

that in this way clozapine could play the role that corresponds to it in treating schizophrenia.

To conclude, we therefore consider that eliminating the obligation to send the reports would be a step forwards in eliminating barriers and increasing the use of clozapine. Given the recent nature of this change, it is still too early to evaluate the effects of this increase in monitoring flexibility. Nevertheless, it is a hopeful first step and a great opportunity to consolidate clozapine as the effective therapeutic tool it has proven itself to be.

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What most influent psychiatry journals do not show[☆]



Lo que no muestran las revistas de psiquiatría más influyentes

Dear Editor,

For years professional medical publication associations such as the World Association of Medical Editors (WAME),¹ the Committee of Publication Ethics (COPE)² and the International Committee of Medical Journal Editors (ICMJE),³ have underlined that it is obligatory for journals to clearly define conflicts of interests, as well as how to identify and manage them in connection, among other things, with the members of their editorial teams. The ICMJE³ also recommends that journals publish the conflict of interests policies of their editorial teams. The *BMJ* was the first journal to take this initiative, in 2004,⁴ and approximately a decade later only 39% of the 399 high impact biomedicine journals had followed suit.⁵

The interest of society in the United States of America in knowing the financial relationships of prescribing doctors

with the biomedical industry (pharmaceutical and health-care products), led the American Congress to pass a law governing this point. This law came into force in August 2013. Since then, biomedical companies have to publically and annually publish all of the payments made to doctors (and their close family members) for amounts of at least 10 \$ or annual payments of at least 100\$. These payments may be “general”, such as for consultancy, expert opinions, travel and meals, or for research (directly or to their institution as the chief researchers).⁶ This law has enabled readers to know the payments received by medical journal editorial team members who work in the U.S.A., thanks to the recent publication of 2 works on this specific subject.

Liu et al.⁷ analysed industry payments to 713 members of the editorial teams of 52 high impact journals covering 26 medical specialties in 2014. The majority (51%) had received general payments, while one in every 5 had received payments for research. 39% (9/23) of the members of psychiatry journal editorial teams (*JAMA Psychiatry* and the *American Journal of Psychiatry*) had received general payments. This is similar to the figure of 41% in gynaecology and obstetrics journals, although it is far from the 84% in ear, nose and throat journals. In the psychiatry journals the mean general payment (interquartile) was \$0 (\$0–6394), and the average payment (SD) was \$4371 (\$7505), in 16th place of 25 specialties. The individual member of a psychiatry journal editorial team who received the highest payment was given \$20,600, which is a long way from the almost 11 million dollars received by a doctor in a cardiology journal.

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Wong et al.⁸ studied the payments received by 333 members of the editorial teams of the 35 clinical and 7 medical speciality journals (5 per speciality) with the highest number of citations in 2015. They studied payments from 2013 to 2016 and found that almost 2 of every 3 (64%) of the heads of editorial teams had received payments in this period. In a natural year the average percentages were 42% as general payments and 24% as payments for research. These authors performed a very interesting analysis to place this matter in context: they compared the payments received in 2015 by members of the editorial teams of the journals of each speciality with those received by the clinical journals in the same speciality. They found that 46% (16/34) of the members of general editorial teams of the 5 psychiatry journals with the most citations in 2015 had received payments from the industry, vs 40% (33.536/83.840) of the clinical psychiatry journals; the mean value of payments to the former (\$9016) was almost 53 times higher than those to the latter (\$171). 23% of the editorial team members had received more than \$10,000, vs 4% of those for clinical psychiatry. In this study of 7 specialities, in 2015 only cardiology journal editorial teams received mean payments higher than those of the psychiatry journals.

These results show that although only a (notable) minority of the members of the most influential psychiatry journals receive payments from the biomedical industry, many of them receive considerable sums. The payments received from the industry are known to influence prescribers' actions^{9,10} even though they are not conscious of this. The same may occur with editorial team members who decide which manuscripts to publish or not, so that they should publish their conflicts of interests³ so that authors and readers are aware of them.

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