

Q&A | AUTHOR IRVING KIRSCH

Doctor's work challenges effectiveness of antidepressants

BRIAN MORTON
AND KEVIN GRIFFIN
VANCOUVER SUN

Irving Kirsch is the keynote speaker Thursday at the Dr. Rogers Prize gala dinner at the Fairmont Waterfront. Kirsch, an associate director of the program in placebo studies at the Harvard Medical School, has published more than 10 books, including *The Emperor's New Drugs*, which used U.S. Federal Drug Administration data to show there is no statistical difference between antidepressants and placebos. His research was featured in a story on 60 Minutes last February. The Dr. Rogers Prize recognizes people who have made significant contributions to complementary and alternative medicine. The \$250,000 award is funded by the Lotte and John Hecht Memorial Foundation.

Q When you started your research into assessing the placebo effect of antidepressants, what did you expect to find?

A I expected to find a good-size placebo effect, but I also expected to find a large drug effect.

Q What made you file a Freedom of Information to the Food and Drug Administration for data on unpublished and published trials of antidepressants?

A I had done a prior analysis of published research on antidepressant drugs and found most of the effect seemed to be accounted for by the placebo effect. That proved to be very controversial. So I went to the FDA to see if, using a different data set, I would find the same thing again. What was very important about that was the FDA data included trials that were not published as well as

the published trials. That allowed us to analyze the effect of antidepressants and placebos with a complete data set.

Q After the 60 Minutes broadcast of the story on you, Dr. Jeffrey Lieberman, the president of the American Psychiatric Association, said you were "mistaken and confused," that you were "ideologically biased" in your thinking, and that your work was "misleading to people and potentially harmful." Did you expect that kind of response?

A No, I did not, especially since our study has now been replicated in six, seven, eight different studies. And everybody finds the exact same thing.

Q Why do you think so many mildly depressed people have been put on antidepressants? And why do so many patients say the drugs work?

A People do get better when they're given antidepressant drugs. The problem is they also get better when they give them placebos. And the difference between the response to placebo and the response to antidepressant drugs is very small.

Q You challenge the idea that depression is a chemical imbalance in the brain. If that's not the cause, what is?

A There seem to be many causes of depression. One cause is profound loss, grief. Economic hardship we know is linked to depression. We don't have a full picture. The one thing we do know is that the chemical imbalance theory — the theory that people get depressed when they don't have enough serotonin in their brain — we know that that's wrong.

Q Do you think there are any instances where antidepressants should be prescribed?

A If antidepressants are used, they should be used as a last resort in people who are extremely depressed and who have tried other methods that have not worked for them.

Q What do you think about drug companies and the testing and approval process they go through for new drugs?

A One problem I have with drug companies is that they don't make all their data public. We found that 40 per cent of the clinical trials by drug companies had never been published. And those are the trials that showed the smallest effect of their products.

Q If someone is prescribed these drugs by their doctor, should they go off them on their own?

A Absolutely not. These drugs are essentially ad-

dictive drugs and 20 to 50 per cent of people who go off it or try to go off it, experience withdrawal symptoms. People who are depressed need treatment, so they have to talk to their doctor about alternatives to antidepressants.

Q What are you working on now?

A I'm still looking at the antidepressant clinical trials. I do a lot of research on the placebo effect, not just in depression but in irritable bowel syndrome, pain, arthritis of the knee, migraine, asthma. My colleagues and I are also trying to figure out what are the mechanisms of the placebo effect, how do placebos work, and second, how can we harness the placebo effect ethically, without deception, without deceiving people.

*bmorton@vancouversun.com
kevingriffin@vancouversun.com*