It does happen that a patient may be started in treatment with a dose of Drug A which is too low so that when a similar Drug, B, is added, the patient improves. This improvement is most likely the result of an optimum total dose of phenothiazine, not the result of any special virtues in the drug combination.[7] The advertisement, to be fair and informative should point this out. It should also point out that the combination is much more expensive. One hundred Thorazine tablets in the 100 mg. dose sell for $12.25. One hundred Stelazine tablets in the equivalent 5 mg. dose are $14.35—a total of $26.60. One hundred tablets of Thorazine in the 200 mg. dose are only $16.65. Therefore the patient would save $9.95 if he could be treated just as effectively with a larger dose of a single drug.[8]

To avoid misunderstanding I should say that there may be rare patients who will benefit from one of the less frequently used phenothiazines or from a combination. If the patient is not responding, then certainly the physician should adjust dosage, medication type and so on. I am not against the doctor's using his brains. What I do question is the judgment that an expensive and unproved treatment is worth promotion. Every psychiatrist who opens a journal will think of Stelazine-Thorazine. How many will think of the VA Cooperative Study from 1961?

ANTIDEPRESSANTS

Exhibit #2 (Archives of Psychiatry, June 1968) shows a woman in tears at her son's marriage. It says in part: "Often in the mind of the lonely, widowed, depression-prone individual, she's not gaining a daughter, she's losing a son. The occasion may be marred by depression with such symptoms as feelings of sadness, incapacity, helplessness and hopelessness. Tofranil often relieves symptoms of depression."

These statements are individually correct. Such occasions may be marred by depression and imipramine (Tofranil) is an effective antidepressant. The implication, that antidepressant therapy is indicated in the griefs of everyday life, is another matter. For one thing all antidepressants are slow to act. Two to four weeks of treatment are required to achieve clinical effect by which time the great majority of grief reactions have spontaneously cleared. This advertisement is part of a trend to suggest the use, both of antidepressants and tranquilizers, not only for specific mental illness, but to soothe life's ordinary woes.

Another example is seen in Exhibit #3 (Medical World News, July 1969) for the tranquilizer, hydroxyzine (Vistaril). In large type appear the words "School, the dark, separation, dental visits, 'monsters;' . . . The everyday anxieties of childhood sometimes get out of hand." This appears in a general medical magazine although even specialists in child psychiatry seldom use tranquilizers and then only for limited and specific indications. Another for Stelazine (Archives of Psychiatry, February 1969) says ". . . can help you control your patient's excessive anxiety resulting from unavoidable, day-to-day pressures . . ." I'm sure the drug companies would say, if pressed, that they mean these drug to be used only in specific cases of neurotic or psychotic illness, not in all lonely widows and frightened children. Sometimes the proper qualifications are made in the small type. But the general cast of the advertisement, the words "everyday anxieties" . . . "day-to-day pressures" certainly create the impression that we are all candidates for drug therapy.

Apart from the question of whether tranquilizers and antidepressants are effective in these "situational" reactions—and there is not really much evidence that they are[9]—there is a judgment to be made whether it is most healthy for people to be reacting to or chemically protected from those emotions which are an inevitable part of a full and normal life. I know of no studies on this issue. The effects of chronic psychotropic drug treatment on a "normal" person's functioning are not fully known.

To return to Tofranil for a moment, another objection I have to that presentation is that it does not emphasize the side effects which may occur. The sentence

[7] Some studies (e.g., "American Journal of Psychiatry," vol. 121, pp. 597–600, 1964), have found in favor of drug combinations but have overlooked this methodological point.

[8] Average retail prices from three Boston pharmacies.

[9] See for example Laites ("Journal of Abnormal and Social Psychology," vol. 59, pp. 156–161, 1959) and Pillard & Fisher ("Psychopharmacologia," vol. 12, pp. 18–23, 1967) for a discussion of some issues relating to drug effects on situational anxiety.