

FACTS ABOUT HOW MENTAL “DISORDERS” FUEL DRUG SALES



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Spearheading the popularizing of bipolar disorder, especially in children, is psychiatrist Dr. Joseph Biederman, a paid speaker, advisor and researcher for 25 different drug companies.

Due to the constant promotion by Dr. Biederman and his colleagues, there was a 4,000% increase in the diagnosis of bipolar in children since 1994, and the number of antipsychotic drugs prescribed to them leaped fivefold—with an estimated 2.5 million children in the US now on them. In 2008, Dr. Biederman was exposed by a US Senate investigation for failing to report \$1.6 million in personal income from pharmaceutical companies.

But the damage had been done.

Because of the bipolar fad created by Dr. Biederman and other psychiatrists, antipsychotics—some of the most powerful psychotropic drugs being prescribed—are psychiatry’s drug of choice. The top three best-selling antipsychotics together gross more than \$23,000 every minute.

Allen Frances, professor emeritus of the department of psychiatry at Duke University and chairman of the Diagnostic and Statistical Manual or Mental Disorders-IV Committee wrote of psychiatry’s impact in June 2010, stating: “Fads in psychiatric diagnosis come and go and have been with us as long as there has been a psychiatry...In recent years the pace has picked up and false ‘epidemics’ have come in bunches involving an ever-increasing proportion of the population. We are now in the midst of at least three such epidemics—of autism, attention deficit and childhood bipolar disorder...It is no accident that the recent ‘epidemics’ have all occurred in the childhood disorders. There are two contributing factors. The first is the push by drug companies into this new market. The second is that the provision of special educational services often requires that there be a DSM diagnosis.”

Today, the DSM contains more than 40 childhood mental disorders. And psychiatrists are hard at work providing the diagnoses to broaden this, including “symptoms” predicting children being “at risk” of developing psychosis, bipolar disorder and depression—drugging them *before* the onset of the “disorder” even occurs—a practice Frances calls “ill conceived” and “dangerous.”

Dr. Marcia Angell, former editor in chief of *The New England Journal of Medicine*, and a senior lecturer at Harvard Medical School, argues that psychiatric diagnoses are so “vague and imprecise” that they have left the door open for pharmaceutical companies to “make diseases for drugs. If they can convince perfectly normal people that they have a problem, they can expand the drug market almost indefinitely.”

Psychiatric researchers are testing psychotropic drugs on such wildly varying conditions as obesity, alcoholism, gambling, hot flashes, herpes, nausea, itching, shivering and excessive hair-pulling.

Richard Bentall, professor of clinical psychology at Bangor University, in North Wales, said: “Most of these [DSM] diagnoses are meaningless and have no basis in science. But the more disorders there are, the more private business psychiatrists get.”

Jerome C. Wakefield, a professor of social work and psychiatry at New York University stated, “By massively pathologizing people under these categories, you tend to put them on an automatic path to medication, even if they are experiencing normal distress.”

It is a pill for every ill—and practically no one is being told how dangerous psychiatric drugs are.

With over \$100 billion a year in psychiatric drug money at stake, it is impossible to escape the saturation of psychiatric disease mongering in today's society.