Entrevista a Irving Kirsch

Por Consuelo Martínez Valero

Last November, the 9th Annual Meeting of the Sociedad Española de Psicológica Clínica y de la Salud (SEPCyS) was held in Valencia. The main objective of the conference was answering the question: Is Clinical Psychology and Health Profitable? - Contributions in times of crisis. The event featured a renowned figure in international psychology, Professor Irving Kirsch.

The conclusions reached by Professor Irving Kirsch and his research team have opened the debate on the efficacy of antidepressants in the treatment of some psychological disorders like depression. His studies show that in patients with moderate to severe depression, the efficacy of antidepressants and placebo is similar. These results draw attention to the model of mental illness and question the type of treatment currently being prescribed in public and private health. His book, The Emperor's New Drugs: Exploding the Antidepressant Myth, (2010), translated into different languages, was shortlisted for the prestigious Mind Book of the Year award. If you are interested in learning more about this topic, you can see: Kirsch, I., Deacon, B.J., Huedo-Medina, T.B., Scoboria, A., Moore, T.J., Johnson, B.T. (2008). "Initial severity and antidepressant benefits: a meta-analysis of data submitted to the Food and Drug Administration". PloS Medicine, 5, 2, e 45.

Professor Irving Kirsch gave a very interesting and passionate speech about his work and the future of psychological treatment. He had the kindness to answer a few questions for our journal.

P. After years of research, do you consider that your conclusions are being endorsed by other scientists?

R. My conclusions are still very controversial and my position is still a minority view. But there have been a number of replications and everybody gets the same results. My perception is that there is a growing acceptance of the conclusions I have reached.

P. Have you had to change a conclusion from any of your studies because of results seen in subsequent studies"?

R. No

P. In these years, did you appreciate any differences in the effectiveness of drugs depending on the type of depression or the effectiveness of these drugs is only noticed, in the levels of depressions (deep depression cases)?

R. I haven't seen any data indicating that the drugs are more effective for some types of depression than for others.

P. Can we state that the psychological treatment for depression is more cost effective than current pharmacological treatments?

R. Yes, this has been shown in two cost-benefit analyses, one done in the United States and the other done in the United Kingdom. The reason for this conclusion is that people have to be kept on antidepressants to prevent them from relapsing, whereas the relapse rate after psychotherapy is much lower. So even if psychotherapy is more expensive in the beginning, keeping people on medication is more expensive in the long run.

P. Clearly, there is some resistance to reduce or eliminate prescribing psychotropic drugs for depression. What do you think are the main reasons?

R. Changes in medical treatment can be slow to come about. With psychotropic drugs, the resistance may be especially great, because most psychiatrists have stopped doing psychotherapy. What are they to do if they don't prescribe antidepressants?

Saying in others words: In your opinion, what are the main factors involved in the abuse of pharmacological treatments versus psychological interventions?

P. In your opinion and according to your research, what would be the most effective psychological treatment for depression (cognitive-behavioral, rational-emotive, psychoanalysis, systemic therapy, etc.)?

R. In the short term they seem equally effective. There is an especially large data base supporting the effectiveness of cognitive behavioral therapy in preventing relapse. Studies are needed to demonstrate the effectiveness of other types of therapy for this purpose.

P. Do you know if changes in mental health policies have occurred in other countries based on the results of your work? Can you give examples if so?

R. In 2004, the National Institute of Health and Clinical Excellence (NICE), which establishes treatment guidelines for the National Health Service in the UK, issued a new guideline for the treatment of depression. This guideline considered the data in my 1998 and 2002 meta-analysis. In the new guideline, they recommended psychotherapy as a first line treatment for depression and noted that the difference between drug and placebo was not clinically meaningful for people with mild or moderate depression. The UK government has since undertaken a massive program aimed at training new psychotherapists for the treatment of depression.

P. Are your studies been replicated in other countries? Do you know if similar studies have been developed in Spain?

R. The FDA data that my colleagues and I analyzed included clinical trials conducted in many different countries, not just the US. (I don't recall whether any of them were conducted in Spain)

P. Do you think that the results of your studies could also be applicable to other psychological disorders (anxiety, obsessive compulsive disorder, etc.)?

R. Each disorder has to be looked at separately. So far, no one has done the research to see whether the effects in other disorders are clinically significant.

P. After so many years of research, and considering how uncomfortable your conclusions are for many people and companies, what motivates you to continue researching and working in this field?

R. I find the work meaningful and important, and I enjoy doing it.