

Source: Toxic Psychiatry. Dr Peter Breggin. Published by Harper Collins

HALOPERIDOL (HALDOL) NEUROLEPTIC

Neuroleptic was coined by Jean Delay and Pierre Deniker, who first used the drug in psychiatry, and means 'attaching to the neuron'. Delay and Deniker intended the term to underscore the toxic impact of the drug on nerve cells. [pg 61]

The neuroleptics are the most frequently prescribed drugs in mental hospitals, and they are widely used as well in board-and-care homes, nursing homes, institutions for people with mental retardation, children's facilities, and prisons. They also are given to millions of patients in public clinics and to hundreds of thousands in private psychiatric offices. Too often they are prescribed for anxiety, sleep problems, and other difficulties in a manner that runs contrary to the usual recommendations. And too often they are administered to children with behaviour problems, even children who are living at home and going to school. [pg 62]

Of the estimated two million patients in nursing homes, many of them are on neuroleptics. [pg 63]

In recent years, haloperidol, under the trade name Haldol, has become the most prescribed neuroleptic. [pg 63/64]

A picture of the use of drugs in the UK is given by Lucy Johnstone:

'40 per cent of patients on major tranquillizers did not have a diagnosis of schizophrenia, while nearly one-half of the patients on antidepressants did not have a diagnosis of clinical depression. A previous survey had found that 40 per cent of patients with problems of a known physical origin such as dementia were taking major tranquillizers, which would hardly have enhanced whatever degree of mental functioning they still had.' [pg 64/65]

The Clinical Impact of the Neuroleptics

Textbooks of psychiatry and review articles claim that the neuroleptics have a specific antipsychotic effect. [pg 65]

Meanwhile, very little is written in professional sources about the apathy, uninterest, and other lobotomylike effects of the drugs. Review articles tend to give no hint that the medications are actually stupefying the patients. [pg 65]

Consider the use of neuroleptics in the Soviet Union for the control of political dissidents. [pg 71]

Haldol, the most frequently used neuroleptic in America, is also a favourite in the Soviet Union. [pg 71]

The neuroleptics also are used in tranquillizer darts for subduing wild animals and in injections to permit the handling of domestic animals who become vicious. The veterinary use of neuroleptics so undermines the antipsychotic theory that young psychiatrists are not taught about it. [pg 72]

“... antipsychotic drugs have been termed ‘neuroleptics’, in that these drugs’ actions imitate a neurological disease.” [*American Psychiatric Press, Textbook of Psychiatry (1988)*] [pg 84]

It is also clear that the antipsychotic [neuroleptic] drugs must continue to be scrutinized for the possibility that their extensive consumption might cause general cerebral dysfunction. [pg 84]

Case History – Roberta

Roberta is a grossly disfigured and severely disabled human being who can no longer control her body. She suffers from extreme writhing movements and spasms involving the face, head, neck, shoulders, limbs, extremities, torso, and back – nearly the entire body. She had difficulty standing, sitting, or lying down, and the difficulties worsen as she attempts to carry out voluntary actions. At one point she could not prevent her head from banging against nearby furniture. She could hold a cup to her lips only with great difficulty. Even her respiratory movements are seriously afflicted so that her speech comes out in grunts and gasps amid spasms of her respiratory muscles.

Roberta’s current psychotic disorder is most probably also a product of neuroleptic-induced brain disease. Her inappropriate affect – giggling and superficial smiling while in great distress – is typical of brain damage. Roberta may improve somewhat after several months off the neuroleptic drugs, but she will never again have anything remotely resembling a normal life. [pg 84/85]

Tardive dementia, a global deterioration of the mind and mental faculties caused by the drugs. While tardive dyskinesia is a firmly established disease, tardive dementia remains more controversial within the profession, although evidence for its existence seems incontrovertible. [pg 86]

Even physicians doing physical examinations may somehow neglect to notice or record the telltale signs of drug-induced neurological disease. [pg 86]

Tardive dyskinesia, or a variant called tardive akathisia, which forces a person to move all the time, against his or her own will. It also can induce unbearable tension and anxiety. [pg 87]

The profession of psychiatry now agrees that the drug-induced neurological disorders do become permanent in a large percentage of patients. In addition, there is growing incontrovertible evidence that permanent psychosis and dementia also are frequent

outcomes. Neuroleptics impact on the patient by *causing a disease rather than by curing one*. [pg 90]

We know that direct dopamine suppression by neuroleptics, followed by hyperreactivity, produces permanent neurological disorders, such as tardive dyskinesia, tardive akathisia, and even tardive dementia. [pg 207]

The first indicator of generalized brain damage from any cause is often the subjective feeling of memory dysfunction. [pg 221]

Writing in *Tardive Dyskinesia: Biological Mechanisms and Clinical Aspects* (1988), Gualtieri and L Jarrett Barnhill also warn that neuroleptics cause lack of energy, painful emotions, motor impairment, and cognitive dysfunction and tend to “blunt” the personality of treated patients.’ They further warn about the danger of dementia – generalized deterioration of the brain and mind – from long-term neuroleptic treatment. [pg 374]

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TRAZODONE (DESYREL) TRICYCLIC

The great majority of antidepressant prescriptions are written by non-psychiatric physicians. Psychiatrists, however, set the tone for the widespread use of these agents. Right now psychiatrists are advocating their use for a variety of disorders, from depression and anxiety to eating problems, premenstrual tension, phobias, and obsessions and compulsions. They have become a jack-of-all-trades drug. This in itself should warn us not to trust the claims being made. [pg 186/187].

The antidepressants represent a varied group of agents, and their effects on the brain and mind are little understood. We can, however, make some generalizations about one group of antidepressants, the tricyclics. [pg 187]

Several generalizations can be made about tricyclic antidepressants. First, evidence for their usefulness is very slim indeed. Research studies generate extremely variable results and indicate that they are hardly much better than placebo. [pg 187]

Second, they have a dulling effect on the mind. In effective doses they can produce lethargy and uninterest, that feeling of being 'zonked'. They also tend to produce generalized mental dysfunction and, as we shall see, sometimes relieve depression by rendering the brain and mind unable to generate higher psychospiritual responses. But often they are given in smaller doses, which may have a lesser impact or a placebo effect. [pg 188]

As a third general principle, many of the tricyclics have a sedative effect that aids sleep, for a time, much as does any sedative. [pg 188]

Fourth, they can cause severe withdrawal symptoms and can therefore become very difficult to stop taking. [pg 188]

Antidepressant Side Effects [pg 188/189]

The tricyclic antidepressants originally were tested as neuroleptics because chemically they are very similar to Thorazine (chlorpromazine). They are, in many ways, neuroleptics in disguise. Their side effects stem mainly from suppression of the cholinergic nerves of the autonomic nervous system and the brain, and when the individual tries to stop taking them, the cholinergic system rebounds with great force, making it hard to get off them.

Nearly all of the antidepressants commonly produce the following side effects: various autonomic nervous system signs, such as blurred vision, dry mouth, and suppressed function of gut, bladder, and sexual organs, as well as low blood pressure on standing, weight gain, sleep disturbances, seizures, and impaired cardiac function. They can bring about anxiety, produce or exacerbate psychotic symptoms, and cause delirium.

They frequently produce sedation, lethargy, and a blunting of emotional responsiveness, although this often goes unacknowledged by psychiatrists.

The antidepressants can cause death when only a few doses are taken at once. In combination with other depressants of the central nervous system – such as neuroleptics and minor tranquilizers – the antidepressants become increasingly dangerous. They suppress central nervous system function, thereby impairing respiration, and they cause cardiac arrhythmias, leading to heart failure. Caution must be taken in regard to their use by the elderly.

Since the tricyclic antidepressants closely resemble neuroleptics, and since all antidepressants powerfully affect the brain and mind, I am very concerned about the largely unexplored danger of permanent cognitive dysfunction and brain atrophy similar to that found during prolonged neuroleptic treatment. [pg 192]

Any drug that disrupts mental function can make people feel more helpless and despairing. Drugs that cause mental confusion, sluggishness, and physical fatigue are especially prone to precipitate or worsen depression. [pg 192]

Desyrel also carries many of the risks of tricyclics, including heart problems, a special threat among the elderly. [pg 198]

They are even used for chronic pain and for the control of aggression in brain damaged and mentally retarded individuals. The blunting effect probably is due to a general toxicity as well as to the impact on specific neurotransmitter systems. Both the tricyclics and Prozac disrupt neurotransmission to the frontal lobes of the brain. [pg 208]

In many of their uses, the tricyclics are substitutes for the chemically related phenothiazine neuroleptics and their lobotomizing impact. Since the neuroleptics produce a more severe motor retardation – including a flat facial expression and restrained bodily movements – they would look as if they were worsening the symptoms of depression. [pg 208]

Most antidepressants also have a tendency to rev up the brain, sometimes producing euphoria and more rarely delusions and hallucinations. These effects are most unwanted when trying to control an agitated individual. For that purpose, the stupefying, muscle-paralyzing effects of the neuroleptics are preferred. [pg 209]

In general it is best to avoid combining psychoactive drugs, since their effects when mixed become even more unpredictable and are poorly understood. [pg 187]

I would suggest that Haloperidol plus Trazodone must cause mental and physical problems in an elderly patient already suffering senile dementia.

Code A