



From the editor

Too much 'evidence-based' medicine?

The American Psychiatric Association, National Alliance for the Mentally Ill, and National Mental Health Association recently warned against relying on “effectiveness research.”

How can anyone warn against effectiveness research? Isn't that like warning against mom or apple pie? (Well, I guess psychiatrists and nutritionists *have* warned us about mom and apple pie.) But shouldn't we aspire to practice evidence-based medicine?

These organizations, of course, are warning against a trend to rely solely on “evidence-based” research. Appropriate research should inform our therapy choices, but an approach that lacks double-blind, placebo-controlled studies is not necessarily ineffective. Parachutes are not considered ineffective, though no properly controlled trials have compared outcomes of users versus nonusers jumping from planes (see “Parachute use to prevent death and major trauma related to gravitational challenge: systematic review of randomized controlled trials.” *British Medical Journal* 2003;327:1459-61).

Concerned that some insurers are paying for only the cheapest medications unless “evidence-based” proof shows a more-expensive treatment to be significantly better, the APA/NAMI/NMHA stated: “True evidence-based approaches marry all available and appropriate scientific research with clinical experience to ensure treatments lead to the best possible outcomes. Implementing public policies based solely on one of these elements without the other is not an evidence-based approach.”

We at CURRENT PSYCHIATRY agree. The marriage of clinical data with clinical experience is what this journal is all about.

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