The first randomised controlled trial (RCT) in medicine was published in 1948. The first paper reporting the results of a trial in psychiatry, by Davies and Shepherd, appeared in the Lancet in 1955; the first multicenter RCT in psychiatry was published in the BMJ in 1965. The weakness of open trials, as compared with controlled trials, and the numerous biases of evaluative research conducted without applying stringent criteria for assuring the control of the main confounding factors are now taken for granted. A new treatment in medicine and in psychiatry cannot be introduced without consistent results from RCTs.

There is now an urgent need to apply the same criteria in judging the value of literature reviews, in particular of those concerning treatments. Narrative reviews should be considered analogous to open trials, whereas systematic reviews are analogous to controlled trials. The former are subjected to numerous biases and are much less reliable and valid than systematic reviews, irrespective of whether the latter incorporate meta-analysis.

However, most literature reviews in psychiatry are narrative reviews and the great majority of syntheses of present knowledge on the efficacy of new treatments, especially new drugs, as well almost all information given to doctors through seminars, workshops and conferences, are based on narrative reviews and on data selected by “the experts” with opaque and undefined criteria. Many of these activities are sponsored by drug companies and this state of affairs may be considered as part of their promotional campaigns, even when review papers, books, seminars and conferences are published or presented by Il primo studio clinico controllato (RCT) condotto in medicina è stato pubblicato nel 1948. Il primo lavoro che riportava i risultati di un trial in psichiatria, è apparso su Lancet, a firma di Davies e Shepherd, nel 1955; il primo RCT multicentrico psichiatrico è stato pubblicato sul BMJ nel 1965. La debolezza degli studi in aperto, rispetto agli studi clinici controllati, e le numerose distorsioni della ricerca valutativa condotta senza applicare stringenti criteri che assicurino il controllo dei principali fattori di confondimento sono oggi considerate scontate. Un nuovo trattamento in medicina ed in psichiatria non può essere introdotto nella pratica clinica in assenza di risultati raccolti e confermati mediante RCTs.

C’è ora un urgente bisogno di applicare gli stessi criteri nel giudicare il valore delle revisioni della letteratura, in particolare di quelle che riguardano i trattamenti. Le revisioni narrative possono essere considerate equivalenti agli studi in aperto, mentre le revisioni sistemiche possono essere paragonate agli studi controllati. Le prime sono soggette a numerose distorsioni e sono meno attendibili e valide delle revisioni sistemiche, indipendentemente dal fatto che queste ultime esitino o meno in una meta-analisi.

Ciononostante, la maggior parte delle revisioni della letteratura in psichiatria sono oggi revisioni narrative e la grande maggioranza delle sintesi delle conoscenze attuali sull’efficacia dei nuovi trattamenti, specialmente dei nuovi farmaci, così come la quasi totalità dell’informazione che viene fornita ai medici mediante seminari, workshop e conferenze, sono basate su revisioni narrative e su dati selezionati dagli “esperti” in base a criteri.
M. Tansella

academics. These teaching activities are of unproven effectiveness (controlled studies showing that they actually improve the abilities of attending doctors, are lacking), but drug companies continue to sponsor them generously, simply because they are “effective” from their point of view, for increasing the sales of the sponsored drugs.

In the present issue of *Epidemiologia e Psichiatria Sociale* (EPS) we publish three Editorials on narrative and systematic reviews, with the aim of summarising the main differences between them, of describing their respective advantages and disadvantages, and of stimulating a quicker move from the former to the latter in selecting scientific information to be used in clinical practice. We need more independent high quality information to improve the quality of treatments in psychiatry and more reliable and transparent methodologies for judging the value, for clinicians, of available scientific data, as the excellent papers by Rachel Churchill, Andrea Cipriani & John Geddes, and Corrado Barbui & Matthew Hotopf show. I believe that we need also to remember that the market and public health do not always follow parallel or convergent routes. When these routes diverge we should differentiate between signals inviting doctors and psychiatrists to follow the former instead than the latter routes. These signals are often of different scientific quality.

M. Tansella

*Epidemiologia e Psichiatria Sociale, 12, 3, 2003*