



**Shane Clancy**



**Yvonne Woodley**

**CM – Medical Director Lundbeck; AC - coroner**

**AC: I would like you to answer the next two questions either yes, no or I don't know. Then you can talk for as long as you wish. But let's just try to have yes, no or don't know.**

**CM: Ok.**

**AC: Do you believe that citalopram can cause somebody who would not otherwise take their own life to do so?**

**CM: Yes.**

**AC: And is that what you think happened to Yvonne Woodley?**

**CM: No.**

## The Courier-Journal

Disturbed worker kills 7 and wounds 13  
in rampage with AK-47 at Louisville plant



**By [unreadable]**  
A man who had been tormented by his secret stresses for years, Joseph Wesbecker, shot his way through a Louisville plant on Sept. 14, killing seven people and wounding 13 others.

Tormented man driven  
by his secret stresses



**PROZAC**  
**NOT GUILTY**

September 14, 1989 was a day they will never forget in Louisville, Kentucky. Eight people were shot dead and 12 wounded in a bloody massacre, and the killer, Joseph Wesbecker, went on to shoot himself. At the time of the killing spree he was taking Prozac for depression. Was the drug to blame, or was he programmed to kill? By John Cornwell

# Donald Schell

- 60 year old male
- 1984 brief episode Depression/Anxiety –  
no violence
- 1990 - adverse response to Prozac
- 1998 given Paxil/Aropax by GP for anxiety
- 48 hours later
- Akathisia



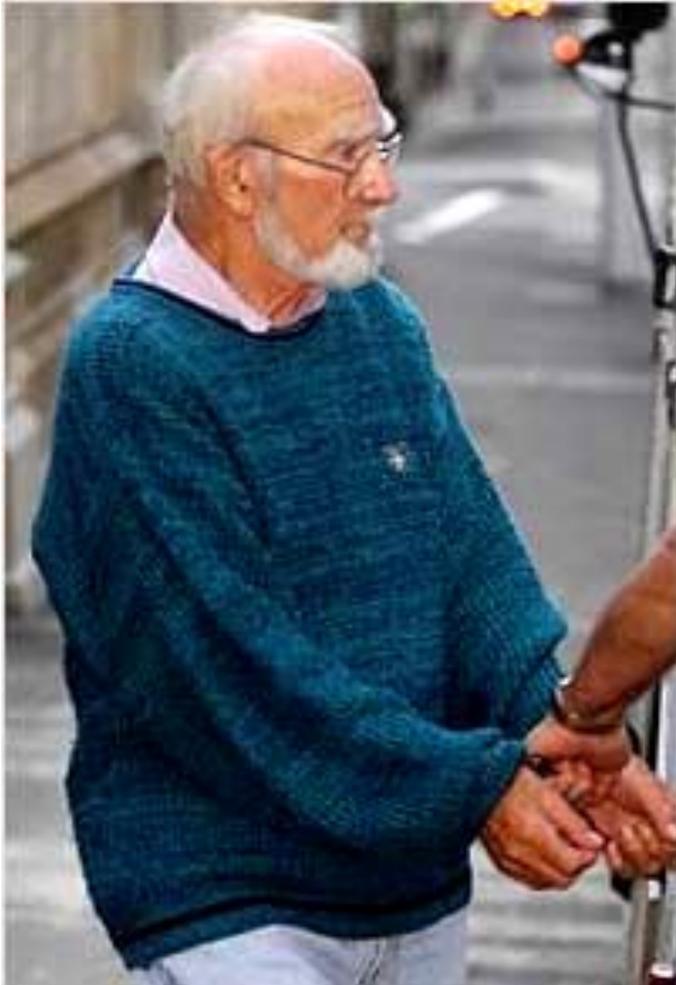


## David Hawkins

1. 74 history of nerves, no violence
2. Prior adverse response to Zoloft
3. Zoloft by locum
4. Felt worse after 1 and took 4 more
5. Next Morning

# The Sydney Morning Herald

## Drug turned loving man into a killer, says judge



Out of character  
... . . . David Hawkins.  
Photo: Brendan Esposito

**By Allison Jackson**

A Supreme Court judge has blamed Australia's most widely used antidepressant for causing a 76-year-old man to kill his wife of 50 years.

Justice Barry O'Keefe said David John Hawkins strangled his wife, Margaret, as a result of taking 250mg of Zoloft - five times the recommended dose.

"The killing was totally out of character for the prisoner, inconsistent with the loving, caring relationship which existed between him and his wife, and with their happy marriage of 50 years," Justice O'Keefe said.

**"I am satisfied that but for the Zoloft he had taken, he would not have strangled his wife."**



“I was thinking, ‘No one cares. No one’s there. I’d be better off dead.’”

Merrilee Bentley believes antidepressants drove her to the brink of killing her children. Now, a senior judge has supported her claim, and the safety of these “miracle” drugs is once more under scrutiny



# **Merrilee Bentley**

1. 32 year old mother of 2
2. Long history of untreated anxiety
3. Poor response to Paxil switched to Efexor
4. Visibly agitated
5. Took Children for a Drive
6. Drug Free Fine

# MC

1. 23 year old – long history substance abuse
2. Prescribed Paxil & Zopiclone - 2 ys
3. Heavy evening drinking
4. Quarrel with Partner
5. Arrives bloodied with baby to Police Station

# MHRA ADVERSE EVENT REPORTS

<b>Sleepwalking</b>	<b>Nightmares</b>
Paroxetine 12 (0.4%)	Paroxetine 204 (2)* (5.8%)
Zopiclone 11	Mefloquine 131 (1)*
Bupropriion 5	Bupropriion 78 (3)*
Triazolam 4	Fluoxetine 69 (5)*
Venlafaxine 4	Mianserin 57 (7)*
SSRIs 3 (0.06%)	Simvastatin 46 (10)*
Antihistamines 3	Venlafaxine 46 (4)*
	SSRIs



# **Jake Bennett**

1.66 yr old on Librium and Doxepin

2.Second marriage – argumentative not violent

3.Switched to Prozac

4.Paranoid re Wife

5.Two months later

6.NGRI - Mississippi



## **Leslie Demeniuk**

1.31 mother of twin boys

2. Self-Dx Panic Attacks

3. Given Zoloft by nurse

4. Suicidal - Drinking

5. Switched to Paxil 1/12

6. 48 hours later



# David Rule

**74 year old - 50 years married**

**No history violence or nerves**

**Becomes anxious**

**Prescribed citalopram**

**Kept diary**

**After 10 days - battered wife to death**

**Called the police**

**Family and Friends supportive**

**“Betrayed” by Lawyers?**





**Christopher  
Pittman**

12 y - No Hist

Fight w Father

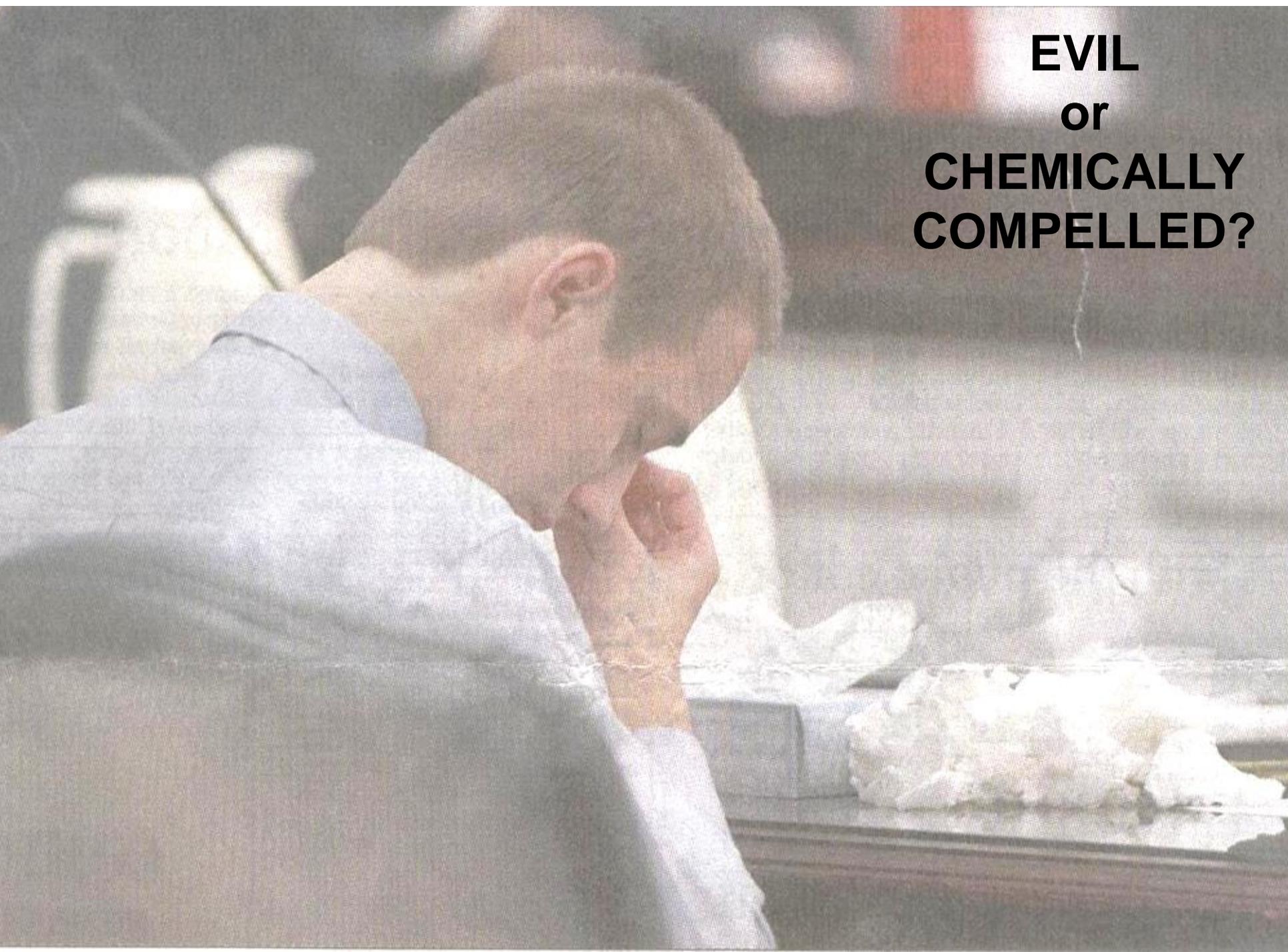
Paxil

Gparents –  
Zoloft

3 weeks –  
clear akathisia

*“The state asks that the defendant, although  
a tadpole, be charged as a frog.”*

**EVIL  
or  
CHEMICALLY  
COMPELLED?**



**"There is no case in South Carolina that addresses involuntary intoxication by prescription drugs...**

**It seems to turn the whole medical system on its side if you can't rely on the medication your doctor prescribes".**

**Circuit Court Judge Daniel Pieper**

**"It potentially forces you into a situation of lifetime commitment if that drug induces an effect of which you are unaware.**

**There's something disconcerting about that, albeit probably of a legal nature that is troubling me".**

**Circuit Court Judge Daniel Pieper**

## **Sane or Non-insane Automatism:**

A transient non-recurrent mental malfunction caused by external factors, whether physical or psychological, that the mind of an ordinary person would be not likely to have withstood and which produces an incapacity to control his or her acts.

Prescription Drugs – Involuntary Intoxication

HISTORIA  
PLACITORUM CORONÆ.

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THE  
HISTORY  
OF THE  
Pleas of the Crown.

By Sir *MATTHEW HALE* Knt.  
sometime Lord Chief Justice of the  
Court of King's Bench.

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Now first published from his Lordship's Original Manuscript, and the several References to the Records examined by the Originals, with large Notes.

By *SOLLOM EMLYN* of *Lincoln's-Inn* Esq;

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To which is added  
A Table of the Principal Matters.

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In Two Volumes.

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VOL. I.

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In the SAVOY:

Printed by E. and R. NUTT, and R. GOSLING, (Assigns of *Edward Sayer*, Esq;) for *J. Oyles* over-against *Grays-Inn* in *Holborn*, *C. Woodward* at the Half-Moon between the Two *Temple-Gates* in *Fleet-street*, and *C. Davis* in *Pater-noster-row*.

M DCC XXXVI.



1676

But yet there seems to be two allays to be allowd in this case.

1. That if a Person by the unskilfulness of his physician, or by the contrivance of his enemies, eat or drink such a thing as causeth such a temporary or permanent phrenzy, as *aconitum* or *nux vomica*, this puts him into the same condition, in reference to crimes, as any other phrenzy, and equally excuseth him.

**If a person by the unskillfulness of his physician, or by the contrivance of his enemies, eat or drink such a thing as causes a temporary or permanent delirium – this puts him into the same condition, in reference to crimes as any other delirium and equally excuses him**

**DANIEL McNAUGHTON**



Prepared by Current Medical Directions, Inc.

# ANXIETY

## POST-TRAUMATIC STRESS DISORDER

Author—Title	Vendor	Status
Author TBD—(640) Sertraline vs. placebo in PTSD	Paladin	Poster presented at ECNP, 1997. Paper is completed, but revisions are needed.
Author TBD—(671) Title TBD	Paladin	Poster presented at ECNP, 1998. First draft completed, but additional analyses needed. Both 640 and 671 studies to be submitted soon. One will go to <i>New England Journal of Medicine</i> and the other to <i>JAMA</i> .

# Paediatric Studies

## 501001/5010017

	<b>Zoloft (N = 189)</b>	<b>Placebo (N = 184)</b>	<b>Risk Ratio</b>
<b>Aggression</b>	3	0	
<b>Agitation</b>	3	0	
<b>Hyperkinesia</b>	2	0	
<b>Total</b>	8	0	(1.76, Inf)

**SEROXAT/PAXIL  
ADOLESCENT DEPRESSION**

**Position piece on the phase III clinical studies**

**TARGET**

To effectively manage the dissemination of these data in order to minimise any potential negative commercial impact.

i) regulatory agencies would not approve a statement indicating that there are no safety issues in adolescents, as this could be seen as promoting off-label use

ii) it would be commercially unacceptable to include a statement that efficacy had not been demonstrated, as this would undermine the profile of paroxetine.

- Positive data from Study 329 will be published in abstract form at the ECNP (Paris, November 1998) and a full manuscript of the 329 data will be progressed.



LIPPINCOTT  
WILLIAMS & WILKINS

*Journal of the American Academy of*  
**CHILD & ADOLESCENT PSYCHIATRY**

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pp 762-772

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**Efficacy of Paroxetine in the Treatment of Adolescent Major  
Depression: A Randomized, Controlled Trial**

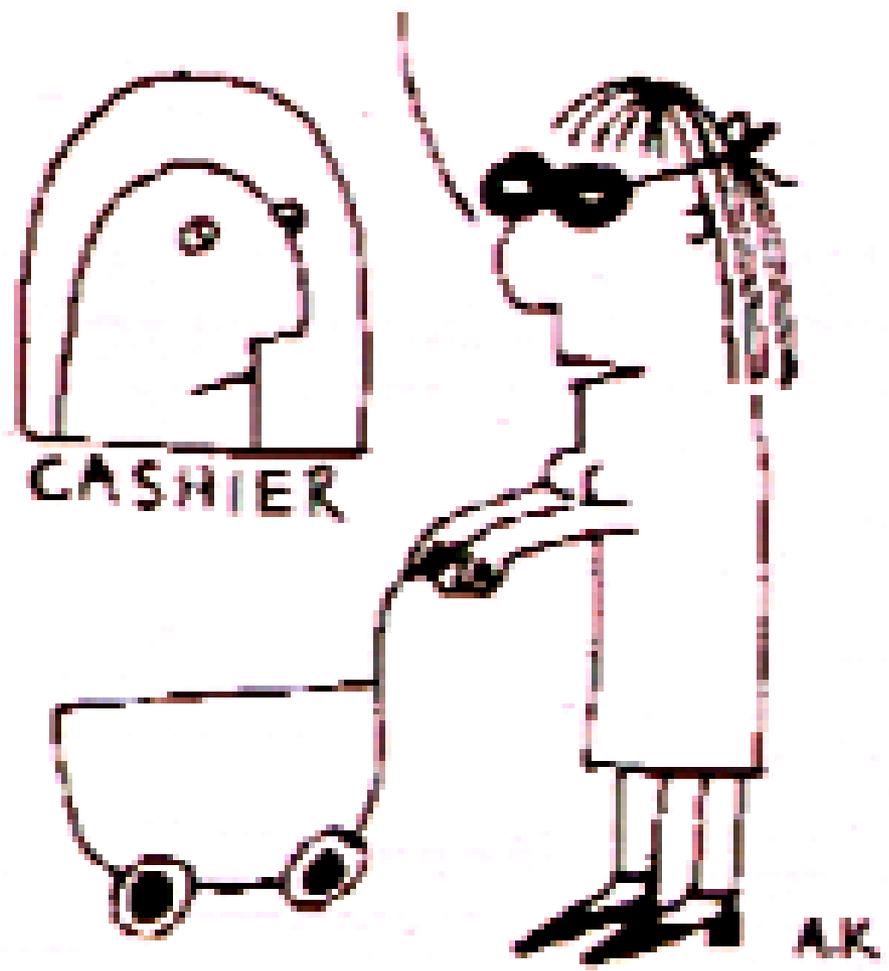
[Articles]

KELLER, MARTIN B. M.D.; RYAN, NEAL D. M.D.; STROBER, MICHAEL PH.D.;  
KLEIN, RACHEL G. PH.D.; KUTCHER, STAN P. M.D.; BIRMAHER, BORIS M.D.;  
HAGINO, OWEN R. M.D.; KOPLEWICZ, HAROLD M.D.; CARLSON, GABRIELLE A.  
M.D.; CLARKE, GREGORY N. PH.D.; EMSLIE, GRAHAM J. M.D.; FEINBERG, DAVID  
M.D.; GELLER, BARBARA M.D.; KUSUMAKAR, VIVEK M.D.; PAPANICOLAOU,  
GEORGE M.D.; SACK, WILLIAM H. M.D.; SWEENEY, MICHAEL PH.D.; WAGNER,  
KAREN DINEEN M.D., PH.D.; WELLER, ELIZABETH B. M.D.; WINTERS, NANCY C.  
M.D.; OAKES, ROSEMARY M.S.; MCCAFFERTY, JAMES P. B.S.

# PAXIL – ON THERAPY & 30 DAY WITHDRAWAL

<b>All Ages</b>	<b>Paxil Hostile Events</b>	<b>Placebo Hostile Events</b>	<b>Risk Ratio</b>
<b>Overall</b>	60/9219 0.65%	20/6455 0.31%	2.1 ( )
<b>Depression Trials</b>	20/3799 0.53%	8/2402 0.33%	1.6 ( )
<b>Anxiety Trials</b>	16/3823 0.42%	7/3404 0.21%	2.03 ( )
<b>PMDD Trials</b>	5/760 0.66%	0.0	Inf
<b>Normals</b>	3/271 1.1%	0/138	

FILL THIS PRAM WITH MONEY  
OR I'LL EXPLODE WITH  
PREMENSTRUAL TENSION!



# Mystery in Leeds

February 26, 2012 • [1 Comment](#)

In my blog post [The best bias that money can buy](#) I outlined how doing trials of their drugs in conditions like depression is the ultimate way companies hide bodies. That what is needed instead are studies of drugs in healthy volunteers.

Here's a good example of what a healthy volunteer (phase 1) study can show, and how the story of antidepressants and suicide might have unfolded in an entirely different manner had this study been in the public domain.

*How might the story of antidepressants and suicide unfolded had this Zoloft study by Dr. Hindmarch been in the public domain?*

In early 1983, almost a decade before it launched in the US, a study of Zoloft (sertraline) was run by Dr. Ian Hindmarch in Leeds, UK. There were 12 female volunteers aged between 34 and 40, drawn from the control panel in the Department of Psychology in Leeds University. The study was supposed to randomize half its subjects to sertraline and half to placebo for a week followed by a cross-over between drugs. It was abandoned before the first week was out.

The medical report to Pfizer noted that the side effects reported in the study were all elicited independently, without communication between participants, that there was a clearcut difference in side effect reporting between placebo and sertraline, and that the volunteers on sertraline were experiencing marked discomfort. The study was accordingly terminated.



3  
**DEPRESSION:**

PROCEEDINGS OF THE SYMPOSIUM  
HELD AT CAMBRIDGE  
22 TO 26 SEPTEMBER 1959

2 EDITED BY  
E. BERESFORD/DAVIES EP

M.A., M.D., D.P.M.

*Senior Consultant Psychiatrist  
United Cambridge Hospitals*

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10.11.59

11

**D Clark:**

**To go back to chemotherapy versus ECT, I am wondering whether there is a greater risk of losing patients on chemotherapy from suicide**

**Dr J Garai:**

**I think one of the problems on imipramine is *the intense anxiety* which patients may sometimes show afterwards.**

**Depression Symposium,  
Cambridge September 1959**

During the treatment I have seen now and then delirious periods of three to four days duration, where patients complain of dreams of *aggressive content*, dealing with relatives or other persons important to them. This state is accompanied by *great anxiety*, and sometimes also by *suicidal impulses*. The symptoms disappear when imipramine is withdrawn or the dosage is reduced.

Dr E Kristiansen, Denmark,  
Depression Symposium,  
Cambridge September 1959

In using imipramine I have noticed that *agitation* may increase some days before the appearance of the first beneficial effects. This may appear with *somatic malaise or a sense of oppression.*

Dr E Jensen, Denmark  
Depression Symposium,  
Cambridge September 1959

# NEWS RELEASE

American Psychiatric Association, 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209

For Information Contact:

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Lydia Sermons-Ward, 703-907-8640

[lsward@psych.org](mailto:lsward@psych.org)

For Immediate Release:

October 15, 2004

Release No. 04-55

APA Responds to FDA's New Warning on Antidepressants

**“The American Psychiatric Association believes that antidepressants save lives.”**

big with consequences, including an increased risk for suicide. The worst of all  
biggest threat to a depressed child's well-being is to receive no care at all.

We restate our continued deep concern that a “black box” warning on antidepressants may have a chilling effect on appropriate prescribing for patients. This would put seriously ill patients at grave risk. Recent prescription data suggest the current controversy over antidepressants has already lowered treatment rates; the new black box warning may further negatively impact treatment rates. The APA is working to help mitigate such an impact by collaborating with non-psychiatric physicians – including pediatricians and general practitioners – to help them better understand their patients' needs and properly diagnose, treat and monitor patients. Additionally, we hope the FDA will set in place a system to track the impact of the black box warning on prescribing patterns. This system should also track any increase in actions by patients to harm themselves as a result of reduced access to medically necessary treatment with antidepressants.

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Lydia Sermons-Ward, 703-907-8640

[lsward@psych.org](mailto:lsward@psych.org)

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**Shane Clancy**



**Yvonne Woodley**

## **Dr Milner YW's Psychiatrist**

**AC: Let me ask the questions I have previously asked. Do you believe that citalopram can make somebody who would not otherwise take their own life, do so?**

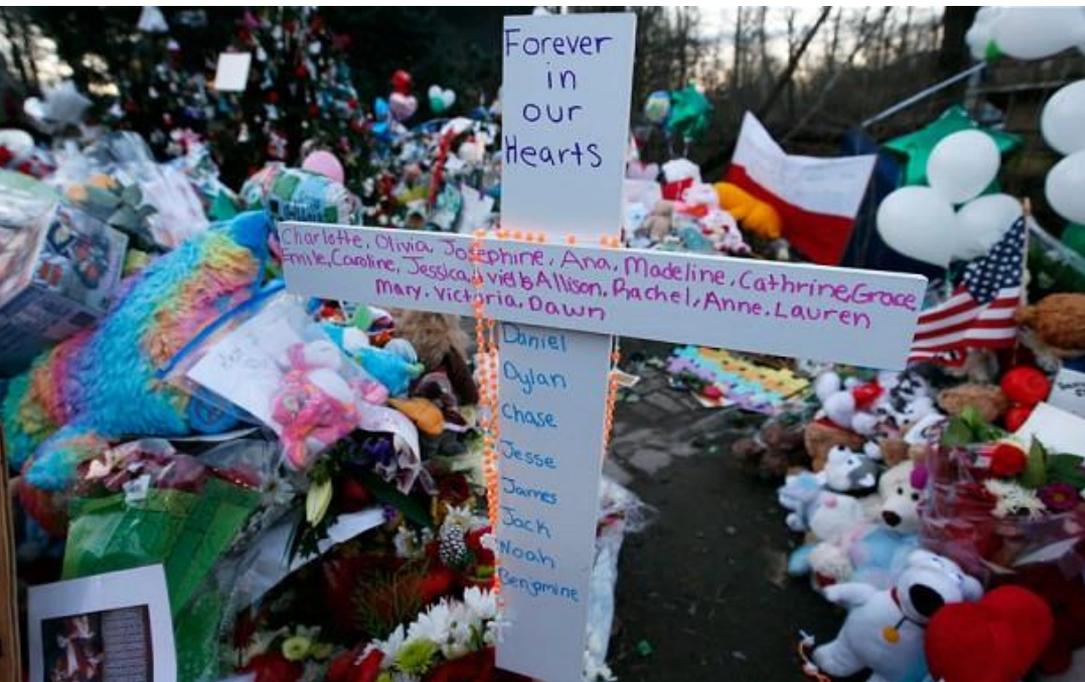
**GM: I don't.**

**AC: You don't believe it?**

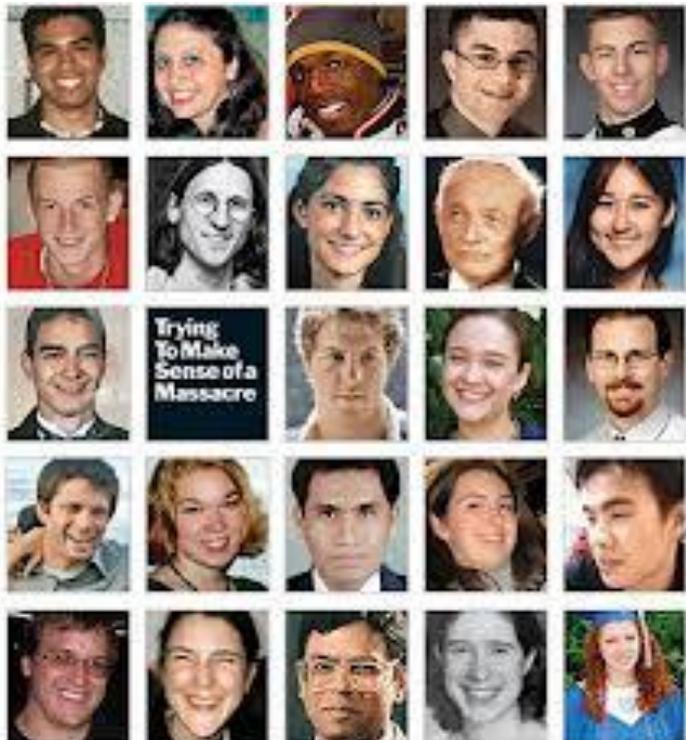
**GM: No.**

**AC: So it follows from that that you don't think that's what happened to Yvonne?**

**GM: No.**



# AURORA



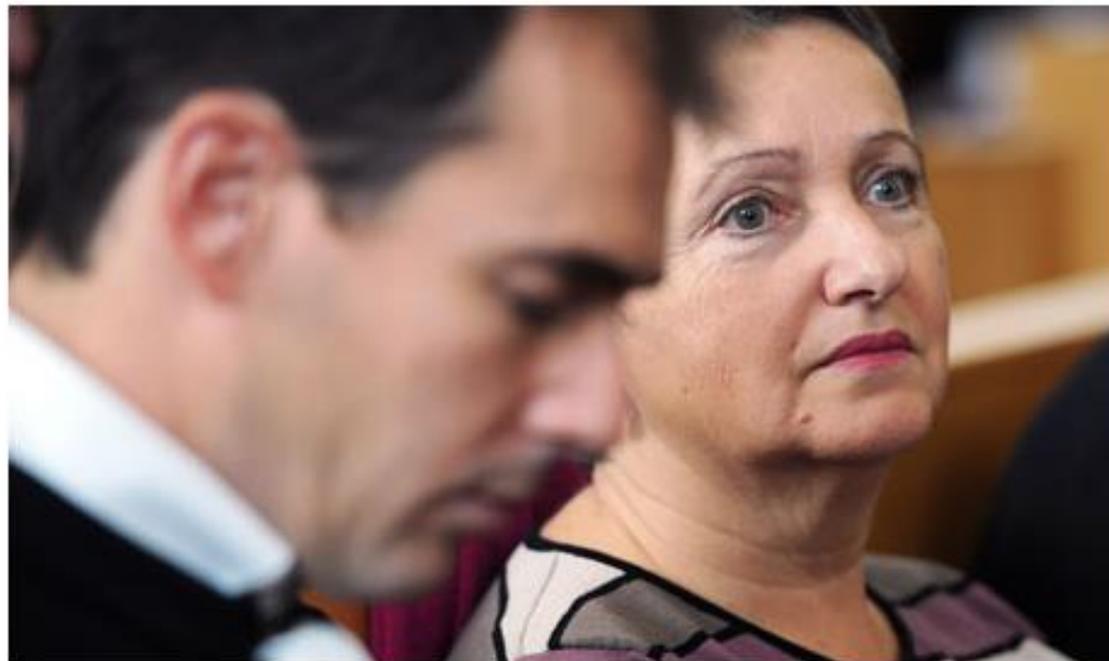
# SANDY HOOK

# VA TECH

# Anger as French psychiatrist is found guilty after patient hacks man to death

Daniele Canarelli gets a year's suspended sentence for manslaughter after failing to recognise danger posed by patient

Angelique Chrisafis and agencies in Paris  
guardian.co.uk, Wednesday 19 December 2012 11.43 GMT



Daniele Canarelli, who had been treating Joel Gaillard for four years. Photograph: Anne-Christine Poujoulat/AFP

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## Interaction Checker



Find out if the drugs you're taking have interactions with other drugs, foods, or special health conditions.

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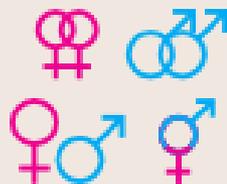
## Hair Zone



Find out if the drugs you're taking are affecting your hair.

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## Sex Zone



Find out if the drugs you're taking are affecting sexual response, and feelings and attitudes to others.

## Violence Zone



Find out if the drugs you're taking are affecting your behavior.

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## Suicide Zone



Find out if the drugs you're taking are linked to suicidal thoughts and behavior.

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## Skin and Nails Zone



Find out if the drugs you're taking are affecting your skin and nails.

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## Welcome to the Violence and Extreme Acts Zone

Read the [press release](#)

Prescription drugs are sometimes the cause of violent thoughts, acts, and behaviors.

It is important to find out if there is a connection between these thoughts and your prescription so that adjustments can be made.

In the case of drug induced violence there are two victims – the person injured and the person on treatment. Recognizing the drug induced component to an act of violence is important as it may offer an absolute defense against a criminal conviction.

The Violence Zone allows you to do two things:

1. Search for violence-related prescription drug side effects in the more than four million adverse drug event reports filed with the FDA since 2004, as well as our expanding RxISK database.
2. Report your prescription drug side effects on RxISK.org and with your country's drug regulator or the FDA if we don't yet have your country's form.



