



Henry A. Nasrallah, MD  
Editor-in-Chief

## Does psychiatry need its own 'TARP' (Targeted Assistance to Revive Psychiatry)?

# Is psychiatry in a recession?

During this economic recession, it feels as if the entire country is suffering from an "adjustment disorder with anxiety and dysphoria." I don't want to depress you further, but doesn't it seem that psychiatry is having its own recession, reflected in our profession's collective psyche?

Despite breathtaking discoveries in neuroscience, clinical advances are stalling because of a "perfect storm" of setbacks for our profession. For example:

- Second-generation "atypical" antipsychotics seem to be falling from grace after several effectiveness studies denigrated them for metabolic side effects and claimed they are not more efficacious than the older generation agents. Disillusionment followed.
- Hopes for a new generation of glutamatergic antipsychotics were dashed when clinical trials failed to show that a novel metabotropic glutamate partial agonist was superior to placebo.
- A palpable "funk" prevails as clinicians yearn for better antidepressants, with a more rapid onset of action, antisuicidal efficacy, and minimal side effects. The wait continues.
- The media and idealistic crusaders criticize off-label prescribing, without knowing that 85% of psychiatric diagnoses in DSM-IV-TR have no approved medications. Because symptoms of many psychiatric disorders overlap, we try to relieve patients' suffering by prescribing medications that are FDA-approved for other indications. When it comes to off-label prescribing, it seems we're damned if we do and damned if we don't.
- Relentless demonization of pharmaceutical companies has made them the whipping boy for corporate America. No wonder they are downsizing and investing less in drug research and development; the return on their investments has become unpredictable. No one else develops new psychiatric drugs, so our patients will suffer if the pharmaceutical slump worsens.
- Academic researchers have been publicly "tarred and feathered" for collaborating with and advising pharmaceutical companies (such as in conducting FDA clinical trials) because they—like researchers in other fields—receive consulting income from those companies. This perception that any

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link with the “evil” pharmaceutical companies is a major sin has cast a pall over vital academic-industry collaborative research to develop new drug treatments for severe and disabling psychiatric disorders.

- Even the American Psychiatric Association (APA) is under enormous stress. In response to political pressure, APA is divesting itself of \$1.5 million in CME grants from pharmaceutical sponsors.<sup>1</sup> The popular industry-sponsored symposia were cut back at APA’s 2009 meeting and are being eliminated in 2010. Because of this abrupt loss of revenue, APA has deeply cut its organizational structure and function, adding to the “recession atmosphere” in psychiatry.

- DSM-V committee members also are being scrutinized for ties to the pharmaceutical industry. I have faith in my colleagues’ objectivity and believe they will base their decisions on scientific evidence alone. Because perception is everything, however, some highly qualified psychiatric nosologists could not participate because they had received honoraria from pharmaceutical companies—a routine activity for a research expert. Attacks on the credibility of leading psychiatrists are demoralizing to these individuals who have made important contributions and puzzling to the many psychiatrists who look up to them.

- Psychiatrists also have been accused of “overdiagnosing” attention-deficit/hyperactivity disorder and bipolar disorder in children. Yet it may be that advances in recognizing these disorders in children have led to better and earlier identification. Psychiatrists who are diagnosing and treating those seriously ill children feel unappreciated and unfairly accused by persons who know little about mental illnesses.

### A ‘TARP’ for psychiatry?

In this economic recession, the U.S. government created the Troubled Asset Relief Program (TARP) for stressed financial institutions. Does psychiatry need its own “TARP” (Targeted Assistance to Revive Psychiatry)?

I think we can help ourselves by educating the media, politicians, and community leaders about psychiatry’s tremendous contributions to the mental health and well-being of children, adults, and the elderly. We can and should refurbish our image and support each other until psychiatry’s recession is over. Just as we always reassure our patients, let’s remind ourselves that “this too shall pass.”



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#### Reference

1. O’Reilly KB. Pharma support of medical societies raises conflict-of-interest concerns. April 13, 2009. Available at: <http://www.ama-assn.org/amednews/2009/04/13/prl20413.htm>. Accessed May 13, 2009.

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