

Drug marketing priorities

I appreciated *CMAJ*'s recent editorial on drug marketing,¹ but I wish to highlight here a major medical education issue that is usually overlooked, in part because of the influence wielded by the pharmaceutical industry through its funding of speakers. My concern is the relative lack of "marketing" for effective psychotherapeutic regimens that often result in the patient discontinuing the use of medication.

Well-established psychotherapeutic regimens have been empirically validated, and their cost-effectiveness has been demonstrated.² For example, brief dynamic regimens have been empirically validated not only for anxiety disorders, depression and personality disorders, but also for a range of physical conditions such as irritable bowel syndrome.³ There is a body of data for these treatments showing that they reduce physician visits and admissions to hospital. In one case series, in which 89 patients were treated with short-term dynamic psychotherapy in 1996–1997, a total of \$402 000 was saved in the first year of treatment because of reductions in the number of physician visits, medication costs, disability costs and hospital costs.⁴ Sixty-three (71%) of the patients in this series were able to stop their medications, and a further 13 (15%) reduced their dosages.⁴

But how well known is this type of data? What educational institutions dependent on industry money would disseminate such information? What industry representative would endorse a treatment in which a positive outcome is the discontinuation of medication?

This problem speaks to the need for "firewalls" in our journals and educational institutions to prevent pharmaceutical companies from controlling information about treatments and to thus ensure appropriate balance in medical education. Somehow, we must guarantee that the whole picture of human pathology, including emotional dys-

function, is evenly represented and addressed.

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References

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2. Lazar SG, Gabbard GO. The cost-effectiveness of psychotherapy. *J Psychother Pract Res* 1997;6:307-14.
3. Anderson E, Lambert M. Short-term dynamically oriented psychotherapy: a review and meta-analysis. *Clin Psychol Rev* 1995;15:503-14.
4. Abbass A. Intensive short-term dynamic psychotherapy in a private psychiatric office: clinical and cost effectiveness. *Am J Psychother* 2002;56:225-32.

CANM endorsement of densitometry guidelines

The Canadian Association of Nuclear Medicine (CANM) is a national body representing the nuclear medicine specialists of Canada. Members of our organization have been involved in performing and interpreting the results of bone mineral densitometry for 22 years.

The CANM has reviewed the bone densitometry recommendations recently published in *CMAJ*,¹ and we are pleased to endorse them.

The members of our organization look forward to continuing to assist our colleagues in the management of patients with suspected or proven osteoporosis.

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Reference

1. Khan AA, Brown JP, Kendler DL, Leslie WD, Lentle BC, Lewiecki EM, et al. The 2002 Canadian bone densitometry recommendations: take-home messages. *CMAJ* 2002;167(10):1141-5.

Protection after medical error

In one of many recent articles on *Building a Safer System*, the report of a steering committee formed by the Royal College of Physicians and Surgeons of Canada, Barbara Sibbald¹ focused on the fear of litigation associated with reporting complications in medicine and the protection offered by

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