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Review of Robert Whitaker, *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*

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Book Review

Review of Robert Whitaker, *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*

Reviewed by Martha J. Farah, University of Pennsylvania

Books exposing the misdeeds of the pharmaceutical industry are so common these days that pharma–bashing has become a genre unto itself. Especially in the realm of psychopharmacology, the pharmaceutical industry has given us plenty of grist for shocking exposes and scathing critiques. I call attention to this body of literature in order to say: Do not assume that Robert Whitaker's book, *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*, is just another anti–psychopharm diatribe.

Granted, Whitaker is no fan of the pharmaceutical industry. But his book is an attempt to make a very specific and novel point about current psychiatric treatments, a point that can be stated entirely independently of the politics of big pharma and psychiatry. Whitaker's thesis is that mental illness has become more prevalent since the 1950s biological revolution in psychiatry, and that modern psychiatric drugs are to blame.

Specifically, he argues that our current psychiatric medications are actually causing patients to develop more severe and chronic forms of mental illness. Furthermore, he maintains that this is the case for virtually all illnesses, from mood disorders and anxiety to schizophrenia. He grants that some medications may help patients initially (while maintaining that others are no better than placebo in the short run). However, it is not the initial therapeutic effects, or lack thereof, that principally concern him. It is the long–term effects of these drugs. His thesis is that our brains are irreversibly changed by psychiatric medications in ways that turn episodic and potentially manageable disorders into chronic and severe disabilities.

The idea sounds wildly implausible. The drugs are not just ineffective, but damaging? Irreparably so? Not just one class of drugs, but most of them? And the experts failed to notice these facts? But let's set aside the question of whether it's true for a moment, and agree on this much: If his hypothesis were true, then it would be a matter of extraordinary public health importance. If the hypothesis were even somewhat plausible, given Whitaker's evidence, then it's an urgent and immensely important neuroethical issue, one that we should take seriously and get busy investigating further.

So how persuasive is Whitaker's evidence? No single book, let alone a book written by a journalist for laymen, is going to settle an issue as enormous as this one. This issue, in particular, comes with built–in challenges. Research projects using randomized experimental assignment to drug versus placebo do not follow patients over periods of years, so we lack the most decisive kind of evidence on the question of long–term iatrogenic effects. In the absence of experimental evidence, Whitaker turns to a variety of sources of observational evidence, examining the correlation between treatments administered to patients and their long–term outcomes. Of course, sicker patients are more likely to be medicated in the first place, a confound that would lead us to expect worse outcomes after medication even if medication does not cause the worse outcomes. To a certain extent such confounds can be corrected for statistically, but this is never foolproof and in most cases was not even attempted. Whitaker also takes a quasi–experimental approach, comparing patient outcomes across decades (before and after the biological revolution in psychiatry) or countries (which vary in their use of psychiatric medications). These comparisons offer a clever way to approximate the design of a long–term experimental study, but they have confounds of their own because of differences in the broader social and medical contexts of patient care at different times and in different societies.

I wish that Whitaker acknowledged the limitations of the studies he cites more explicitly. Although he does note the problems just mentioned at various points in the book, he also loses sight of them at times. Take this footnote, for example: "The caveat with the naturalistic studies is that the unmedicated cohort, at the moment of initial diagnosis,

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may not be as depressed as those who go on the drugs. Furthermore, those who eschew drugs may also have greater "inner resilience." Even given these caveats, we should be able to gain a sense of the course of unmedicated depression from the naturalistic studies, and see how it compares to the course of depression treated with antidepressants (p. 164). But if we don't know whether the medicated and unmedicated cohorts differed from the beginning, then how can we use a comparison of their long–term outcomes to gain any sense of anything?

The dearth of strong evidence available on the long–term effects of psychiatric medications, and Whitaker's occasional lapses of objectivity in data interpretation, make it impossible to draw firm conclusions. Of course, where new hypotheses concerning public health are concerned, firm conclusions are invariably more of a goal than a reality. I believe Whitaker has succeeded in proposing a hypothesis of potentially great importance and providing at least some degree of support for it. At a minimum, he has highlighted how little we know about the long–term effects of treatment with psychiatric medications. This in itself is an important point.

I would have preferred fewer patient vignettes, but understand that a trade book needs to place the facts and figures of epidemiology and clinical trials into a human context. I also would have preferred less criticism of the psychiatry establishment and the pharmaceutical industry, not out of concern for either, but because it turns off so many of the people who should be reading this book.

Overall, I found Whitaker's book extremely thought-provoking. His case is based on circumstantial evidence, because this is the only kind of evidence we have. He shows that a large amount of such evidence is consistent with the long–term exacerbation of mental illness by psychiatric medications. It is a "connecting-the-dots" kind of argument, and could of course be mistaken. And this raises the questions:

Is Whitaker mistaken?
How would we know?

And, in a society where substantial fractions of the adult and child population are using psychiatric medications, why do we not have better evidence concerning long–term effects?