

Correspondence

Edited by Kiriakos Xenitidis and
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Practical impact?

Tyrer, in 'From the Editor's Desk',¹ despite recognising the mundaneness of journal editors' preoccupation with impact factors, sings of the improved citation factor and high citation half-life of *The British Journal of Psychiatry*. While this is certainly praiseworthy and no doubt a result of the tireless efforts of Tyrer and a number of other people, it also raises the question of what the impact factor means to a clinician with a busy and well-habituated practice. The impact factor for them is an artificial statistic that may have no impact on their practice. It would be helpful to know whether there is a measure of the impact of a journal article on clinicians' practice and how journals perform on that measure. Citation statistics can be inflated by basic science or hypothesis-based or epidemiology-based articles (to name a few), and none of these may have any impact whatsoever on our day-to-day practice, whereas the much more lowly weighted case reports (remember Freud) can have a significant impact. Yet case reports may not be highly cited. If such a measure is indeed developed, the romantic song will then be even sweeter; and not at all mundane. Robert Burns would probably forgive then.

1 Tyrer P. From the Editor's Desk. *Br J Psychiatry* 2007; **191**: 188.

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Author's reply: I share Dr Gangdev's concerns in part. The impact factor, an invention of Eugene Garfield,¹ is not a necessary part of science. It merely reflects our preoccupation with league tables in every part of life. Any senior professional, whether editor, headmaster, company director or hospital manager, likes to know exactly where their organisation stands with respect to others on at least an annual basis; this seems to be so much more important than non-numerical measures such as letters of appreciation or complaint. It therefore seems to have little relevance to readers of a learned journal, who are not the slightest bit interested in the level of inflation of the Editor's ego, but only in the content of papers published in the journal. There is now evidence that the impact factor does indeed provide a reasonable comparison of the relative quality of a journal; however, what it does not do, despite increasing claims to the contrary, is provide a valid 'assessment of the quality of individual papers, scientists and departments'.² All that can be said about the publication of a paper in a high-quality journal is that the review process is likely to have been carried out with a higher degree of precision and care than that for an equivalent paper in a journal of very low impact factor; therefore, in general, the reader can have more confidence in the presentation of the findings. This is not to say they are necessarily more accurate or of greater scientific significance, although in the broadest terms, they probably are.

But the highly informed reader can select good papers from poor ones without the aid of the impact factor, and the preoccupation of the scientific community with its importance sometimes approaches the ludicrous, such as with the research assessment exercise (RAE) in the UK, which demands articles from high-impact-factor journals, among other measures, in comparing the relative value of scientists. How a nutritionist or a historian can be validly compared with a psychiatrist is, in my view, intrinsically meaningless. I have helped colleagues who have decided to leave academia for a less topsy-turvy land with a set of verses, also derived in part from Robert Burns, and which include the following (sung to the tune of Auld Lang Syne as they make their last journey down the university corridor);

No longer will I troubled be
With targets to be won
Flush RAE down the lavatory
'Cos its impact factor's none.

Declaration of interest

P.T. is Editor of *The British Journal of Psychiatry*.

- 1 Garfield E. Citation analysis as a tool in journal evaluation. *Science* 1972; **178**: 471–9.
- 2 Opthof T. Sense and nonsense about the impact factor. *Cardiovasc Res* 1997; **33**: 1–7.

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Biology is psychiatry's new dawn

In his debate with Allan Young, David Kingdon¹ has provided his perspective suggesting the dismissal of biological advancements and the promotion of psychosocial research instead. This is our humble attempt to challenge some of the points raised by him.

To discard the biological advances for being unable to pinpoint the 'exact aetiology' or 'cure' is unjust. It has remained elusive in the whole of medicine (90% of hypertension is idiopathic sans any 'cure'; so is epilepsy). We never forget to take our antihypertensive pills – why make an exception for psychiatric illnesses?

As for the statement made by Kingdon, 'research into psychosocial mechanisms, which has been much more productive',¹ we refer to a recent meta-analysis by Luborsky.² These revealed that the effect size attributed to specific therapy techniques is only 0.2 and found common factors such as therapist-client alliance to be more important.³ This casts doubts over the clinical relevance of 400 different types of psychotherapies. Absence of large-scale well-controlled trials on efficacy of psychotherapy v. pharmacotherapy in major mental illnesses further leaves us wondering. In addition, the abandonment of once prevalent theories about 'latent homosexuality', 'refrigerator mothers' and 'schizophrenogenic families' only begs us to be doubly cautious before accepting empirical evidence as absolute.

Those who don't learn from mistakes made in the past are condemned to repeat them. We quote this in the context of the past 100 years of dementia research. Alzheimer's initial findings were dismissed as non-specific and most tributes on his death in 1915 did not even mention his, now significant, discovery. Psychological theories of dementia ('elderly neglect/loneliness') were in vogue until the 1960s. Ironically, we often dismiss the