



WHITAKER, R. *Anatomia de uma epidemia: pílulas mágicas, drogas psiquiátricas e o aumento assombroso da doença mental.* Rio de Janeiro: Fiocruz, 2017.

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The recently published book by the american journalist Robert Whitaker has all the elements to cause a big impact in Brazil. Launched in June this year, at the III Forum of Human Rights and Mental Health of the Brazilian Association of Mental Health (Abrasme), it addresses, with accessible language to experts and non-experts, the complex and controversial topic that is the relationship between psychiatric drugs, the process of scientific construction and the intervention of the pharmaceutical industry. If we could reduce its central argument in two sentences, we would say: the author shows, based on researches published in leading scientific journals, that the significant increase in the use of psychotropic drugs in the last decades is associated with the myth of the theory of brain chemical imbalance, with strong influence of the pharmaceutical industry. It indicates, also, the deleterious and iatrogenic effects of this use, in the medium and long term.

In a line also developed by Marcia Angell (2010), Whitaker analyzes the questionable epidemic of mental disorders in the United States. It is curious that, despite the significant increase in substances supposedly capable of combating the said mental disorders, the number of people with such diagnoses has increased. How to explain

this paradox? Apart from the problematic of the transformation of the diagnoses into the official diagnostic manuals, increasingly elastic and inclusive, the author shows that this is, possibly, due to the iatrogenic effect of the drugs themselves.

What the specialized literature indicates is that psychiatric drugs change, often irreversibly, the functioning of the brain, hence the change in the behavior of those who use them. That is where the myth of the cerebral chemical imbalance is supported, resulting from an incredibly sagacious turn of the pharmaceutical industry. It has been found, for example, that some antidepressants increase serotonin in the brain, just as some antipsychotics block dopamine, effects well known in different studies. But the curious thing is that the population was convinced that, if the drugs cause such changes, then, depression is caused by the insufficiency of serotonin in the brain, just as schizophrenia occurs due to excess dopamine.

That's where the idea of 'magic pill' comes from, a term that, despite its adequacy, is insufficient to express the english equivalent, 'magic bullet' (or '*bala mágica*', literal translation into portuguese). This is not the sense of symbolic magic of the effects they produce, but of other assumptions. In a way similar to the microbial model, and to the discovery of

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penicillin for the treatment of infections, it is believed that psychotropic drugs reach, with the same precision of an accurate bullet that reaches the desired target, the cause of the disease to be combated. However, it cannot be said that they have this same cause-and-effect relationship expected in other classes of drugs. Instead of correcting brain chemical imbalances, psychoactive drugs provoke them, resulting in an expected change in behavior, sensations, expression etc.

Whitaker uses three methodological resources to construct his argument: at first, he makes a three steps historical comparison – patients hospitalized in 1955; adults and children said to be disabled by mental disorders in 1987; as well as in 2007. He shows that the prognosis of mental disorders worsened after the psychopharmacological revolution, in the 1950s, when admissions declined, but the chronification of the clinical pictures increased.

Furthermore, he makes a comprehensive review of the evidence produced over the last decades, relativizing the benefits of psychoactive drugs. It shows how some researchers in the area had their careers destroyed because they pointed out problems arising from the use of these medications. This is the case of David Healy, whose invitation to work at the University of Toronto was withdrawn after the publication of a paper which showed that some people committed suicide after taking Selective Serotonin Reuptake Inhibitors (SSRI) antidepressants. He presents, then, a general picture motivated by strong conflicts of interest that contribute to the production of science, which tends more to present the benefits than the risks of psychotropics.

On the third base of the methodological tripod, he conducts interviews with about 30 people diagnosed with mental disorders, who use or had used different types of psychotropic drugs and began to reinterpret their life stories when they become aware of the damages caused by

such medications. The author himself recognizes the limits of this method: the fact that patients, family members and health professionals attribute certain values to the use of medicines is not enough to know their mechanisms of action. His personal impressions are not capable of identifying whether residual and persistent symptoms, especially after continued use, are a typical process of the disease or the product of the medication. Anyhow, it is a resource that permeates all its argument, exemplifying with real cases the consequences – in general, negative – of the continued use of psychotropic drugs, in the long-term.

Whitaker does not adopt an impermeable posture to the contradictions and dilemmas faced by people (both those who suffer from their conditions and family members and health professionals). On the contrary, he tries to show how these impasses are crossed by a scientific discourse that justifies and supports certain therapeutic options in relation to others. It assumes, in the end, the proposition of some positive experiences that do not adopt psychopharmacology as the central mechanism of their care actions, obtaining quite positive results, such as the Finnish experience of the ‘open dialogue’. Successful counter-hegemonic practices that show us that it is possible to have alternative paths to what is conventionally called ‘mental disorder’, and which, in this reduction, are not capable of explaining the human diversity.

Thus, the book brings significant implications for the Brazilian reality, from different epidemiological and epistemological aspects. On the one hand, the data presented by Whitaker evidenced the great gaps in knowledge, in Brazil, about the consumption of psychoactive drugs, closely guarded information by the pharmaceutical industry.

On the other hand, it shows how the

scientific arguments favorable to the use of these drugs are hegemonic and overlap with other possibilities of intervention, although there are strong conflicts of interest that benefit the pharmaceutical industry. In an interesting paradox, science, when summed up and explained to non-experts, is accepted as in a movement of faith, of dogma, and becomes unquestionable. An American neuroscientist, Molly Crockett (2012), shows the disfavor that the media and industry do by reducing the findings of neuroscience to superficial and approximate information, while justifying the scientific nature of the information transmitted: it is what it called 'neuro-nonsense'. It points, for example,

to a research in which the same scientific article was shown to two groups of people, so that they would say their belief in the results of the researches. For one group, the article contained a brain image while, for the other, it did not. It was found that the belief in the results of the research among the participants of the first group was much higher than among the second group.

Therefore, the book 'Anatomy of an epidemic' brings an important contribution to rethink the hegemonic role of science and to highlight the paradoxes that it carries. Only so it cannot be refuted, but can contribute to its production and reinsert the role of pharmacological treatment in our society. ■

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