

Conflicts of interest plague the next international manual of mental disorders

March 13 2012

There are concerns that the revised Diagnostic and Statistical Manual of Mental Disorders (DSM—an internationally recognised classification of mental disorders produced by the American Psychiatric Association), scheduled for publication in May 2013, has been unduly influenced by the pharmaceutical industry despite the APA's instigating a policy of disclosing all financial conflicts of interest.

Writing in this week's *PLoS Medicine*, Lisa Cosgrove from Harvard University and the University of Massachusetts and Sheldon Krimsky from Tufts University in Boston, USA state that the new disclosure policy has not been accompanied by a reduction in the financial conflicts of interest of DSM panel members. They argue: "Transparency alone cannot mitigate bias. Because [industry](#) relationships can create a "pro-industry habit of thought", having financial ties to industry such as honoraria, consultation, or grant funding is as pernicious a problem as speaker's bureau participation."

If the DSM is to be unbiased and evidence-based, the authors recommend that all DSM task force members should be free of financial conflicts of interests.

The authors argue: "Individuals who have participated on pharmaceutical companies' Speakers Bureaus should be prohibited from DSM panel membership." They continue: "When no independent individuals with the requisite expertise are available, individuals with associations to industry could consult to the DSM panels, but they would not have

decision-making authority on revisions or inclusion of new disorders."

The authors conclude: "These changes would accommodate the participation of needed experts as well as provide more stringent safeguards to protect the revision process from either the reality of or the perception of undue industry influence."

(No specific funding was received for writing this article.)

More information: Cosgrove L, Krinsky S (2012) A Comparison of DSM-IV and DSM-5 Panel Members' Financial Associations with Industry: A Pernicious Problem Persists. *PLoS Med* 9(3): e1001190. [doi:10.1371/journal.pmed.1001190](https://doi.org/10.1371/journal.pmed.1001190)

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