Questions on Conflict of Interest

TO THE EDITOR: We are writing to inquire about how the *Journal* handles issues of conflict of interest, both financial and intellectual. We raise these questions in the interest of stimulating discussion and encouraging greater transparency, not because we believe there is necessarily one right answer to any question.

What is the operational basis of the Editor's evaluation for possible influence from disclosed financial relationships? Given that such influences can be difficult for nonspecialists to detect and may operate beyond the awareness of authors themselves, what criteria are used to judge whether influence has occurred?

1) Is potential conflict of interest one of the criteria taken into account when inviting authors of editorials or review articles? For example, if faced with a choice of several possible authors, does the *Journal* give preference to those without potential conflicts of interest, all other factors being equal?

2) Does the *Journal's* conflict of interest policy take into account so-called intellectual conflict of interest as well as financial conflict of interest? Some professional societies are beginning to pay attention to this type of conflict in relationship to practice guidelines (1).

Restrictions on authorship have costs of their own, including exclusion of the contributions of experts in a field, and should not be undertaken lightly. However, the argument for preferring authors without financial relationships with industry seems particularly strong in the case of editorials and reviews, the value of which resides principally in the reliance that readers can place on the opinions of the authors. Advocating norms of this sort is not to suggest that industry relationships are necessarily problematic in themselves, but recognizes that certain activities may be incompatible with playing an active role in developing treatment recommendations for the field, as is the case for the development of DSM-5 (2).

References

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2. http://www.dsm5.org/about/Pages/BoardofTrusteePrinciples.aspx

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Note From the Editor

For the Treatment in Psychiatry series and other clinical research and treatment articles in the *Journal*, we solicit articles from senior authors who can inform our experienced clinical readership about their current thinking on the treatment of difficult clinical problems that do not yet have fully resolved solutions. Accordingly, we often choose authors who are directly involved in the development of new treatments through leadership of relevant National Institutes of Health and industrial clinical trials, because they have the broadest and most relevant experience. We recognize that a risk of this choice is that the authors who are most involved in the development of a new treatment may also have conflicts of interest, both commerical and intellectual.

We therefore invite Editorials on many of our articles from other experts in the field to highlight the significance as well as the limitations of the articles and to place them in perspective for readers who are not experts themselves. While the absence of obvious conflicts, such as financial support from a sponsoring pharmaceutical company, is one criterion that we consider in the choice of editorialists, many experts, by virtue of their work in a field, have conflicts of interest themselves.

The *Journal* has required full disclosure of competing interests since 2006. We recognize that this information, although necessary, may not be sufficent for readers to detect specific biased statements. Each paper is assessed by several expert reviewers in a first stage of review and then in a second stage by the Deputy Editors and other members of the Editorial Board. Conflict of interest is considered in these evaluations. Claims beyond what is supported by the data lead to significant revision or rejection of the paper. After publication, Letters to the Editor from interested readers like Drs. Gorelick and Appelbaum can also identify incorrect or biased statements in articles.

As Editor, I have agreed not to accept any financial support from pharmaceutical companies. In my role, I read and review each article in the *Journal* and all comments from the review process to add my assurance that the important new information in each article that we publish for psychiatrists and their patients is as independent and authoritative as possible.

ROBERT FREEDMAN, M.D., EDITOR

Schizophrenia and Obsessive-Compulsive Disorder

TO THE EDITOR: In the July 2010 issue of the Journal, Carolyn I. Rodriguez, M.D., Ph.D., et al. (1) presented an interesting case illustrating the complexities of co-occurring psychotic and obsessive-compulsive disorders (OCD). The authors should be commended for their careful review of the differential diagnosis and treatments for a patient presenting with these intertwined symptoms.

In the case study, the patient was found to have manifested obsessive compulsive symptoms prior to his first psychotic episode. Such a presentation is consistent with the results of a meta-analysis we conducted regarding the temporal relationship of OCD and schizophrenia in patients suffering from both disorders (2). Our analysis showed that in patients diagnosed with both disorders, OCD tends to precede schizophrenia by 1 year. While our study did not find this result to be statistically significant, it did nearly reach significance ($p=0.066$), suggesting the potential for statistical significance in studies with a larger sample size. Clearly, Dr. Rodriguez et al.'s suggestions for longitudinal studies of young people at risk for psychosis or OCD would provide for much needed insight into the epidemiology and clinical phenomenology of co-occurring obsessive compulsive and psychotic symptoms.

In their discussion of the potential adverse drug-drug interactions between clozapine and fluvoxamine, the authors appropriately mentioned cytochrome 3A4. We would like to also mention that cytochrome 1A2 is even more significantly involved in the metabolism of clozapine (3). As a strong inhibitor of cytochrome 1A2, combining fluvoxamine with clozapine in patients suffering from both OCD and treatment-resistant schizophrenia may produce serious adverse effects. Further, nicotine in tobacco