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[Are We All Crazy?](#)

Psychiatry Revolution and Over-Diagnosis

Being unable to approach a girl at the college ball is a severe mental disorder! ... And it must be treated with the help of powerful chemicals! Road rage? The same. It has even a scientific name: intermittent explosive disorder. In "Shyness: How Normal Behavior Became a Sickness" (Yale University Press, October 2007), Christopher Lane of Northwestern University warns about the "highly unscientific and often arbitrary way" in which any behavior is included into "The Diagnostic and Statistical Manual of Mental Disorders" (DSM), the bible of psychiatry employed daily by insurance companies, courts, prisons, schools, physicians and shrinks. "The number of mental disorders the general population might exhibit leaped from 180 in 1968 to more than 350 in 1994," wrote Lane, Northwestern's Herman and Beulah Pearce Miller Research Professor. Lane doubts the significance, preciseness and necessity of all psychiatry revolution. By naming shyness and other human personality traits as biological mental conditions allowed to an eager pharmaceutical industry to come up with a pill for every so-called chemical imbalance or biological behavioral issue. Social anxiety disorder (social phobia) is one example of American psychiatry's change in the last three decades from a psychoanalytic orientation based on talk therapy to the current tendency towards neuroscience and drugs. The threshold for the diagnostic of the social phobia has been marked too low, transforming social anxiety into a mental illness considered the third after alcoholism and major depression. "The problem is that DSM-defined symptoms of impairment in 1980 included fear of eating alone in restaurants, concern about hand trembling while writing checks, fear of public speaking and avoidance of public restrooms." wrote Lane. By 1987 the DSM had changed the key phrase "a compelling desire to avoid," to just "marked distress," including even concern about not saying the right thing. "Impairment became something largely in the eye of the beholder, and anticipated embarrassment was enough to meet the diagnostic threshold. That's a ridiculous way to assess a serious mental disorder, with implications for the way we also view childhood traits and development. But that didn't stop SAD from becoming what Psychology Today dubbed 'the disorder of the 1990s.'" said Lane. Lane also comes with previously confidential material from the drug companies about a nasty history of the antidepressant Paxil. The drug entered the market in 1996 despite low effectiveness and immediate side effects in clinical trials. Much information about the drug's trials was hidden from the public. Paxil turned into the first drug receiving the approval of FDA for the treatment of social anxiety disorder in 1999, after a publicity campaign of \$92 million on the theme "Imagine Being Allergic to People", which biased the way Americans regarded anxiety and its treatment. "Every marketer's dream is to find an unidentified or unknown market and develop it. That's what we were able to do with social anxiety disorder," said a product director for Paxil. In 2001, 25 million new prescriptions for Paxil boosted the drug's U.S. sales alone to 18 % over 2000. Psychiatrists may state that the line between common shyness and social anxiety disorder (SAD) is clearly defined, but psychiatric literature repeatedly intermingles them and patients can be exposed to over-diagnosis and unnecessary, even harmful treatment. A boomerang effect persuaded some patients to stop Paxil treatment. Lane points that psychiatry is employing drugs with poor track records against any normal human emotions, like "chronic complaint disorder," when people are displeased by the weather, taxes or the previous night's soccer match score. "It might be funny, save for the fact that the DSM's next edition, due to be completed in 2012, is likely to establish new categories for apathy, compulsive buying, Internet addiction, binge-eating and compulsive sexual behavior." said Lane.