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REAL investigates claims that a drug prescribed to treat chronic acne is causing well-balanced people to become suicidal and we talk to the families left wondering why their loved ones changed so dramatically, and meet the woman whose face, and life, was transformed by Roaccutane.

Jon Medland was a talented young medic in his final year at Manchester University with a very bright future ahead of him as a doctor. At 22, he already had his life mapped out. He had, what friends and family describe, as the ‘perfect future’.

‘He had everything going for him,’ says his father Jonathan. ‘He had a great hospital job lined-up, a lovely girlfriend he was going to marry – he loved his life, his family and friends.’ Yet within four weeks of taking the acne drug Roaccutane for the first time, their son was found dead in his bedroom after committing suicide. It was utter horror – the Jon we knew and loved so well could not knowingly take his own life. He was aware the drug was affecting him, but what was so scary was it seemed to have induced a total psychotic state. When he hung himself, he couldn’t have known what he was doing, explains his father.

CHANGING LIVES

Since the drug was launched more than 20 years ago, over 13 million people have been treated with Roaccutane worldwide, which is considered a ‘wonder drug’ by many. However, the American media was quick to point the finger at Roaccutane, despite the medical evidence, when 15-year old American Charles Bishop crashed a plane into the towering Bank of America building in Florida three years ago. It sent shockwaves around the world – was the teenager emulating the 11 September Al Qaeda terrorists? A few days later, when the acne drug Roaccutane was discovered in his bedroom, the question changed: did the drug make him do it? The tabloid newspapers had already run their inflammatory stories by the time that the findings of the chief toxocologist with the Medical Examiner’s Office confirmed that Charles’ body contained no drugs.

Clinical information has not been able to prove a link between Roaccutane, depression and suicide. The manufacturer Roche argues that there is no proven causal link between Roaccutane and psychiatric effects and that acne sufferers are a high-risk group for depression.

SLEDGEHAMMER DRUG

Alison Bowser, chief executive of the UK Acne Support Group says, ‘It’s a sledgehammer of a drug and is immensely powerful. There’s nothing else like it on the market. The drug carries strong warnings to prevent it being prescribed to pregnant women and women of child-bearing age because it can cause spontaneous abortion, miscarriage and birth defects.

Jon Medland was suffering from a mild form of acne, yet was taking Roaccutane which is normally prescribed to treat only severe acne. Dr Anthony Chu, one of Britain’s leading skin specialists, and a consultant dermatologist at Hammersmith Hospital in London, believes the drug is prescribed too often. ‘Roaccutane is badly over-used and sometimes prescribed totally inappropriately to those suffering mild acne. The drug is so powerful it should only ever be given when all other treatments fail – and it needs to be carefully monitored with strict instructions to the user about...’

REAL WORLD

WITHIN FOUR WEEKS OF TAKING THE ACNE DRUG JON WAS FOUND DEAD AFTER COMMITTING SUICIDE

Jon’s parents can’t believe he would have committed suicide under normal circumstances.

WRITING THE SMALLPRINT

The side-effects listed on the Patient Information leaflet for Roaccutane include suicide and depression in rare cases.

FEATURE

Sarah Sim
all the side effects. The British Association of Dermatologists has publicly backed the drug saying Dermatologists throughout the world believe that Roaccutane has actually saved many thousands of acne sufferers from long periods of misery and depression when other treatments for their acne have failed.

LIST OF SIDE-EFFECTS

In December 2003 Jon was prescribed a one-month course of Roaccutane. He barely had acne, but he wanted it cleared up, says his father Jonathan. The dermatologist listed all the possible side-effects – from loss of sleep, inability to concentrate, to depressive and suicidal thoughts. Our initial reaction was against him taking it, at least until after his final medical exams, but he had never suffered depression and some of his medical friends were positive about Roaccutane. So we didn’t do the thing – or our son’s decision.

Then Jon and his girlfriend Vicki spent Christmas at the family’s Barnstaple home in Devon before returning to Manchester. Jon was slightly less exuberant, but to Manchester coroner Leonard Gorodkin recorded a suicide, we are constantly monitoring all available safety databases on Roaccutane worldwide.

This is why the information provided with Roaccutane carries a warning that patients may experience mood changes, including an increase in depression.

The information leaflet, which is inside every pack of Roaccutane tablets, also tells patients that before they start taking the medicine – they may tell their doctor if they are depressed, or if they have had a suicidal thought.

scares – and also my cousin. Apparently, it can run in the family.

It was a great relief to have someone taking an interest in my acne. Now I can see how it really held me back. I had so little confidence as a teenager compared to my friends who were much more outgoing and sociable. As a child – he still has the scars – and also my cousin. Apparently, it can run in the family.

We are very keen to further raise awareness of the high risk of depression in people suffering from acne. Regardless of the treatment they are taking and are currently looking at ways in which we can reduce this. While no causal link has been established between Roaccutane and other depressions, suicide, we are constantly monitoring all available safety databases on Roaccutane worldwide.

In this way, we hope to continue to reassure patients and physicians of the benefits of Roaccutane in managing severe acne.

Since 1992, over 30 million people have been treated with Roaccutane.

April 2005

ROACCUTANE CHANGED EVERYTHING FOR THE BEST

Nicola Millbank’s young life was marred by severe acne from the age of nine, but a decision to begin Roaccutane treatment turned her life, and her skin, around

My acne started when I was about nine years old and I was put on antibiotics to help to clear it up. I think in all I had been on about five different antibiotics over the years. The worst patches were at the bottom of my face, underneath my chin, on my chest and back. I had a little girl in me that was very frustrating and sore, but I didn’t think that at age you are completely aware of the confidence-sapping side to acne – the way it makes you feel about your self image.

I wasn’t until I was in my teens that became hyper-aware of my condition and how different I looked. When I was little people would tell me not to worry as it would all clear up soon, and by about 10 my mum would say that by the time all your mates have spots, yours would have gone. Of course, by the time I was 11, my friends spots and acne was pretty much gone, but mine was just getting worse. It was very frustrating to be the only one

Nicola a now fresh-faced student.

I was put on contraceptive pills to make sure I couldn’t get pregnant. They were very clear that the drug would be very dangerous to a foetus.

Obviously my parents, especially my dad, were not too pleased about me being on the pill so young. I was so embarrassed by our relationship that I was very sexually active. I’m not normally something you want to discuss with your parents when you are in your teens. Perhaps, because of my acne, I hadn’t had many boyfriends, so it wasn’t an issue.

The specialist explained all the side-effects and I have to admit (find it quite scary at first. It was such a big list. Dad didn’t want me to go on it but the dermatologist reassured me that they would monitor me and helped us to understand how everyone could keep an eye out for mood swings. If there were any warning signs I would be taken straight off.

Dad was adamant until I had a chance meeting with a nurse at my GP’s office, who told me about her husband who had had a really positive experience with Roaccutane. When I told Dad about this he was happier about me starting treatment, which was a huge relief as I really wanted to try it. I know I was only being protective, but I am a naturally happy person, and not all depressed. The worst two months were, ironically, the two months before I started the course and couldn’t take anything.

It was about two months in that I started to see a big difference in my skin once I’d started taking it. It was about Christmas and quite a few people, like my grandad, said that my skin had looked awful before. I know people were really pleased for me, but part of me wishes they had said something before! After nine months my skin was clear and I hadn’t had to go back on it. Some people do have to start another course after a year but once I was all gone I stopped taking it and haven’t gone back for four years.

One thing I did notice was that I had a lot more attention from boys and now, in my early 30s and at the University of Greenwich doing Media Studies and I’m a totally different person. >>
Five years ago, my son was a typical university student. He was highly motivated and very sporty. He had lots of friends and he loved life – he was never depressed.

He’d suffered from very mild acne – more like teenage spots – since he was 15. After antibiotics failed to eradicate them, his GP referred him to the dermatology department of our local hospital. In November 1999 Martin was offered an eight-week course of the drug.

By February 2000, he had almost completed a second course of treatment, when his mental state suddenly and inexplicably deteriorated. He phoned me up out of the blue in a paranoid state, believing his computer was bugged. He was highly agitated and called me six times. It was completely out of character. He sounded totally paranoid – he clearly needed help.

Then he told me about taking Roaccutane and I suspected a link, although my husband Paul thought I was being irrational. When I picked Martin up from university that same day, his flat-mates confided in his total change in behaviour – he wasn’t eating and he hadn’t slept for three nights. He looked terrible, with a sickly yellow pallor. He was totally manic, hyped-up. I knew I must not panic him, so I coaxed him gently to come home with me.

I was driving him back on the motorway when he lunged for the door handle. It was terrifying. I almost crashed the car trying to hold onto him with my other hand. I don’t know where I found super-human strength to pull him back. Moments later he tried kicking in the windscreen with his feet. Again, with my other hand I grabbed him back. His actions were so spontaneous he didn’t know what he was doing. He was in a total psychotic state.

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Back home, I was livid when the GP dismissed everything as stress. I knew my son’s thoughts were totally out of control and that he could harm himself. So we forced him to rest in bed at home, locking both front and back doors so he couldn’t escape. Paul and I took it turns to stay at home and watch over him all day and night. The GP came again, even a psychiatrist and social worker visited. Yet my son was physically sick – he was yellow – and his left eye had drooped. He couldn’t walk properly or hold his weight. His legs would collapse or he would smash into a wall. He had blood in his urine and stools. He complained that he was going blind and couldn’t see anything. He said there were voices in the television talking to him. He was curled up in a foetal ball with severe stomach pains. He even started hallucinating.

I often had to hold him to stop him from screaming. For seven months we looked after him with no help from anyone. I was so frightened, I slept with my back to his bedroom door so he couldn’t escape and kill himself. By August 2000 he slowly improved. He even wanted to return to university. However, after a month, he relapsed badly into paranoia again. He ended up catatonic in a psychiatric hospital.

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