Retraction of biased journal articles

de Vries, Ymkje Anna; Turner, Erick H; Roest, Annelieke M

Published in:
BMJ (Clinical research ed.)

DOI:
10.1136/bmj.h5497

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Publication date:
2015

Link to publication in University of Groningen/UMCG research database

Citation for published version (APA):

Copyright
Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

The publication may also be distributed here under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license. More information can be found on the University of Groningen website: https://www.rug.nl/library/open-access/self-archiving-pure/taverne-amendment.

Take-down policy
If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Downloaded from the University of Groningen/UMCG research database (Pure): http://www.rug.nl/research/portal. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.

Download date: 14-10-2023
We hope that Le Noury and colleagues’ re-analysis of Study 329 will lead to the long overdue retraction of the 2001 paper. Study 329 may be the most infamous example of biased reporting within psychiatry, but this practice is widespread. We examined the reporting of antidepressant trials submitted to the FDA and found that 61% and 44% of negative trials for depression and anxiety, respectively, remained unpublished. To compound the problem, most published negative trials were reported as positive, often because of outcome reporting bias. For example, our analysis included trial STL-N/S-95-003 (sertraline for social phobia). A memo in the FDA review stated: “Since the sponsor acknowledged that this was a negative study . . . they needed to submit only a summary report.” However, this trial was published as a success. Closer examination shows that significant results for sertraline were obtained by dichotomising a combination of scales into response versus non-response categories. The discrepancy between this article and the company’s acknowledgement of a negative result is striking.

Although our papers clearly identified biased articles, none has since been retracted. Like Study 329, these articles still exist in the literature, with nothing to alert the unsuspecting reader that the results are misleading. We therefore encourage journal editors, drug companies, and authors to retract these publications. Such an unequivocal stance against biased reporting will help ensure that the literature is a faithful representation of the true results.

Competing interests: None declared.

Full response at: www.bmj.com/content/351/bmj.h4320/rr-21.