

FOR IMMEDIATE RELEASE:

PROZAC, ZOLOFT, MAYHEM & SUICIDE

Teicher & Cole – Together Again and Still Sounding the Alarm

The February 1990 article¹ by Harvard psychiatrists Martin Teicher and Jonathan Cole (along with their colleague nurse Carol Glod) brought the issue of Prozac/SSRI induced suicidality to the public consciousness. The article spawned immediate regulatory interest and a whirlwind of publicity in the popular media.

Primed by company spin doctors, Lilly top scientist Leigh Thompson blamed the publicity on the Scientologists and the suicides on the underlying disease of depression.² It was a good public relations tactic, and it has been an effective products liability stratagem for over a decade.

However, after ten years more experience, on May 7, 2000, in a rare interview with the Boston Globe, Dr. Teicher said that he stood by his work, and that the ability of Prozac to induce suicide in a minority of patients “is a real phenomenon.”³ Meanwhile, on April 28, 2000, Dr. Cole, who has been described by Pfizer experts as a “pioneer”⁴ in the field of psychopharmacology, signed a sworn declaration⁵ in a federal wrongful death case concerning the tragic suicide of a 13 year old boy, only seven days after he began taking Zoloft promotional samples. Dr. Cole wrote:

In 1990 I co-authored an article with my colleague Martin Teicher . . . Our purpose in writing this article was to alert the profession to an alarming, probable drug side effect which we had observed. . . . The SSRI drugs, as a class, clearly have the potential to cause, and in reasonable medical probability or certainty do cause, akathisia in some patients. . . . they may also cause emotional blunting or dysregulation. Either of these conditions could, and probably do, trigger or contribute to violent or suicidal behavior. . . .

A side effect that occurs in a relatively small percentage of patients, such as the treatment emergent suicidality which Dr. Teicher, Nurse Glod and I reported on in 1990, is not likely to be detectable in a standard RCT [clinical trial] or measured by a relative risk calculation. That does not mean, however, that the side effect is not real, not dangerous, and not caused by the drug.

Although the drug companies continue to deny the existence of this phenomenon in public and in court, in a 1996 report to the FDA, Pfizer quietly admitted that "drug-induced activation is a plausible explanation for the emergence of suicidal behavior in our patient #4 . . .", an 8 year old boy who **mutilated** his feet with a razor blade and tried to strangle himself with a necktie.⁶ And Lilly? Well, it paid \$90 million for a patent, the ostensible usefulness of which is that it **reduces** a few really troublesome side effects of the original Prozac: "nervousness, anxiety, insomnia, **inner restlessness (akathisia), suicidal thoughts, self mutilation** [and] manic behavior."⁷

A peer-reviewed journal article this month recounts the experiences of two healthy, **non**-depressed volunteers who became actively suicidal within two weeks of taking Zoloft.⁸ Harvard psychiatrist Joe Glenmullen's powerfully endorsed but provocative book, *PROZAC BACKLASH*, continues to receive wide public interest and to engender industry obloquy. And the FDA? Hopefully, they are working right now on a proper warning for *Prozac II*, and the entire class of SSRI drugs.

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May 11, 2000
Houston, Texas

Endnotes

1. Teicher, Glod, Cole, Emergence of intense suicidal preoccupation during fluoxetine treatment. *Am.J.Psychiatry* 1990: 147: 207-210.
 2. Dr. Thompson's coaching came via a memo dated April 15, 1991 from the now current executive VP of Lilly, Mitch Daniels. It was introduced into evidence as Px 123 in the case of Forsyth v. Eli Lilly. Lilly's hardball litigation tactics through the years are well covered in the Lilly's legal tactics disarmed legions of Prozac lawyers article by Indianapolis reporter Jeff Swiatek, available online at the paper's website, www.starnews.com. and ours, www.justiceseekers.com.
 3. Leah Garnett, Prozac revisited: As drug gets remade, concerns about suicide surface, available online at the paper's website, www.boston.com and ours, www.justiceseekers.com.
 4. "Q. Is Dr. [Jonathan] Cole a man of considerable stature and reputation in the field of neuropsychopharmacology in this country?

A. He's one of the pioneers of the field."
- March 29, 2000 deposition of retained Pfizer expert witness, pre-eminent suicidologist and psychopharmacologist, J. John Mann, M.D. in case of Miller v. Pfizer, No. 99-2326 KHV (United States District Court, Kansas). Another Pfizer expert, Dr. Daniel Casey, not coincidentally the chairman of the 1991 FDA advisory committee that considered this issue, agreed with Dr. Mann's description of Dr. Cole's professional standing.
5. The term "RCT" refers to randomized, clinical trial. The industry, which has never conducted such a study to test the hypothesis that SSRI drugs induce suicidality, nevertheless argues in Court that only such tests are truly "scientific." All other opinions, no matter who renders them or what they base them upon, are merely "junk". The Declaration is being filed in federal court in Kansas City in the case of Miller v. Pfizer, docket number 99-2326 KHV. The case is set for trial before Judge Kathryn Vratil and jury on July 18, 2000. A copy of Dr. Cole's Declaration is posted on our website, www.justiceseekers.com. Matt Miller's story, "He Never Said Goodbye" is available at www.drugawareness.org and on our site, www.justiceseekers.com.
 6. Report, Suicide-Related Behavior in Children and Adolescents in the Sertraline OCD Clinical Development Program, Pfizer, Inc. (May 23, 1996), Pfizer Exhibit #40 in Miller v. Pfizer pretrial motions. It based its determination of causality on the clinical

judgment of its own investigator and its scientists' review of published "anecdotal case reports" in a 1991 article.

7. U.S. Patent 5,708,035

8. Healy, Emergence of antidepressant induced suicidality, Primary Care Psychiatry 2000, Vol.6 No. 1.