



BOOK REVIEW

Ordinarily Well: The Case for Antidepressants

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As an early-career psychiatrist, I did not experience the paradigm shift in my specialty that many of my more senior colleagues and mentors did. I completed medical school, residency, and fellowship training long after Prozac (fluoxetine) and other antidepressants

had revolutionized the role of psychiatrists in treating depression. (I also have a PhD in pharmacology, so that may also speak to my biases.) I came of age in a field of medicine fully invested in treating depression and other psychiatric illnesses similarly to other medical illnesses, with pharmacologic and somatic treatments. Yet, I, like many of my colleagues in training, have struggled with the backlash against antidepressants and the idea that they are little better than placebo. It is from this perspective that I read Peter Kramer's latest work, *Ordinarily Well: The Case for Antidepressants*.

Ordinarily Well is an appropriate and timely follow-up to Dr. Kramer's well-known earlier work, *Listening to Prozac*. It speaks to every psychiatrist, internist, family practice physician and medical practitioner who treats depression and struggles with explaining the data about antidepressants from evidenced-based trials to patients. Dr. Kramer's book may be directed towards a more general audience with an interest in psychiatric illness and treatment with its definitions of terms used in controlled trials, but his explanations of the processes involved in randomized clinical trials is beneficial to any prescriber in the era of data-driven prescribing.

Dr. Kramer effectively outlines the case for continued and vehement support of antidepressant use in *Ordinarily Well*. He provides a historical context for the use of antidepressants, beginning with Roland Kuhn's use of G22355, otherwise known as imipramine. He takes a critical look at the development, processes, and interpretation of clinical trials on antidepressants, in an invaluable and in-depth manner. Dr. Kramer elegantly parses the concept of the placebo effect and the idea that placebo effect cannot simply be subtracted from antidepressant efficacy. He tackles the concept of effect sizes related to the use of antidepressants. One of my favorite chapters was the description of the for-profit clinical research center and its potential confounding effects on the results of clinical trials. At times, I did find myself rereading chapters on aspects of clinical trials, because of the density of the material and because it explained a concept in a way that was accessible in a manner that I hadn't previously encountered.

I most appreciated Dr. Kramer's descriptions of clinical experiences and patient encounters throughout the book. As

a fairly "young" psychiatrist, while I commonly treat profoundly and severely depressed patients on the inpatient unit, they have often already trialed several antidepressants. Dr. Kramer's anecdote of his experiences doing psychotherapy with "Adele", in which he stated, "Imipramine had made me a more competent therapist," was compelling. I was drawn in by the book's prelude, with the anecdote about his friend Alan who suffered post-stroke depression.

Nonetheless, what was most compelling to me about Dr. Kramer's latest book were the interspersed chapters in which he relates his clinical experiences with patients and the effects of antidepressants. As an early-career psychiatrist, I find these similar discussions with my colleagues to be invaluable. We are constantly looking to diagnostic criteria to make a psychiatric diagnosis and we are looking to the literature and evidenced-based medicine to inform treatment, but patients often do not fit into specific boxes and it ultimately is the subtlety of patient encounters and treatments, including prescribing balanced with psychotherapy, that makes the practice of psychiatry intellectually challenging. Dr. Kramer captures this tension, that of balancing our clinical encounters with patients with the literature: how do the numbers needed to treat affect a particular patient, for example.

I come from a background in which I view psychiatric illness as a biologic construct similarly to other medical specialties, and which I believe in wholeheartedly. However, my interest in the brain in medicine stems from the complexity of the brain: how its basic biologic functions develop the concept of the mind and higher-ordered thinking. *Ordinarily Well* captures that quality of the treatment of depression and the mind; our patients are not just a list of symptoms on the Hamilton Rating Scale but are individuals with psychiatric symptoms and complex human interactions. Effective treatment of depression utilizes both consideration of efficacious antidepressant prescribing as well as psychotherapy.

Dr. Kramer makes a compelling argument on the use of antidepressants in the treatment of depression for psychiatrists and other prescribers who have been concerned by the results of antidepressant clinical trials. He clarifies the data from clinical trials and discusses his own clinical cases that illustrate the point that psychiatrists have seen time and time again: antidepressants work to treat depression and move patients to become *Ordinarily Well*.

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