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LETTERS TO THE EDITOR

Re: "using data sources beyond PubMed has a modest impact on the results of systematic reviews of therapeutic interventions"

Drs. Halladay et al. [1] claim that for systematic reviews of the effects of therapeutic interventions, gains from searching bibliographic sources beyond PubMed, and from searching Embase in particular, are modest. The authors selected 50 Cochrane reviews that searched PubMed (or MEDLINE) and Embase and checked whether each eligible record in each review was retrievable in those two databases. The authors identify several caveats of their study. What the authors term "the fifth caveat" reveals the main weakness from our perspective: they checked whether references from these Cochrane reviews were included in PubMed and Embase by searching for these specific citations in each database. This is what librarians call bibliographic verification: searching for known items. The authors did not replicate the search strategies as originally used by the Cochrane reviews, so they were not able to identify the source of the included studies (PubMed, Embase, or any other consulted database). One does not know if a specific reference, although being indexed in PubMed, is actually retrieved in PubMed using the original search strategy. It might well be that a large portion of included studies are identified solely from a non-PubMed database. So, the authors do not prove that gains of additional databases are more modest than commonly believed.

The authors conclude quite rightly that the decision to search multiple databases beyond PubMed will generally depend on several factors such as the available resources. A major one of these resources is the librarian—encouraging librarian engagement will enhance the quality of systematic reviews [2].

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References

[1] Halladay CW, Trikalinos TA, Schmid IT, Schmid CH, Dahabreh IJ. Using data sources beyond PubMed has a modest impact on the results of systematic reviews of therapeutic interventions. J Clin Epidemiol 2015;68:1076–84.
[2] Rethlefsen ML, Farrell AM, Osterhaus Trzasko LC, Brigham TJ. Librarian co-authors correlated with higher quality reported search strategies in general internal medicine systematic reviews. J Clin Epidemiol 2015;68:617–26.

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Beyond the corrupting influence of pharmaceutical companies on antidepressant meta-analyses (Letter commenting on: J Clin Epidemiol. 70, 2016, 155–163)

To the Editor:

I am an admirer of Ioannidis's articles. His latest article [1] focuses on the corruption of meta-analyses by psychiatrists defending pharmaceutical company interests. I agree (1) that ghost writing and the unwillingness of psychiatric journals to correct mistakes are signs of corruption among some academic psychiatrists, and (2) this contributes to skepticism about antidepressant randomized controlled trials (RCTs) and meta-analyses. However, as Feinstein critiqued [2], "The doctors try to escape the ardors of thinking: appraisals are delegated to appropriate 'specialists.' (The latest approach in the escape process is to delegate appraisals to the specialized meta-analytic results proclaimed as 'evidence-based medicine.' The process is not always successful, however, because the results often differ from medicine-based evidence.)." "Specialists" with no psychiatric training review antidepressant meta-analyses without appreciating: (1) major depression is not a "disease," but a syndrome [3]; (2) the total score on the Hamilton depression scale is a poor efficacy measure [4]; and (3) very little connection exists between suicidal ideation and completed suicide [5].

The concept of major depressive disorder introduced by the 3rd edition of the "Diagnostic and Statistical Manual of Mental Disorders" neglected validity in favor of interrater reliability and the "diagnostic democracy" of experts. Recently, many authors recommend dropping the category

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Conflict of interest: None.