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Depressing research

It is hard to imagine the anguish experienced by the easily manipulated by those with potentially massive parents, relatives, and friends of a child who has financial gains. The global sales of the taken his or her own life. That such an event could GlaxoSmithKline SSRI paroxetine, for example, be precipitated by a supposedly beneficial drug is a catastrophe. The idea of that drug's use being based on the selective reporting of favourable research National Institute for Clinical Excellence (NICE) is should be unimaginable. In this week's issue of significantly undermined in circumstances where The Lancet (p 1341) however, a meta-analysis by they are only able to access data on health-care Craig Whittington and colleagues suggests that this products that are seen as advantageous to die is what has been happening for research into the use of antidepressants in childhood. Their results illustrate an abuse of the trust patients place in their physicians. They also represent an abuse of the trust placed by trial volunteers in the medical and pharmaceutical establishments.

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The story of research into selective serotonin reuptake inhibitor (SSRI) use in childhood depression is one of confusion, manipulation, and institutional failure. Although published evidence was inconsistent at best, use of SSRIs to treat childhood depression has been encouraged by pharmaceutical companies and clinicians worldwide. Last month, the Canadian Medical Association Journal revealed excerpts from an internal GlaxoSmithKline memorandum demonstrating how the company sought to manipulate the results of published research. Concerning a study of paroxetine use in children, the memorandum states "It would be unacceptable to include a statement that efficacy had not been demonstrated, as this would undermine the profile of paroxetine". Last year the UK Committee on Safety of Medicines prohibited the treatment of childhood depression with any SSRI except fluoxetine. Despite this, the Food and Drug Administration in the USA appears last week to have failed to act appropriately on information provided to them that these drugs were both ineffective and harmful in children.

In a global medical culture where evidence-based practice is seen as the gold standard for care, these failings are a disaster. Meta-analysis of published data supports an increasing number of clinical decisions and guidelines, which in turn dictate the use of vast levels of health-care resources. This process is made entirely redundant if its results are so