

## Summary of events in *Dying for a Cure* (by Rebekah Beddoe): events occurring over an approximate 3 year interval (2000-2003)

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1. RB, up until now a well adjusted, healthy woman, has difficulty adjusting after the birth of her first child. The baby has feeding problems and cries a lot.
2. After 12 difficult weeks at home with the baby, RB is casually given a trial pack of **Zoloft** by her GP who also arranges for her to spend several days at the mother and baby unit at the local hospital.
3. She is seen by a psychiatrist at the mother and baby unit who reinforces the idea of taking **Zoloft**.
4. Her own reading of the literature on **Zoloft** was that it wasn't really a drug, "more of a serotonin supplement" to "correct a biochemical imbalance in the brain".
5. **Zoloft** starts at the mother and baby unit, breastfeeding stops on advice of psychiatrist MB (not standard).
6. Given sleeping tablets (probably **Normison**) while in the unit.
7. Psychiatrist MB shows "unorthodox" physical contact (e.g. hugging) with RB and other highly unprofessional behaviour. RB requests to see a different psychiatrist. Seen by female psychiatrist who continues the **Zoloft**.
8. Psychiatrist MB returns to RB and urges to be reinstated. This happens. "Cuddle therapy" commences.
9. RB has first ever panic attack while sitting in the mother and baby unit one day.
10. Returns home for one night after two weeks in mother and baby unit. Has violent outburst at noisy neighbours. Self-mutilates finger and arm with a knife.
11. Returned to mother and baby unit.
12. Psychiatrist MB doubles the dose of **Zoloft** and adds daily **Valium**.
13. RB becomes obsessed with idea of hurting herself. Further cutting of arm occurs.
14. Admitted by Psychiatrist MB to specialist psychiatric unit.
15. Over the weeks there becomes preoccupied with planning her own death.
16. MB switches to **Xanax** (higher potency benzo) and **Serzone** (sedating antidepressant with different mode of action).
17. Further self-mutilation occurs.
18. After 7 weeks, returned home. Partner and mother monitor meds and remove sharp objects etc from home. Partner requests assessment by CAT team, independent of psychiatrist MB, request denied.
19. Swallows 25 **Temaze** sleeping tablets. Emergency admission to hospital. Seen by hospital psychiatrist and given **Xanax**. Admitted to a major psychiatric hospital. Seen by psychiatrist there. Discharged home after 5 days.
20. Sees psychiatrist MB again, who commences **Zyprexa** (7.5 mg) in addition to the **Serzone** and **Xanax**.
21. Becomes disturbed, agitated, clumsy and restless: according to her mother.
22. Psychiatrist MB refuses to meet with mother to address her concerns.
23. Takes overdose of **Xanax** and cuts arm again.
24. Psychiatrist MB adds **Prozac** 20 mg to existing list of medications and arranges admission back to acute psychiatric unit.
25. Psychiatrist MB arranges for ECT to commence. Mother increasingly concerned, checks with her own GP, who is very concerned at ECT and level of medication – "she will end up on a mortuary slab with these meds".
26. Discharged from hospital after ECT. Meds continue.
27. Leaves partner, start intravenous drug use with friend made at psychiatric hospital.
28. Mother arranges to see different psychiatrist who suggests removing all meds (gradually) to start from scratch.
29. Inpatient at psychiatric hospital. **Antidepressants** cut by half. Feels terrible. Intense anxiety and insomnia. Highly emotional.
30. Arranges to see psychiatrist MB again who is aloof and offers diagnosis of "Borderline Personality Disorder".
31. Sees new psychiatrist DM specialising in postnatal issues. Is readmitted to psychiatric hospital and all meds removed except **Prozac** 20 mg.
32. Continuing urges to self-mutilate, withdrawn from baby. After 3 weeks returns home only to self-mutilate again.

33. Enters high dependency unit. Psychiatrist DM adds **Clonazepam** (heavy duty benzo) to the **Prozac. Mellaril** (typical antipsychotic) then added to mix for “calming”.
34. **Mellaril** withdrawn due to nausea and **Epilim** introduced.
35. Mood brightens, RB returns home, **Xanax** and **Valium** added to mix.
36. MB becomes party animal – sees lots friends, drinks a lot. Proposes marriage to partner who accepts.
37. **Lithium** added (hypomania suspected).
38. More self-mutilation. Another overdose; this time of **Xanax, Mellaril, Clonazepam**. Back to high dependency unit.
39. Positive test for diabetes. **Insulin** commenced.
40. Current meds: **Clonazepam, Lithium, Epilim, Prozac**. Wedding goes ahead. Success.
41. Complains that **Lithium** is making the world “back and white”. **Luvox** replaces **Prozac**. **Catapres** added for agitation and **Stilnox** for sleep.
42. Gets pierced, blonde wig, disinhibited, overspending. House a pigsty. Psychiatrist DM diagnoses Bipolar 1.
43. Readmitted to hospital. Absconds. Admitted to HDU.
44. Current medications: **Zyprexa, Luvox, Epilim, Lithium, Catapres, Valium, Stilnox**.
45. **Largactil** added for further control of mania.
46. Back home. Severe akathisia: incessant pacing and rocking.
47. Husband attempts to engage different psychiatrist to review case. Professor finally found who suggests reviewing the **Luvox** (only!). And that she needs to “manage her illness”.
48. Serious suicide attempt (wrist cutting) at childrens playground near home. Saved by neighbour. Partially severed median nerve, loss of hand function.
49. Meds continue with added painkillers.
50. **Luvox** gradually reduced, **Largactil** added. Severe akathisia. Discharged from hospital.
51. Attempted overdose of insulin. Readmitted to high dependency unit.
52. Review of meds by new psychiatrist, specialist in mood disorders. Suggests going back on **Luvox** and ceasing **Largactil**.
53. Attempted overdose with over the counter **Phenergan** (an antihistamine with similar properties to Largactil).
54. Has put on 30 kilos. Looks at herself in mirror and has realisation of being fat. Checks MIMS information on **Zyprexa** and **Largactil** – find out about their weight effects - and decides to surreptitiously stop taking them. Manages to conceal this from husband who is overseeing meds.
55. Notices fantastic improvements in blood sugar, body weight and dramatic loss of akathisia. Desire to smoke also disappears.
56. Psychiatrist DM impressed by obvious improvement and suggests weaning off **Epilim**.
57. Only **Luvox** and **Lithium** remain and **Valium** as required.
58. Attempted reduction in **Luvox** leads to high emotionality. Becomes aware of SSRI withdrawal syndrome from talking to pharmacist.
59. Finds the internet and huge amounts of information and discussion of meds! Gets holds of a copy of *Toxic Psychiatry* by Peter Breggin and BBC documentary *Secrets of Seroxat*.
60. Gradually reduces **Lithium** to zero.
61. Has lost 20 kilos. Life returning to normal.
62. The last 25 mgs of **Luvox** the hardest to get rid of. Uses pill cutter to get dose smaller and smaller. Takes 7 months to become completely free.
63. No evidence of bipolar disorder in the ensuing year.

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### Discussion Question

1. What are the questionable practices evident in the management of this case?