Editorial

Not All Psychiatric Research Is Bad!

Within the past few months, articles and editorials have appeared in prominent newspapers accusing psychiatric researchers of unacceptable ethical behavior in pharmaceutical research studies. Although these articles have focused primarily on challenge or discontinuation studies in schizophrenia, the tone has suggested that some psychiatric researchers abuse mentally ill patients for their own professional advancement with little regard for patients' safety. For example, a *New York Times* editorial (1) in March spoke of "potential abuse of mental patients by scientists in the name of drug research." An earlier *Boston Globe* editorial (2) essentially likened some psychiatric researchers to "Nazi doctors."

While it is important to acknowledge that some psychiatric research studies may have posed risks to patients that did not outweigh their benefits, it is equally important to emphasize that without research there will be no advancement in the treatment of serious mental disorders.

Seven papers in this issue of the *Journal* illustrate the importance of psychiatric research for clinical practice. Two studies, one by Wahlbeck et al. on the use of clozapine and the other a long-term follow-up of depressed patients by Mueller et al., examined treatment effects in large groups of patients. Two conclusive practice-shaping conclusions emerge. First, clozapine is definitively more effective in reducing schizophrenic symptoms than are typical neuroleptics. Second, continued antidepressant treatment is definitively associated with prevention of recurrence and relapse. These two papers will influence the treatment of patients with schizophrenia and major depression and result in improved patient care. Three other papers will stimulate rethinking of current psychiatric theory and practice. Nelson et al. report that a tricyclic and a selective serotonin reuptake inhibitor are equally effective in treating severely depressed patients with ischemic heart disease, DeRubeis et al. report that cognitive behavior therapy is as effective as antidepressant treatment for the treatment of severely depressed patients, and the data of Meyer et al. call into question the relevance of serotonin dysfunction in nonsuicidal depressed patients. These three papers illustrate the vitality of the psychiatric research enterprise: its ability to reexamine basic tenets and revise practice accordingly. In the sixth paper, Calabrese et al. suggest the effectiveness of lamotrigine, extending the range of available medications for the treatment of bipolar disorder and calling for more research into this new drug. The seventh paper, by Marcus et al., indicates that psychiatrists do not use research-derived information in their daily work, as indicated by the substantial number of Medicaid patients with bipolar disorder who do not receive recommended therapeutic plasma drug monitoring during their maintenance treatment.

Concerns about ethics in psychiatric research are important and should continue to focus our attention, as in any medical research involving human beings. But to accuse serious and thoughtful scientists of unethical or even Nazi-like behavior suggests considerable ignorance about the methods and value of most contemporary psychiatric research.

The papers in this issue of the *Journal* are examples of ethical psychiatric research that will have significant impact in shaping and continuing to improve clinical practice. By broadly painting all psychiatric research with the same tarred

brush, however, newspaper opinions fail to acknowledge the progress that has been made in treatment of seriously mentally ill patients through ethical and humane psychiatric research.

REFERENCES

1. When mental patients are at risk (editorial). New York Times, March 31, 1999, p A28
2. Unethical experimentation (editorial). Boston Globe, Nov 19, 1998, p A26

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