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***Psychiatric Services Presents “Spin Free” View of Antipsychotic Medications
What do the CATIE Data Really Mean for Psychiatric Practice and Policy?***

ARLINGTON, Va. (May 1, 2008) – A special section of nine articles in the May issue of *Psychiatric Services* offers neutral commentary to help clinicians sort out the results of the National Institute of Mental Health’s (NIMH) controversial CATIE study (Clinical Antipsychotic Trials of Intervention Effectiveness).

“The discussions in this special section are free of the thinly veiled industry spin that has characterized much of the debate about the CATIE findings since they were first published in 2005,” explains Marvin S. Swartz, M.D., who served as guest editor of the special section. Swartz is head of the Division of Social and Community Psychiatry at Duke University School of Medicine.

Clinicians and researchers, as well as many patients, expressed surprise in September 2005 when the first report from the CATIE investigators indicated that second-generation antipsychotics (olanzapine, quetiapine, risperidone, and ziprasidone) were no more effective in treating schizophrenia than a first-generation agent (perphenazine). Yet the newer antipsychotics, which cost as much as ten times more than the older agents, had long been marketed as being both more effective and as having much better side-effect profiles.

CATIE’s major finding—that the newer, more expensive medications were no better than the older, less expensive ones—came as a great surprise even to many of the CATIE investigators. NIMH had poured nearly \$70 million into the 10-year long study, not to determine whether the newer medications were better than the older ones, but rather to conclusively show which of the second-generation medications was the most efficacious and most tolerable. The superiority of the newer drugs was an issue that had seemingly been resolved—if for no other reason, by massive shifts in prescribing practices in favor of second-generation antipsychotics almost immediately after they were introduced in the early 1990s.

In an introduction to the May special section, Swartz notes, the CATIE findings were received with dismay and even anguish. A *New York Times* editorial accused policy makers of wasting billions of dollars. Advocacy groups raised concerns that the findings

would limit access to the newer antipsychotics, which were central to many consumers' treatment plans. The pharmaceutical industry launched attacks against CATIE's findings and methodology. Shortly after the publication of the initial CATIE report, researchers in the United Kingdom reported nearly identical results: the CUtLASS study (Cost Utility of the Latest Antipsychotic Drugs in Severe Schizophrenia) also failed to find substantial differences in clinically significant outcomes between first- and second-generation antipsychotic medications. Clinicians, consumers and their families, policy makers, and the public and private insurance programs that pay for these drugs were collectively left wondering what to do.

Much debate has ensued about the implications of the CATIE and CUtLASS findings for everyday practice and for policies governing access to antipsychotics. The May special section of *Psychiatric Services* is designed to offer neutral commentary—a “spin-free zone,” as Swartz notes. Several articles revisit and detail the actual findings of CATIE, which may have gotten lost in the controversy. Others offer guidance on incorporating the findings into practice.

Note to Editors:

For more information about *Psychiatric Services*, including embargoed copies of journal articles, contact Jim Rosack at 703-907-7862 / jrosack@psych.org or the APA Office of Communications and Public Affairs at 703-907-8640 / press@psych.org. To sign up to receive eTOCs and other email alerts visit <http://ps.psychiatryonline.org/subscriptions/etoc.dtl>.

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