

Journal of Psychopharmacology

<http://jop.sagepub.com>

Reply from the Editors
Pierre Blier and David Nutt
J Psychopharmacol 2007; 21; 670
DOI: 10.1177/0269881107077607

The online version of this article can be found at:
<http://jop.sagepub.com>

Published by:

 SAGE Publications

<http://www.sagepublications.com>

On behalf of:



[British Association for Psychopharmacology](#)

Additional services and information for *Journal of Psychopharmacology* can be found at:

Email Alerts: <http://jop.sagepub.com/cgi/alerts>

Subscriptions: <http://jop.sagepub.com/subscriptions>

Reprints: <http://www.sagepub.com/journalsReprints.nav>

Permissions: <http://www.sagepub.com/journalsPermissions.nav>

Citations (this article cites 3 articles hosted on the SAGE Journals Online and HighWire Press platforms):
<http://jop.sagepub.com/cgi/content/refs/21/6/670>

Dr Healy believes, as we do, that there should be some media coverage of adverse effects of treatment. However, I trust that Dr Healy was not trying to use his qualifier of modest amount of media reporting to suicidality by antidepressants. The fact that the word suicidality has been widely used in this controversy has only served to confuse the issue because this new term is meant to encompass suicidal ideation, suicidal acts and completed suicides, three distinct problems that need to be addressed separately. It is impossible to have a discussion on this topic by putting under the same umbrella these three problems with potentially different outcomes.

The numbers needed to treat (NNT) and numbers needed to harm (NNH) have become standard figures allowing specialists in various fields of medicine to communicate through a common language when discussing the impact of various pathologies in our patients. Dr Healy stated that calculating such figures on the basis of standardized rating scales represents an artificial measure of the impact of antidepressant treatments. It is ironic that he also uses this type of figures for growth retardation claimed to be induced by antidepressants. He calculated a number of patients needed to treat of 2 to 3 to produce growth retardation in children taking fluoxetine, mentioning that the "data were less than perfect". To most readers and especially a journalist, such a statement should cause significant concern. What the results of this 19-week study show is that 15 of the 51 children on fluoxetine and 2 of the children on placebo actually had a negative change in height. I trust that Dr Healy does not believe that children aged 8 to 17 can shrink in such a short period of time. Height was obviously not measured in a rigorous manner in that trial, an important issue that Dr Healy neglected to take into consideration before making his statistical calculation. Nevertheless, I would seriously advise Dr Healy not to prescribe placebo to his depressed patients based on his claim "that most of the benefit (of antidepressants) can be reproduced by placebo, without incurring the risk of harm."

Dr Healy stated in his reply: does anyone really believe that if a journalist's questions are reasonably answered, an editor would permit a programme or article to go ahead? I do. Who does not know that the ultimate goal of the media is to sell their product? Finally, open debate about the interpretation of the findings in our field is fine; we can doubt, however, that the public gets the best protection when it is done in the media where an individual like Tom Cruise can get more coverage on his opinion of the management of depression than any specialist.

Pierre Blier

Dr Healy's comments about my involvement with the media require a response that I will provide using Jasper's helpful form –*versus-content* approach. Considering the content first, his analysis of my media mentions suffers from the same problem that Lady Archer so clearly understood when describing her husband's c.v. as a tendency to 'inaccurate précis'. Many of the interpretations he puts on these, though succinct, are imprecise – for instance I have never endorsed vaccination against addiction for children, cognition-enhancers or deep brain stimulation. In all three cases I have merely pointed out that these are likely to emerge as potential therapies and society must arbitrate over their use once medical science has determined their efficacy.

We must all remember that the media usually have an agenda that is orthogonal, or even the opposite to that of doctors. Their job is to sell copy whereas ours is to maximize the health of our patients. Knowing this it is important that doctors do not deliberately or inadvertently collude with their agenda such as by giving them imprecise quotes that may fuel inappropriate or alarmist outputs. Dr Healy's concerns about the risks of the SSRIs do have some validity, as I have pointed out in this Journal (Nutt, 2003). But comments suggesting that the SSRIs are the worst pharmaceutical disaster since thalidomide may help sell newspapers but do they really stand up to scientific scrutiny? It is also disappointing that we have not heard him publicly balance his concern over the SSRIs by pointing out the proven and much greater dangers of other common antidepressants, whose use is increasing in the wake of the SSRI scares and which unquestionably cause suicide (Nutt, 2005).

What of *form* in media interactions? I think the key issue here is the doctor's motive for their media interactions. Individuals must be quite clear whether they are using a public forum to promote medicine through the better public understanding of science or publicise themselves through sound-bites and soft-focus lenses (see also Cowen, 2002).

David Nutt

References

- Cowen PJ (2002) Panorama: "The Secrets of Seroxat" *BMJ* 325:910
- Nutt DJ (2003) Death and dependence: current controversies over the selective serotonin reuptake inhibitors. *J Psychopharmacol* 17: 355-364
- Nutt DJ (2005) Death by tricyclic: the real antidepressant scandal? *J Psychopharmacol* 19(2) pp. 123