

Statement of Frederick K. Goodwin M. D. regarding the 11-21-08 New York Times article by Gardiner Harris and the follow up editorial of Nov 29

Mr. Harris' article is filled with misstatements of fact, and incorrect implications; which also characterize the brief mention of me in the Nov 29 editorial.

Let me first note that I spent nearly an hour on the phone with Mr. Harris, and followed this up with a detailed email providing easily verifiable factual information. While he did quote a few things I said, most of the important information I provided was left out of the story.

Some of the article's misstatements have been covered in other media reports (e.g., NPR, 11-26-08). I'll focus on the most egregious misstatements and omissions.

First, his story implied that I am and always have been the host of The Infinite Mind. In fact, from April '05 through January '08 the producer replaced me with another psychiatrist with no ties to drug companies, while I served as guest host for shows unrelated to pharmacological treatment issues. Furthermore the show ended well before Sen. Grassley's report or the Times story and had nothing to do with them. The show simply ran out of money.

Mr. Harris' story also implied that I had been a speaker for Paxil, a GlaxoSmithKline product, since 2000. I never spoke for Paxil. Starting in 2001, I spoke about mood disorders and Wellbutrin (now generic) and in January '04 began giving talks dealing with lithium. Incidentally, I used this as an opportunity to remind psychiatrists about lithium, a forgotten drug, forgotten because it's been generic for decades and doesn't make enough money to justify promotion by drug companies. I referred Mr. Harris to my 2007 book (with KR Jamison) *Manic Depressive Illness* 2nd edition, where my dismay at the fact that many young psychiatrists don't use lithium is clearly expressed. Later, as Lamictal joined lithium as the only other FDA approved mood stabilizer, my talks included the FDA indications for both.

More egregious is Harris' Paxil narrative. The article implied that I asserted on the air that "there is no credible scientific evidence linking antidepressants to violence and suicide" *because of my ties to drug companies*. Note he did not question the accuracy of the statement because he could not. Both I and the show's producer (who wrote the script) stand by the scientific accuracy of what the script said. A major focus of the show was the FDA's "black box" warning about a relationship between antidepressants and "suicidality." But suicidality as defined by FDA encompasses everything from suicide attempts to any "self harm," much of the latter having no relationship whatsoever to actual suicide. The concern expressed by me and the guests that the producer had selected was that this "black box" warning might be scaring many doctors away from using these drugs when they were needed for fear of being sued (suicide being the number one reason why psychiatrists are sued). Doctors *should* be warned about the distressing symptoms that young patients can sometimes feel on these drugs, but many (not all) experts in the

field believe that a less charged word would have been better. I made all this clear to Mr. Harris.

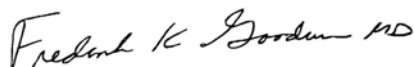
I also pointed Mr. Harris to my long-standing, easily accessible record of being quite critical about the overuse of SSRI antidepressants, especially in young people. I referred him to *Manic Depressive Illness* and gave him references to two recent journal articles I co-authored, all of which expressed major reservations about the overuse of SSRIs. I further pointed out that I had never spoken on behalf of Paxil. All of this information was ignored. Instead, the above quote from the show was paired with the fact that Glaxo has been accused of suppressing data. A careful reading of the article shows that these are unconnected facts, but a casual reader will be left with the impression that I was somehow involved in suppressing data on Paxil.

The article also implied that I was trying to promote Lamictal by pushing the diagnosis of bipolar disorder in kids. I pointed out to Mr. Harris that Lamictal hasn't yet been properly studied in that age group. The show in question, as I recall, did discuss mood stabilizers that have been studied in kids, especially lithium and divalproex, both now generic drugs and no longer "promoted" by anyone. (For that matter, I also pointed out that Paxil had been generic for some time and is therefore no longer promoted.)

Finally, the article states that my involvement with pharmaceutical companies was "undisclosed." Again, Mr. Harris simply ignored much of what I told him--that there is ample evidence in the public record disclosing my work with drug companies; it's never been a secret. It's extensively acknowledged in papers that I have published, in my book, and in all of my continuing medical education (CME) activities.

I also explained that The Infinite Mind producers were aware of my connections to pharmaceutical companies. While he did quote me in the article to this effect, he failed to cite an important, easily verifiable fact: Mr. Lichtenstein recruited another psychiatrist without any ties to industry to be the host starting in 2005, and serving through January 2008. This action was taken to deal with Mr. Lichtenstein's concern that my industry ties could become a problem for the program. Given this fact, Mr. Harris' report that Mr. Lichtenstein knew nothing of my activities on behalf of drug companies is clearly not accurate. It is true that Mr. Lichtenstein may not have known all the details, but he was generally aware of my activities.

Sincerely,

A handwritten signature in cursive script that reads "Frederick K. Goodwin MD".

Frederick K. Goodwin, MD