From the Editor's desk

PETER TYRER

SO CARELESS OF THE SINGLE TRIAL

Tennyson's wry comment on Darwinian natural selection 'so careful of the type she seems, so careless of the single life', now seems to have extended to the single trial. Systematic reviews now provide the evidence base, and as these include data from many trials they can be combined cleverly, and almost painlessly, to give a collective summary of the value of any specific intervention. In this context, single trials, although given proper acknowledgement in tables and references, as in Furukawa *et al*'s (pp. 305–312) comprehensive review, are now largely off-stage unless individual studies are very large. This is unfair, as without the trials there could be no review of worth, as all trials, and even systematic reviews, can change their conclusions radically as more data from new trials are collected (Evans *et al*, 2005; Linde *et al*, 2005). But it does no harm to concentrate on individual ones too, particularly as trials are becoming more complex and the sum total of the effects can include many potential interactions as well as the ostensible measured ones (Campbell *et al*, 2000). Although complexity is deemed to be greater for psychological interventions in psychiatry, drug treatments are not exempt; so, for example, in the trial of Perahia *et al* (pp. 346–353) there can be many interpretations of the data presented in Figure 3 that say a great deal about the drug being investigated. Howard & Thornicroft (pp. 303–304) show that patient power now extends to trials too and complicates matters still more.

We publish the largest controlled trial of cognitive–behavioural therapy in bipolar disorder, supported by the Medical Research Council, in this issue (Scott *et al*, pp. 313–320), together with a commentary (Lam, pp. 321–322). These are worth a careful read. It is too easy to merely look for summaries, odds ratios and effect sizes when trying to find out what is happening in trials, but the text needs thoughtful examination too. Austin Bradford Hill, the originator of the randomised controlled trial, always emphasised that such a trial answered a 'precisely framed question' and one of the problems with systematic reviews is that they answer common questions rather than precisely framed ones. Scott *et al* ask whether cognitive–behavioural therapy prevents relapse in those 'who had experienced at least one recurrence of bipolar disorder in the preceding year' (p. 313). This included one in three who were in an acute episode when recruited. Their results led to a negative answer to their question. Lam *et al* (2003) recruited patients only after an episode had occurred and so their question was subtly different: 'does cognitive–behavioural therapy prevent relapse in those who are in remission from bipolar disorder?' Their answer was positive. So how do we interpret these contradictory findings? The answer is far from easy and we will be publishing a rejoinder to Lam from Scott *et al* in our next issue. Does cognitive–behavioural therapy have an important place in the management of bipolar disorder? According to Bradford Hill, you the reader, and especially you the clinician, should have the last word:

> 'When does a heap really become a heap? The answer, I submit, is not to be found tidily tucked up in the formulae of tests of significance, useful as they may be. In it there must always be an element of the subjective – the subjective judgment of the particular respondent, of you and me' (Hill, 1962: p.188).

ONLINE CPD

This month the Royal College of Psychiatrists is launching a CPD Online training resource. Details are to be found on the website (http://www.rcpsych.ac.uk/cpd). Although we have had the framework of this project organised for some time we now have some educational modules available for training. 'Continuing professional development' is the right phrase for all engaged in this venture; we need help in developing this facility to its potential and look forward to regular feedback from our members to decide whether our efforts are perceived as useful, friendly and relevant to need. We have a long way to go, but we hope this will prove to be a significant step forward in a global educational initiative.

PUBLICATION SCORN OR ENVY

Some of the most wounded correspondents whose work has been rejected by the *Journal* in recent months are as much upset by the authors we do publish as by the rejections they themselves receive. Their views could be represented (with apologies to our female readers, who I have to admit are not quite as prickly here):

> 'Why publish him rather than me?
> I have much higher pedigree
> My papers excite, are on everyone's lips
> His can be used only for wrapping round chips
> My views are well-rounded, creative and wise
> Whilst his are all muddled with fancy surmise
> Now change your mind as I'm sure you'll agree
> Why on earth publish him rather than me?'

Campbell, M., Fitzpatrick, R., Haines, A., *et al* (2000) A framework for the design and evaluation of complex interventions to improve health. *BMJ*, **321**, 694–696.

Evans, J., Evans, M., Morgan, H. G., *et al* (2005) Crisis card following self-harm: 12-month follow-up of a randomised controlled trial. *British Journal of Psychiatry*, **187**, 186–187.

Hill, A. B. (1962) The statistician in medicine. *Journal of the Institute of Actuaries*, **88**, 178–191.

Lam, D. H., Watkins, E. R., Hayward, P., *et al* (2003) A randomized controlled study of cognitive therapy for relapse prevention for bipolar affective disorder: outcome of the first year. *Archives of General Psychiatry*, **60**, 145–152

Linde, K., Berner, M., Egger, M., *et al* (2005) St John's wort for depression: meta-analysis of randomised controlled trials. *British Journal of Psychiatry*, **186**, 99–107.

https://doi.org/10.1192/bjp.188.4.400 Published online by Cambridge University Press