

September 2013

The saga of psychiatric serendipities continues...

We read Dr. Nasrallah's editorial in the September 2013 issue (CURRENT PSYCHIATRY, From the Editor, "A saga of psychiatric serendipities..." September 2013, p. 7-8, 54; <http://bit.ly/1dLiqhc>) with great interest and excitement.

This is an important topic. When we consider mood disorders, John Cade's discovery of lithium is another example of serendipity and a good measure of clinical judgment involving a handful of patients.¹ Given that most of these discoveries involve small numbers of patients in studies that do not have a double-blind control methodology, it is disappointing that, in today's academic world, almost no journals will accept pilot studies or case reports that are not seen as crucial for a breakthroughs or discovery. We want to add our voice to that of Dr. Nasrallah and ask people to rethink this policy, which, ultimately, stifles creativity and the progress of new psychiatric treatments.

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Reference

1. Cade JF. Lithium salts in the treatment of excitement. *Med J Aust.* 1949;2(10):349-352.

More on the sensitivity of the SOAPP

We thank Dr. Ted Jones for his letter and comments about our article, "Chronic non-cancer pain and substance use disorders: Challenges and strategies" (CURRENT PSYCHIATRY, July 2013, p. 35-41; <http://bit.ly/162NTCO>). Dr. Jones correctly points out that we referred to the SOAPP-R and not to SOAPP (CURRENT PSYCHIATRY, Comments and Controversies, "Did the authors slip on SOAPP?" October 2013, p. 40; <http://bit.ly/18YeV2C>). This was an oversight and typing mistake.

However, we cannot agree with Dr. Jones' comments about the sensitivity of SOAPP as we stated it. Dr. Jones says that we asserted the sensitivity of the tool to be 90%—we wrote, "A survey of 48 patients by Moore et al found the combination of a clinical interview and the Screener and Opioid Assessment for Patient with Pain-Revised (SOAPP-R) is 90% sensitive in detecting CNCP/SUD."

The text in the article by Moore and colleagues¹ states, "Combining the clinical interview with the SOAPP increased sensitivity to 0.90." We believe that these 2 statements basically say the same thing. Whether the patients might or might not represent a substance use disorder is not clear from the article by Moore and colleagues, and probably is clearer to the authors than to the readers.

We stand corrected regarding the incorrectly presented version of the screening tool, but we believe we were correct when writing about the sensitivity of this tool in combination with a clinical interview.

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Fellow

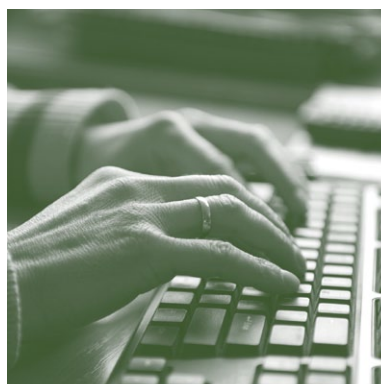
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Reference

1. Moore TM, Jones T, Browder JH, et al. A comparison of common screening methods for predicting aberrant drug-related behavior among patients receiving opioids for chronic pain management. *Pain Med.* 2009;10(8):1426-1433.



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