

Modafinil Augmentation of Atypical Antipsychotic Agents: Duplicate Publication, Self-plagiarism, Salami Publication, and Other Matters

Sir,
Prasuna and Sudhakar^[1] present a randomized controlled trial of modafinil (200 mg/day) augmentation of

risperidone, olanzapine, and clozapine in patients ($n = 72$) with unspecified diagnoses. We were surprised that the paper contained no data at all and that only one reference

was cited in the bibliography. A little further investigation revealed that the paper bears striking similarities to two earlier publications^[2,3] in the same journal; in fact, the present paper^[1] appears to have been extracted almost verbatim from the original publication^[2] with all references to the metabolic effects of atypical antipsychotics, and the effect of modafinil on weight removed for the creation of the present paper.^[1] There is also extensive verbatim content overlap among the three papers.^[1-3] Finally, all three papers describe the same study with only minor changes in outcome measures. In other words, the publication of these three papers constitutes duplicate publication, self-plagiarism, and salami publication, all of which violate publication ethics.^[4-6]

We use this opportunity to also address a pharmacological concern that the authors may have wished to consider. Modafinil induces the cytochrome P450 (CYP) 1A2 and CYP3A4 metabolic enzymes, and armodafinil induces CYP3A4. These two CYP enzymes are responsible for the metabolism of almost all the atypical antipsychotic drugs including the 3 drugs risperidone, olanzapine, and clozapine, which the patients received in the described study.^[1-3] Physicians consequently need to be aware of the risk of relapse into psychosis as a delayed drug interaction between modafinil/armodafinil and atypical antipsychotics.^[7,8] It would have helped had the authors included the assessment of efficacy among their outcome measures because attenuation of negative symptom burden and worsening of psychosis have both been examined in this regard.^[9]

On a parting note: The papers^[1-3] declare no support or conflict of interest, but their text refers to unblinding of medication by the sponsors. Perhaps, this was an oversight on the part of the authors. We realize that the authors of the papers^[1-3] and the editors of the journal will view our letter with consternation and chagrin, and we hope that they will take our submission constructively. This letter was prepared as a group activity by E-Journal Club (eJCIIndia),^[10] an educational initiative for postgraduate students and academic faculty, launched by the Task Forces on Psychopharmacology and the Task Force on Workshops and Training, Indian Psychiatric Society, and the Department of Psychopharmacology, National Institute of Mental Health and Neurosciences, Bengaluru.

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Conflicts of interest

There are no conflicts of interest.

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