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....
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...
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.”
“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
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.”
“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.”
“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
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
"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.

Medi-Memo®

“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?

ZOLOFT
Indicated for Social Anxiety Disorder

Proven efficacy in short- and long-term trials
96% of patients maintained response for up to 44 weeks

POWERS THAT SPEAKS SOFTLY™

Zolo (sertraline)
“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.

- 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, Prasozin, 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
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
“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”
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