

# Big Pharma and American Psychiatry

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The pharmaceutical industry is a big business and is primarily governed by the motives of selling products and making money. Psychiatry is a medical profession, which endeavors to provide the highest quality of care to persons who suffer from psychiatric conditions. When the profit motive and quality health care are aligned, it is a “win-win” situation for both the pharmaceutical industry and the psychiatric profession. In the current era of treatment of mental disorders, new medications have been developed and brought to market to more effectively treat intractable illnesses such as schizophrenia, bipolar illness, attention deficit disorder, and severe anxiety. The use of these medications has led to a broad perception that treatment works as psychiatric care can make a major difference in people’s lives. This has led to an expanded market for both medications and psychiatrists’ services.

In other ways, however, the interests of the pharmaceutical industry and psychiatry are not aligned. They begin to diverge, in part, because of the fluid diagnostic boundaries in psychiatry that offer the potential to treat many aspects of the human condition (ranging from true mental illness to human misery) with various medications. Diagnostic boundaries remain difficult to draw because of the lack of biological markers for psychiatric disorders and the socially or culturally determined definitions of mental illness. This wide berth in the epidemiology of mental disorders leaves the potential of overmedicalization and the overuse of medications. Direct marketing to consumers reinforces the inappropriate use of medications as well. But, it is in the selling and marketing of medications to doctors that the article of Spielmans et al. (in the current issue of this *Journal*) raises questions as to the truthfulness of the advertisements to doctors in medical journals. More than half of the claims had no attainable source that could check the accuracy or truthfulness of assertions. Physicians should be quite skeptical when it comes to reading these advertisements that are pervasive in the psychiatric and medical journals today.

Further, the extensive marketing by the pharmaceutical industry has contributed, I believe, to a reduced interest in the psychotherapies and psychosocial treatments for mental disorders. Managed care has contributed to the decline of psychotherapies by emphasizing “quick fix” in terms of medications as “a pill and an appointment” have dominated treatment in these times of economic constraints.

Physicians have relied on advertisements, continuing medical education sponsored by drug companies, and visits from pharmaceutical representatives to learn about the newer medications and their often “off label” use. Most physicians state “such marketing doesn’t affect me,” but studies have shown that this marketing works and physicians are neither as objective nor as critical as they should be. What can be done to improve the accuracy of pharmaceutical companies’ claims about their medications and the relationship between psychiatry and big pharma?

The development of antipsychotic, antidepressant, and anti-anxiety medications has been a major contribution to the well-being of patients. For psychiatrists, industry represents a hope for better outcomes for our patients in the 21st Century, as pharmacogenetics will help determine who will do best with what kinds of treatments. But what is needed by those of us who attend lectures at annual meetings, read papers in the scientific

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journals, and peruse pharmaceutical advertising is increased confidence that we have accurate and understandable information that we can apply in our clinical practice. To do this, we need increased regulatory oversight of the accuracy of psychiatric medication advertisements in medical journals. The Food and Drug Administration needs to step up to the plate but the journals themselves should develop standards and criteria for some of the advertising and reject ads that are clearly misleading.

The doctor-patient relationship should not be a market-driven phenomenon. If patients are to trust their physicians, they need to know that their interests are paramount and that the physicians' knowledge base is up-to-date and accurate.

#### REFERENCE

- Spielmanns GI, Thielges BA, Dent AL, Greenberg RP (2008) The accuracy of psychiatric medication advertisements in medical journals. *J Nerv Ment Dis.* 196:267–273.