ARE SIDE EFFECTS AND COMPLICATIONS A MAJOR PROBLEM IN USING PSYCHOTHERAPEUTIC DRUGS?

No, not even in double-blind trials. We've treated approximately 3000 patients in various blind controlled studies with:

NO fatalities from treatment NO cases of agranulocytosis NO cases of drug-induced jaundice

About 4% drop-outs for medical reasons

Here is the prevalence of certain side effects in 1000 patients:

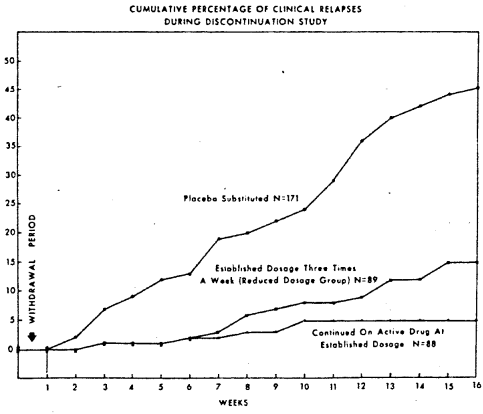
AKATHISIA	16%	NAUSEA, VOMITING	9%
DYSTONIA	3%	CONSTIPATION	10%
SEIZURES	1%	EOSINOPHILIA	16%
DERMATITIS	4%	LEUCOPENIA	7%
DRY MOUTH	15%	ABN. HEPATIC TESTS	15%
WEAKNESS, FATIGUE	20%	WEIGHT GAIN > 25 LBS.	6%

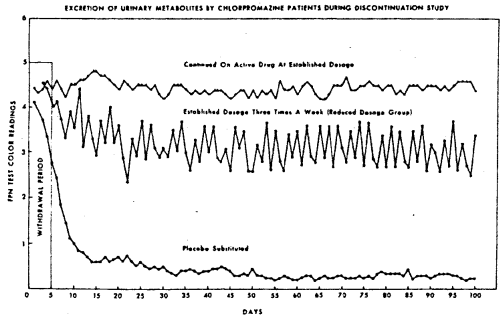
EXTRAPYRAMIDAL SYNDROMES 10%

WHAT HAPPENS WHEN DRUGS ARE STOPPED IN PATIENTS WHO HAVE IMPROVED ON THEM?

Many relapse. Three-hundred-forty-eight patients who had been treated with either chlorpromazine or thioridazine were either continued on full doses, reduced to taking drug only 3 days a week (3/7 dose), or switched to placebos. (1961)

Here are the results in terms of relapses and urine tests:





hile it is clear that many patients may be withdrawn from drugs for substantial periods of time without relapsing, we simply don't how to identify such patients. Possibly a number of patients might require less drug for maintenance therapy than is commonly used.