



# Do Antidepressants and Other Psychiatric Drugs Kill a Half Million People a Year?

## Executive Summary

- Antidepressant use is very high
- An anti-psychotic drug, Abilify, is the number one best-selling drug (by revenue) in the US
- People who take psychiatric drugs have much higher death rates
- Psychiatric drugs appear to be so ineffective that the higher death rates couldn't possibly be justified

## Antidepressant use is very high

Doctors hand out antidepressants and other psychiatric drugs like candy these days. Do antidepressants and other psychiatric drugs kill a half million people a year? Let's look at the evidence.

Of Americans over the age of 12, [11% take antidepressants](#). Following graph is from the CDC, showing antidepressant use by age and sex. Women are much more likely, ~3 times so, to take them as men, in middle age, and ~2.5 times more overall. White people are 3 to 4 times more likely to take them than others. These data are nearly 10 years old, so it's probably worse now.



Is it worse? Latest data indicates that [~23% of women in their 40s and 50s take antidepressants](#), the highest figure for any age group or sex. Given the higher rates of white people taking these drugs, the rate for middle-aged white women would be considerably higher.

These figures may or may not include the anti-psychotic drug [Abilify, which is the top-selling drug in the U.S.](#) They may include it in the data because it's also marketed for major depression. Abilify costs \$800 for a monthly supply of 30 tablets.

## Are psychiatric drugs safe?

Peter C. Gøtzsche, a Danish professor of psychiatry, argues in [an article in the BMJ](#) that psychiatric drugs are both incredibly unsafe and incredibly ineffective.

**Psychiatric drugs are responsible for the deaths of more than half a million people aged 65 and older each year** in the Western world, as I show below. Their benefits would need to be colossal to justify this, but they are minimal.

He says that randomized trials are biased because they include patients already taking other drugs, and he estimates 15 times more suicides among people taking antidepressants than have been reported to the FDA.

A cohort study found 3.6% greater all-cause mortality in people taking antidepressants; the control group is the same people before they started taking them.

Gøtzsche used only people over 65 years old in his estimates, since falls are an important cause of death in people taking psychiatric drugs, and falls would presumably not kill many people in those under that age. Using Danish prescription data, and scaling up to the U.S. and the European Union, he estimates 539,000 annual deaths from these drugs.

As he says, the benefits are minimal.

Given their lack of benefit, I estimate we could stop almost all psychotropic drugs without causing harm—by dropping all antidepressants, ADHD drugs, and dementia drugs (as the small effects are probably the result of unblinding bias) and using only a fraction of the antipsychotics and benzodiazepines we currently use.

There's a rebuttal to this (at the link), but given the bias toward prescribing these drugs, seemingly at the drop of a hat, this side of the story needs more airing.

Another [article at the BMJ estimates the increased mortality from benzodiazepines](#), the class of tranquilizers that includes Valium and Lorezapam. (These are included in the previous estimates.)

For those taking more than 90 mg a day of benzodiazepines, death rates were nearly 7-fold higher than for those taking none. Death rates showed a dose-

response effect too – the more they took, the higher the death rate.

## **Are antidepressants effective?**

Given the high estimated death rate, antidepressants would have to be incredibly effective to justify their use. Dr. Gøtzsche believes they are not, and could and should be all but stopped. He advises using them acutely only, and tapering off as soon as possible.

I'm not qualified to argue against him, and my bias is to believe him. My own considerations tell me that one quarter of all middle-aged white women couldn't possibly need an antidepressant, much less Abilify.

To me, it looks like a case of Big Pharma medicalizing a social problem for profit. For those interested in more on this, read the excellent [Anatomy of an Epidemic](#).