

Is Long Term Trial Design For Psychotropic Drugs An Equations With Too Many Variables?

- Is the issue questionable trial methods or lack of effective treatments and understanding of pathophysiology?
- We seem to know what needs to be done, the questions remains what to do first, how to deal with logistics, who should pay the bill
- Is there the social and political will to embark on such a complex endeavor?
- Sub-syndrome manifestations, what should be the limitations of Rx?
- Will clinical practice follow the conclusions of the trials or will physician/patient frustration win over rational long term treatment?

Are Long Term Trial Design For Psychotropic Drugs More Complicated Than For Non-Psychotropic Drugs?

- Are drop out rates in Rx of asthma any different?
- Who drops out the patient, or the doctor?
- We do not know what 8 points change on PANSS mean but do we know what 8 mm blood pressure points mean?
- Is hypertension or diabetes more dichotomous than relapse/remission?
- What is remission from ASCVD?
- Can one get an MI despite adherence to maintenance treatment?
- Can long-term life events be depicted on Power Point?

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- Does the Therapeutic/AE considerations changes from acute to long term maintenance trials?
- Multiple, unknown and occasionally immutable confounders interacting with life-long events and aging
- Would biological markers save the day (see cancer)?
- What else can we learn from our colleagues in cancer and cardiovascular medicine?