

Debunking the Myth: Newer Drugs Have Less Side Effects powered by BlogBurst

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FROM BLOG: [World of Psychology](#) - Dr. John Grohol's daily blog on psychology and mental health.

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Since this myth seems to keep making the rounds and has perhaps even become conventional wisdom, it's time to put it to rest permanently.

Newer medications do not necessarily have fewer or less severe side effects. While often the initial clinical trials done to have the medication approved by the FDA show fewer side effects for newer drugs, subsequent studies often reverse that finding. It's still unclear why this happens, but it's probably a combination of things — perhaps a less diverse patient population initially (e.g., people who cannot be taking any other medication or have any other diagnosis, two factors not commonly found in the real world); poor reporting on newer, unexpected side effects or those that are embarrassing (something that likely influenced the lack of information regarding SSRI antidepressant's off-putting sexual side effects when they were first introduced); etc.

So while there may be a half dozen reasons to try a newer medication over an older one, the side effect profile isn't usually going to be one of them for most people. Side effects vary widely from person to person anyways, so like everything else when it comes to psychiatric medications, it's going to be a trial-and-error process.

When your doctor suggests you try a new medication, ask some simple questions before agreeing –

1. Does this medication have any significantly different side effects than the medication I'm currently taking (if you're taking one)? Or, if you're not taking a medication, does the medication have any significant **serious** side effects (like hypertension or high blood glucose levels)?
2. Does my insurance cover this new medication? Many insurance companies do not cover the newest medications for years after they become available. If not, how expensive is it compared to something less new?
3. Do you have significant experience prescribing this medication? In how many patients? For how long? Most doctors should be comfortable in answering such a question. If they become defensive or say, "Oh, all the time, don't worry," you should worry. You're not looking for exact numbers here, but you should expect to hear a response that is reassuring and gives you some ballpark numbers. "Two years and about 20 patients," would be a good example.

While many cynics wryly suggest pharmaceutical companies create new medications just to make more money, there are some valid scientific reasons for inventing new medications — for instance, to try and address a concern in a way that a current medication doesn't. Most SSRI antidepressants are better tolerated and are generally considered more safe than the antidepressants they largely replaced in the U.S. (tricyclics, which are fairly easy to overdose on). In other words, one should never paint all medications that are "new" with the same brush. Each should be judged independently on its own therapeutic merits, even if it's a part of a larger class of medications.

But we need to finally put to rest the myth that newer medications always carry less risk and less side effects than a medication they're trying to replace. Every new medication, just like the older medication it may be trying to replace, has its own unique benefits and risks, and should be judged accordingly with your doctor's help.