Dr McGorry and Colleagues Reply

To the Editor: Dr Amos, a local colleague, makes the fairly obvious intellectual point that the design of our study[1] is unable to definitively prove that the young people who were randomized to 3 active treatment conditions and who improved over the course of the trial would not have had the same outcomes if treatment had been withheld. However, we believe, for 2 reasons, that our interpretation is correct that even relatively nonspecific, yet comprehensive, psychosocial intervention is very likely to have helped these patients to improve.

Firstly, the baseline characteristics of the sample[2] indicate that these help-seeking patients are experiencing severe distress, a range of comorbid syndromes, moderately severe functional impairment, and substantial risk of self-harm. It is most unlikely that they would, as a group, have recovered naturalistically, and indeed it would have been unethical in our view to withhold or delay treatment, as Dr Amos seems to have implied we should have done. Real-world clinical research cannot always manage the methodological purity that armchair critics demand. However, provided safety and informed consent can be assured, one potential solution may be to conduct future studies of this kind using a "stepped wedge" cluster randomized trial design,[3] which allows all participants to receive effective care, but through randomized delay in commencement there is some capacity to safely study the effect of no intervention. Secondly, our long-term follow up data on the ultra-high risk cohort[4,5] show that this clinical phenotype is persistent and disabling and that natural remissions are the exception rather than to be expected.

Finally, it is puzzling that Dr Amos goes beyond methodology to accuse us of spin and bias. We have expressed, in good faith, in a peer-reviewed article our interpretation of the data, reinforced by our 20-year clinical experience with this patient group. These young patients and their families seek and benefit from the evidence-informed clinical care we provide, and, together with international research colleagues, we aim in the future to increase our knowledge base about what works.

References

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