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

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