

# ANTIPSYCHOTICS

the facts about the effects



Psychotropic Drug Series  
Published by Citizens Commission on Human Rights

# IMPORTANT INFORMATION FOR READERS

This report is an overview of the side effects of common antipsychotic drugs. It contains information that is important for you to know.

Courts have determined that informed consent for people who receive prescriptions for psychotropic (mood-altering) drugs must include the doctor providing “information about...possible side effects and benefits, ways to treat side effects, and risks of other conditions...” as well as, “information about alternative treatments.”<sup>1</sup> Yet very often, psychiatrists ignore these requirements.

**If you are taking these drugs, do not stop taking them based on what you read here. You could suffer serious withdrawal symptoms.**

You should seek the advice and help of a competent medical doctor or practitioner before trying to come off any psychiatric drug. This is very important.

Citizens Commission on Human Rights (CCHR) does not offer medical advice or referrals but provides the information in this publication as a public service in the interest of informed consent.

For further information about drugs and their side effects, consult the *Physicians' Desk Reference* at [pdrhealth.com](http://pdrhealth.com)

1. *Faith J. Myers v. Alaska Psychiatric Institute, Alaska Supreme Court, No. S-11021, Superior Court No. 3AN-03-00277 PR, Opinion No. 6021, 30 June 2006.*

# ANTIPSYCHOTICS

## the facts about the effects

### TABLE OF CONTENTS

<b>Introduction</b>	4
Brand Names for Antipsychotics	5
<b>Chapter 1: What Are Antipsychotics?</b>	6
<b>Chapter 2: How Do Psychotropic Drugs Affect the Body?</b>	8
The Side Effects of Antipsychotics	10
Drug Regulatory Agency & Other Warnings	12
<b>Chapter 3: Psychiatric Disorders vs. Medical Diseases</b>	14
<b>Chapter 4: Solutions: The Right to Be Informed</b>	16
<b>Citizens Commission on Human Rights</b>	18

# INTRODUCTION

Life can be a real challenge. A family faced with a seriously disturbed and irrational member can become desperate in their attempts to resolve the crisis. If you or a family member has suffered from this condition, you know it can make life a living nightmare.

Psychiatrists claim such behaviors are a “disease” called “schizophrenia,” despite the fact that they have no objective proof that it exists as a physical abnormality.

To treat schizophrenia, psychiatrists recommend neuroleptics (nerve-seizing drugs), also known as antipsychotics. First developed by French researchers to numb the nervous system during surgery, neuroleptics cause symptoms of parkinsonism (trembling limbs and muscle rigidity) and encephalitis lethargica (swelling of the brain)<sup>2</sup> as psychiatrists learned early on.

Today, psychiatrists prescribe the newer antipsychotics, called *atypicals*, to children they label “bipolar,” even though this diagnosis has never been scientifically proven. As one of its major proponents admits, “Diagnosis in psychiatry is a problem. After all, there are no lab tests in psychiatry that conclusively pinpoint a diagnosis....”

Yet without any means of confirming this diagnosis, between 1994 and 2003 there was a 40-fold increase in American children labeled with bipolar.

Today, the psychiatric-pharmaceutical industry rakes in \$22.8 billion (€15.4 billion) in annual antipsychotic drug sales. That’s incentive enough for them to ignore the pleas of damage from those prescribed them:

**“My psychiatrist’s idea of counseling was to put me on antipsychotic drugs. I became aggressive, and for the first time, I started to cut my arms,” says 19-year-old “Jo,” prescribed antipsychotics for eating problems.**

**“I was unable to speak. No matter how hard I tried, I couldn’t say anything out loud and spoke only with the greatest**

difficulty....It was as if my whole body was succumbing to a lethal poison,” said J.A. after a week on an antipsychotic.

“As the dosages were increased and more were added, my behavior went psychotic...” said K.N. after being placed on antipsychotics.

This booklet highlights not just the risks of antipsychotic drugs but also alternative solutions that may assist those with a serious mental disturbance.

## BRAND NAMES FOR ANTIPSYCHOTICS:

### Older Antipsychotics

- Compazine (prochlorperazine)
- Haldol (haloperidol)
- Largactil (chlorpromazine)
- Lidone (molindone)
- Loxitane (loxapine)
- Mellaril (thioridazine hydrochloride)
- Moban (molindone hydrochloride)
- Navane (thiothixene)
- Novo-Trifluzine (trifluoperazine)
- Nozinan (methotrimeprazine)
- Orap (pimozide)
- Permitil (fluphenazine)
- Phenergam (promethazine)
- Proketazine (carphenazine)
- Prolixin (fluphenazine hydrochloride)
- Repoise (butaperazine Maleate)
- Serentil (mesoridazine besylate)
- Sparine (promazine)

- Stelazine (trifluoperazine)
- Stemetil (prochlorperazine)
- Taractan (chlorprothixene)
- Thorazine (chlorpromazine)
- Tindal (acetophenazine)
- Trancopal (chlormezanone)
- Trilafon (perphenazine)
- Vesprin (triflupromazine)

### Newer Atypical Antipsychotics

- Abilify (aripiprazole)
- Clozaril (clozapine)
- Geodon (ziprasidone hydrochloride)
- Invega (paliperidone)
- Leronex (clozapine)
- Risperdal (risperidone)
- Serlect (sertindole)
- Seroquel (quetiapine)
- Symbyax (fluoxetine and olanzapine - antidepressant/ antipsychotic mix)
- Zeldox (ziprasidone)
- Zyprexa (olanzapine)

2. **encephalitis lethargica:** a virus causing brain inflammation that results in lethargy. German and Swiss psychiatrists misdiagnosed this, calling it dementia praecox and later “schizophrenia.” Rather than admit their error when it was found to be a virus, the physical symptoms of the disease were dropped, leaving in place the mental symptoms: hallucinations, delusions and bizarre thoughts.

# what are **ANTIPSYCHOTICS?**

**Antipsychotics** are also known as **neuroleptics** (meaning nerve-seizing), major tranquilizers, anti-schizophrenic drugs and chemical straightjackets. They were originally developed in the 1950s to treat psychosis and so-called schizophrenia.

There are two types of antipsychotic drugs: *typical* (or older, first generation) and *atypical* (meaning new, since the 1990s). Atypicals are marketed as having fewer side effects than the older antipsychotics. But they do not.

Another newer antipsychotic is Symbyax, a combination of fluoxetine (Prozac) and olanzapine (Zyprexa).

All antipsychotics can cause *akathisia* (a word derived from *a*, without; *kathisia*, sitting; an inability to keep still). Akathisia is a terrible feeling of anxiety, an inability to sit still, a feeling that one wants to crawl out of his skin.

This side effect has been linked to assaultive, violent behavior and can be experienced by up to 76% of patients taking the drugs.

Atypical antipsychotics are chemically different from the older antipsychotic medications. Though promoted as having fewer damaging side effects than typical antipsychotics, the atypicals actually have more severe physical effects, including blindness, fatal blood clots, heart irregularity, heat stroke, swollen and leaking breasts, impotence and sexual dysfunction, blood disorders, seizures and birth defects.

In the US, antipsychotic drugs have been subject to many lawsuits, especially Eli Lilly's Zyprexa, with the company paying out more than \$2.5 billion (€1.7 billion) to settle suits over its failure to inform consumers and government agencies of its health risks.

Atypicals are marketed as having fewer side effects than the older antipsychotics. But they do not.



# how do psychotropic drugs **AFFECT THE BODY?**

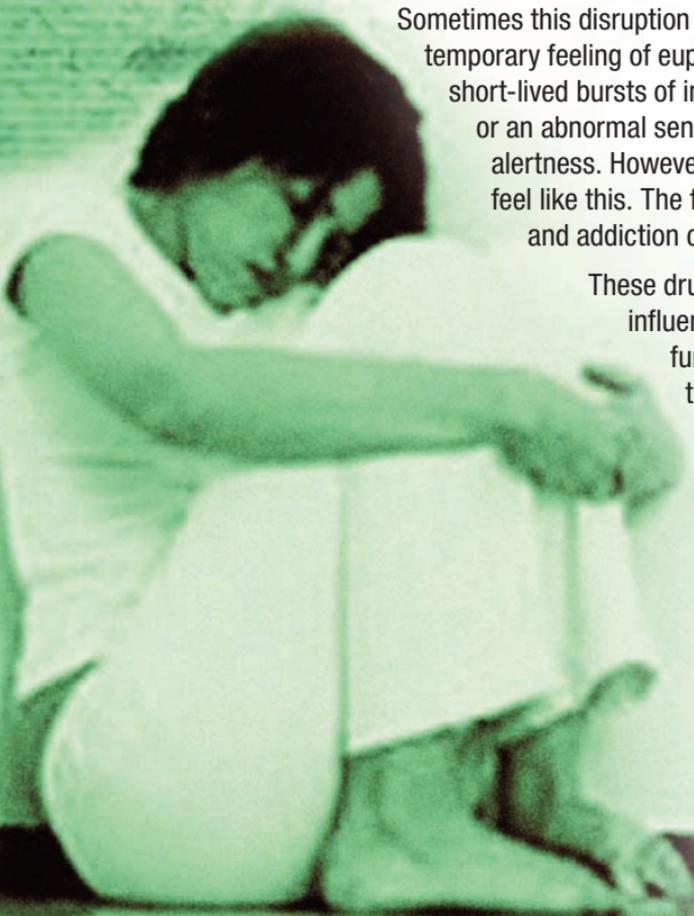
Your body consists of chemical compounds obtained from food, sunlight, the air you breathe and the water you drink.

There are millions of chemical reactions that are constantly occurring.

Putting a foreign substance such as a psychotropic drug into your body disrupts the body's normal biochemistry.

Sometimes this disruption creates a false and temporary feeling of euphoria (being "high"), short-lived bursts of increased energy or an abnormal sense of heightened alertness. However, it is not natural to feel like this. The feeling does not last and addiction can result.

These drugs work by influencing the normal functions of the body: they speed them up, slow them down, dam them up or overwhelm them. This is why you get side effects with psychiatric drugs.



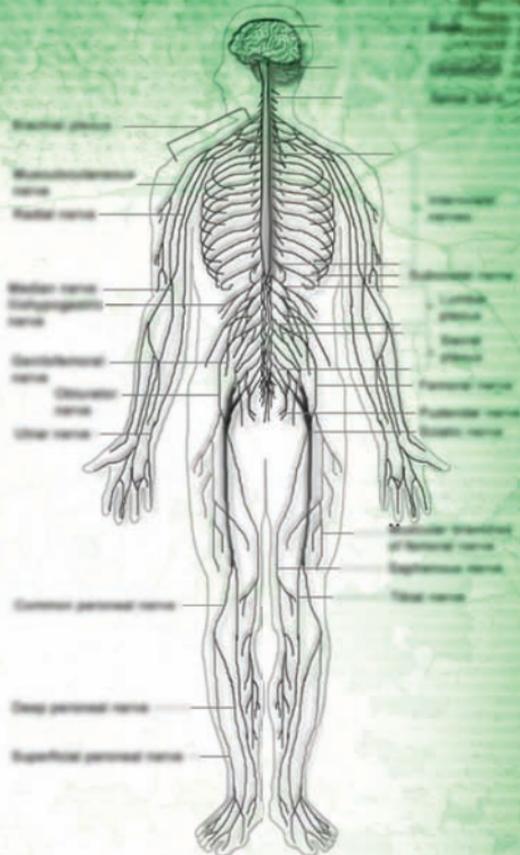
But do not think that these drugs heal anything. They are intended to cover up or “mask” your problems. Meanwhile, they tend to wear out your body. Like a car run on rocket fuel, you may be able to get it to run a thousand miles an hour to the end of the block, but the tires, the engine and the internal parts fly apart in doing so.

Side effects can sometimes be more pronounced than a drug’s intended effects. They are, in fact, the body’s natural response to the invasion of a chemical that is confusing its normal functions.

### **Drugs mask the problem; they don’t solve the cause.**

What about those who say psychotropic drugs really do make them feel better—that for them, these are “lifesaving medications” whose benefits exceed their risks? Are psychotropics actually safe and effective for them?

“What ends up happening,” says Dr. Beth McDougall, a health center medical director, “is that someone feels good for a while and then very often they have to have their dose increased. And then they feel good for a while and then they might have to have it increased again, or maybe they’ll switch agents. So it’s that kind of a story, if you’re not actually getting to the root of what’s going on.”



## The side effects of antipsychotics

Antipsychotic drugs damage the extensive complex network of nerve fibers that moderate motor control, resulting in muscle rigidity, spasms and various involuntary movements.<sup>3</sup>

A drug-induced side effect called *tardive dyskinesia* is a permanent impairment of the power of voluntary movement of the lips, tongue, jaw, fingers, toes and other body parts. It appears in 5% of patients within one year of neuroleptic treatment.<sup>4</sup>

Another horrendous side effect of antipsychotics is neuroleptic malignant syndrome, a potentially fatal toxic reaction from both classes of antipsychotics.

Patients with this condition experience fevers and become confused, agitated and extremely rigid, have an irregular pulse or blood pressure, rapid heart rate, excessive sweating and irregular heartbeat. An estimated 100,000 Americans have died from it.

There are many other side effects of antipsychotics.

### **Typical antipsychotics:**

- sedation
- prolonged muscle spasms
- severe restlessness
- stiffness and shakiness
- heart problems
- weight gain
- diabetes

### **Atypical antipsychotics:**

- potentially fatal depletion of white blood cells
- seizures
- dizziness
- loss of consciousness due to decreased blood flow to the brain

- racing heartbeat
- insomnia
- agitation
- anxiety
- nervousness
- hostility
- drowsiness
- constipation
- headache
- diabetes
- hyperglycemia (high blood sugar)
- inflammation of pancreas
- coma
- weight gain
- inflammation of heart
- elevation of fats in bloodstream
- sexual dysfunction

3. Ty C. Colbert, Rape of the Soul, *How the Chemical Imbalance Model of Modern Psychiatry Has Failed Its Patients*, (Kevco Publishing, California, 2001), p 106.

4. Dilip V. Jeste and Michael P. Caligiuri, "Tardive Dyskinesia," *Schizophrenia Bulletin*, Vol. 19, No. 2, 1993, p 304.

# Drug regulatory agency and other warnings

**July 2000:** The US Food and Drug Administration (FDA) required black-boxed warnings for the typical antipsychotic Mellaril regarding its potentially fatal cardiovascular effects.

**July 2002:** A study published in *Pharmacotherapy* by former FDA staff member Elizabeth Koller, M.D. and colleagues identified 289 cases of diabetes in patients given Zyprexa. Koller also conducted a review of the FDA's adverse-event reports for cases of pancreatitis (inflammation of the pancreas) in patients taking clozapine (Clozaril), olanzapine (Zyprexa) or risperidone (Risperdal). One hundred patients developed ketosis (a serious complication of diabetes) and 22 developed life-threatening pancreatitis (inflammation of the pancreas). There were 23 deaths, including a 15-year-old who died of necrotizing pancreatitis (where the pancreas breaks down and dies).

## Australian Adverse Drug Reactions Bulletin

Volume 26, Number 2, April 2007

Prepared by the Adverse Drug Reactions Advisory Committee (ADRAC) and the Adverse Drug Reactions Unit of the TGA.

### Aripiprazole and neuroleptic malignant syndrome

ADRAC has previously noted that the two oldest of the atypical antipsychotics, clozapine and olanzapine, can cause neuroleptic malignant syndrome (NMS).<sup>1,2</sup> In fact, it appears from reports to ADRAC that NMS can occur in Australia, as well as the traditional antipsychotics.



Australian Government  
Department of Health and Ageing  
Therapeutic Goods Administration

#### Australian Adverse Drug Reactions Bulletin

Volume 26, Number 2, April 2007

Prepared by the Adverse Drug Reactions Advisory Committee (ADRAC) and the Adverse Drug Reactions Unit of the TGA.

#### Aripiprazole and neuroleptic malignant syndrome

NMS has previously been noted from the older atypical antipsychotics, olanzapine and clozapine, as well as neuroleptic malignant syndrome (NMS).<sup>1,2</sup> In fact, it appears from reports to ADRAC that the neuroleptic malignant syndrome (NMS) can occur in Australia, as well as the traditional antipsychotics. The number of reports of NMS (as a percentage of the total number of reports received for the medicine) is shown below.

- Clozapine: 14 reports (2.7%)
- Olanzapine: 10 reports (2.7%)
- Risperidone: 10 reports (2.7%)
- Aripiprazole: 15 reports (9.7%)

Neuroleptic malignant syndrome (NMS) is a rare but potentially fatal condition. Although it appears that the atypical antipsychotics, NMS occurs more frequently with aripiprazole. It should be noted that in comparison to the neuroleptic malignant syndrome (NMS) reported to ADRAC, the number of reports of NMS (as a percentage of the total number of reports received for the medicine) is shown below.

A total of 10 reports of NMS (as a percentage of the total number of reports received for the medicine) is shown below. The number of reports of NMS (as a percentage of the total number of reports received for the medicine) is shown below.

Preparations are not listed if they were not associated with atypical antipsychotics, including aripiprazole.

1. ADRAC, Clozapine-related neuroleptic malignant syndrome. *Australian Adverse Drug Reactions Bulletin* 2005; 23: 10-11.  
2. ADRAC, Olanzapine-related neuroleptic malignant syndrome. *Australian Adverse Drug Reactions Bulletin* 2005; 23: 10-11.

## Department of Justice

### Company Agrees to Pay \$1.415 Billion to Resolve Bank of QIP-Related Promotions of Zyprexa

Settlement up to \$1.415 Billion

The U.S. District Court in the Southern District of New York has approved a settlement between the U.S. Department of Justice and the Bank of QIP-Related Promotions of Zyprexa. The settlement is valued at \$1.415 billion and is the largest individual corporate criminal fine in history. The settlement up to \$1.415 billion.

The settlement is valued at \$1.415 billion and is the largest individual corporate criminal fine in history. The settlement up to \$1.415 billion.

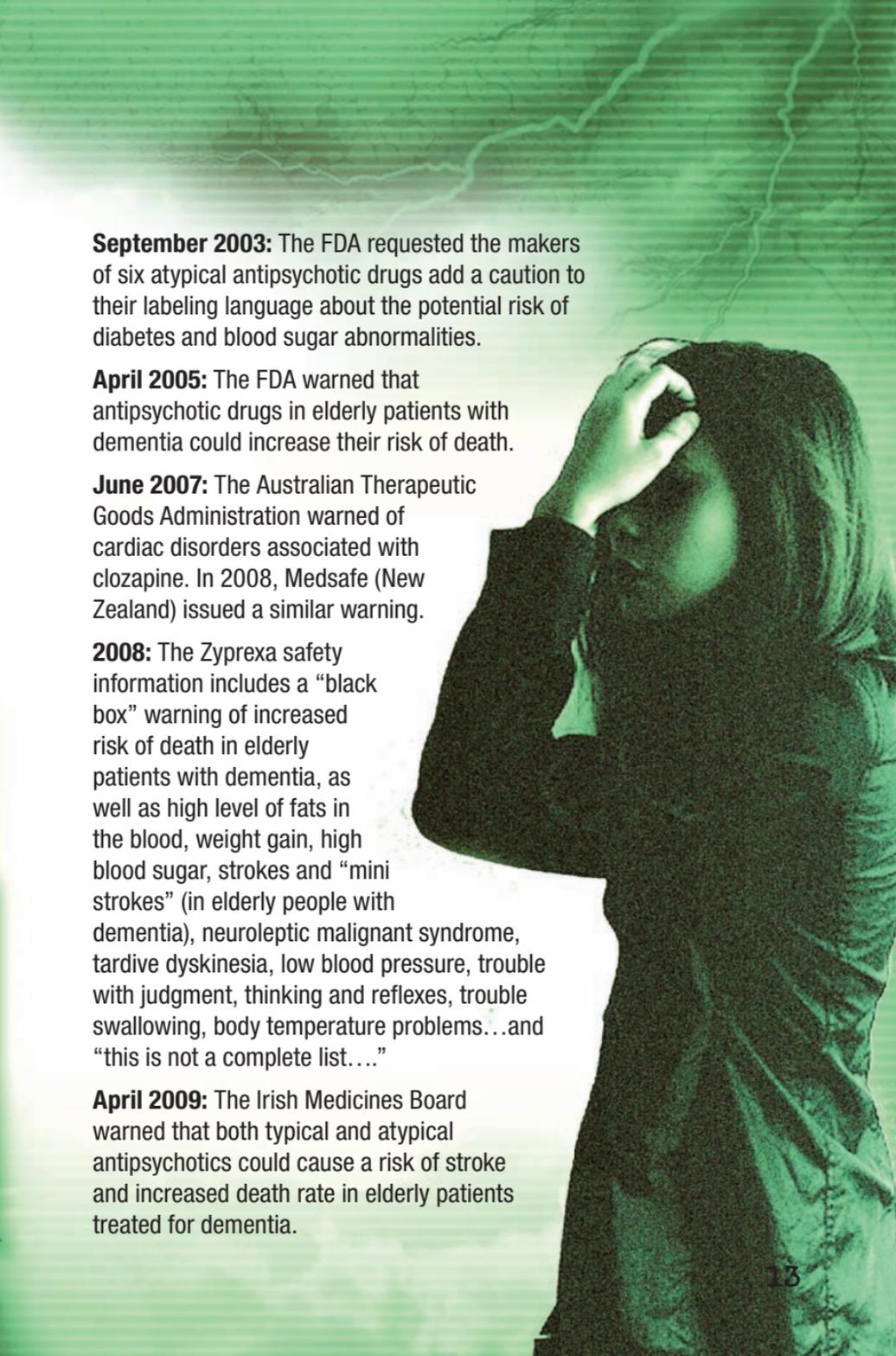
The settlement is valued at \$1.415 billion and is the largest individual corporate criminal fine in history. The settlement up to \$1.415 billion.

The settlement is valued at \$1.415 billion and is the largest individual corporate criminal fine in history. The settlement up to \$1.415 billion.

The settlement is valued at \$1.415 billion and is the largest individual corporate criminal fine in history. The settlement up to \$1.415 billion.

## MIMS Ireland

### Update on the safety of antipsychotic medicines



**September 2003:** The FDA requested the makers of six atypical antipsychotic drugs add a caution to their labeling language about the potential risk of diabetes and blood sugar abnormalities.

**April 2005:** The FDA warned that antipsychotic drugs in elderly patients with dementia could increase their risk of death.

**June 2007:** The Australian Therapeutic Goods Administration warned of cardiac disorders associated with clozapine. In 2008, Medsafe (New Zealand) issued a similar warning.

**2008:** The Zyprexa safety information includes a “black box” warning of increased risk of death in elderly patients with dementia, as well as high level of fats in the blood, weight gain, high blood sugar, strokes and “mini strokes” (in elderly people with dementia), neuroleptic malignant syndrome, tardive dyskinesia, low blood pressure, trouble with judgment, thinking and reflexes, trouble swallowing, body temperature problems...and “this is not a complete list....”

**April 2009:** The Irish Medicines Board warned that both typical and atypical antipsychotics could cause a risk of stroke and increased death rate in elderly patients treated for dementia.

# PSYCHIATRIC DISORDERS vs. MEDICAL DISEASES

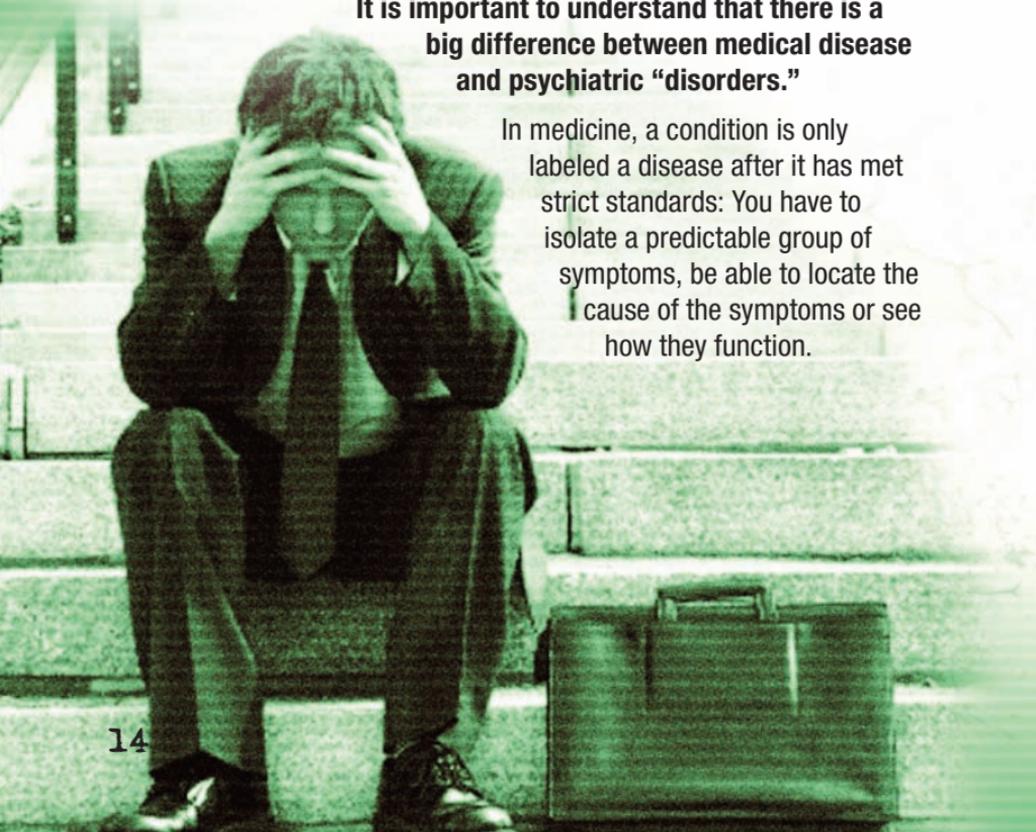
There is no question that people do experience problems and upsets in life that may result in mental troubles, sometimes very serious.

But to say that these are “medical diseases” or caused by a “chemical imbalance” that can only be treated with dangerous drugs is dishonest, harmful and often deadly.

What psychiatric drugs do instead is mask the real cause of problems, often denying you the opportunity to search for workable, effective solutions.

**It is important to understand that there is a big difference between medical disease and psychiatric “disorders.”**

In medicine, a condition is only labeled a disease after it has met strict standards: You have to isolate a predictable group of symptoms, be able to locate the cause of the symptoms or see how they function.



This must all be proven and established by a physical test such as a blood test or X-ray.

**In psychiatry, there are no lab tests to identify their disorders. Their drugs treat symptoms.**

For example, a patient might have symptoms such as chills or a fever. In medicine, tests would be done to find out what physically observable disease is causing them, such as malaria or typhoid. Psychiatrists, on the other hand, do not look for the root cause, and instead prescribe a drug that suppresses the symptoms. Meanwhile, the cause is not being treated and may worsen.

To appear more scientific, psychiatrists claim that their “disorders” come from a chemical imbalance in the brain. This claim has never been proven true, since there are no tests to assess the chemical status of a living person’s brain or how to determine what a correct chemical balance looks like.

Dr. Darshak Sanghavi, clinical fellow at Harvard Medical School, is among many medical experts publicly debunking the “chemical imbalance” theory. “Despite pseudoscientific terms like ‘chemical imbalance,’ nobody really knows what causes mental illness. There’s no blood test or brain scan for major depression. No geneticist can diagnose schizophrenia,” he said.<sup>5</sup>

The World Psychiatric Association and the US National Institute of Mental Health even admit that psychiatrists do not know the causes or cures for any mental disorder or what their “treatments” (usually drugs) specifically do to the patient.

**Bipolar disorder** is, according to psychiatrists, supposedly characterized by alternating episodes of extreme lows and highs (depression and mania)—thus, “two poles” or “bipolar.”

But even prominent medical journals have disputed this claim, pointing out that there is no physical evidence for bipolar in the brain, nor is there any evidence of “markers” showing that such a “disease” is or might become present. In fact, there is no proof that any gene is responsible, for any mental disorder.<sup>6</sup>

5. Dr. Darshak Sanghavi, “Health Care System Leaves Mentally Ill Children Behind,” *The Boston Globe*, 27 Apr. 2004.

6. Stephen Soreff, M.D. and Lynne Alison McInnes, M.D., “Bipolar Affective Disorder,” *eMedicine Journal*, Vol. 3, No. 1, 7 Jan. 2002.

# SOLUTIONS

## the right to be informed

Mental problems can be resolved, and thankfully so.

Imagine how it would be to believe that you could never overcome your personal obstacles, and come to lead a happy and rewarding life.

Unfortunately, psychiatrists will most often tell you that your emotional problems or mental distress is incurable, and that you must take their drugs to “manage” it, often for the rest of your life.

But there is one thing they typically leave out—a concept called “informed consent.” This means that every patient has the right to be told the risks and benefits of the treatment the practitioner recommends; the risks and benefits of alternative treatments; and the risks and benefits of not treating the problem at all.

Psychiatrists routinely do not inform patients of nondrug treatments, nor do they conduct thorough medical examinations to ensure that a person’s problem does not stem from an untreated medical condition that is causing the mental disturbance.

Therefore, it is recommended that all patients first see a medical doctor (especially one who is familiar with nutritional needs), who should obtain and review a thorough medical history of the patient and conduct a complete physical exam, ruling out all the possible problems that might cause the person’s symptoms.

According to top experts, the majority of people having mental problems are actually suffering from nonpsychiatric disease that is causing emotional stress.<sup>7</sup>

7. Sydney Walker, III, M.D., *A Dose of Sanity* (John Wiley & Sons, Inc., New York, 1996), pp 229–230.  
Lorin M. Koran, *Medical Evaluation Field Manual* (Department of Psychiatry and Behavioral Sciences, Stanford University Medical Center, California, 1991), p 4.  
Thomas Dorman, “Toxic Psychiatry,” Thomas Dorman’s website, 29 Jan. 2002, <http://www.dormanpub.com>, Accessed 27 Mar. 2002.



There are far too many workable alternatives to psychiatric drugging to list them all here, though psychiatry insists there are no such options and fights to keep it that way.

In the end, patients and physicians must urge their government representatives to endorse and support the funding of nondrug workable alternatives to dangerous drugs.

**According to top experts,  
the majority of people  
having mental problems are  
actually suffering from  
nonpsychiatric disease that  
is causing emotional stress.**

# CITIZENS COMMISSION ON HUMAN RIGHTS

Restoring Human Rights and  
Dignity to Mental Health

Citizens Commission on Human Rights (CCHR) was established in 1969 by the Church of Scientology to investigate and expose psychiatric violations of human rights, and to clean up the field of mental healing.



Its cofounder is Dr. Thomas Szasz, Professor of Psychiatry Emeritus and internationally renowned author. Today, CCHR comprises a network of 250 chapters in 34 countries. Its board of advisors, called commissioners, includes doctors, lawyers, educators, artists, businessmen, and civil and human rights representatives.

CCHR has inspired and caused hundreds of reforms by testifying before legislative bodies and conducting public hearings into psychiatric abuse, as well as working with media, law enforcement and public officials the world over.



**“Given the nature and potentially  
devastating impact of psychotropic  
medications...we now similarly  
hold that the right to refuse to take  
psychotropic drugs is fundamental.”**

Alaska Supreme Court, 2006

**CCHR International**

6616 Sunset Blvd.

Los Angeles, California 90028, USA

(323) 467-4242 or (800) 869-2247

Fax: (323) 467-3720

E-mail: [humanrights@cchr.org](mailto:humanrights@cchr.org)

[www.cchr.org](http://www.cchr.org)

[www.cchrint.org](http://www.cchrint.org)

**Report any adverse psychiatric drug effects to the FDA's MedWatch program at**

**[www.accessdata.fda.gov/scripts/medwatch](http://www.accessdata.fda.gov/scripts/medwatch)**

**Or log on to [www.cchr.org](http://www.cchr.org)**

**cchr.org**

