Likelihood to Be Helped or Harmed Can Assist in Clinical Decision-Making

To the Editor: Gao and colleagues’ number-needed-to-treat analysis of the atypical antipsychotics was read with great interest.1 Perhaps the biggest public health impact is in the treatment of major depressive disorder (MDD), a common disorder for which the US Food and Drug Administration has approved 3 different antipsychotic agents to be used with antidepressants. The authors’ results are similar to what I have previously reported,2 and what remains striking is how commonly certain adverse events can be encountered: somnolence or sedation with quetiapine, weight gain with olanzapine, and akathisia with aripiprazole.

Number needed to treat for clinical response or remission can also be calculated,2 and balancing benefits and harms is at the focus of our clinical decision-making. Unfortunately, lower (more robust) NNT values for harms can be observed compared to NNT for response or remission. This translates to encountering certain adverse events more often than a therapeutic response. The ratio of likelihood to be helped to harmed (LHH) can be useful when examining these tradeoffs.2–4 This becomes crucial when accounting for patient preference in the hopes of enhancing adherence and the opportunity to maximize potential benefits of our interventions.

REFERENCES

LETTERS TO THE EDITOR


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