

**Question:**  
Have  
developed?

**Follow-Up:**  
Work out synthesis prompt on  
discussion"  
Volunteers come to the board  
write a thesis for the  
synthesis prompt.

**Activities:**  
Work on thesis,  
claims, and  
body development  
for synthesis  
prompt.

**Standards:**  
P3 - Critique others work  
RK1 - Focus on purpose  
CTRW1-4-Understand relationships among words and meaning  
KC1-2 - Develop knowledge of different modes of rhetoric

## Categories:

- Support systems
  - Side effects
  - Causes of depression
  - Severity
  - Family History
  - Gender
  - Age
  - Medical History
- methods of treatment

**Steps to Synthesis:**

- 1. Read Introductory information. Annotate any facts or claims made in the information.**
- 2. Decode Prompt:**
  - WHAT is the prompt asking you to do?**
  - Brainstorm categories that might apply to the task in the prompt**
- 3. Close Reading and Evaluating the documents:**
  - What claim does the document make?**
  - What evidence is given?**
  - What category(ies) might this document include?**
- 4. Identify patterns of categories to determine direction of essay**
- 5. Develop a thesis. (Toulmin helps to give you a framework)**
- 6. Develop claims to guide your body paragraphs**

**7. Develop body paragraphs by:**

- State the claim**
- Present the evidence/examples from the documents and your own knowledge. Make sure you include actual quoted text from the documents.**
- Comment on the evidence in the form of inference you make from the evidence. (Warrant)**
- Develop the argument that supports the claim and the thesis using the evidence and the warrant.**

**8. Conclusion:**

- Connect back to thesis in some way.**
- So what element (could be a call to action)**

The potential side effects versus the efficacy of drug therapy for depression is a serious factor to consider when developing a course of treatment for depression. In May 2007, the Food and Drug Administration ordered that warnings had to be added to antidepressant medications regarding the increased "risk of suicidal thinking or behavior in some young adults." (Source A). These medicines that are designed to help people avoid suicide may actually increase the risk. Additionally, the risk seems greatest in the demographic that already would exhibit more impulsive behavior -- young adults. In a study by the FDA involving 295 studies of antidepressants and 77,000 adults (college students - retirees), "21 suicide attempts were reported among the 3,810 19- to 24-year-olds taking the drugs." (Source A) This is a ".55 percent risk" which is twice the risks found in "adults of the same age who took placebo pills." (Source A) The suicide attempt rate that increased significantly among the younger ages even compared to "untreated" adults further emphasizes a significant risk to young people who were already at a higher risk of attempting suicide. The FDA also requires "all candidate drugs to be tested against placebos -- to try to separate the medicine from the magic." (Source B) And, the findings in May 2007 were astonishing when the placebo effect kept showing up "curing people at a rate alarming to both regulators and industry executives" and in most cases, "the drug failed to outperform the placebos." (Source B) The efficacy of the leading antidepressants are at the very least in question and it could very well prove they are not significantly effective at all. With disturbing evidence of antidepressants actually increasing a risk they are intended to alleviate and the lack of solid evidence of true efficacy, the wholesale use of these drugs must be questioned and furthered research. Failure to do so would be a hypocritical stance for an industry that is based on scientific research and evidence.

