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**Undersøgelser om effekten af lykkepiller****Professor Irving Kirsch og hans metanalyser på Lykkepiller (SSRI-præparater)****Kirsch´s FØRSTE UNDERSØGELSE**

**Titel:** Listening to Prozac but Hearing Placebo: A Meta-Analysis of Antidepressant Medication

**Videnskabeligt Tidsskrift:** Prevention & Treatment

**Dato:** 26. Juni, 1998

**Abstract:** [Link ikke tilgængeligt](#)

**Resumé af studiet på engelsk**

Mean effect sizes for changes in depression were calculated for 2,318 patients who had been randomly assigned to either antidepressant medication or placebo in 19 double-blind clinical trials. As a proportion of the drug response, the placebo response was constant across different types of medication (75%), and the correlation between placebo effect and drug effect was .90. These data indicate that virtually all of the variation in drug effect size was due to the placebo characteristics of the studies. The effect size for active medications that are not regarded to be antidepressants was as large as that for those classified as antidepressants, and in both cases, the inactive placebos produced improvement that was 75% of the effect of the active drug. These data raise the possibility that the apparent drug effect (25% of the drug response) is actually an active placebo effect. Examination of pre-post effect sizes among depressed individuals assigned to no-treatment or wait-list control groups suggest that approximately one quarter of the drug response is due to the administration of an active medication, one half is a placebo effect, and the remaining quarter is due to other nonspecific factors

**Kirsch´s ANDEN UNDERSØGELSE**

**Titel:** The Emperor's New Drugs: An Analysis of Antidepressant Medication Data Submitted to the U.S. Food and Drug Administration

**Videnskabeligt Tidsskrift:** Prevention and Treatment

**Dato:** 2002

**Abstract og fuldlængdeartikel:**

<http://alphachoice.com/repository/assets/pdf/EmperorsNewDrugs.pdf>:

**Resumé af studiet på engelsk**

This article reports an analysis of the efficacy data submitted to the U.S. Food and Drug Administration for approval of the 6 most widely prescribed antidepressants approved between 1987 and 1999. Approximately 80% of the response to medication was duplicated in placebo control groups, and the mean difference between drug and placebo was approximately 2 points on the 17-item (50-point) and 21-item (62-point) Hamilton Depression Scale. Improvement at the highest doses of medication was not different from improvement at the lowest doses. The proportion of the drug response duplicated by placebo was significantly greater with observed cases (OC) data than with last observation carried forward (LOCF) data. If drug and placebo effects are additive, the pharmacological effects of antidepressants are clinically negligible. If they are not additive, alternative experimental designs are needed for the evaluation of antidepressants.

**Kirsch´s TREDJE UNDERSØGELSE**

**Titel:** Initial Severity and Antidepressant Benefits: A Meta-Analysis of Data Submitted to the Food and Drug Administration

**Videnskabeligt Tidsskrift:** PLoS

**Dato:** Januar 2008

**Abstract:** <http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.0050045>:

**Background**

Meta-analyses of antidepressant medications have reported only modest benefits over placebo treatment, and when unpublished trial data are included, the benefit falls below accepted criteria for clinical significance. Yet, the efficacy of the antidepressants may also depend on the severity of initial depression scores. The purpose of this analysis is to establish the relation of baseline severity and antidepressant efficacy using a relevant dataset of published and unpublished clinical trials.

**Methods and Findings**

We obtained data on all clinical trials submitted to the US Food and Drug Administration (FDA) for the licensing of the four new-generation antidepressants for which full datasets were available. We then used meta-analytic techniques to assess linear and quadratic effects of initial severity on improvement scores for drug and placebo groups and on drug-placebo difference scores. Drug-placebo differences increased as a function of initial severity, rising from virtually no difference at moderate levels of initial depression to a relatively small difference for patients with very severe depression, reaching conventional criteria for clinical significance only for patients at the upper end of the very severely depressed category. Meta-regression analyses indicated that the relation of baseline severity and improvement was curvilinear in drug groups and showed a strong, negative linear component in placebo groups.

**Conclusions**

Drug-placebo differences in antidepressant efficacy increase as a function of baseline severity, but are relatively small even for severely depressed patients. The relationship between initial severity and antidepressant efficacy is attributable to decreased responsiveness to placebo among very severely depressed patients, rather than to increased responsiveness to medication.

**Den nyeste meta-analyse af lykkepiller af Fournier et al. i JAMA 2010****Titel:** Antidepressant Drug Effects and Depression Severity**Videnskabeligt Tidsskrift:** The Journal of The American Medical Association JAMA**Abstract:** <http://jama.ama-assn.org/content/303/1/47.short>**Resumé af studiet på engelsk**

Antidepressant medications represent the best established treatment for major depressive disorder, but there is little evidence that they have a specific pharmacological effect relative to pill placebo for patients with less severe depression.

**Objective** To estimate the relative benefit of medication vs placebo across a wide range of initial symptom severity in patients diagnosed with depression.

**Data Sources** PubMed, PsycINFO, and the Cochrane Library databases were searched from January 1980 through March 2009, along with references from meta-analyses and reviews.

**Study Selection** Randomized placebo-controlled trials of antidepressants approved by the Food and Drug Administration in the treatment of major or minor depressive disorder were selected. Studies were included if their authors provided the requisite original data, they comprised adult outpatients, they included a medication vs placebo comparison for at least 6 weeks, they did not exclude patients on the basis of a placebo washout period, and they used the Hamilton Depression Rating Scale (HDRS). Data from 6 studies (718 patients) were included.

**Data Extraction** Individual patient-level data were obtained from study authors.

**Results** Medication vs placebo differences varied substantially as a function of baseline severity. Among patients with HDRS scores below 23, Cohen d effect sizes for the difference between medication and placebo were estimated to be less than 0.20 (a standard definition of a small effect). Estimates of the magnitude of the superiority of medication over placebo increased with increases in baseline depression severity and crossed the threshold defined by the National Institute for Clinical Excellence for a clinically significant difference at a baseline HDRS score of 25.

**Conclusions** The magnitude of benefit of antidepressant medication compared with placebo increases with severity of depression symptoms and may be minimal or nonexistent, on average, in patients with mild or moderate symptoms. For patients with very severe depression, the benefit of medications over placebo is substantial.

**Hvis du vil læse mere om Kirsch' forskning****Forfatter:** Irving Kirsch

Titel: The Emperor's New Drugs - Exploding the Antidepressant Myth

**Forlag:** Basic Books, Perseus Book Group, New York**Dato:** 2010

**Synopsis:** Everyone knows that antidepressant drugs are miracles of modern medicine. Professor Irving Kirsch knew this as well as anyone. But, as he discovered during his research, there is a problem with what everyone knows about antidepressant drugs. It isn't true.

How did antidepressant drugs gain their reputation as a magic bullet for depression? And why has it taken so long for the story to become public? Answering these questions takes us to the point where the lines between clinical research and marketing disappear altogether.

Using the Freedom of Information Act, Kirsch accessed clinical trials that were withheld, by drug companies, from the public and from the doctors who prescribe antidepressants. What he found, and what he documents here, promises to bring revolutionary change to the way our society perceives, and consumes, antidepressants.

The Emperor's New Drugs exposes what we have failed to see before: depression is not caused by a chemical imbalance in the brain; antidepressants are significantly more dangerous than other forms of treatment and are only marginally more effective than placebos; and, there are other ways to combat depression, treatments that don't only include the empty promise of the antidepressant prescription.

This is not a book about alternative medicine and its outlandish claims. This is a book about fantasy and wishful thinking in the heart of clinical medicine, about the seductions of myth, and the final stubbornness of facts.

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**Kommer på DR2**

Film	Dokumania	DR2 Tema
 <p><b>Den eneste sandhed</b></p> <p>Amerikansk drama: 2. mar. 2012 20:00 på DR2</p> <p>Da Ellen flytter hjem for at passe sin kræftsyge mor, får hun pludselig ansvaret for familien. Og hun opdager ting om sine forældre, hun aldrig havde forestillet sig.</p>	 <p><b>Dokumania: Putins kys</b></p> <p>28. feb. 2012 21:00 på DR2</p> <p>Masha er 19 år og én af lederne af Putins ungdomsorganisation Nashi. Hun ser ud til at være på vej til en stor politisk karriere i Rusland. Men på vej mod sit mål begynder det at gå op for hende, at alting har sin pris.</p>	 <p><b>DR2 Tema: Kødland</b></p> <p>3. mar. 2012 20:00 på DR2</p> <p>Store saftige bøffer, bløddryppende oksestege og svulstige pølser på sommergrillen. Danskerne er vilde med kød. Så vilde at vi har verdensrekorden som det folk, der spiser mest kød. Men hvorfor? Se med når DR2 Tema tager dig med på en forunderlig rejse ind i danskernes eget Kødland.</p>

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