

Hippocrates Cried The Decline Of American Psychiatry

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This piece explores the lamentable state of American psychiatry, imagining Hippocrates' profound concern over its current decline and the challenges facing modern mental health care in the United States, questioning the adherence to foundational principles.

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Hippocrates Cried The Decline Of American Psychiatry

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Robert Whitaker: The Astonishing Rise of Mental Illness in the US - Robert Whitaker: The Astonishing Rise of Mental Illness in the US by GBH Forum Network 52,969 views 11 years ago 1 hour, 5 minutes - Robert Whitaker shares the challenges he faced while writing his book "Anatomy of an Epidemic: Magic Bullets, **Psychiatric**, Drugs, ...

Introduction

Accessibility

The Journalists Role

Psychopharmacological Revolution

Mental Hospital Population

Disability Rate

SSI

The Medical Puzzle

Psychiatric Medications

Outcomes

The Problem

A little bit of the history

Schizophrenia and antipsychotics

Antipsychotic medications

Modern failure
Chicago psychiatrist
Journalist contradicting conventional wisdom
Anatomy of the epidemic
Social pressure
Evidence base
Relapse studies
Whats missing
Are antipsychotics effective
We run a genuine risk
Longterm outcomes are altered
How drugs affect longterm outcomes
First episode of schizophrenia
Discharge rates
Longterm outcomes
Severe relapses
Experimental arm
William Carpenter
The Biological Explanation
Tart of Psychosis
DSM III
Functioning
Joanna Moncrieff - The Troubling Story of Antipsychotic Medicine - Offstage Interview - 2018 -
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Why the Dopamine Hypothesis Has Lasted So Long
Syndrome of Tardive Dyskinesia
The Radar Study
Naturalistic Studies
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Tardive Dyskinesia
Manic Depression
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Neural Circuitry the Connections between the Different Parts of the Brain and this Idea Is What I'Ve
Called the Disease Centered Model of Drug Action the Idea that Drugs Are Correcting an Underlying
Abnormal Brain State It's a It's a Model That We'Ve Borrowed from General Medicine Where Most
Medicines Can Be Understood To Work in that Way

And this is because the drugs that we prescribe for mental health problems are what we might call psychoactive drugs that means they're drugs that pass the blood-brain barrier and go into the brain and change the brain and by changing the brain they change the way that people think and behave and people's emotional responses as well and what this model is suggesting is that the effects that we see when people take some psychiatric drugs whether we deem them to be useful or not useful are a consequence of these alterations these alterations to normal brain processes

But of course they don't just affect the brain they affect the body as well so there are physical and bodily alterations that are associated with the mental alteration so if you think of for example the sedation that might be caused by a drug like Valium for example there is both a mental and a physical component to that effect and we are used to thinking of the term psychoactive drugs in association with drugs that are used for recreational purposes so drugs that make people feel good feel high feel nice sometimes it's they're said to cause euphoria

Of course that doesn't necessarily mean that they're working in a disease centered way because the people who the psychiatrist who used these drugs early on in France for example they felt that the alterations that antipsychotics produced were producing were more effective than the sort of alterations produced by barbiturates but actually they don't look to be that different from other sorts of sedatives in the studies that have been done so there was a comparison with opium which showed that chlorpromazine the earliest antipsychotic was roughly equal to the effects of opium for people with acute psychosis and there's been several studies looking at comparing antipsychotics with benzodiazepines

So if we think about using a drug centered model to understand how drugs are working in mental health problems what does that actually mean how does that mean they might be working so the first possibility is that there is an interaction between the alterations that the drugs are producing and the symptoms that people are having the difficulties people are having with their behaviors or thoughts or emotions but the other thing that I think we need to keep in mind is that there are of course placebo effects people often feel hopeful when they're offered a drug and that can help them feel better in itself and if they get a drug that produces a few side effects the trouble with these naturalistic follow-ups is that that might be at least partly due to the fact that the people who avoid long-term medication maybe have the less severe conditions and the people who end up on it have the more severe conditions so we really need some randomized control trials with proper long-term follow-up to work out whether long-term treatment is a good thing or not and there's one of these that's been done in the Netherlands it was done with people who had just had one episode of a psychotic disorder

And some in some of them show some increased anxiety agitation over activity those may be long-term effects of the drug well they may be effects of drug withdrawal it's not it's not really clear but though but it suggests that definitely are some alterations going on when you give animals and humans these drugs and they also are consistent with how people describe the altered state that these drugs produced now this this was a study I did looking at people's descriptions of taking SSRIs I should say that the effects of SSRI type antidepressants are very much less marked than the effects of taking an antipsychotic

You would know it immediately or as soon as the drug gets into your system so they're much weaker drugs in terms of their psychoactive effect but nevertheless they do cause some alterations and quite subtle alterations and these includes the feelings of listlessness feelings of a gay sort of emotional blankness disengagement restriction of some sort and these effects seem to be associated with a loss of libido which is very it's very well recognized that they called sexual impairment in a smaller group of people mostly younger people they also seem to produce a state of agitation and increased tension

Persistent sexual dysfunction

Psychological effects of antidepressants

SSRIs

The disease centered model

Managing intense emotions

When did they stop administering electric shock therapy in England and are they still doing it
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SEIZURES PARALYSIS

FUNCTIONAL NEUROLOGICAL DISORDER

STRESS ANXIETY DEPRESSION

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psychosis

hydrazine

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Intro

Why is Mental Illness a Category

What is a Narcissist?

Expertise

The Problem with Psychology

Panopticon of the Bog

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Conclusion

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Dr. Paul Offit presents "Hippocrates Was Right: Treating Fever Is a Bad Idea" - Dr. Paul Offit presents "Hippocrates Was Right: Treating Fever Is a Bad Idea" by College of Physicians of Philadelphia 20,669 views 3 years ago 42 minutes - In OVERKILL: When Modern Medicine Goes Too Far, acclaimed medical expert and patient advocate Dr. Paul A. Offit offers an ...

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Asylums

David Rosenhan's Pseudopatient Experiments

How do we classify psychological disorders?

Psychological Disorders

Deviant Thoughts & Behaviors

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The DSM-5

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