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Doctors not fully told of downside of antipsychotic drugs, study finds

A new report finds that psychiatrists have not been given a full picture of the effectiveness, or lack thereof, of so-called atypical antipsychotic drugs.

By Brian Vastag

The Washington Post

So-called atypical antipsychotic drugs have been blockbusters for the drug industry, pulling in $16 billion in 2010. But a new report finds that psychiatrists have not been given a full picture of their effectiveness.

When seeking approval for eight atypical antipsychotic drugs, drug companies performed 24 studies, according to a Food and Drug Administration (FDA) database. But four of the studies were never published in professional journals, and all four were unflattering for the drug in question.

The class includes big sellers such as Abilify (aripiprazole), Zyprexa (olanzapine), Risperdal (risperidone), and Seroquel (quetiapine). These drugs were developed to treat schizophrenia and related disorders, but physicians also prescribe the drugs "off label" for bipolar disorder, insomnia and other problems.

Three of the unpublished studies showed that the new drug did not perform better than a sugar pill. The fourth study showed that while the antipsychotic drug helped patients more than a placebo, older, less expensive drugs helped patients more.

"That's bad if you're marketing the drug," said Erick Turner, the psychiatrist at Oregon Health & Science University who conducted the new analysis, published Tuesday in the journal PLoS Medicine.

Two of the unpublished studies, which included more than 300 patients, tested Abilify. Both found the drug to be no more effective than a sugar pill in treating schizophrenia.

The two other studies involved Geodon (ziprasidone). One study found Geodon to be no more effective than a placebo. The second found that while Geodon was more effective than a placebo, it was less effective than an older — and much less expensive — drug, Haldol (haloperidol).

Further, four studies of the atypical antipsychotic drug Fanapt (iloperidone) that were published left out unflattering data that showed other drugs worked better.

With this information absent from professional journals, psychiatrists are left with an incomplete picture of how well atypical antipsychotic drugs work. "I think (psychiatrists) should be aware that what they're reading in journal articles could be sanitized," Turner said.

When Turner added the data from the negative, unpublished studies to the positive, published studies, he found the overall effectiveness of this class of drugs in treating schizophrenia fell by a small amount, about 8 percent.

"Overall, the drugs seem to work almost as well as we thought they did," Turner said.

But if the negative data had been published, psychiatrists would have had more complete information to decide which of these drugs — if any — to prescribe.

Turner worked at the FDA earlier in his career, where he discovered he "was living in this highly censored environment" where negative studies never get published.

There's a term in academic medicine for this phenomenon: publication bias. Studies that show a new drug in a positive light get published; those that throw a drug into question get buried.