

News Release

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BLACK DOG INSTITUTE



ANTIDEPRESSANTS ON TRIAL: HOW VALID IS THE EVIDENCE?

Last year, there was considerable international media focused on a British analytic study which argued that new antidepressants were basically ineffective. Today, a leading Australian psychiatrist argues that no clinician or researcher could interpret anything meaningful from the study because the randomised controlled database was so “intrinsically flawed”.

The ‘apples’ assessed in such trials do not correspond to the ‘oranges’ in clinical practice, resulting in a real disconnect between clinical practice and randomised trials. Also, trial components contribute to the disconnect, said Professor Gordon Parker, Executive Director of the Black Dog Institute.

The antidepressant drugs referred to are the dual action types such as SNRI’s and SSRI’s.

Professor Parker’s comments are contained in a paper, titled ‘**Antidepressants on trial: how valid is the evidence?**’ just published in the [British Journal of Psychiatry](#) which critically analyses a paper published last year by Kirsch and colleagues.

That study of randomised controlled data concluded that the new antidepressant drugs were either equivalent to or no better than placebos, in contrast to the view of many clinicians that such drugs are highly effective.

Professor Parker said that if we are to argue that antidepressant drugs are evidence-based, then we need to reconcile the reality that the largest referenced databases provided limited support for the proposition.

He said most antidepressant drug trials recruit out-patients and effectively exclude those with melancholic depression – the quintessential “biological” depressive condition.

Also excluded are people with suicidal thoughts, drug or alcohol problems, anxiety conditions and/or personality disorders. Individuals are also commonly recruited via public advertising and may be reimbursed.

“At the same time, such criteria risked recruiting individuals with less severe non-melancholic disorders and showing little correspondence with depressed patients seeing psychiatrists,” Professor Parker said. “In essence, if people with substantive clinical depression are not being tested, this is as illogical as testing a treatment for influenza by sampling people with transient colds

Professor Parker said his editorial paper was not designed to reject the necessity for randomised controlled trials (RCT’s) to inform us about efficacy and safety of antidepressant drugs; rather the limited findings should drive concerns about current diagnostic classifications and reliance on such data for managing those with significant clinical depressive episodes.

The current practices, he said, had exposed a “fault line” with flawed logic and RCT practices, generating limited valid evidence.

Editor of the British Journal of Psychiatry, Peter Tyrer, also comments on Professor Parker’s paper. “In interpreting the evidence we classically rely on the randomised controlled trial, often called the gold standard,” he said.

However, he makes the point it is not enough to use the words “randomised controlled trial” in the context of evidence-based psychiatry and expect everything else to fall neatly in to place.

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