Correspondence

EDITED BY MATTHEW HOTOPF

Evolutionary psychology revisited

Dr Abed's (2001) reply to my letter (Lucas, 2001) prompted me to contact Professor Steven Rose, one of the authors I cited (Rose & Rose, 2000), to check that I had not fundamentally misunderstood his position. It seemed to me unlikely that a neuroscientist would be, in Abed's words, "effectively in the camp that views the mind as a *tabula rasa*" (Abed, 2001). These are Professor Rose's comments:

> "Dr Abed both misstates the arguments of those of us who are critical of the claims of evolutionary psychology and is over-anxious to absolve its protagonists from charges of biological determinism. First, neither Professor Hilary Rose nor I, as the two editors of *Alas, Poor Darwin* (Rose & Rose, 2000), are evolutionary biologists. I am a neuroscientist whose research interest lies primarily in learning and memory and she is a sociologist of science. No neuroscientist could ever suggest that the mind was a Lockeian *tabula rasa*. As all my own writings make clear, any understanding of the human mind and brain needs to locate its structure and workings in the context of evolution and development, as well as social, cultural and technological history. For that matter, nothing the population geneticist Richard Lewontin has ever written could, to my knowledge, justify Abed's assertion concerning him and I would challenge Abed to find any quote which would support his assertion.
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> "In terms of evolutionary psychological theory, I dispute the claim made most strongly by evolutionary psychology's spokespeople that the 'architecture' of the human mind was laid down in the Pleistocene and there has not been evolutionary time since for any major change to occur. Cavalli-Sforza (2000), for one, has recently surveyed the substantial evidence of significant post-Pleistocene genetic change under selection pressures.
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> "Returning to Dr Abed's reply to Dr Lucas, if it is not 'biologically deterministic' to claim that humans possess innate 'cheat detector' modules or that men are innately programmed to prefer sex with younger women with specific hip : waist ratios, and women sex with older men – preferably with symmetrically shaped bodies which guarantee better orgasms – I am not sure what is. And I cannot believe that Abed quotes as a respectable source Thornhill & Palmer's (2000) claim that rape is an evolutionarily adaptive male strategy – that melange of scorpion fly data and human anecdote, so broadly condemned by the academic community.
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> "Finally, Abed parrots the attack made in Cosmides and Tooby's straw-person invention of what they call the 'standard social science model' that they argue dominates sociology. As Hilary Rose points out in *Alas, Poor Darwin*, there is little in European sociology which conforms to such a caricature. What is at stake is the autonomy of the social sciences as research fields from the imperialistic claims of an overly reductive biology at the hands of these new evolutionary fundamentalists. If evolutionary psychology were, as Abed claims, a 'hypothesis-driven empirical science', there would be little to complain about. Indeed, both biologists and social scientists should welcome it. The problem is that what currently passes for evolutionary psychology is little more than an untestable bunch of anecdotes based upon *a priori* ideological convictions."

I think further comment from me would be superfluous.

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Placebo response in antidepressant trials

The recent editorial by Gavin Andrews (2001) omitted some important considerations on the discussion of placebo response in clinical trials of antidepressants. These include the obligations of regulatory authorities in the appraisal of new treatments, numerous research-specific factors that contribute to the placebo response in a research environment, and the contribution of the scales currently employed as primary efficacy measures in depression trials to test the null hypothesis.

The demand by regulatory authorities for placebo-controlled trials in the evaluation of antidepressant therapies is supported by data published by Paul Leber, former Director of the Neuropharmacologic Products Division of the US Food and Drug Administration. Leber (1989, 1991) cited research studies where the antidepressant test agent was as effective as an already-approved active control medication, but in five of the six studies he cited, both were inferior to placebo. Given the notoriously poor sensitivity and interrater reliability of the Hamilton Rating Scale for Depression (HRSD), the usual primary efficacy instrument in US antidepressant clinical trials, this is not surprising to investigators who use the HRSD on a day-to-day basis. However, based on Leber's evidence alone, if regulatory agencies move toward the Declaration of Helsinki (World Medical Association, 2000) mandated non-inferiority trials as a basis for approving new drugs, then it is only a question of time before regulatory approval is given to drugs that very well might be less effective than placebo. The regulatory approval of an-inferior-to-placebo drug would ultimately be harmful to the large number of patients who would take this ineffective drug, in part being persuaded to do so on the basis of regulatory agency assurance of its efficacy. As all drugs have some side-effects in some patients, regulatory agencies must be able to affirm that a drug has been demonstrated to be better than 'nothing' (i.e. placebo) in conditions where 'nothing' has demonstrated benefits.

Andrews' summary of the mechanisms of placebo response in antidepressant clinical trials also omits several important considerations. Spontaneous remission of depression with time, the natural fluctuations of a chronic illness, and the encouragement that comes with being treated were the only factors he cited as contributors to placebo response. He does not cite the anxiety-lowering effect of receiving of a definitive diagnosis from a trusted expert physician in a clinical trial, and the increased sense of mastery and control that comes from patients' greater understanding of their illness as a result of the more unhurried

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