To the Editor: Dr Rasmussen’s letter, despite its not entirely collegial tone, provides an opportunity to expand further on our findings regarding the harm caused by antidepressants in rapid-cycling bipolar disorder.1 To address the question whether a few findings regarding the harm caused by antidepressants in rapid-cycling bipolar disorder—including rapid-cycling—depressive episodes are more frequent and lengthy than manic episodes. Our data are consistent with this literature; we observed about 2-fold more depressive versus manic episodes in our rapid-cycling subjects (over 3 years, 12 manic episodes in 6 subjects vs 20 depressive episodes in 13 subjects). Our study confirms the importance of the concept of “cycling” or “recurrence” (not just polarity) as a key aspect of manic-depressive illness—a notion that dates back to Kraepelin.3 In an illness in which most cycles involve depression more frequently and severely than mania, antidepressants appear to induce not just acute mania, but long-term cycle acceleration with worsening depressive morbidity—a concept about which some of us have published repeatedly for decades.3,4

“The great tragedy of science—,” Thomas Huxley called it, “the slaying of a beautiful hypothesis by an ugly fact.” Lamentably, the antidepressant faith does not fare well in randomized studies of bipolar disorder (or even, to some extent, in major depressive disorder1). Our data are not definitive, but they are based on the most valid research design we have, and they are consistent with the only other available randomized data on antidepressants in rapid-cycling bipolar disorder.1,5 Facts are stubborn, sometimes even tragic, things.

REFERENCES


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