Using Statistics to breakdown the placebo drift debate
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The Debate:

In antidepressant clinical testing, the difference between placebo and antidepressant-responders have shrunk. In a theory known as placebo drift, more and more patients are experiencing relief of symptoms and responding to the placebo then they were in the 1980's. Because of the drift, antidepressants, including some that have been on the market for years are now failing to prove significantly better then the placebo group in trials. What is driving the drift is under debate. Some arguments include human conditioning, the fact that the natural fluctuations of depressions are traditional diminished while in the trial will lead to a stronger placebo-response, and changes in the actual patients tested.

The Argument:

While the procedures to clinical trials has remained constant since the 1980's, the severity of the depression in the patients tested has shifted from severe to moderate. So, what are the differences in the rates of placebo-responders in severely depressed patients compared to moderate depressed patients?

Reading a Statistical Analysis

This first table breaks down the participants in the survey by group (placebo vs antidepressant) and by the severity of depression (HAM-D score).

N (Sample Population) = 329 Patients

Hamilton Depression Rating Scale (HAM-D)

<22 Low Moderate Depression
23-25 High Moderate Depression
26-28 Moderately Severe Depression
>29 Severe Depression

Standard Deviation telling us the range of the ages of the patients in each HAM-D range.

According the the empirical rule, 67 percent of patients in the antidepressant testing, who have severe depression are between the ages 27.8 and 54.2 years old.

The p-level represents the percentage that the numbers where generated purely by chance and the relationship is not significant.

Tradition measures: 0.10, 0.05*, 0.01