The Best Drug for Quitting Smoking Can't Shake Its Suicide Stigma

WRITTEN BY KALEIGH ROGERS November 24, 2015 // 10:30 AM EST

Chris Kunkel
Meta-analysis
Anecdotes
Paroxetine in adolescents
The true face of study 329
Box 2  Potential barriers to accurate reporting of harms

- Use of an idiosyncratic coding system
- Failure to transcribe all adverse events from clinical record to adverse event database
- Filtering data on adverse events through statistical techniques
- Restriction of reporting to events that occurred above a given frequency in any one group
- Coding event under different headings for different patients (dilution)
- Grouping of adverse events
- Insufficient consideration of severity
- Coding of relatedness to study medication
- Masking effects of concomitant drugs
- Ignoring effects of drug withdrawal
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 The symptoms disappear when imipramine is withdrawn or the dosage is reduced.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
RANDOMIZED CONTROLLED DISEASE TRIALS

Severe Depression Imipramine Suicidal Acts:

- **Screening**
- **Run-in/wash out**
- **Randomization**
  - **Drug**
  - **Pbo**
  - **Start treatment**
  - **Stop treatment**
- **Follow-up**
RANDOMIZED CONTROLLED DISEASE TRIALS
Mild-Mod Depression Imipramine Suicidal Acts:

- Screening
- Run-in/wash out
- Randomization
- Drug <-> pbo
- Start treatment
- Stop treatment
- Follow-up
Every Time Drug & Illness
Produce the same Outcome

<table>
<thead>
<tr>
<th>Drug &amp; Illness</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-arrhythmics</td>
<td>Arrhythmias</td>
</tr>
<tr>
<td>Anti-asthmatics</td>
<td>Wheezing</td>
</tr>
<tr>
<td>Rosiglitazone</td>
<td>Diabetes – heart attacks</td>
</tr>
<tr>
<td>Byetta – Januvia</td>
<td>Diabetes – pancreatitis</td>
</tr>
<tr>
<td>Tamiflu</td>
<td>Nearly Everything</td>
</tr>
<tr>
<td>Antidepressant</td>
<td>Libido</td>
</tr>
<tr>
<td></td>
<td>Suicide</td>
</tr>
<tr>
<td></td>
<td>Benefit</td>
</tr>
</tbody>
</table>
NO FISHING
DISTORTED DATA

NO DIVING
SHALLOW RESEARCH
## Figure 2. Analysis of Case Controlled Studies

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>Experimental</th>
<th>Control</th>
<th>Weight</th>
<th>Odds Ratio</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Events</td>
<td>Total</td>
<td>Events</td>
<td>Total 1507</td>
<td>M-H, Random, 95% CI</td>
</tr>
<tr>
<td>Croen et al 2011</td>
<td>15</td>
<td>298</td>
<td>34</td>
<td>8.5%</td>
<td>2.30 [1.23, 4.27] 2011</td>
</tr>
<tr>
<td>Clements et al 2014</td>
<td>40</td>
<td>1377</td>
<td>80</td>
<td>22.2%</td>
<td>1.47 [1.00, 2.17] 2014</td>
</tr>
<tr>
<td>Harrington et al 2014</td>
<td>29</td>
<td>492</td>
<td>11</td>
<td>6.6%</td>
<td>1.76 [0.97, 3.57] 2014</td>
</tr>
<tr>
<td>Gidays et al 2014</td>
<td>76</td>
<td>5067</td>
<td>365</td>
<td>52.9%</td>
<td>2.16 [1.68, 2.77] 2014</td>
</tr>
<tr>
<td><strong>Total (95% CI)</strong></td>
<td><strong>8913</strong></td>
<td><strong>74837</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>1.95 [1.63, 2.34]</strong></td>
<td></td>
</tr>
</tbody>
</table>

Total events: 174 | 561
Heterogeneity: Tau² = 0.00; Chi² = 3.06, df = 4 (P = 0.65); P = 0%
Test for overall effect: Z = 7.24 (P < 0.00001)
Figure 3a. Analysis of Prospective Cohort Studies (including Malm et al 2011, FAS data)
Holocaust Denialism

Internal

External
1. Study Rates do not exceed Background Rates

2. No evidence that ASD is caused by P, P Z etc

3. No evidence that ASD is caused by Prozac, Zoloft, Paxil etc

4. The Risks are not Statistically Significant

5. Depression causes ASD

6. These studies are not RCTs
Pregnancy Registries

Many women need to take medicine while they are pregnant. Some women take medicines for health problems, like diabetes or high blood pressure, that can start or get worse when a woman is pregnant. Some women use medicine before they find out they are pregnant.

A pregnancy exposure registry is a study that collects health information from women who take prescription medicines or vaccines when they are pregnant. Information is also collected on the newborn baby. This information is compared with women who have not taken medicine during pregnancy.

Enrolling in a pregnancy exposure registry can help improve safety information for medicines used during pregnancy and can be used to update drug labeling. Learn more about how you can help.

Pregnant Women  Health Professionals  Find a Registry
You can lead a Bureaucrat to Paper
But you can’t make him think
Foetal damage caused by alcohol ‘equivalent to attempted manslaughter’

Lawyers pursuing compensation claim on behalf of child, say mother’s heavy drinking constitutes crime of poisoning

Owen Bowcott, legal affairs correspondent

Wednesday 5 November 2014 13.10 GMT

The case has triggered a debate about the rights of the foetus and calls for women who drink excessively during pregnancy to be prosecuted. Photograph: Rex/Sipa
Objectivity