Psychiatry in Flux

The Future of Medical Knowledge

Chris Aiken, MD Editor-in-Chief, Carlat Report

Assistant Prof Psychiatry,
NYU and WFU Medical Schools

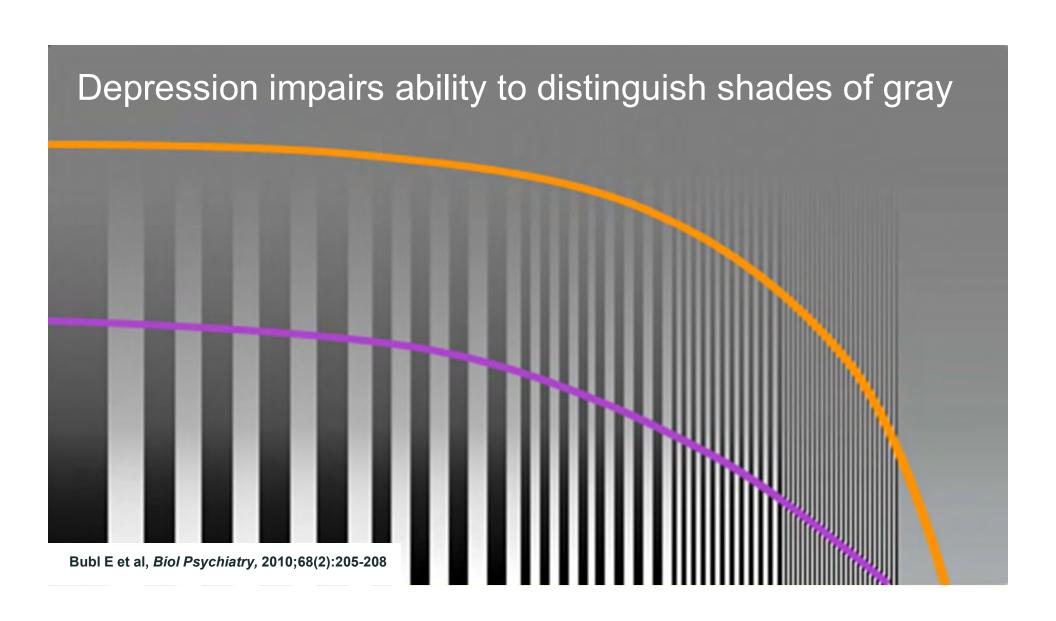
What Guides Decision?

Evidence

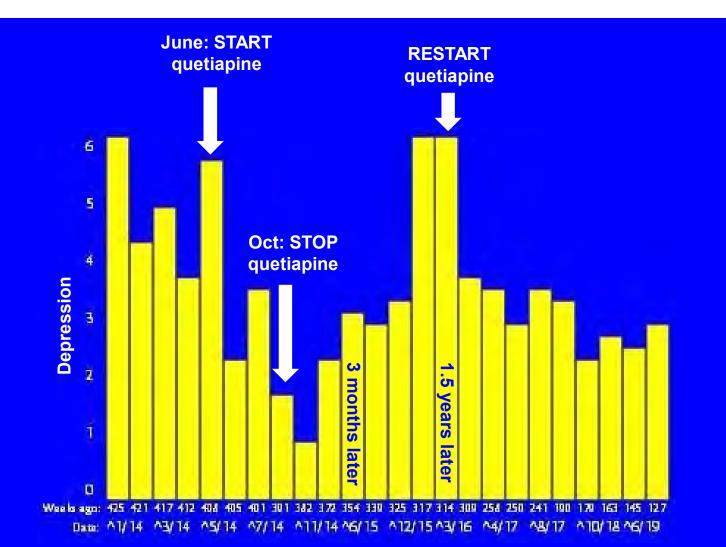
Authority

Our experience

Patient's experience







Four Sources of Clinical Information

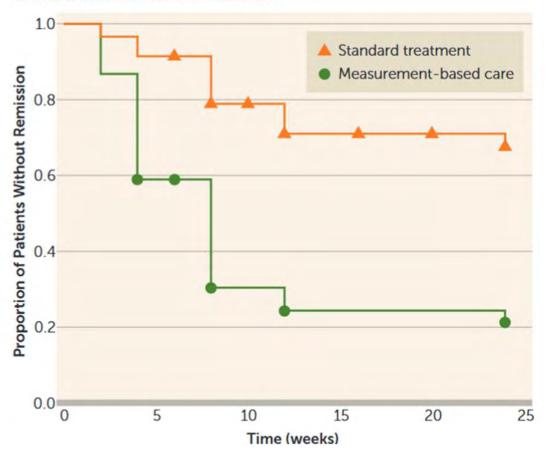
Patient's Report

Relative's Report

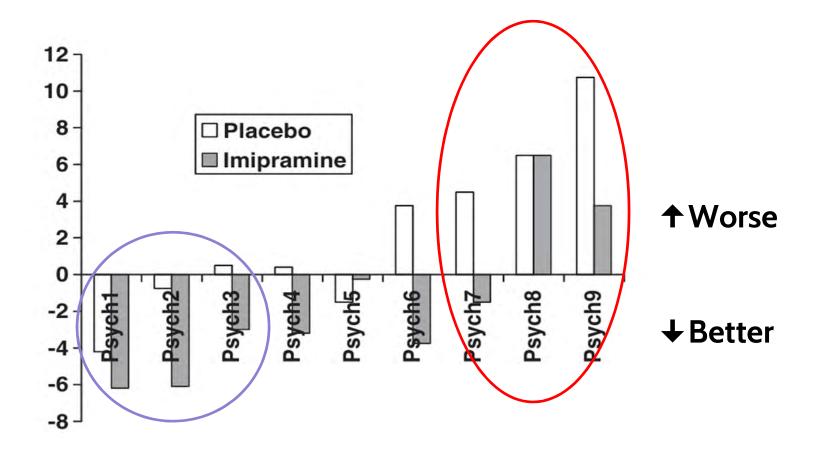
Our Impression (and MSE)

Rating Scales

B. Estimated Mean Time to Remission



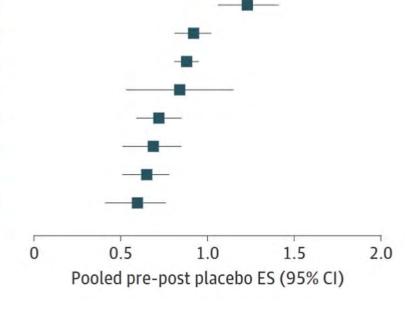
Remission rates 74% vs 29% with measurement based care



Among 9 psychiatrists in NIMH Collaborative Depression Trial, top third got better response on placbeo than bottom third got with med

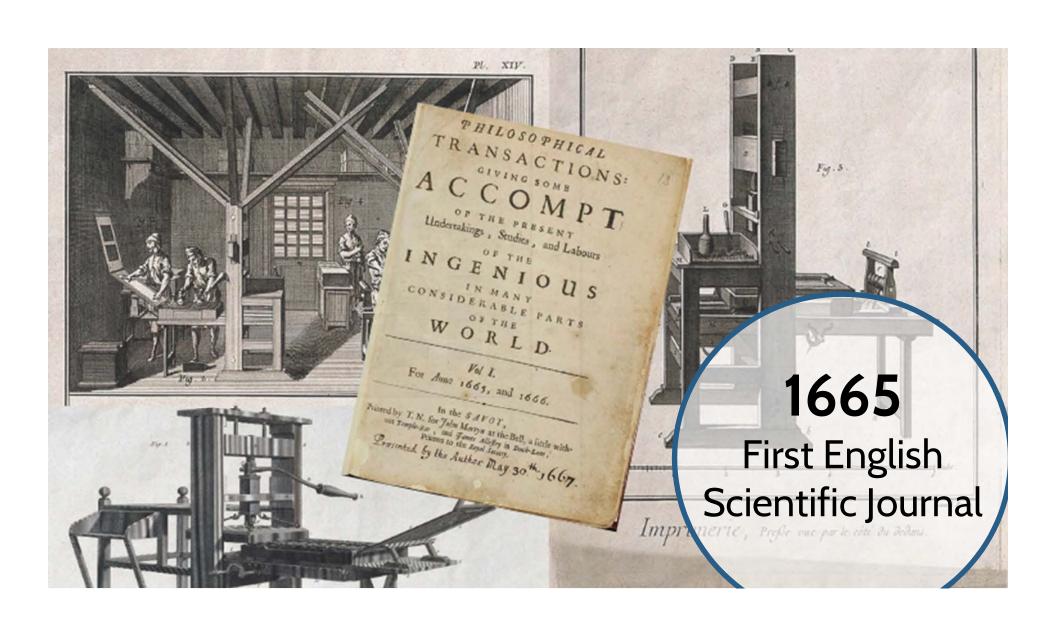
McKay KM et al, J Affect Disord 2006, 92(2-3):287-290

Diagnosis	Study participants, No.	ES (95% CI)
MDD	1598	1.40 (1.24-1.56)
GAD	1457	1.23 (1.06-1.41)
Panic disorder	1307	0.92 (0.81-1.02)
ADHD	1189	0.88 (0.81-0.95)
PTSD	655	0.84 (0.53-1.15)
Social phobia	1180	0.72 (0.59-0.85)
Mania	967	0.68 (0.51-0.85)
OCD	819	0.65 (0.51-0.78)
Schizophrenia	888	0.59 (0.41-0.76)



What Guides Decision?

Evidence



Index Medicus

A MOSTREY CLASSIFIED RECORD

Current Medical Literature of the World.

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De. ROBERT PLETCHER, M.R.C.S.Esso.

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January Designation, 1979.

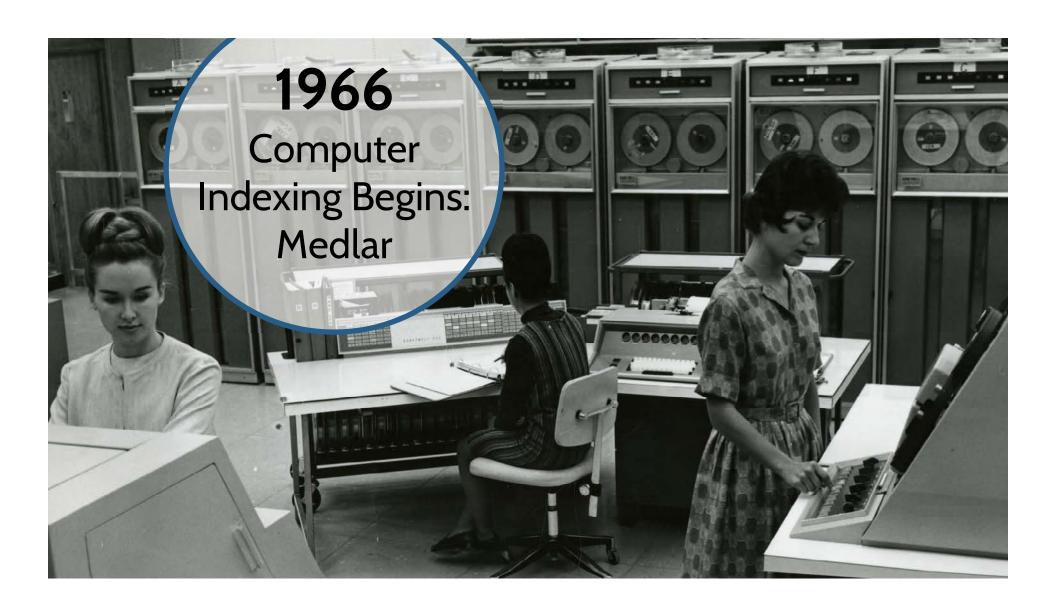


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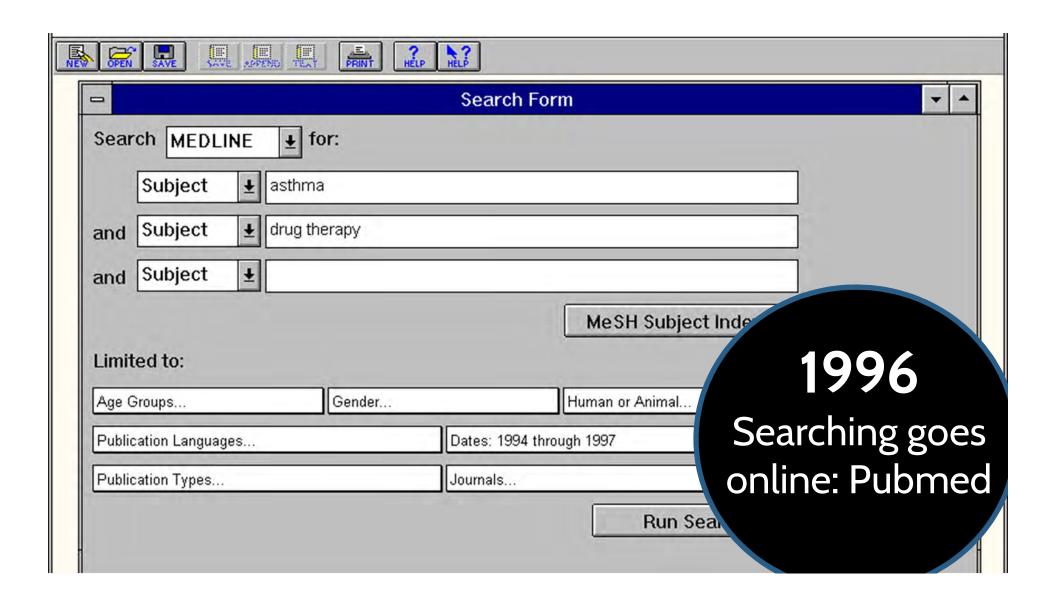
National Library of **Medicine starts** indexing journal articles



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Full text articles

New articles/year

7%

Of conclusions in systemic reviews change each year



U.S. Department of Justice

Edward R. Martin, Jr. United States Attorney

District of Columbia

April 14, 2025

Peter Mazzone, MD, MPH Editor-in-Chief, CHEST Journal 2595 Patriot Boulevard Glenview, IL 60026

mazzonp@ccf.org editorialoffice@chestnet.org

Dear Dr. Marzone:

As United States Attorney for the District of Columbia, I receive frequent requests for information and clarification. I take these requests seriously and act on them with letters like this one you are receiving.

It has been brought to my attention that more and more journals and publications like CHEST Journal are conceding that they are partisans in various scientific debates - that is, that they have a position for which they are advocating either due to advertisement (under postal code) or sponsorship (under relevant fraud regulations). The public has certain expectations and you have certain responsibilities.

Would you please answer these questions:

- How do you assess your responsibilities to protect the public from misinformation?

- How do you clearly articulate to the public when you have certain viewpoints that are influenced by your ongoing relations with supporters, funders, advertisers, and others?

- Do you accept articles or essays from competing viewpoints?

- How do you assess the role played by government officials and funding organizations like the National Institutes of Health in the development of submitted articles?

- How do you handle allegations that authors of works in your journals may have misled their

I am also interested to know if publishers, journals, and organizations with which you work are adjusting their method of acceptance of competing viewpoints. Are there new norms being developed and offered?

I look forward to I look forward to and appreciate your cooperation with my letter of inquiry after request. Please respond by May 2, 2025, Should you have further questions regarding this matter, please do not besitate to call my office or schedule a time to meet in person.

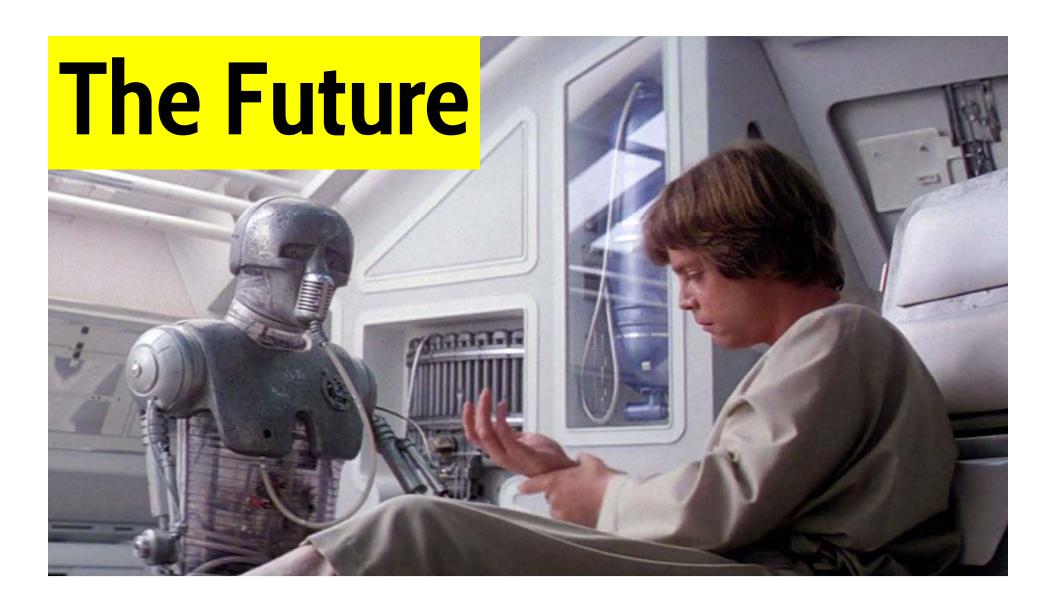
All the best,

Sub L. Mh

Edward R. Martin, Jr.

U.S. Attorney for the District of Columbia

2025 DOJ threatens medical journals







Help



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Research report View only

APRIL 6, 2025

Psychiatric Effects of High-Dose Amphetamines

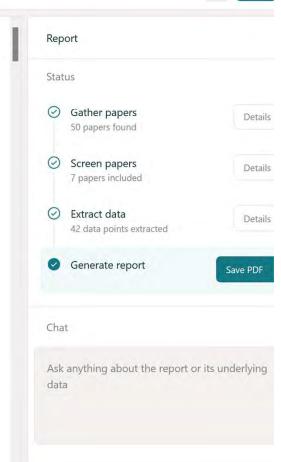
High-dose amphetamines significantly increase psychiatric risks, particularly psychosis and mania, while causing behavioral issues and withdrawal symptoms upon cessation.

ABSTRACT

High-dose amphetamines are linked to several adverse psychiatric effects. * Reports of prescription amphetamines and illicit methamphetamine indicate that doses above recommended levels raise the risk of psychosis and mania. * One case-control study found that doses at or above 120% of the maximum recommended level were associated with a 12.0-fold increase in the odds of psychosis, and another recorded a 5.28-fold increase in the odds of psychosis or mania when doses exceeded 30 mg dextroamphetamine equivalents. *

Additional studies describe high-dose use as associated with increased aggression, hostile behavior, substance misuse, and psychiatric hospitalization. * One report noted that paranoid psychosis remits rapidly—within days of discontinuing use—while an experimental study observed a withdrawal syndrome following abrupt cessation of repeated high-dose methamphetamine administration; this syndrome includes depressed mood, anxiety, and sleep disturbance. * A clear dose–response relationship emerges from the

netamine doses reliably correlating with greater psychiatric risk. *



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Consensus Al

What are the psychiatric effects of high dose amphetamines? X Q

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High doses of amphetamines are associated with significant psychiatric effects, primarily manifesting as psychosis and mania. These effects are similar to those observed in schizophrenia but tend to resolve more quickly with cessation of amphetamine use.

Key Psychiatric Effects

- Psychosis and Paranoia: High-dose amphetamine use can induce a paranoid psychosis characterized by paranoia and hallucinations, occurring in a clear state of consciousness. This condition typically resolves rapidly after discontinuation of the drug 1 5 8.
- Increased Risk of Psychosis and Mania: There is a dose-response relationship where higher doses of amphetamines significantly increase the risk of developing psychosis or mania. Individuals using high doses have a more than five-fold increased risk of these conditions compared to non-users 2 6 7.
- Other Mental Health Outcomes: Amphetamine use is also associated with increased odds of violence, suicidality, and depression. These effects are more pronounced in individuals with amphetamine use disorders 3.

Mechanisms of Action

- Neurochemical Alterations: Amphetamines increase dopamine and norepinephrine levels in the brain, which
 can lead to euphoria and addiction. This increase in monoamines is linked to the development of psychosis
 through dysregulation of glutamate and GABAergic neurons in the cerebral cortex 4 5.
- Brain Structure Changes: Long-term and high-dose use of amphetamines can lead to changes in brain tissue volume and metabolism, contributing to persistent psychiatric effects 8.

Conclusion

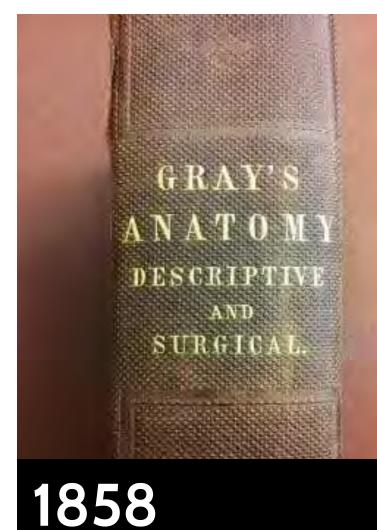
High doses of amphetamines are strongly linked to psychiatric disorders, particularly psychosis and mania. These effects are mediated by alterations in brain chemistry and structure, with a notable increase in dopamine and norepinephrine levels. While these conditions often resolve with cessation of use, the risk of severe psychiatric outcomes necessitates careful monitoring and management of amphetamine use.

1.4

	Level	Example of Evidence	Comment
Higher	Level 1	Meta-analysis of Homogenous RCTs Randomized Control Trial	Multiple, repeated, high quality RCTs are best Single RCTs still are incorrect ~80% of the time
	Level 2	Meta-analysis of Level 2 or Heterogenous Level 1 Evidence Prospective Comparative Study	Prospective data collection to remove bias (prospective collection of UFO observations)
	Level 3	Review of Level 3 Evidence Case-control Study Retrospective Cohort Study	Systematic review of anecdotes (attempt to explain several UFO observations)
	Level 4	Uncontrolled Cohort Studies Case Series	Collection of anecdotes (several UFO observations)
	Level 5	Expert Opinion Case Report Personal Observation	An anecdote (like a UFO observation)
Lower	Foundational Evidence	Animal Research In Vitro Research Ideas, Speculation	"Makes sense" based upon basic principles (Surely, there must be life somewhere else in the Universe that's figured out intergalactic travel)

Levels Of Evidence

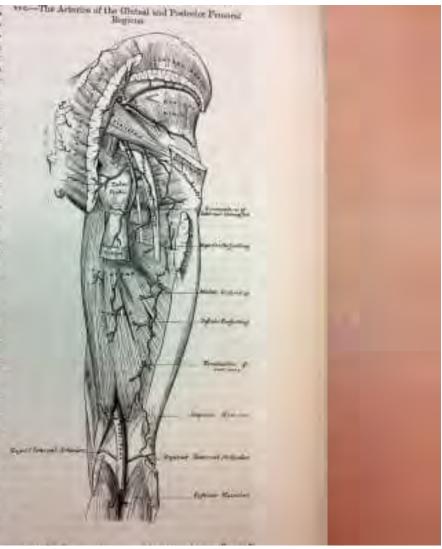
howardisms.com



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Questions?

caiken@thecarlatreport.com

