

EDITORIAL: PERSPECTIVES ON THE PLACEBO EFFECT

The Placebo Effect: A Conversation With Dr Irving Kirsch

安慰剂效果：与 Irving Kirsch 博士的谈话

El efecto placebo: una conversación con el doctor Irving Kirsch

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“Explosive” was the word *60 Minutes* reporter Leslie Stahl used to describe the scientific conclusions of Dr Irving Kirsch, MD, in the episode titled “Treating Depression: Is There a Placebo Effect?,” which aired February 19, 2012. Dr Kirsch, the associate director of the Program in Placebo Studies and the Therapeutic Encounter hosted at the Beth Israel Deaconess Medical Center of Harvard Medical School, Boston, stated that any benefit from antidepressants is from the patient’s belief in the drug and not from the drug’s chemical composition.¹

Given the legions of patients spending a combined billions of dollars each year on antidepressants, Dr Kirsch’s research and the *60 Minutes* interview have caused patients and members of the medical community to reconsider the treatment of depression. (The episode also cautioned, “If you’re already on these powerful drugs, you shouldn’t stop taking them on your own.”)

In May 2012, Dr Kirsch was a featured speaker at the International Research Congress on Integrative Medicine and Health (IRCIMH) in Portland, Oregon. More than 1000 attendees, physicians, and scientists from 23 countries heard Dr Kirsch share his findings that antidepressants, when used in cases of mild to moderate depression, have no statistically measurable effect.

I have always been interested in the mental nature of health, so I attended Dr Kirsch’s presentation in Portland and met with him the next morning to discuss his work.

Mr Scott: In your conference presentation, you mentioned that the *60 Minutes* episode made you a hero to some and a villain to others.

Dr Kirsch: The drug companies have not been hostile to our findings, and medicine overall seems open to what we’ve found. I work at Beth Israel Deaconess Medical Center Hospital in Boston, and they have been very supportive, but those who have been trained to prescribe antidepressants don’t seem very happy. A large part of their education and practices is based on drug-based treatments and the perceived benefits of antidepressants.

Mr Scott: I’m very interested in your work because the founder of Christian Science, Mary Baker Eddy, studied the placebo effect in the 1870s and came to similar

conclusions. She wrote about layers of the placebo effect or the faith placed on drugs. For any one drug today, these layers might include the clinical scientists developing the drug, the US Food and Drug Administration approving it, the commercials promoting it, the physicians prescribing it. These represent placebo layers that promote the mental acceptance of the drug’s effectiveness experienced by patients. Can you share more about the science behind placebos?

Dr Kirsch: Emotions, expectancies, and behavioral conditioning like that of Pavlov’s dog have long been known to affect the body. This is the basis of the placebo effect. Timothy Walsh has done a meta-analysis on the effects of placebo and drugs over time. He showed that as public awareness of antidepressants increased, the response to drugs and placebos for depression also increased.¹ This shows how beliefs about the effectiveness of a drug can change the effect of prescribing it.

Mr Scott: Would you say your placebo studies are in tandem with those of Italy’s Dr Benedetti, or does each of you focus in different areas of placebo research?

Dr Kirsch: I’d say our work is supportive. We have built on each other’s findings.

Mr Scott: Since your interview with *60 Minutes* aired, have you noticed a general shift in thought regarding antidepressants?

Dr Kirsch: Change comes slowly. I have received dozens of emails from people asking me to help them get off their dependency of antidepressants since the *60 Minutes* episode. Unfortunately, I don’t know enough psychiatrists who are willing to work toward easing them off the drugs.

Mr Scott: What do you feel should be done for the millions who now feel dependent on antidepressants?

Dr Kirsch: In the United Kingdom, there is an organization called NICE (The National Institute for Health and Clinical Excellence) that has written new public health guidelines that discourage prescribing antidepressants except in severe cases. Unfortunately, there is no similar organization in the United States.

Mr Scott: Have you considered investigating the placebo effect regarding other drugs?

Dr Kirsch: I've worked on studies comparing placebos and drugs in the treatment of insomnia, irritable bowel syndrome, asthma, migraine, and osteoarthritis. Who knows what will come next?

It was a pleasure to meet with Dr Kirsch, and I came away from the interview even more interested in the subject. Later that day, I had the opportunity to meet with Dr Alex Cahana, an internationally recognized anesthesiologist and pain specialist who leads the Division of Pain Medicine at the University of Washington, to discuss the placebo effect and Dr Kirsch's work. He readily concurred that the patient's belief plays a significant role in a drug's effectiveness. He also believes that the placebo phenomenon is not confined to antidepressants but is significant in the effectiveness of other drugs, including pain medications.

The basis of the placebo phenomenon remains a scientific mystery, yet Dr Cahana emphasized to me the need to look at the question from new perspectives. In a 2007 editorial in the medical journal *Pain Practice* titled, "The Placebo Effect and the Theory of the Mind," Cahana wrote,

But do all these details shed light on why a patient's belief has such a deterministic influence on his or her response? Of course, the answer is no. The phenomenon of placebo exceeds the current Cartesian mind-body intellectual framework, and although neurobiology may describe better why placebo exerts its effect, it does not tell us anything about how it does so. For this, we need to look away from present positivist scientific method as the sole way to investigate and acquire knowledge about the world.²

In our conversation, Cahana noted that the biomedical model is unlikely to adequately provide an answer to the placebo question: How is it that a patient's belief affects the body? It remains one of the "elephants in the room" that exists in all fields of medicine.

Dr Dan Cherkin is the senior investigator at the Group Health Research Institute in Seattle, Washington. His work has included research indicating a general recognition by physicians, nurses, and patients that health includes a spiritual dimension as well as physical and emotional dimensions. In a meeting earlier this year, he noted,

"It's [a] cliché, but we need a paradigm shift—a whole new way of thinking about health and healthcare. It has become clear that the narrow biomedical perspective that has predominated in medicine is not meeting the needs of patients. The best healthcare system would look nothing like what we have today."

As mentioned in my interview with Dr Kirsch, Mary Baker Eddy worked to explore the puzzle of the placebo effect more than a century ago. She began with the premise of a patient's spiritual nature and concluded that physical science was inadequate to fully explain the science of health. Through many years of experimentation and study, Eddy learned that one's thinking is directly linked to health and well-being. Basing her mental healing practice on a spiritual basis, she explained that positive health outcomes were possible and effective without drugs.³

There is an undercurrent of change taking place in medicine. The growing interest in other forms of healthcare indicates a trend toward new approaches. Some of the best minds are questioning long-held assumptions that have been the basis for medical treatments for decades. I'm glad that Dr Kirsch and others are helping to bring this change to the forefront of public discourse.

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