Revive clinical research

Many people experience psychological disorders at one time or another in their lifetime. Many drug-based or other treatments, with varying harms and benefits, are available. Psychoactive drugs are frequently offered. Patients and the health professionals who care for them are therefore faced with a multitude of questions. For example, should the patient take a psychoactive drug? Which one is best suited to their particular situation? What is the most appropriate dose? How long should they take it? How effective is it likely to be? What adverse effects must patients and health professionals be aware of and monitor? When and how should the drug be stopped or replaced with a different treatment?

Psychoactive drugs, be they psychostimulants, neuroleptics, antidepressants or tranquillisers, have been in use for decades. Countless clinical trials have been conducted, thanks in particular to the many patients who have agreed to participate. One might therefore expect to find a large body of compelling data to help patients.

However, this is not the case. When you look closely at the data, for example on neuroleptics (see pp. 183-189), there are no adequate answers to these questions. Plenty of data have been amassed, but are of little use in clinical practice. Robust evidence on the relative efficacy of the various drugs is woefully lacking. Most trials have measured efficacy, using scores on standardised symptom scales, which leave many important questions unanswered, such as the drug's effect on social integration or long-term recovery. Hypotheses linking efficacy to the drug's mechanism have not been confirmed in clinical practice.

In the absence of a better alternative, healthcare decisions are made on the basis of adverse effect profiles, which take years to slowly elucidate; and on the basis of personal experience, despite the limitations of this approach and the risk of bias, due to the influence of opinion leaders, in particular those who hold the most sway.

Psychoactive agents are certainly not the only area of drug therapy in which clinical research has stalled. As pharmaceutical companies have so little to gain from conducting additional clinical research once marketing authorisation has been obtained, it would be counterproductive to ask them to do more.

It is in the public interest, however, that authorities give patients, the professionals who care for them, and researchers the opportunity to revive relevant clinical research, in order to obtain genuinely useful and practical answers to the questions they face.

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