

**Raskin A, Schulterbrandt J G, Reatig N & McKeon J J.** Differential response to chlorpromazine, imipramine, and placebo: a study of subgroups of hospitalized depressed patients. *Arch. Gen. Psychiat.* 23:164-73, 1970.

[Natl. Inst. Mental Health, Psychopharmacology Res. Branch, Collaborative Depression Study Group, Chevy Chase, MD]

Imipramine was generally more efficacious than either chlorpromazine or a placebo in a double-blind study of 555 depressed patients from 10 collaborating hospitals. Imipramine was especially beneficial for the psychotic patients and where symptoms of depressed mood and anergia were prominent features of the clinical picture. [The *Science Citation Index*® (SCI®) and the *Social Sciences Citation Index*® (SSCI®) indicate that this paper has been cited in over 190 publications since 1970.]

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"When this study was conceived, many psychiatrists were reluctant to prescribe antidepressants for their patients. Evidence of clinical efficacy for these drugs was just beginning to emerge, and concerns were being voiced about their potential for adverse side effects. It was because of these widely held beliefs and attitudes that Jonathan Cole, who was then chief of the Psychopharmacology Research Branch at the National Institute of Mental Health, decided to launch a multicenter trial of drug treatment in depression. I was hired for the specific purpose of designing and coordinating this study. When I accepted this assignment, I envisioned a three- or four-year commitment. Instead, three studies were conducted with the same group of collaborators and over 30 publications emerged from these studies over a 15-year period. I am particularly proud of the fact that data from these studies formed the bases of three doctoral dissertations.

"I would like to think that the article that has become a *Citation Classic* achieved this distinction because it provided clinicians with convincing evidence that an antidepressant, imipramine (Tofranil), was an effective treatment for depression and that this drug was well tolerated by most patients. Both of these statements are true. On the other

hand, I suspect that the frequency with which this article has been cited is due to the methodological innovations first described in it. Not the least of these is a simple three-item scale developed to screen candidates for the study to ensure that they met an empirically defined criterion of severity of depression. This screen, the Three-Area Severity of Depression Scale, was later dubbed by other investigators the 'Raskin Scale' and found its way into antidepressant drug trials in this country and abroad. This screen found particular favor with pharmaceutical manufacturers because of its simplicity and ease of administration and has been widely cited by them in their trials with new antidepressant drugs.

"To this day, I squirm when someone refers to this screen as the Raskin Scale. I have a vision of a mental health professional trying to match the expression on a patient's face to a series of photographs depicting me in varying stages of gloom and despair. When mention is made at a professional meeting of a patient or patients having a Raskin of seven or a Raskin of nine, all eyes turn to me, and I feel almost honor bound to graphically illustrate the meaning of these scores. I take some solace from the fact that I share this discomfort with others, most notably Max Hamilton, the developer of the Hamilton Depression Scale.<sup>1</sup> He, too, must endure references to a Hamilton of 13 or, worse yet, a Hamilton of 18.

"This article also provided the initial reference to a series of more expansive and detailed depression rating scales developed by my colleagues and me. These have also found some favor with investigators but, unfortunately, not to the extent of the three-item screen. Readers interested in current developments in this field are referred to a recent edition of the *Psychopharmacology Bulletin*,<sup>2</sup> guest edited by Robert Prien, that featured articles based on papers presented at a workshop entitled 'The Role of the New Antidepressants.'

"I would like to take this opportunity to acknowledge the efforts of my coauthors, Joy Schulterbrandt, Natalie Reatig, and James McKeon, who truly broke new ground in this field in the areas of scale development, data management, and innovative approaches to statistical analyses. I would also like to acknowledge the efforts of the psychiatrists, psychologists, nurses, and social workers at the 10 collaborating hospitals who were the backbone of this study and who are, unfortunately, too numerous to cite individually."

1. Hamilton M. A rating scale for depression. *J. Neurol. Neurosurg. Psychiat.* 23:56-62, 1960.

[See also: Hamilton M. Citation Classic. *Current Contents/Clinical Practice* 9(33):18, 17 August 1981.]

2. Workshop report—antidepressant drug therapy: the role of the new antidepressants. *Psychopharmacol. Bull.* 20:209-302, 1984.