

Dr Nierenberg Replies

To the Editor: We appreciate Dr Teboul's careful reading of the publication that arose from our roundtable conference. His comments about the magnitude of a difference between active treatments using the NICE guidelines are reasonable up until he critiques the meta-analysis of mirtazapine and SSRIs.¹ Here, he focuses on the slight remission rate difference in favor of mirtazapine (NNT = 23) and claims that we were misleading readers by failing to interpret "minor differences as anything more than clinically

negligible.” He then goes on to question if the coauthors of the paper who were employees of the pharmaceutical company spun the data in favor of mirtazapine.

Dr Teboul fails to mention, however, that we reported that the meta-analysis showed that the mirtazapine group had a 74% greater chance of remission during the first 2 weeks of treatment, that we included a careful and extensive discussion in the mirtazapine paper about the limitations of the data and the meta-analysis, that we had a specific discussion of factors that might bias the findings, and that we had an explicit modest statement in the paper that the results “provide *some* further support for the notion that antidepressants that enhance serotonergic and noradrenergic neurotransmission convey efficacy advantages relative to SSRIs [*italics added*].”¹

Dr Teboul may want to consider reading source materials more carefully before he feels compelled to keep others honest.

REFERENCE

1. Thase ME, Nierenberg AA, Vrijland P, et al. Remission with mirtazapine and selective serotonin reuptake inhibitors: a meta-analysis of individual patient data from 15 controlled trials of acute phase treatment of major depression. *Int Clin Psychopharmacol*. 2010;25:189–198.

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Potential conflicts of interest: Dr Nierenberg has served as a consultant for Appliance Computing (Mindsight) and Medergy; has been a consultant (through the Massachusetts General Hospital [MGH] Clinical Trials Network and Institute [CTNI]) for Brain Cells, Johnson & Johnson, Labopharm, Merck, PGx Health, Targacept, and Takeda/Lundbeck; has received grant/research support (through MGH) from Agency for Healthcare Research and Quality, National Institute of Mental Health, PamLab, Pfizer, Shire, and Wyss Institute for Biologically Inspired Engineering; has received honoraria from American Society of Clinical Psychopharmacology, American Professional Society of ADHD and Related Disorders, Belvoir Publishing, Canadian Psychiatric Association, CNS Spectrums, Dartmouth Medical School, Johns Hopkins Medical School, MBL Publishing, Montreal McGill Douglas Hospital, Northeast Counseling Center Directors, PamLab, Physicians Postgraduate Press, SciMed, Slack, University of Florida, WebMD, and Wolters Kluwer; is a presenter for MGH Psychiatry Academy (education programs presented were supported through Independent Medical Education grants from AstraZeneca); is on the advisory boards of Appliance Computing, Brain Cells, InfoMedic, Johnson & Johnson, Takeda/Lundbeck, and Targacept; owns stock options in Appliance Computing and Brain Cells; and, through MGH, is named for copyrights to the Clinical Positive Affect Scale and the MGH Structured Clinical Interview for the Montgomery Asberg Depression Rating Scale exclusively licensed to the CTNI. **Funding/support:** None reported.

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