«Antipsychotics» Medication-free

- Use of nevroleptics
- Effects: Acute, relaps and maintenance
- Urgent Appeal to Norway to discontinue forced treatment immediately 30. January 2017
- UN Special Rapporteur on the right to health: Dr. Dainius Pūras: World needs «Revolusjon» in mental health
- Alternative: Psychososial Therapy
- Alternatives to hospital: Kliniken Heidenheim

Criticism of «antipsychotics»

- Concealed that neuroleptics are toxic (Deniker P. 1960)
- Clare Parish 2011 «Antipsychotic deflates the brain»
- No evidence for use after 3 years (Leucht et al. 2012)
- Nearly all studies are withdrawl studies (Bola et al. 2011), not real placebo
- The resultat of standard treatment is just 8,1 to 20% recovery with approx. 80% on maintenance drugging.
- Open dialogue (36% medication treatment long-term) achieves improved recovery rate, reduces readmission and disability allowance/sickness to half (Bergstrøm et al. 2018).

Sixty Years of Placebo-Controlled Antipsychotic Drug Trials in Acute Schizophrenia: Systematic Review, Bayesian Meta-Analysis, and Meta-Regression of Efficacy Predictors.

Leucht S, Leucht C, Huhn M, Chaimani A, Mavridis D, Helfer B, Samara M et al.

Am J Psychiatry. 2017 Oct 1;174(10):927-942

167 RCT N=28,102

Mostly registration studies: positive selection

acut treatment: responserates (PANSS-reduction)

neuroleptics = 23% vs. placebo = 14%

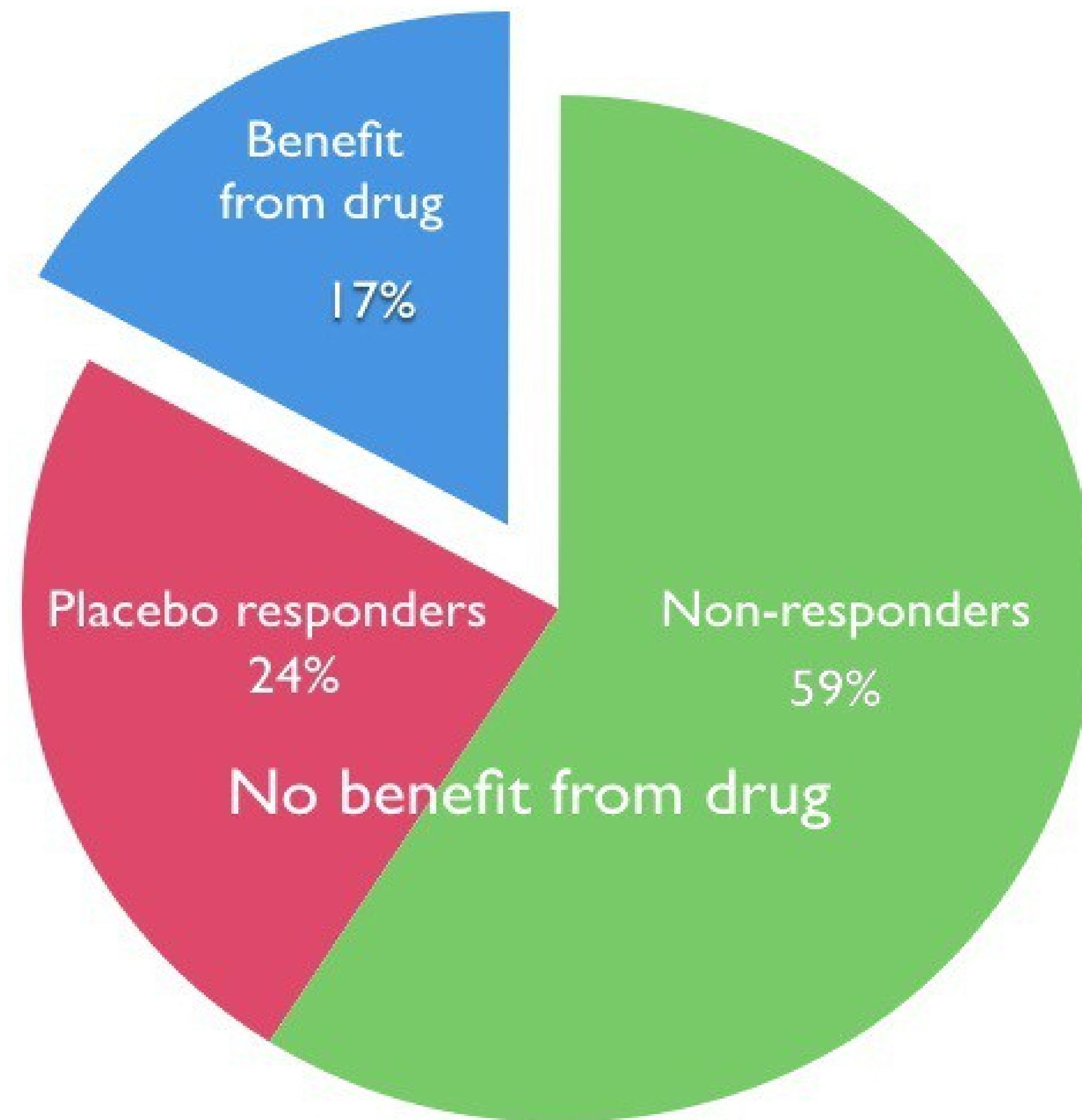
→ difference 9%

→ **NNT = 11**

To reach a PANSS total score reduction of 50%

11 pat. must be treated.

Non-responders minimum reduction



(mainly minimun PANSS-score reduction i.e. 20-30 %

In Leucht's meta-analysis of antipsychotics, the NNT was six.

Leucht et al. 2009: How effective are second-generation antipsychotics?

Maintenance treatment with antipsychotic drugs for schizophrenia.

Leucht S , Tardy M, Komossa K, Heres S, Kissling W, Davis JM.

Cochrane Database Syst Rev. 2012 May 16;(5):CD008016.

65 RCT N=6493

Mostly registration studies: positive selection

maintanance: 7 to 12 months respons: clinical, medication

primary outcome: drug 27%, placebo 64% relaps

(relaps prevention: drug 73% vs. placebo 36% difference 37%)

→ **NNTB = 3**

Employed: placebo 50,4% drug 48,4%

(N)othing is known about the very long term effects of antipsychotic drugs compared to placebo.

Future studies should focus on outcomes of social participation and clarify the long-term morbidity and mortality associated with these drugs.

Use of nevroleptics

9% good acute symptom reduction (Leucht et al. 2017)

94% experience side effects

«opp til 93%» stop taking nevroleptics if allowed

Caregivers who do not take into account the side effects misinterpret it as «this is a difficult group of patients to treat ... due to the disease, many are often suspicious and skeptical of the treatment.» FHI rapport 8-2009

More then half of patients wish medication free treatment

Forced drugging supports overmedication

Effects: Acute, relaps and maintenance

- 9% good acute reduction of symptoms (Leucht 2017), but not realiable (Bola 2011, FHI)
- NNT 3 (Leucht 2012) (NNT 4 Leucht et al. 2003) for relapse prevention, no employment benefit
- Bjornestad et al. 2017 evidence for maitenance medication missing: «Due to the lacking long-term evidence base (Sohler et al., 2016)...»
- 94% experience sideeffects: Up to 93% quit
- Bergstrøm et al. 2018: Halv medication: doubels recovery: disability benefits, readmission, treatment

UN Special Rapporteur on the right to health: Dr. Dainius Pūras

- «World needs "revolution" in mental health care». "...system that relies too heavily on ... excessive use of psychotropic medicines
- Urgent Appeal to Norway to discontinue forced treatment immediately 30. January 2017
- «The concept of 'medical necessity' behind non-consensual placement and treatment falls short of scientific evidence and sound criteria...The legacy of the use of force in psychiatry is against the principle 'primum non nocere' (first do no harm) and should no more be accepted» "Dignity must prevail"

UN Special Rapporteur on the right to health: Dr. Dainius Pūras: World needs «Revolusjon» in mental health

Revolution in mental health care to end decades of neglect, abuse and violence

- failures of a system that relies too heavily on the biomedical model
- excessive use of psychotropic medicines

Reform a crisis-hit system built on outdated attitudes:

- dominance of the biomedical model,
- progress was being hindered by huge power imbalances
- “biased” use of evidence, which was contaminating knowledge about mental health.

Alternative: Psychososial Therapy

- Francey et al. 2020: Psychosocial Intervention with or without Antipsychotic Medication for First Episode Psychosis: A RCT. «The primary outcome was level of functioning ... psychosocial treatment alone was not inferior to psychosocial treatment plus antipsychotic medication»
- Morrison et al. 2020: Antipsychotic medication versus psychological intervention versus a combination of both: «This trial ... shows that ... psychological intervention, antipsychotics, and their combination is safe in young people with first-episode psychosis.»

Bergstrøm et. al. 2018; The family orientated open dialogue FEP

Table 3
Clinical characteristics from onset to the end of the follow-up.

	ODtotal[a] ($N = 108$) (%)	ODhospital[b] ($N = 75$) (%)	CG[c] ($N = 1763$) (%)
Treatment patterns			
>30 hospital days	18.5	54.5	94.4
Re-admission(s)	45.4	63.6	90.5
Treatment contact at the end of follow-up[e]	27.8	35.3	49.2
Neuroleptics			
At onset	20.4	25	70.1
At some point	54.6	63.6	97.3
At the end of follow-up[e]	36.1	47.1	81.1
Disability allowances			
At some point	41.7	53.2	78.8
At the end of follow-up[e]	33	44.1	61

Agenda for change: monitoring coercive interventions in mental health services in Germany (Baden-Württemberg 2016) and Heidenheim (2018)

Germany (Baden-Württemberg 2016)	Heidenheim (2018)
Detention: 8-10% of inpatients	5% of inpatients
Some form of coercion: 6.8% (2-17%) of inpatients	2.2%
Mechanical restraint: 3.7%	2.2%
Seclusion-isolation: 1.8%	0%
Mechanical restraint and isolation: 1.1%	0%
Compulsory treatment: 0,7% (0-2.2%) of inpatients were subject to coercive medication	(2011-2018: 3 cases) 0.03%

Responding to Crises - Alternatives to Hospital

Martin Zinkler, Kliniken Heidenheim, Trieste 23rd Sept 2019

Non-coercive practice in Heidenheim

No seclusion rooms, no net-beds, never compulsory ECT

Open-door policy on all inpatient wards between 8am and 8pm – temporary closures are possible (less than 1% of the time) *(vs. locked admission wards in most regions)*

Home-treatment or day hospital treatment as alternatives to inpatient detention

no ECT (voluntary or coerced) used since 2011 *(commonly and increasingly used in at least 85 hospitals in Germany)*