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RESTORING STUDY 329

Retraction of biased journal articles

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We hope that Le Noury and colleagues' re-analysis of Study 329 will lead to the long overdue retraction of the 2001 paper.¹ 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submitted to the FDA and found that 61% and 44% of negative trials for depression and anxiety, respectively, remained unpublished.² ³ To compound the problem, most published negative trials were reported as positive, often because of outcome reporting bias.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. 4 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Although our papers clearly identified biased articles, none has since been retracted.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.

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

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- 3 Roest AM, de Jonge P, Williams CD, et al. Reporting bias in clinical trials investigating the efficacy of second-generation antidepressants in the treatment of anxiety disorders: a report of 2 meta-analyses. JAMA Psychiatry 2015;72:500-10.
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