

# FDA-ACNP TASK FORCE on Anti-Anxiety + Anti-Depressants

- A) H. Baird - fear of rigidity of guidelines <sup>& routine</sup> ~~of drugs~~ <sup>collection</sup>
- B) F. Berger - questions need for guidelines for existing emotional problems (i.e. anti-anxiety, anti-depressants, etc) since have ~~off~~ sufficient number of drugs for these purposes. States we can't establish guidelines for problems and/or drugs we don't know yet have - Takes away originality + clinical sense + experience. - Stifled development of new agents
- C) Klerman = Intentions = develop <sup>assessment techniques</sup> standards or criteria of judgement (by FDA)  
Consequences Stifled development of new techniques of assessment  
Consumer's Guide of Scales  
Specificity vs Generalizability of Guidelines?
- d) Gardner - Need guidelines so that there is continuity of judgements in FDA + in industry or investigators regardless of personnel changes

~~e) Bookman~~

e) Shader - Value of scales for comparability across populations or across investigators

f) Friedman - 25% improvement induced by drug over placebo rate should be enough for clinical significance - OTHERS we setting a numerical value

(2)

Klerman - Need more input by industry & investigators & combine with other available guidelines.  
PMA-~~F~~DA set  
ACNP white papers

Rickels Says he no longer believes in diagnosis of mixed anxiety-depression. Says one or another primarily & other secondary.

~~Copies to be sent to PMA~~