Although the funding source of a research finding should be considered when reviewing and interpreting the results of a study, hopefully our field has not become so jaded or cynical that all such work is rejected out of hand.

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Declaration of interest

M.E.T. is a paid consultant to Wyeth–Ayerst Laboratories.

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Response from Neurolink: The members of Neurolink were particularly disturbed by Dr Wright's accusation that the materials produced by Neurolink are unbalanced and favour venlafaxine, manufactured by Wyeth.

Neurolink is a well-established board of 14 mental health experts who pride themselves on their unbiased, professional expertise in anxiety and depression, and their ability, as a multi-disciplinary group of health care professionals, to produce materials of practical value to other health care professionals and patients.

Neurolink is indeed supported by an educational grant from Wyeth Laboratories, and has been since 1995. Board members receive an honorarium for their attendance at Advisory Board meetings and working parties, where production of materials is discussed and agreed in the light of the existing evidence base and consensus of the members of the Board.

We would like to emphasise that the materials produced by Neurolink are balanced items that review all treatment options – including drug and non-drug options – and we would refute all claims that materials give prominence to venlafaxine, or any other drug or treatment, unless there is a body of significant evidence that supports it. In the 6 years that we have been in existence, we have never previously received comments to suggest that Neurolink materials are not impartial, practical resource items.

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L. Gask University of Manchester, Manchester, UK
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S. Koppel Glan Rhyd Hospital, Bridgend, UK
D. Nutt University of Bristol, Bristol, UK
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C. Vardy Gateshead PCG, Gateshead, UK

Editor's response The *Journal* is committed to openness and I was pleased several years ago to introduce a requirement for authors to make a declaration of their interests with regard to publication of their papers. Last year this requirement was extended to include editorials and items of correspondence (Wilkinson, 2001).

As an elected Honorary Officer (not a paid employee) of the Royal College of Psychiatrists I am required regularly to complete a Declaration of Competing Interests form. My form states that I have an annual renewal of a consultancy with Neurolink, sponsored by Wyeth (£2000 per annum). These forms are available to members of the College, and to non-members of the College at the discretion of the President, Registrar and the College Secretary.

The issues raised by Dr Wright were discussed by the Editorial Board in June 2001. To quote from the minutes of that meeting:

> "It was not felt that the Editor had acted at all improperly. . . . It was agreed that a general policy of openness was desirable, but it was generally felt that a detailed on-line register of interests for all staff, referees and authors such as that suggested by Dr Wright was impractical. . . . The 'Recommendations for publication' form sent to all assessors would [be amended to] give the assessor the opportunity to declare an interest in the publication of the paper."

Following that decision, since October 2001, referees have been required to state explicitly if they have an interest in the publication of any paper they are asked to assess. If that is the case, they are required to return the manuscript without assessment.

It has always been the case that when I have an interest in a paper's publication by virtue of being a co-author, another nominated member of the Editorial Board acts as Editor for that paper. That person's identity is not divulged to me, and I am kept blind to the peer-review process as it applies to that manuscript. Since receipt of Dr Wright's letter (in April 2001, subsequent to the acceptance of another paper reporting work funded by Wyeth; Allgulander *et al*, 2001), the same procedure has been extended to any submission connected with Wyeth. Finally, in keeping with these developments, I am beginning the evaluation of open peer review as a policy from this month (i.e. all assessors will be required to identify themselves to authors).

I am doing what I can to address these important issues, and I am grateful to Dr Wright for this opportunity to clarify our procedures to our readers.

Allgulander, C., Hackett, D. & Salinas, E. (2001) Venlafaxine extended release (ER) in the treatment of generalised anxiety disorder. Twenty-four-week placebo-controlled dose-ranging study. *British Journal of Psychiatry*, **179**, 15–22.

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Greg Wilkinson Editor, *British Journal of Psychiatry*, 17 Belgrave Square, London SW1X 8PG, UK

Risk of pregnancy when changing to atypical antipsychotics

We have become aware of a number of pregnancies which have occurred in women with chronic psychotic illnesses whose medication has been changed from traditional oral or depot antipsychotics to atypical drugs. This can be explained by the loss of the contraceptive side-effects produced by drug-induced hyperprolactinaemia in these women. Most atypical antipsychotic drugs (e.g. olanzapine, quetiapine, clozapine) have a negligible effect on prolactin levels, whereas older drugs such as chlorpromazine and haloperidol, as well as sulpiride, amisulpride and risperidone, can cause significant hyperprolactinaemia in some women. Although these should not be considered as contraceptives, there is undeniably a contraceptive effect.

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