

March 11, 2004

Dear Dr. Clary,

Thank you for replying to our request. However, your response leads us to believe that you misunderstood our question. You have stated in your reply that you believe that "neurochemical disruptions are the biological substrate of major depressive disorder." We are fully aware that you believe this statement to be true. Pfizer representatives, salesmen, marketing brochures, textbook authors, etc have stated this belief numerous times. We did not ask for a restatement of this belief. As we said in our initial letter, and subsequent letters, we have asked you and other organizations for the "evidence" to back up this statement.

Even though we specifically asked for peer reviewed papers, and not textbooks, the only citation you have provided is a textbook chapter (The APA also referred us to a textbook). The problem with textbooks is that they are typically not held to the same standard as peer reviewed papers. In addition, editors of scientific journals also require authors to submit a statement about conflicts of interest, which is not the case with textbook chapters. For instance, if the *Textbook of Psychopharmacology*, had been held to the standard of medical journals then readers would know that the editor, Charles Nemeroff has been a major stockholder in Pfizer. This book is also published by the *American Psychiatric Press*, an arm of the *American Psychiatric Association*, who we have also requested information from.

But conflicts of interest aside the textbook provides no evidence to back up your statement that mental illness results from a chemical imbalance. If you disagree please point us to the relevant page numbers. We agree with the authors of the textbook, and your statements, that SSRIs bind to the serotonin receptor and alter serotonin levels but this is hardly enough proof to justify the statement that low serotonin levels are responsible for emotional distress. We don't agree with your implication that scientists know the threshold between the level of emotions such as anxiety and sadness which are functional and useful and the levels of such emotions which are excessive and "disorders."

We would also like to point out that advertisements for the SSRIs frequently use words like "maybe" or "may" or "possibly" when discussing the biological basis of mental illness. In your letter you boldly state that there is a chemical imbalance in the brain. If a student, a practicing clinician, or a patient asked you to back up this statement with evidence how would you reply? Would you simply say "See our textbook."

We are also unclear as to why you have brought up corporate responsibility in your reply. We share your belief that people suffering emotional distress should not be stigmatized, but we also believe that statements about "science" should be supported with evidence. Just because a corporation has made a tremendous amount of money from a specific treatment does not necessarily invalidate that treatment, but we would like to point out that your corporate responsibility to tell people that emotional distress is due to altered neurotransmitter levels has made a significant amount of money for your corporation.

SSRIs and Suicide

As you are aware there is also another side to these medications. Recent reports have implicated these medications as possibly making some people more likely to commit suicide. Whether or not the SSRIs are responsible for some people taking their lives is still unclear and we would never have even broached this topic if wasn't for the citation you have provided us. Your citation has provided no evidence to back up your claim but it is an excellent example of how any potential link between suicide and SSRIs has been downplayed and ignored by senior members of the psychiatry profession.

In the Textbook of Psychopharmacology there is a chapter on SSRIs by Tollefson (an Eli Lilly employee) and Rosenbaum. These authors state there is no link between suicide and SSRIs and for their evidence they cite only one study, by Warshaw and Keller. There are numerous problems with this study which David Healy has addressed such as the fact that the only suicide in the study was a patient taking Prozac. But more to the point, the issue of whether these drugs might even be a *potential* problem was not given a full hearing in this chapter - or in similar forums by the main psychiatry profession. Instead of listening to patient complaints, questioning whether these drugs cause a problem, and designing experiments to investigate a possible link between suicide and SSRIs, it seems that the psychiatry profession as a whole has been more concerned with finding any kind of data it can to back up its declarations that these drugs are safe - while ignoring data to the contrary. For instance in 1982 Pfizer looked at the effect of Zoloft on healthy volunteers. The study which you (Pfizer) funded has never seen the light of day. However, in your own internal files the investigator Ian Hindmarch stated that all five healthy volunteers taking Zoloft dropped out of the study in the first week due to severe anxiety. As another example, in the six published pediatric studies that investigated the use of Zoloft in children there is only one mention of a suicidal act. Yet, according to a Pfizer Expert Report there were six suicidal acts.

Our Still Unanswered Question:

In your statement you say that "Zoloft is a medicine that helps correct the chemical imbalance of serotonin in the brain." Can you please provide the information to support this statement? We do not know how we can be any clearer in our request. Shouldn't your corporate responsibility include being able to answer this simple question?

Sincerely,

The Scientific Panel