## Correspondence

Psychological Medicine, **45** (2015). doi:10.1017/S003329171400230X First published online 11 September 2014

### Letter to the Editor

# Comments on 'Is there an excess of significant findings in published studies of psychotherapy for depression?'

Flint and colleagues make use of a powerful statistical approach to suggest that there is significant positive bias in the expected distribution of published trials of psychotherapy (Flint *et al.* 2014). They draw a parallel with the bias we know exists in the drug treatment literature and imply that it is again publication bias that explains the finding. In other words, withholding publication has deflated the number of non-significant results.

Indeed, for drug trials conducted by companies (the majority), we know this is the case because the results of negative trials are submitted to the regulatory authorities and can be identified if they are not published. Much has been made of this in previous reviews (Turner, 2013).

However, publication bias is not necessarily the explanation for the findings in psychotherapy trials. We know that the quality of most psychotherapy trials falls far short of what is normal in drug trials (Huhn et al. 2014). Thus, a variety of biases operate to inflate the number of significant results in psychotherapy trials before publication. These include strong allegiance bias, single blind designs and a flexible approach to statistical treatment of outcomes. The result may well be the distorted distribution of results that Flint and colleagues identify in the published literature. A simple prediction is that significant numbers of unpublished negative studies simply do not exist for psychotherapies.

In conclusion, if bias distorts the generation of data rather than simply its reporting, we are presumably uncertain what a true effect size is for psychotherapy.

### **Declaration of Interest**

Guy Goodwin has held grants from Servier, received honoraria for speaking or chairing educational meetings from Abbvie, AstraZeneca, GSK, Lilly, Lundbeck, Medscape, Servier and advised AstraZeneca, Cephalon/Teva, Lundbeck, Merck, Otsuka, P1Vital, Servier, Shire, Sunovion, and Takeda, holds shares in P1vital and has acted as expert witness for Lilly.

#### References

Flint J, Cuijpers P, Horder J, Koole SL, Munafò MR (2014). Is there an excess of significant findings in published studies of psychotherapy for depression. *Psychological Medicine*. Published online: 25 July 2014. doi:10.1017/S0033291714001421.

Huhn M, Tardy M, Spineli LM, Kissling W, Förstl H, Pitschel-Walz G, Leucht C, Samara M, Dold M, Davis JM, Leucht S (2014). Efficacy of pharmacotherapy and psychotherapy for adult psychiatric disorders: a systematic overview of meta-analyses. *Journal of the American Medical Association Psychiatry* 71, 706–715.

**Turner EH** (2013). Publication bias, with a focus on psychiatry: causes and solutions. *CNS Drugs* **27**, 457–468.

G. M. GOODWIN University Department of Psychiatry, Warneford Hospital, Oxford, UK

Address correspondence to: Professor G. M. Goodwin, University Department of Psychiatry, Warneford Hospital, Oxford OX3 7JX, UK. (Email: guy.goodwin@psych.ox.ac.uk)