

'Spin' found in over half of clinical trial abstracts published in top psychiatry journals

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Credit: Charles Rondeau/public domain

'Spin'—exaggerating the clinical significance of a particular treatment without the statistics to back it up—is apparent in more than half of clinical trial abstracts published in top psychology and psychiatry journals, finds a review of relevant research in *BMJ Evidence Based Medicine*.

The findings raise concerns about the potential impact this might be having on treatment decisions, as the evidence to date suggests that abstract information alone is capable of changing doctors' minds, warn the study authors.

Randomised controlled [trials](#) serve as the gold standard of evidence, and as such, can have a major impact on [clinical care](#). But although researchers are encouraged to report their findings comprehensively, in practice they are free to interpret the results as they wish.

In an abstract, which is supposed to summarise

the entire study, researchers may be rather selective with the information they choose to highlight, so misrepresenting or 'spinning' the findings.

To find out how common spin might be in abstracts, the study authors trawled the research database PubMed for randomised controlled trials of psychiatric and behavioural treatments published between 2012 and 2017 in six top psychology and psychiatry journals.

They reviewed only those trials (116) in which the primary results had not been statistically significant, and used a previously published definition of spin to see how often researchers had 'spun' their findings.

They found evidence of spin in the abstracts of more than half (65; 56%) of the published trials. This included titles (2%), results sections (21%), and conclusion sections (49%).

In 17 trials (15%), spin was identified in both the results and conclusion sections of the abstract.

Spin was more common in trials that compared a particular drug/behavioural approach with a dummy (placebo) intervention or usual care.

Industry funding was not associated with a greater likelihood of spinning the findings: only 10 of the 65 clinical trials in which spin was evident had some level of industry funding.

The study authors accept that their findings may not be widely applicable to clinical trials published in all psychiatry and psychology journals, and despite the use of objective criteria to define spin, inevitably, their assessments would have been subjective.

Nevertheless, they point out: "Researchers have an ethical obligation to honestly and clearly report the results of their research. Adding [spin](#) to the abstract of an article may mislead physicians who are attempting to draw conclusions about a treatment for patients. Most physicians read only the article abstract the majority of the time."

They add: "Those who write clinical trial manuscripts know that they have a limited amount of time and space in which to capture the attention of the reader. Positive results are more likely to be published, and many manuscript authors have turned to questionable reporting practices in order to beautify their results."

More information: Evaluation of spin in abstracts of papers in psychiatry and psychology journals , *BMJ Evidence Based Medicine*, [DOI: 10.1136/bmjebm-2019-111176](#)

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