False-Positive Science?



- When conducting a meta-analysis, we take it as a given that the data we collected is comprehensive, or at least representative of the research field under examination.
- Unfortunately, there are also good reasons to assume that some studies are not missing completely "at random" from our collected data.
- Our world is imperfect, and so are the incentives and "rules" that govern scientific practice.
- There are systemic biases that can determine if a study ends up in our meta-analysis or not, or that may distort its results
- → "Iceberg analogy": even the most rigorous meta-analysis will only reproduce existing biases if the evidence base itself is distorted



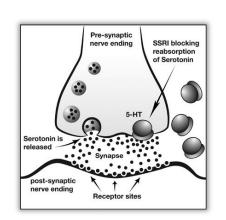
A Cautionary Tale

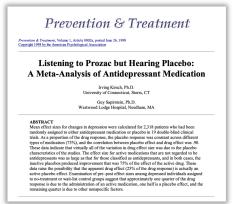
ТΙΠ

- Even back in the 1990s, it was considered secured knowledge that antidepressants (e.g., selective serotonin re-uptake inhibitors, SSRIs) are effective in treating depression.
- This evidence was provided by meta-analyses of published pharmacotherapy trials, in which an antidepressant is compared to a pill placebo.
- Based on the U.S. "Freedom of Information Act", Kirsch and colleagues obtained previously unpublished antidepressant trial data which pharmaceutical companies had provided to the US Food and Drug Administration.
- They found that when this unpublished data was also considered, the benefits of antidepressants compared to placebos were at best minimal, and often nonexistent.



Irving Kirsch

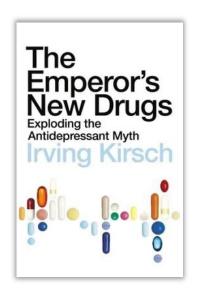




A Cautionary Tale



Video: 60 Minutes – Treating Depression: Is There A Placebo Effect?





A Cautionary Tale



A Few Irreverent Questions:

- 1. Can you think of another type of "treatment" where placebo effects may also play a crucial role?
- Most meta-analytic research shows that psychotherapy is not substantially more effective than antidepressants (although psychotherapy is probably more effective in the long run; Cuijpers, 2023)
 - Does that mean that psychotherapy is a placebo?

