



BLACK DOG INSTITUTE



## NEWS RELEASE

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### STUDY ON ANTIDEPRESSANTS FLAWED

A study that questions the benefits of antidepressants to treat depression poses a real risk of erroneously undermining confidence of people who find them beneficial in the treatment of mood disorders, according to a leading researcher.

Professor Gordon Parker, Executive Director of the Black Dog Institute in Sydney and Professor of Psychiatry at the University of New South Wales (UNSW) said that in contrast to the findings of this study, most people suffering clinical depression and, in particular, melancholic depression (the 'Black Dog') who take antidepressants, find them strikingly effective.

"For other mood disorder conditions antidepressants can augment other strategies while for other types of depression antidepressant drugs may be quite irrelevant," said Professor Parker.

He said the Black Dog Institute argues for greater sophistication in diagnosing what type of depression a person has - and what treatment is likely to be most beneficial for that condition. To that end the Institute has a DepEd educational program on its website ([www.blackdoginstitute.org.au](http://www.blackdoginstitute.org.au)).

Professor Parker stated that the study attracting media attention was based on trials of antidepressant drugs in people whose conditions did not correspond with clinical depression as seen by health practitioners. "What we have here is a disconnect between the randomised control data that tests whether an antidepressant drug is effective (in comparison to a placebo) in limited test groups as against real life clinical practice. Antidepressant randomised control trials recruit those people who have milder depressive conditions (excluding those with more severe and 'biological' conditions, people that have had thoughts of suicide, have a drug or alcohol problem or have a significant anxiety or personality style). In addition, people taking part in such trials are often paid for participating."

"As a consequence, antidepressant 'trials' are limited to pristine groups of people with milder disorders who are also likely to have rapid 'spontaneous' remissions - so inflating the level of improvement across the groups receiving drug or placebo. Differences between drug and placebo responses are then minimised."

Professor Parker said the same flawed logic would exist if people were prescribed an antibiotic for a common 24-hour cold and results compared with placebo treatment after a week. The high rate of improvement in those receiving the active drug and the placebo would risk the active drug being viewed as no better than a placebo.

"Such trial groups (the focus of the media reports) are in striking contrast to those patients seen by health professionals with clinical depression in terms of being more severe, and more likely to have the biological conditions that respond to antidepressant drugs preferentially. Drawing conclusions from one group to the other can risk false interpretations, as has occurred in this instance."

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