

# Big Pharma strikes back – The Ultimate Antidepressant Study

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**Antidepressants are more and more seen as ineffective and with serious harmful side effects. And so Big Pharma needs to strike back to preserve the myths and the multibillion profits. It's done via Swedish researchers claimed to be "independent", who are now to do the ultimate antidepressant study that lays the discussions to rest.**

Media in Sweden have this summer announced: "Antidepressant medications are to be investigated by independent researchers". The researchers are said to have access to a unique data base with more than 7000 individuals, to first study the SSRI drugs Citalopram, Paroxetine and Sertraline. They are to "subject the studies of SSRI drugs from the pharmaceutical companies to new analyses on an individual level". It's reported that the studies have only been subject to "limited analyses" earlier, but are now to be extensively analysed based on "symptom profile, gender and age". The researchers also want to see "if there is any relation between antidepressant medications and suicide thoughts".

The lead researcher Elias Eriksson says: "Antidepressant medications are used extensively, but many say they lack effect and that is of course an unsatisfying situation. Our ambition is therefore to clarify if and when these drugs actually work."

**The "independent" lead researcher is Professor Elias Eriksson** at the University of Gothenburg.

Let's look at his (last) published CV (2008), with data about his connections to the pharmaceutical industry [1]:

"Was a member of expert panels/advisory boards for several international pharmaceutical companies: Eli Lilly (USA), Ciba-Geigy (Switzerland), Pfizer (USA), SmithKline Beecham (England), Organon (The Netherlands), Lundbeck (Denmark), Glaxo SmithKline (UK), Rhone-Poulenc Rorer (France) and Schering (Germany). Scientific collaboration with Ciba-Geigy, Bristol-Myers Squibb, Novo Nordisk, Glaxo SmithKline, Merck, and Lundbeck. "

Funding (2007) Pharmaceutical industry: H Lundbeck: 2.700.000 SEK (awarded in 2007). Bristol Myers Squibb: 450.000 SEK (awarded in 2006). Grants for equipment past 5 years (Lundberg foundation): Appr 5.000.000 SEK."

Let's look at some of his *statements* about SSRIs during the years:

"Another reason for the increased prescription of SSRIs is without doubt the fact that they not only have been shown to be effective for depression, but also for a long array of other psychiatric conditions. SSRIs have thus been shown to be far better than placebo – and in some cases remarkably effective – for treatment of obsessive-compulsive syndrome (prevalence: 2%), panic-anxiety (prevalence: 3-4%), social phobia (prevalence: 5-10%), premenstrual syndrome (PMS) (prevalence: 5-10% of women in fertile age) and bulimia (prevalence: unknown, but probably increasing)." (Elias Eriksson, *The effects and mode of action of Selective serotonin re-uptake inhibitors*, Lundbeck's paper Transmittorn Nbr 3, 1996.) [My translation.]

And ten years later in an article for the Pharmaceutical Committee, Stockholm's County Council:

"My conclusion is with this that available data say that antidepressants are considerably more effective than placebo ..." [2] [My translation.]

As Eriksson's ambition in the current research project also was said to examine "if there is any relation between antidepressant medications and suicide thoughts", it can be interesting to read what he said about the subject of antidepressants and suicide in the same paper 1996:

"Only the person who has a principally and ideologically based antipathy against antidepressant drugs can avoid the conclusion that the decrease in suicides in Sweden in the last decade is related to the increased use of antidepressant medication, something which has been convincingly illustrated by Göran Isacson (2003)." [2] [My translation.]

**We find** that the lead researcher, Elias Eriksson, presented as "independent", has a *long, long history of intimate connection with the pharmaceutical companies manufacturing the SSRI drugs he is now to investigate.*

**We find** (as above) that he already 20 years ago found that *SSRIs "have been shown to be effective for depression", and to be "far better than placebo", even "remarkably effective" for "a long array of other psychiatric conditions".*

**We find** (as above) that he in a 10 years ago published article found that *SSRIs "are considerably more effective than placebo ..."* and that there were no doubts in his mind that *increased use of antidepressants decreased the suicide rates in Sweden.* Persons who did not share this view were said by Eriksson to have a *"principally and ideologically based antipathy against antidepressant drugs".*

**Data about the new "ultimate antidepressant study"** can be found in the application submitted by Eriksson to a sponsor, the Insurance Company AFA Insurance, owned by Sweden's labour market parties. The Insurance Company says: "We support research and claims-prevention activities ... through financial grants" and so Eriksson's study got a grant of 1.8 million SEK for 2016-2018.

The Insurance Company has repeatedly dismissed requests for clarifications about the research project: They have not been willing to share the actual description of the research project, not been willing to answer questions about conflicts of interest or if these have been called in question, not been willing to share the decision to finance the study.

All they were willing to say was: Read the press release! In the press release we get to know that *"independent researchers"* are to make the data from pharmaceutical industry subject to a new study. [3] (There are also other sponsors for this project; the applications to these and their decisions will be taken up in later articles.)

But the University of Gothenburg handled the FOI request about the research project in an exemplary manner. The description (5 pages) of the project **"How effective are the antidepressant drugs"** was released without delay.

That this is ***The Ultimate Antidepressant Study***; the study that will lay the discussions about antidepressants to rest is visible in this quote from the project description:

**“We are alone in the world to have access to a data base with individualised information from all studies about the effect of three (and soon four) of the most used SSRIs in the treatment of depression in adults, and we are about to expand this to also include studies on children and adolescents, studies in which different types of antidepressant medications have been compared, studies about other indications than depression etc.”** [My translation.]

The pharmaceutical companies have been friendly enough to release unique data to a research leader, with whom they have had a long and intimate connection, who already twenty years ago announced that SSRI antidepressants *“have been shown to be effective for depression”*, and later that they *“are considerably more effective than placebo ...”*, and to be *“far better than placebo”*, even *“remarkably effective”* for *“a long array of other psychiatric conditions”*.

A researcher who now acts as an “independent” researcher, to be objective and impartial in evaluating *“if and when these drugs actually work”*.

At this point persons really interested in this ultimate antidepressant study should read the actual research project—here is an unofficial translation:

<http://jannel.se/Eriksson.Application.Project.AntidepressantsENG.pdf>

and here is the original (Swedish):

<http://jannel.se/Eriksson.Application.ProjectAntidepressantsSWE.pdf>

It’s been said *“a picture is worth a thousand words”* and what can tell the story about the research done by Elias Eriksson and colleagues better than this one:



On the right side we see a picture of Galileo’s famous experiment. An experiment where Galilei was said to have dropped two spheres of different masses from the Leaning Tower of Pisa to demonstrate that their time of descent was independent of their mass. An experiment done to test his hypothesis.

[https://en.wikipedia.org/wiki/Galileo%27s\\_Leaning\\_Tower\\_of\\_Pisa\\_experiment](https://en.wikipedia.org/wiki/Galileo%27s_Leaning_Tower_of_Pisa_experiment)

On the left side we have the type of “research” done by Eriksson and colleagues. Here we see the “Texas Sharpshooter”, who fires his gun at the side of a barn, then paints a bullseye around the bullet hole, and claims being a sharpshooter. The manufacturers of antidepressants have made sure that the “independent” Elias Eriksson and colleagues have got a large amount of data, and they are free to fish to find the correlations they want. The researchers can focus on whatever subset of the data they want, and form a hypothesis after the data has been examined, a hypothesis they then can pretend to test, on the same data. [https://en.wikipedia.org/wiki/Texas\\_sharpshooter\\_fallacy](https://en.wikipedia.org/wiki/Texas_sharpshooter_fallacy)

In the middle we see data being *tortured* until it show what one wants it to show – a well-known method used by Big Pharma to manipulate the true results of their clinical trials.

Figure downloaded from Flickr [text taken away], courtesy of Dirk-Jan Hoek.

We can in the research project see that the researchers are proud to announce that, when fishing around, they have found that antidepressants in *higher doses* have more effect than in lower doses. The researchers rename the doses currently used and recommended in guidelines as “*suboptimal doses*”. They see a future where guidelines are changed so that patients are given higher doses, and have even got their recommendations published in international medical journals. A press release from Sahlgrenska Academy was issued [4] and media took the story without asking critical questions. [5]

It’s amazing to read about the revolutionary higher doses. Why not ask the simple question:

Are we to believe that the pharmaceutical companies in all these years have been stupid enough to recommend “suboptimal doses”, failing to find out the “good effects” of high doses (with higher prices and better profit)?

Isn’t it easy to understand that higher doses cause more harm to patients and therefore were to be avoided when the pharmaceutical companies designed clinical trials for their drugs. Longer trials, higher doses, was a sure way to create more harmful effects from the drugs, and so be sure not to get them approved by the drug regulatory agencies.

Wouldn’t it be a bit more honest if Eriksson and colleagues would now require the pharmaceutical companies who have released all data to them, to *do a long-term, randomized double-blind clinical trial with higher dose, normal dose and active placebo*, instead of pretending “the high dose hypothesis” they now have generated, to be a true research finding proving the good effect of antidepressants, claimed by Eriksson from the very beginning?

The researchers are also proud to announce that they, in their fishing expedition, have found *one point* on the subjective scale used in many clinical trials (Hamilton Rating Scale for Depression), where the material delivered by the manufacturers shows that antidepressants are better than placebo. Also this point is renamed, and now called “*a more sensitive endpoint*”. And so we get Eriksson again explaining the stupidity of the pharmaceutical companies: that they in all years have “*unwisely assessed*” something they should not have assessed. In addition we get to know that all critical research findings in recent years are built on a “*misinterpretation*”, and that “*the scientific support for these drugs ... is very robust across studies*”. [6]

We can expect much, much more to come from this “reanalysis”—as this *is* the Ultimate Antidepressant Study, ending all critical discussions about the effects of antidepressants. We can for example expect to see the following:

- That SSRI antidepressants are found to be effective also for children and adolescents, if prescribed “correctly”.
- That SSRIs do not increase the risk of suicide among patients that before treatment had no suicidal tendencies; that the “suggestion” about this is wrong, that the warnings issued by drug regulatory agencies about increased suicide risk are wrong (remember the words by Eriksson about persons not sharing his view about antidepressants and suicides, as showing a “*principally and ideologically based antipathy against antidepressant drugs*”).

- That the guidelines, placing antidepressant drugs secondary to other interventions for persons being depressed, must change and that instead antidepressants must be “reinstated” as *the first line treatment—in higher doses than before*. (Elias Eriksson says in his application that his research colleague Frederick Hieronymus is part of the work done by the Swedish National Board of Health and Welfare to write new guidelines.)
- That the failure to effectively blind the clinical trials, claimed by critics to create much of the (small) difference in effect shown between antidepressants and (inactive) placebo, does not really matter and does not influence the “true” effect of the drugs.

We can expect A LOT of good news for Big Pharma and SSRIs to come from this research project, and we will, with the words of Eriksson, see “good international dissemination” of the results.

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[1] Curriculum Vitae, Elias Eriksson, University of Gothenburg, 2008,  
[www.pol.gu.se/digitalAssets/1093/1093595\\_CV\\_EE.doc](http://www.pol.gu.se/digitalAssets/1093/1093595_CV_EE.doc)

[2] Elias Eriksson, About the effectiveness of antidepressants, Information about medicines from Stockholm’s Pharmaceutical Committee, North, Nbr 5, October 2006,  
[http://www.janusinfo.se/Documents/Arkiv/Tidskrifter/Lakemediet/lakemed05\\_06.pdf](http://www.janusinfo.se/Documents/Arkiv/Tidskrifter/Lakemediet/lakemed05_06.pdf)

[3] AFA, Press Release, How effective are the antidepressant medications really? 30 June 2016, in Swedish, <http://news.cision.com/se/afa-forsakring/r/hur-effektiva-ar-egentligen-de-antidepressiva-lakemedlen-,c2037432> )

[4] Sahlgrenska Academy, News, Higher doses of antidepressants are associated with better treatment response, 20 June 2016, <http://sahlgrenska.gu.se/english/research/news-article//higher-doses-of-antidepressants-are-associated-with-better-treatment-response.cid1378792>

[5] Läkemedelsvärlden, Högre dos SSRI ger bättre effect, (Higher dose SSRI gives better effect), 20 June 2016, <http://www.lakemedelsvarlden.se/nyheter/hogre-dos-ssri-ger-battre-effekt-15248>

[6] Sahlgrenska Academy, News, 25 May 2015, Are antidepressants more effective than usually assumed?  
<http://sahlgrenska.gu.se/english/research/news-article/are-antidepressants-more-effective-than-usually-assumed-.cid1306695>