Address to the FDA Panel on February 2, 2004 Peter R. Breggin, M.D.

I'm Dr. Peter Breggin, a psychiatrist. Ten years ago, I wrote in <u>Talking Back to Prozac</u>, "These drugs should not be given to children and young people" (p. 166 paperback). Three years ago, I wrote in the <u>Antidepressant Fact Book</u>, "Professionals and parents alike should reject the idea of subjecting any child to SSRIs" (p. 122). Last month I published an in-depth peer-reviewed analysis of SSRI induced violence, suicide, and mania. I've submitted it to the panel and it's on my website.

By now I've personally evaluated dozens of cases SSRI-induced violence and suicide, often for medical-legal consultations:

Eric Harris, the Colorado Columbine shooter, took fluvoxamine from age 17 until the day he committed the mass murders. In Vermont a 17-year old on paroxetine bludgeoned a close friend. In Florida a teenager on sertraline beat an old lady to death and a fourteen year old girl on fluoxetine fired a pistol pointblank at a boy. In South Carolina, a 12 year old boy on sertraline shot and killed his grandparents.

The SSRIs produce a <u>continuum of stimulation</u> that includes (1) manic-like reactions, (2) agitated depression, (3) obsessive preoccupations, and (4) akathisia. The result can be disinhibition, suicide and violence.

Clinical trials with youngsters show a 4% rate of mania in on fluvoxamine and a 6% rate on fluoxetine.

In clinical practice, the rates are much higher:

An outpatient study of youngsters on Prozac found that 23% suffered manic-like symptoms and 19% became more hostile.

Another found that 50% developed aggression, agitation, and manic-like symptoms.

Another found that 14% became aggressive and even violent.

Please read the recent published review that I've submitted to you and that's on my website. It's time to protect our children.

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