doctor if you have ever had a heart stent. Tell your doctor if you have ever had a heart bypass surgery. Tell your doctor if you have ever had a heart transplant.

"I'm Depressed..."

Could it also be ADHD?
 ADHD was found in 32% of adults with a depressive disorder.

Look for ADHD in patients who present with depression.

www.practionersadhd.com for more information.

A Literature Review Series

From the publishers of Psychiatric Clinics of North America

Efficacy of Treatment for ADHD and Treating to Normalization

Introduction:
 The Current Patient Rating Scales: A Critical Review of the Literature
 (October 2006) 21:1051-1070

Efficacy and Tolerability of Lisdexamfetamine Dextroamphetamine in Children with Attention-Deficit/Hyperactivity Disorder: A Meta-Analysis
 (February 2007) 22:105-114

Attention-Deficit/Hyperactivity Disorder: A Review
 (February 2007) 22:105-114

Author: Leonard S. Adler, MD
 Director, Adult ADHD Program
 Department of Psychiatry and Neurology
 New York University School of Medicine
 New York, New York

Shire Institute
 255 Humboldt Street
 Philadelphia, PA 19106-4100

Shire cordially invites you to participate in an upcoming ADHD teleconference entitled:

Recognizing ADHD in the Adult Patient With Depression

Teleconference Objectives:

- Identify the clinical features of ADHD in the adult patient with depression.
- Discuss the challenges of diagnosing ADHD in the adult patient with depression.
- Review the current treatment options for ADHD in the adult patient with depression.
- Discuss the importance of recognizing ADHD in the adult patient with depression.

Faculty:
 Leonard S. Adler, MD
 Director, Adult ADHD Program
 Department of Psychiatry and Neurology
 New York University School of Medicine
 New York, New York

Timothy M. Wilens, MD
 Clinical Associate Professor
 Department of Psychiatry
 Harvard Medical School
 Boston, Massachusetts

Presented by Shire Institute
 Shire Institute
 255 Humboldt Street
 Philadelphia, PA 19106-4100

ADULT ADHD

Variations on a Classical Theme

Faculty:
 Leonard S. Adler, MD
 Director, Adult ADHD Program
 Department of Psychiatry and Neurology
 New York University School of Medicine
 New York, New York

Stephen V. Faraone, PhD
 Director, Medical Genetics Research
 Institute, Child and Adolescent
 Psychiatry Research
 Department of Psychiatry
 SUNY Upstate Medical University
 Syracuse, New York

Timothy M. Wilens, MD
 Clinical Associate Professor
 Department of Psychiatry
 Harvard Medical School
 Boston, Massachusetts

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YOUR ADULT PATIENTS WITH ADHD ARE AT RISK... AT HOME AND AT WORK.

TO LEARN MORE, VISIT www.add-ral.com

ADD-RAL XR[®]
 Reach new heights

"I'm Depressed..."

Could it be ADHD?
 ADHD was found in 1 out of 3 adults with a depressive disorder.

Look for ADHD in patients who present with depression.

www.depressionadhd.com for more information.

ADULT ADHD

A Lifetime Perspective

Faculty:
 Leonard S. Adler, MD
 Director, Adult ADHD Program
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 New York University School of Medicine
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Seminars In The Mail[™]

Medical Information To Review At Home Or Office, Or In Your Car

An Educational Program On CD-ROM
 Sponsored By Shire US Inc.

Seminars In The Mail
 PREMIERE ISSUE
 Long-acting Stimulants vs. Short-acting Stimulants for Treating Adult ADHD

Presented by:
 Dr. Leonard Adler
 Director, Adult ADHD Program
 Department of Psychiatry
 New York University School of Medicine
 New York, New York

BROKEN PROMISES

Divorce 2X

Adults with ADHD were nearly 2X more likely to have been divorced

The consequences may be serious. Screen for ADHD.

www.consequencesadhd.com for more information.

WORKING TRUTHS

FOR PLACEMENT AGENCY

Adults with ADHD were 3X more likely to be unemployed

The consequences may be serious. Screen for ADHD.

www.consequencesadhd.com for more information.

"I'm Depressed..."

Could it be ADHD?
 ADHD was diagnosed in 1 out of 5 men with depression

Look for ADHD in patients who present with depression.

www.depressionadhd.com for more information.

Seminars In The Mail[™]

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RECEIVE ONE OF THESE COMPLEMENTARY MEDICALLY RELEVANT ITEMS WHEN YOU PARTICIPATE

ADD-RAL XR[®]

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Don't forget to add some fear, because fear sells

Adults with ADHD were **2X** more likely to have been involved in 3 or more car crashes*¹

Adults with ADHD were **3X** more likely to be unemployed*¹

Adults with ADHD were nearly **2X** more likely to have been divorced*¹

Please join us for a complimentary CME Web-Enhanced Teleconference
June-July 2007

ADHD, Depression, and Anxiety: Common Comorbidities in Adults

Program Moderator
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Adult ADHD and Comorbid Substance Use Disorders: **DANGEROUS LIAISONS**

FACULTY

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New York, New York

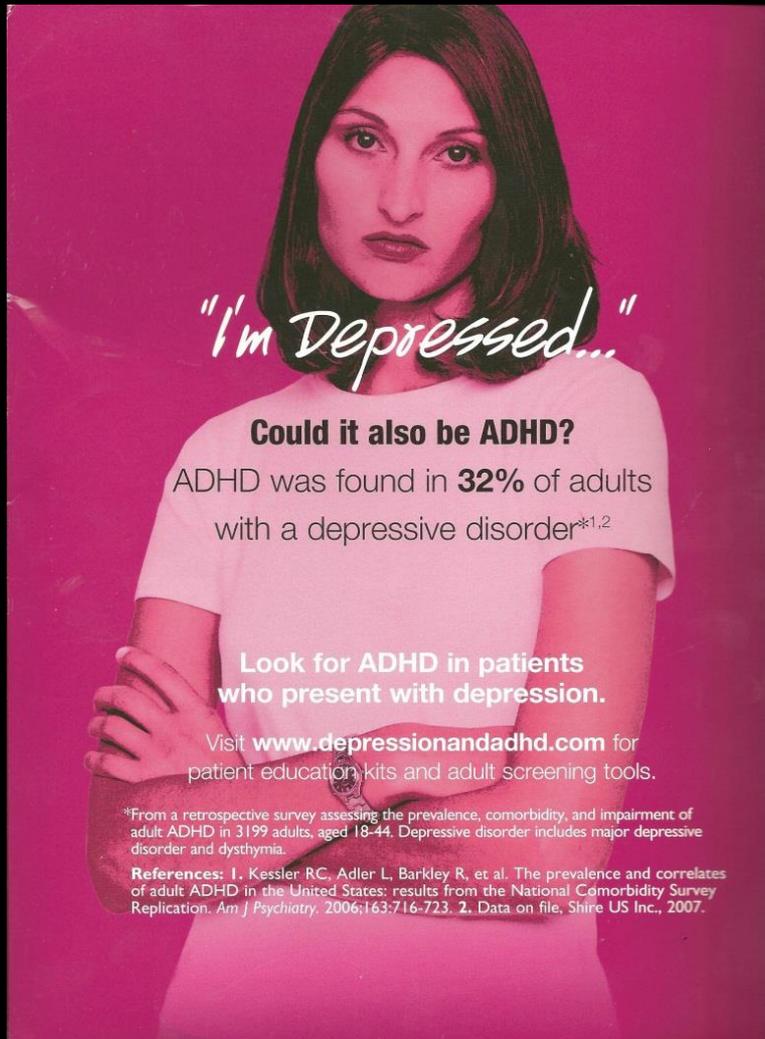
Frances B. Levin, MD
Kennedy Leavy Professor
of Clinical Psychiatry
Columbia University
College of Physicians and Surgeons
Director, Clinical and Educational
Activities
Division on Substance Abuse
New York State Psychiatric Institute
New York, New York

Timothy E. Wilens, MD
Associate Professor of Psychiatry
Harvard Medical School
Director, Substance Abuse
Program
Pediatric Psychopharmacology Clinic
Massachusetts General Hospital
Boston, Massachusetts

Sponsored by Boston University School of Medicine
Supported by an educational grant from Shire Pharmaceuticals Inc.



MONEY IS NO OBJECT



"I'm Depressed..."

Could it also be ADHD?
ADHD was found in **32%** of adults with a depressive disorder*^{1,2}

Look for ADHD in patients who present with depression.

Visit www.depressionandadhd.com for patient education kits and adult screening tools.

*From a retrospective survey assessing the prevalence, comorbidity, and impairment of adult ADHD in 3199 adults, aged 18-44. Depressive disorder includes major depressive disorder and dysthymia.

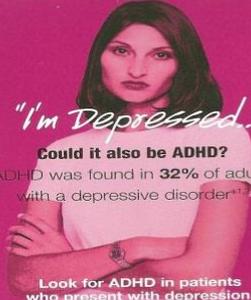
References: 1. Kessler RC, Adler L, Barkley R, et al. The prevalence and correlates of adult ADHD in the United States: results from the National Comorbidity Survey Replication. *Am J Psychiatry*. 2006;163:716-723. 2. Data on file, Shire US Inc., 2007.



Medi-Memo[®]



Medi-Memo[®]



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memo from
DR. PHILLIP SINAIKIN

MMD107-9992979

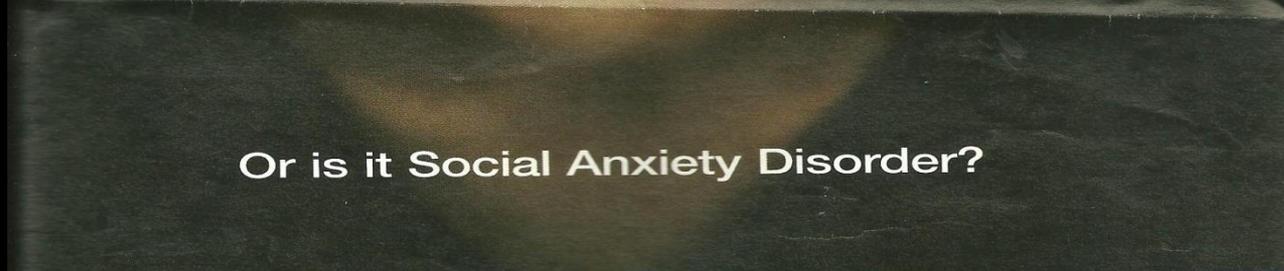
Finally...

- ▣ “Disease mongering is the fine art of selling psychiatric ills as the most efficient way of peddling very profitable psychiatric pills. Manipulating the market is particularly easy in the United States because we are the only country in the entire world that allows drug companies the freedom to advertise directly to consumers.”

SELL THE DISEASE::SELL THE DRUG



Is she just shy?



Or is it Social Anxiety Disorder?

Distress Distress Distress Distress Distress Distress Distress Distress Distress
Fear
Anxiousness Anxiousness Anxiousness Anxiousness Anxiousness Anxiousness Anxiousness Anxiousness Anxiousness
Blushing Blushing Blushing Blushing Blushing Blushing Blushing Blushing Blushing
Embarrassment Embarrassment Embarrassment Embarrassment Embarrassment Embarrassment Embarrassment Embarrassment Embarrassment

ZOLOFT

Indicated for Social Anxiety Disorder

Proven efficacy in short- and long-term trials

96% of patients maintained response for up to 44 weeks^{1,2*}

Contraindicated until at least 14 days have passed since discontinuing a monoamine oxidase inhibitor (MAOI) and an MAOI is contraindicated for at least 14 days after discontinuation of ZOLOFT. Concomitant use in patients taking pimozide is contraindicated. When initiating ZOLOFT for extended periods, its usefulness should be reevaluated periodically. ZOLOFT is indicated for up to 24 weeks in patients responding to an initial 20 weeks of treatment. (NDA 020-325).

Summary of prescribing information on adjacent page.

Worry Worry Worry Worry Worry Worry Worry Worry Worry Worry

POWER THAT SPEAKS SOFTLY™

Zoloft

(sertraline)

DIAGNOSTIC INFLATION

- ▣ “Diagnostic inflation has many, many causes and will require many cures”
- ▣ In general in all of medicine “Evidence-based medicine is demonstrating that the push to prevention has been excessive, premature and not evidence based.”
- ▣ “Psychiatric fads start when a powerful authority gives them force and legitimacy. The DSM system, and the “experts” who fashioned it, have been the main fashion setters.”

Some Causes of Diagnostic Inflation

- ▣ DSM's excessive importance
- ▣ Easy-to-use drugs
- ▣ Disease mongering by big Pharma
- ▣ Placebo response sells pills
- ▣ Primary care takes over diagnosis and treatment

TWO RECENT CASES:

Typical, not exceptional!

- ▣ 54 year old male: ADHD, Anxiety Disorder, Alcohol dependence, Adjustment disorder, Recurrent Depressive disorder, Mood disorder, Unspecified Personality disorder, Anxiolytic Dependence, Dysthymic disorder, Bipolar disorder
- ▣ 37 year old male: Unspecified depressive disorder, r/o PTSD by hx, Alcohol use disorder, Stimulant use disorder, Methamphetamine use disorder, Opiate use disorder, TBI by hx, Unspecified personality disorder (likely antisocial traits), Nicotine use disorder, Hx of Cannabis use disorder, Hx of Benzodiazepine use disorder, Hx of Bipolar disorder, Childhood ADHD

Consequences of Diagnostic Inflation

- ▣ “There have been four explosive epidemics of mental disorder in the past fifteen years. Childhood bipolar disorder increased by a miraculous fortyfold; autism by a whopping twentyfold; attention deficit/hyperactivity has tripled; and adult bipolar disorder doubled.”
- ▣ “The biggest puzzle is the huge success of antipsychotic drugs. (\$18 billion annually versus \$12 billion on antidepressants). Despite their dangerous side effects and narrow indications, they are being given out like candy.”
- ▣ Annual advertising budget for Abilify and Seroquel: \$2.4 billion.

Consequences cont.

- ▣ Polypharmacy: “It has become distressingly common for doctors to prescribe multiple psychiatric drugs, often in high and dangerous doses and without any rhyme or reason.”

OVERMEDICATED? YOU THINK?

- ▣ 46 year old male with primary Dx of PTSD.
- ▣ Current meds: Xanax, Trazodone, Ambien, Depakote, Risperdal, Oxycodone, Testosterone.
- ▣ Past med trials: Xanax, Straterra, Suboxone, Wellbutrin, Buspar, Celexa, Klonopin, Valium, Antabuse, Depakote, Prozac, Gabapentin, Hydroxyzine, Lamictal, Methadone, Methylphenidate, Remeron, Prazosin, Seroquel, Risperdal, Zoloft, Topomax, Venlafaxine, Trazodone, Geodon and Zolpidem.

- ▣ 45 year old substance abuse patient:
- ▣ On discharge from inpatient psychiatry: Wellbutrin, Cymbalta, Gabapentin, Seroquel, Requip and Trazodone
- ▣ On discharge from “dual diagnosis” program 28 days later: Zolpidem, Lyrica, Wellbutrin, Cymbalta, gabapentin, Buspar, Prazosin, Lamictal, Seroquel and Melatonin

Fads of the Past:

- ▣ Demonic Possession
- ▣ Dance Manias (Tarantism and St Vitus' Dance)
- ▣ Vampire Hysteria
- ▣ Werther Fever Creates Epidemic of Suicides
- ▣ Neurologists in Late Nineteenth Century:
Neurasthenia, Hysteria and MPD
- ▣ Witch Hunts: The Day Care Sex Abuse Scandal

Fads of the Present:

- ▣ ADD Runs Wild
- ▣ Childhood Bipolar Disorder (Fortyfold increase in diagnoses in one decade)
- ▣ Autism Becomes Fashionable (Asperger's introduced in DSM-IV)
- ▣ Bipolar II
- ▣ Social Phobia Makes Shyness an Illness
- ▣ Major Depression is Not Always so Major
- ▣ PTSD: Hard to Get Right
- ▣ The Sexual Revolution

TIME MAGAZINE: SHAME ON YOU!



- An eleven page article presenting as factual and non-controversial the existence of diagnosable bipolar disorder in children as young as two years old AND the need for multiple medication cocktails to treat it.
- **Rebecca Riley: RIP**

Fads of the Future:

- ▣ Turning Tantrums into Psychiatric Disorder
- ▣ The Forgetting of Normal Aging Becomes a Disease
- ▣ Gluttony Becomes Mental Illness (BED)
- ▣ Adult ADD, ?new diagnosis du jour?
- ▣ Mourning is Confused with Melancholia
- ▣ Turning Our Passions into Addictions
- ▣ Dodged Bullets--But Still Beware: Psychosis Risk Syndrome, Mixed Anxiety/Depression, Hebephilia and Hypersexuality

Taming Diagnostic Inflation

- ▣ Redirect the War on Drugs
- ▣ Tame Big Pharma (No More Direct to Consumer Advertising; No More Junkets, Dinners, CME Support or Financial Support for Professional or Advocacy Groups; No More Co-Opting of “Thought Leaders” etc...)
- ▣ Sunsetting Bad Drugs
- ▣ Taming the Doctors and Taming DSM
- ▣ Psychiatric Diagnosis by Multidisciplinary Committee
- ▣ Taming Drumbeating

AND FINALLY:

CONSUMER AND PROVIDER
EDUCATION !

SO...WHAT WE ARE UP AGAINST

A TRUE DAVID VS. GOLIATH



CAN IT BE DONE?

“The intellectual work of exposing the false claims of the psychiatric mainstream has been well accomplished and it has changed almost nothing. Despite all of the august and trenchant criticism of DSM-5, for instance, there it is in place governing research and care”

- ▣ Fancher, R (2014) ISEPP Newsletter #4

Or...

- ▣ “Never give up”

AL FRANKEN GIANT *of the* SENATE



WHAT CAN WE POSSIBLY DO??

***WE MUST REMAIN DEDICATED
AND RELENTLESS IN OUR EFFORTS
TO EDUCATE AND ENLIGHTEN THE
USERS AND PROVIDERS OF
MENTAL HEALTH SERVICES ABOUT
WHAT IS REALLY GOING
ON...JUST LIKE WE ARE
DOING HERE TODAY***