August 2015

Dear:

Here's a recap of blog posts and other news from the past month.

It's shaping up to be an interesting September with the BMJ publication of Restoring Study 329 - one year and seven drafts later, not to mention the year of research and data access efforts that proceeded the submission to BMJ by our intrepid little band of researchers.

Arguably the most controversial drug study ever, Study 329 was published in July 2001. In 2013 a team of concerned researchers undertook to re-analyze the original data underlying Study 329 and to publish a new analysis under the RIAT protocol (click on the link below for more information).

This new study, **Restoring Study 329: Efficacy and harms of paroxetine and imipramine in the treatment of adolescent major depression: restoration of a randomised controlled trial**, should shock all who care about integrity in drug safety.

Find out the inside story when [Study329.org](http://Study329.org) goes live. This new website will provide extensive background and discussions on the Study 329 saga, access to both the original study and the new one, and some thoughts on
lessons learned.

Restoring Study 329 demonstrates the importance of data access to scientific integrity, and why access to a trial registry, reporting of methods, and reporting a result summaries are not enough.

Join the debate on twitter using #AllData and #Study329.

Thank you for your support.

Your feedback, as always, is greatly appreciated.

David Healy, MD

Study 329: The Final Chapter Coming Soon...

A Milestone in the Battle for Truth in Drug Safety
Arguably the most controversial drug study ever, Study 329, published in July 2001, concluded that paroxetine was a safe and effective medication for treating major depression in adolescents. It is still widely cited in the medical literature, providing physicians with assurance about the usefulness of paroxetine. [...]»

**RxISK stories**

**Antidepressants and Violence: The Numbers**
How on earth could an antidepressant drug drive someone to murder? In the past two columns RxISK has heard from two people who know they can. In The Man Who Thought He Was A Monster, Steindor Erlingsson shared his own ... [Read More...][Read More...]

**The Man Who Thinks He Is a Monster: Sertraline and Violence**
He was born on a Sunday. He had an average background with few health, physical or mental problems. His main difficulty was a certain social anxiety. He went to University
to study Neuroscience - probably to try and understand people. His first attempt to seek help was from the Student Mental Health Clinic ...

The Man Who Thought He Was a Monster: Antidepressants and Violence
This post by Steindór Erlingsson asks awkward questions in the week when the jury is likely to deliver a verdict in the sentencing part of James Holmes' trial for the shooting dead of twelve people in Aurora Colorado at the premiere ...

Withdrawal From Sertraline
This is the story of Anna. My first encounter with psychiatry and the "mental health" system was in the summer of 2008. A beautiful; warm summer indeed. But unfortunately I will recall this summer for other, less glorious, reasons ...

From David's blog...

Loss in Medication: The Crusoe Report 3
A medicine is a mix of a chemical that pharmaceutical companies produce and knowledge about how to use the chemical - that we produce. Making even basic chemicals was beyond us for millennia. ...
What's Poisoning Health: The Crusoe Report 2
How did we get to the point where healthcare itself is sick - where we have as Annemarie Mol brings out become consumers of healthcare products rather than people whom doctors and nurses care for when we are at our most vulnerable? The breach of trust in modern healthcare comes close to a mother poisoning [...].»