Placebo-Use and Washout in Psychiatric Research

Placebo studies in acutely ill psychiatric patients require special scrutiny to ensure protection of this vulnerable class of subjects.

I. Considerations:
   1. In psychiatric illness, the placebo response may be substantial and, therefore, there is often a need for placebo-controlled trials in this population.

   2. It is widely acknowledged that placebo-controlled clinical trials are the most efficient, cost-effective, and decisive means of testing the safety and efficacy of a monotherapy. However, for diseases or forms of diseases for which safe and effective agents are available, the design of further placebo-controlled trials for new agents or new forms of existing agents poses significant ethical issues.

   3. It is clear from the literature that some mentally ill persons may, under the standard processes by which we assess capacity to provide informed consent, be able to provide legally and ethically adequate permission to be included in the studies under consideration. Some subjects, however, may not be able to provide this level of permission. If the subject cannot provide adequate informed consent, the subject should be excluded.

II. Criteria for Evaluation by the IRB

   1. For studies that pose no more than minimal risk, no special provisions apply.

   2. For more than minimal risk studies, the IRB shall consider whether:
      a. There is valid justification for the placebo arm.
      b. The potential risks to the subjects are justified.
      c. The informed consent document adequately discloses the risks of placebo and washout and availability or lack thereof of rescue medications.
      d. There is a DSMB/P in place and/or provisions for adequate monitoring of subjects in the placebo arm.
      e. For severe psychiatric illness that may compromise the subject’s capacity to provide or refuse to provide informed consent, there should be an independent assessment of the capacity of the potential subject to provide legally and ethically adequate informed consent.
      f. The potential direct benefit to subjects exists only in context of this study.
      g. An independent clinician is able to remove the subject from the study at any time.
h. The clinician reassesses eligibility criteria as well as the understanding and permission at regular intervals to be chosen by the IRB.

i. The participation of an “involved” family or friend, if available, and the subject agrees.

CCI/IRB Joint Guidelines - Approved August 5, 2005