

University of Groningen

Evidence-b(i)ased psychiatry

de Vries, Ymkje Anna

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.

Document Version

Publisher's PDF, also known as Version of record

Publication date:

2018

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

de Vries, Y. A. (2018). *Evidence-b(i)ased psychiatry*. [Thesis fully internal (DIV), University of Groningen]. University of Groningen.

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.

PROPOSITIONS

accompanying the thesis

EVIDENCE-B(I)ASED PSYCHIATRY

1. The medical literature fulfills an untenable double role as evidence base and as promotional material for the pharmaceutical industry.
2. The evidence base is distorted both by publishing too little and by publishing too much.
3. For information about serious adverse events, the primary literature is a poor source.
4. To be cited, it is helpful to find effects or at least to claim to have found them.
5. The gap between evidence and practice cannot be bridged by guidelines alone.
6. Antidepressants are more effective than placebo for at least some mild to moderate disorders.
7. More extensive clinical and biological information than symptoms alone is needed to predict who will benefit from antidepressants.
8. In God we trust. All others bring data. (William Edwards Deming)
9. It's tough to make predictions, especially about the future. (Karl Steincke)
10. There is a crack in everything; that's how the light gets in. (Leonard Cohen)

- Ymkje Anna de Vries