

Panel members for new psychiatric 'bible' received more than \$14M from industry, analysis finds

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Sixty percent of US physicians serving as panel and task force members for the American Psychiatric Association's official manual of psychiatric disorders received payments from industry totaling \$14.24m, finds a study published by *The BMJ*.

Because of the enormous influence of diagnostic and [treatment guidelines](#), the researchers say their findings "raise questions about the editorial independence of this diagnostic manual."

Often referred to as the 'bible' of [psychiatric disorders](#), the Diagnostic and Statistical Manual of Mental Disorders, fifth edition, text revision (DSM-5-TR) is the latest edition of the guide that doctors use to diagnose and treat patients. It is thus critical that authors of this psychiatric taxonomy should be free of industry ties.

However, until the development of Open Payments (a database of financial relationships between companies and physicians), it wasn't possible to determine the amount of money received by authors of diagnostic and clinical practice guidelines.

To address this, researchers used data from Open Payments to assess the extent and types of financial ties to the industry of panel and [task force](#) members of the DSM-5-TR.

Their analysis included 92 physicians based in the US who served as members of either a panel (86) or task force (6) on the DSM-5-TR from 2016-19, the time during which work was initiated and completed for the 2022 text revision.

Of these 92 individuals, 55 (60%) received payments from industry. These panel members received a total of \$14.24m (£11.21m; €12.96m). Only two of the six task force members had any payments reported in Open Payments, totaling \$196.02 and \$792.67 for 2016-19.

The most common types of payment were for food and beverages (91%), followed by travel (69%) and consulting (69%).

The greatest proportion of compensation by [payment](#) category was for [research funding](#) (70%), which the authors point out was excluded from the American Psychiatric Association's disclosure policy for the previous edition (DSM-5).

They highlight some study limitations, such as not including payments to physicians based outside the US or non-physician prescribers, and acknowledge that amounts listed in the database may be imprecise.

Nevertheless, they say this study "provides novel data about the appreciable conflicts of interest in the DSM-5-TR and extends past research on this topic."

To ensure unbiased, evidence-based mental health practice, there should be a rebuttable presumption of prohibiting financial conflicts of interest among the panel and task force members of the Diagnostic and Statistical Manual of Mental Disorders, they write.

When no independent individuals with the requisite expertise are available, they suggest that those with associations with the industry could consult the panels, but they would not have decision-making authority on revisions or the inclusion of new disorders.

"As researchers, clinicians, policymakers, and leaders in evidence-based medicine have argued, guideline writers should be free of financial relationships with industry, especially those writers who are responsible for such an influential manual on psychiatric taxonomy," they conclude.

More information: Undisclosed financial conflicts of interest in DSM-5-TR: cross sectional analysis, *The BMJ* (2024). [DOI:](#)

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