

BOOK REVIEW

Brush Strokes in ‘Unhinged’ a Bit Too Broad

Readers of this review of “Unhinged: The Trouble With Psychiatry” by Daniel J. Carlat (New York: Free Press, 2010) should know up front that it was written by a psychopharmacologist who continues to do “promotional” presentations for pharmaceutical companies. Why, you may wonder, would a person who is considered by some to be a “paid puppet” or a “hired gun” undertake such a project?

I agreed to write this, in part, because of Dr. Carlat’s concession that there might be “some company speakers out there who are able to be completely honest about the sponsor’s drug.”

I also agree with much of what he says.

“Unhinged” is not a treatise for professionals. Its intended audience is the general public—which might explain the frequent use of graphic embellishment in what is intended to be an exposé of “deeply disturbing problems” confronting the psychiatric profession and, in particular, its relationship to the pharmaceutical industry. He has explored these themes many times—in publications such as the New York Times (“Dr. Drug Rep,” New York Times Magazine, Nov. 25, 2007), and CLINICAL PSYCHIATRY NEWS (“Physicians, Big Pharma, and Deception,” April 2008, p. 9), and on his blog (<http://carlatpsychiatry.blogspot.com>).

In his new book, Dr. Carlat bemoans the shift in recent years from a humanistic psychotherapeutic approach to treatment that focuses on a “pill for every ill, move along quickly, but pay your bill” (my quote). I agree that the 15-minute

med check is less than ideal for many patients and that the best practice is to integrate psychological and social factors with pharmacotherapy.

However, Dr. Carlat’s contentions can prove contradictory. For example, in the first chapter, he says, “psychopharmacologists rarely do therapy.” Later, he concedes that “to be fair, most psychopharmacologists do, in fact, provide therapy to most of their patients.”

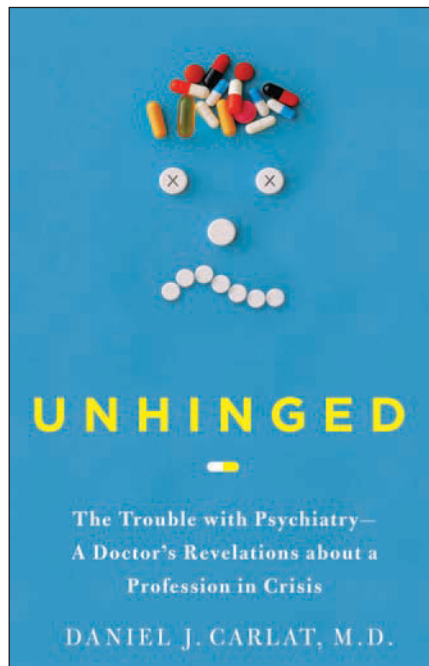


BY JAMES W. JEFFERSON, M.D.

Let us move on to what is on target about Dr. Carlat’s “Unhinged.” He is justifiably critical of clinicians who only push pills, who focus treatment only on diagnostic codes rather than the patient as a whole, who have little time for comprehensive diagnosis, and who do not critically evaluate the information they receive and its sources.

He is justifiably concerned about the controversial DSM-5, and indignant about certain pharmaceutical company practices and relationships.

Dr. Carlat writes with a flourish that “when motivated by the scent of vast new markets,” companies have “proven themselves adept at trumping up meager findings in order to convince doctors to prescribe their drugs.” (He points out abuses such as the off-label marketing of drugs; ghostwriting of articles; and publishing only positive data while sweeping negative outcomes under the carpet (bowing to external pressures, some companies now make study results available on the Internet). He presents examples of how drug companies have manipulated the “medical publishing world” for marketing purposes.



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He then confronts the “hired guns” who populate drug company speaker bureaus and have other intimate relationships with industry. People, Dr. Carlat says, who have “allowed themselves to become paid puppets of the pharmaceutical industry.” He enthusiastically presents his perspective on some of them.

He quotes a former drug company representative stating “key opinion leaders were salespeople for us ... if that speaker didn’t make the impact the company was looking for, then you wouldn’t invite them back.” (That has happened to me over the years.)

Still, I disagree with Dr. Carlat’s tendency to use the same brush to tar virtually everyone who has a pharmaceutical company relationship. I also disagree with the contention that drug prescribing is a

random, “pick a drug, any drug” trial-and-error procedure and that psychopharmacology is an uncomplicated endeavor.

Psychiatry has its problems, and as a conclusion to his very readable book, Dr. Carlat offers solutions, advocating that we become “psychological healers,” and describing prescribing psychologists (yes, psychologists) as “close to the ideal mental health professional.” His solutions will generate controversy within and beyond the psychiatric profession, but his statement that “the real solution is to make the profession more impressive and scientific” should resonate well with everyone.

Postscript: Dr. Carlat notes that the receipt of any gift, no matter how small, instills a feeling of reciprocity. That in mind, I confess that I received a free copy of his book—but I did write the first draft of the review with an unbranded pen. ■

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LETTERS

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COMMENTARY

Time to Move Away From ‘a Pill for Every Ill’

“Everything in excess is opposed to nature.”

— Hippocrates

We want a quick fix for everything. The current era of fast-paced technology, fast food, fast-acting drugs, and fast fixes for disease leading to a fast buck has stirred a vicious cycle. Yet, Hippocrates believed that disease is the product of several factors: environment, diet, and living habits.

Considering the complexity of human beings, “fixing” those with mood disorders, anxiety, and phobias with state-of-the-art medications after a lecture on their side effects is not the answer.

The altered state in which these medications can leave our patients can lead to catastrophic changes elsewhere if one does not understand the nonlinear nature of the human body. The “butterfly effect,” a mathematical model introduced by Edward N. Lorenz, Ph.D., the late mathematician and meteorologist, is a good example of this principle.



BY GURPRIT S. LAMBA, M.D.

Dr. Lorenz showed that a tiny disturbance such as the flapping of a butterfly’s wings in South America, for example, can affect the weather in Central Park. Similarly, our current linear methodology of psychiatric disorders must not be considered in a vacuum. Likewise, physical and mental vital signs must be viewed in their totality.

To quote Hippocrates yet again: “It is more important to know what sort of person has a disease than to know what sort of disease a person has.” Nature loves homeostasis, and our body naturally strives to attain it. Our perspective toward the human brain and body should change. Human physiology is dynamic and changes from time to time. We need to move away from the paradigm “there is a pill for every ill.”

As medicine moves toward electronic health records and other high-tech innovations, it is clear to me that those of us treating patients with mental illness must remember that each person must be treated differently. A comprehensive view of each individual is needed.

In addition, the way in which mental illness is defined changes over time.

For example, in 1977, the World Health Organization’s ICD-9 listed homosexuality as a mental illness. The WHO removed homosexuality in 1990. Several years earlier, in 1973, it had been removed from the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders II. Pope Leo XIII purportedly used to carry a hip flask of the coca-treated Vin Mariani with him, and he awarded a Vatican gold medal to Angelo Mariani, known as the world’s first cocaine millionaire. The drug was later outlawed in the society.

We have made remarkable strides in psychiatry in recent years. Given these advancements, we must approach our work holistically.

Only when we reboot our approach to patients by incorporating psychosocial and behavioral interventions into our armamentarium will we be able to meet the needs of our patients. ■

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