



Pediatric Psychopharmacology: Good Evidence But We Need New Treatments

Andrew A. Nierenberg, MD

We live in challenging and interesting times in which fictions are truth and truths are not to be trusted as such. Some government officials express a startling disbelief in science and evidence. In this context, the authors in this issue of *Psychiatric Annals* critically assess the extant evidence for treating psychiatric disorders in children and adolescents, including the thoughtful and judicious use of medications.

It was not that long ago that United States Senator Chuck Grassley and his staff from Iowa thought they saw conspiracies between the pharmaceutical industry and academics who focused

on pediatric psychopharmacology. Senator Grassley launched a series of investigations costing millions of dollars, but failed to find any substantial scientific evidence of foul play or harm to patients—and, in my opinion, harmed the reputations of leaders in the field of pediatric psychopharmacology and set back advances in the field for decades. In 2010, the Sunshine Act, which requires academics to publicly report income from industry,¹ and lauded by Senator Grassley was enacted. An online news site makes these reports public, with an implicit goal, in my view, of shaming academic physicians who collaborate with industry and make a living doing so.

The Sunshine Act has complex reporting requirements, making sure that what physicians account for matches up with what industry reports, including the costs of snacks and meals, a burdensome set of regulations with no evidence of benefit to patients. Transparency is desirable and appropriate, but it is an invasion of privacy to go as far as the Sunshine Act goes. As a result, many academics have withdrawn from working with industry

because of the difficulty of doing the accounting for costs other than payment for their time and expertise—an unfortunate consequence of Senator Grassley's campaign that has stalled treatment development in pediatric psychopharmacology.

For example, in this issue, in the article on the update of obsessive-compulsive disorder treatment, only 2 of 50 references about psychopharmacology treatment were published after 2014; in the article on somatoform disorders, the latest psychopharmacology reference is from 2004; in the article on depression, the latest is from 2010.

Children suffer and we need new treatments. Perhaps it is time to celebrate those brave academic pediatric researchers. Instead of putting up obstacles and assuming the worst about the people who do this difficult work, we can find the resources to develop better treatments.

REFERENCE

1. Centers for Medicare & Medicaid Services. Open payments. <https://www.cms.gov/openpayments/>. Accessed September 27, 2017.

Andrew A. Nierenberg, MD, is the Thomas P. Hackett, MD, Endowed Chair in Psychiatry, the Director, Dauten Family Center for Bipolar Treatment Innovation, and the Director, Training and Education, MGH Research Institute, Massachusetts General Hospital; and a Professor of Psychiatry, Harvard Medical School.

Address correspondence to Andrew A. Nierenberg, MD, via email: psynn@healio.com.

doi:10.3928/00485713-20170926-01