

## The CATIE Study: Separating Fact from Fiction

Immediately after publication of the CATIE findings, media outlets nationwide produced widespread coverage of the CATIE study – much of it under headlines that concluded CATIE showed “older, cheaper medications were as effective as newer medications.” Here are some of the erroneous conclusions and misrepresentations:

- **MISREPRESENTATION:** The data is complete.

**FACT:** Only Phase 1 and 2 data has been released (September 2005 and April 2006, respectively). Further analysis and more detailed evaluation of study findings are forthcoming; Forthcoming analyses will address cost-effectiveness, cognitive improvement, rates of recovery and functionality, and reversibility of side effects.

- **MISREPRESENTATION:** The comparative performance of the older medication (perphenazine) can be generalized to all older generation antipsychotic medications.

**FACT:** Perphenazine has a lower potency and more moderate side-effect profile than the more typically used (and studied) older-generation medication, haloperidol (Haldol). In fact, haloperidol was excluded from the CATIE trial because of its troubling side effects.

- **MISREPRESENTATION:** In looking at Phase 2 findings, clozapine should be promoted as the most effective medication to treat schizophrenia.

**FACT:** While Phase 2 demonstrated that study participants stayed on clozapine the longest, the authors acknowledged that this finding may have been influenced by the closer clinical attention paid to these patients (due to frequent monitoring required by this medication to avoid serious side effects). CATIE did not investigate the extent to which successful adherence to medication therapies is influenced by changes in frequency or type of clinical interaction. This is an area of research that needs further attention because we know from the real world that medications alone are not sufficient to promote and

maintain recovery for an individual with mental illness, a continuum of care is necessary.

- **MISREPRESENTATION:** The high rates of discontinuation across all the study drugs suggests interchangeability.

**FACT:** While disappointing, these high rates uphold the conclusions that: Each individual responds uniquely to any given medication. Discontinuation of medication therapy includes complex, individualized factors.

- **MISREPRESENTATION:** One medication works as well as any other. Cheaper medications can be substituted without impact on treatment outcome.

**FACT:** At an NIMH briefing on September 26, 2005, CATIE principle investigator Dr. Jeffrey Lieberman noted that the outcomes show that “Schizophrenia patient choices must be individualized. What works for one individual may not work for another.”

- **MISREPRESENTATION:** Media coverage and payer activity has implied that CATIE justifies restrictive medication utilization management policies that favor limiting choice or requiring that patients fail on older, cheaper medications first.

**FACT:** CATIE researchers and NIMH Director Dr. Thomas Insel have said that it would be counterproductive for anyone to use this data to reduce access and that it would be “premature to change public policy on the basis of this study.