

Comments on "Presidential Address: Advocacy as Leadership"

TO THE EDITOR: As psychiatrists and APA members, who also work in the pharmaceutical industry, we are writing to address what we feel are incorrect statements made by Steven S. Sharfstein, M.D. in his presidential address recently published in the *Journal* (1). Dr. Sharfstein devotes a significant portion of the address to a critique of the pharmaceutical industry, including the statement that "psychiatry and the pharmaceutical industry abide by different ethics and values" (1, p. 1713). This attack puzzles those of us within the industry who have dedicated our careers to developing and studying therapies that produce the improvements in care Dr. Sharfstein seeks. However, despite key therapeutic advances, there are still substantial unmet needs with countless people still requiring help. It is only through collaboration with our peers in academia and clinical practice that new medications can be evaluated, understood, and find their place in the treatment armamentarium.

Dr. Sharfstein sees in the pharmaceutical industry a profit motive at odds with the psychiatrist's aim to provide the highest quality of psychiatric care to patients. For those committed to expanding the range of treatment options available to patients with serious mental illness, the path forward requires a more critical evaluation of the current state of psychiatry than simply advancing the notion that "big pharma" is responsible for avariciously pushing the field toward an increasingly biological model. That sweeping condemnation detracts from both the true complexity of the underlying factors contributing to this trend and the contributions pharmaceutical research has made to patient care. Certainly, the primary role for the pharmaceutical industry is to help serve the collective desire for innovation that offers tomorrow's cures. For this reason, we respectfully disagree with Dr. Sharfstein's suggestion that the interests of patients and the field are best served by adding distance to the very partnerships that have enhanced the quality and quantity of life for so many.

Unless another model is proposed and shown to be effective, we believe that the strong partnerships and collective contributions of academic, clinical, and industry-employed psychiatrists and neuroscience researchers can best maximize our potential to deliver the highest quality of psychiatric care to all who suffer from mental illness.

Reference

1. Sharfstein S: Presidential address: advocacy as leadership. *Am J Psychiatry* 2006; 163:1712-1715

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Dr. Sharfstein Replies

TO THE EDITOR: In my Presidential Address, I supported and acknowledged the important contributions of the pharmaceutical industry, whose products have, in my words, "transformed the outcomes for millions of psychiatric patients." In discussing the difficult implementation of Medicare Part D, I bemoaned the unacceptable gaps in access to effective drugs. I confronted Tom Cruise and Scientology on the Today Show when he attacked psychiatry and asserted that "there is no such thing as a chemical imbalance." I agree with Dr. Clary and colleagues that the pharmaceutical industry is an important partner for progress with our profession. However, I take exception to the implication that our partnership must be cheek-to-cheek.

The marketing of medications through millions of dollars in gifts, free trips, meaningless surveys, and other enticements is wrong. It also generates distrust among our patients and drives up costs, as less expensive but equally therapeutic alternative medications fall from routine use.

Too close a relationship with the pharmaceutical industry exacerbates concerning trends in the medical marketplace. Increasingly, psychiatrists are seen as pill pushers, with the result that we are reimbursed for our pharmacologic expertise and very little else. Another unfortunate result (for everyone) is that our profession has less credibility to stand up and object to unnecessary black box warnings.

I have never questioned the ethics and values of psychiatrists who work for pharmaceutical companies. However, the fact that the profit-making motives of industry come into conflict with professional ethics is amply documented and should come as no surprise to the authors. How we work together for the good of patients is the challenge that we face together.

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Serotonin Syndrome Precipitated by the Monoamine Oxidase Inhibitor Linezolid

TO THE EDITOR: The following case report suggests that serotonin syndrome precipitated by linezolid-antidepressant interactions may go undiagnosed and under-reported if clinicians are unaware that this antimicrobial is a monoamine oxidase inhibitor.

"Ms. A," a 30-year-old female, was treated for major depressive disorder, social anxiety disorder, bulimia, and alcohol/benzodiazepine abuse since age 15. After becoming drug and alcohol-free, her mood stabilized on venlafaxine XR 225 mg daily. When she missed a regular appointment, she was telephoned. She arrived disheveled and confused, denied substance use, but said she consulted her internist