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Correspondence

Contents: Economics of treatment of depression/ Tourette's syndrome and psychiatric disorders/ ECT seizure duration and efficacy/Toxic serotonin syndrome or extrapyramidal side-effects?/Suicide prevention in Gotland.

Economics of treatment of depression

SIR: Jönsson & Bebbington (*BJP*, May 1994, **164,** 665–673) conclude from their economic analysis that paroxetine is more cost-effective than imipramine, but there are serious problems with their study.

The authors base their analysis on a comparison of paroxetine with imipramine and placebo reported by Dunbar *et al* (1991), in which total dropout rates from all groups were more than twice those reported in other studies comparing SSRIs with tricyclics. It is not clear why dropouts were so high, since Dunbar *et al* do not describe in detail their study design, inclusion criteria or methods for pooling results. They were substantially higher than in the meta-analysis of trials comparing SSRIs with other antidepressants that we conducted (Song *et al*, 1993), which found no significant differences between dropouts of different treatments.

The economic model in which patients who drop out of treatment with one drug automatically receive the other, coupled with the high dropout rate for imipramine, means that significant cost differences between SSRIs and tricyclic antidepressants are largely irrelevant in their analysis. The corollary is that costs of treatment failure assume greater importance than they would have in a model which was based on a more realistic estimate of dropout rates. It is therefore doubly unfortunate that the authors have made an error in calculating these costs; their model assumes that 5% of dropouts attend as out-patients, but their calculation (Table 3) assumes that all dropouts attend five times.

Jönsson & Bebbington use a partial sensitivity analysis to identify the impact of varying dropout rates. However, the cost of treatment failure is also a critical parameter in the model, and the robustness of the heroic assumptions made in deriving these costs are not examined in a sensitivity analysis.

Before its appearance in the *BJP* this flawed study was widely publicised (Stepney, 1992), and it had already been published in a book (Jönsson & Bebbington, 1993) distributed freely by representatives of SmithKline Beecham (the makers of paroxetine). A glance at that book reveals that Dr Dunbar is an employee of SKB, and that the book itself – although published by John Wiley – is produced with the aid of a grant from the same pharmaceutical company. Disconcertingly, the same error in calculating costs of treatment failure occurs in the book.

It has been argued that "pharmaceutical companies consider economic analyses to be marketing devices more than scientific or clinical research" (Hillman *et al*, 1991). The conclusions of Jönsson & Bebbington are already being incorporated enthusiastically into the promotional literature, but clinicians should treat them with caution until better quality and independent analyses are available.

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N. FREEMANTLE
A. HOUSE
J. MASON
F. SONG
T. SHELDON

NHS Centre for Reviews and Dissemination
University of York
York Y01 5DD