

trauma and attachment problems can present with mood and behavioural disturbances that can be confused with bipolar disorder.

Competing interests: Jon Jureidini, Peter Parry and Malcolm Battersby are members of Healthy Skepticism.

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1 Castle DJ, Berk M, Hocking BM. Bipolar disorder: new understandings, emerging treatments. *Med J Aust* 2010; 193 (4 Suppl): S3-S4.

2 Spielmans GI, Parry PI. From evidence-based medicine to marketing-based medicine: the evidence from internal industry documents. *J Bioeth Inq* 2010; 7: 13-29.

3 Paris J. The bipolar spectrum: a critical perspective. *Harv Rev Psychiatry* 2009; 17: 206-213. □

Bipolar disorder supplement needed broader perspective

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TO THE EDITOR: The supplement of the Journal published on 16 August 2010 — “Bipolar disorder: new understandings, emerging treatments”¹ — illustrates a number of features of the current implementation of the Journal’s supplement policy that are problematic. While it is clearly stated that the supplement “was supported by an unconditional grant from AstraZeneca Neuroscience”, the amount of sponsorship, to whom it was paid, and how it was used were not disclosed. Such information is particularly pertinent as evidence suggests that the pharmaceutical industry has financial motivation to see a widening of the diagnostic boundaries of bipolar disorder and a rebadging of atypical antipsychotics as “mood stabilisers”.²

The provenance of the articles is not revealed — it is not clear whether the articles were solicited, part of a symposium, or from some other source. Bipolar disorder is a controversial area in psychiatry,³ yet despite much useful information in the articles in the supplement, discussion of this controversy is a minor feature and no significant critical appraisal is offered. To give a more balanced view to readers, it would have been desirable to have included articles that highlight the controversy regarding bipolar II and bipolar spectrum diagnoses and discuss the ways in which personality disorders arising from developmental

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IN REPLY: Jureidini and colleagues raise legitimate issues pertinent to our *Medical Journal of Australia* supplement on bipolar disorders, and we are pleased to respond. First, the extent of sponsorship from AstraZeneca was for publication only. One of us (DJC) discussed the idea of the supplement with the Editor of the Journal, and AstraZeneca expressed interest in supporting the project. Neither the Journal editors nor any of the supplement authors were involved in the sponsorship negotiations between AstraZeneca and the publisher of the Journal, and neither received any financial or other assistance or reimbursement from AstraZeneca. Second, as Coordinating Editors of the supplement, we determined the content of the supplement without any input from AstraZeneca, and we directly solicited articles from leading experts of our choice in appropriate fields. All articles were subject to the usual review process accorded all publications in the Journal.

Regarding the general issue of the boundaries of the bipolar concept, we are very much aware of the ongoing debate. This is a pervasive issue for a discipline devoid of biological markers that can be used to define a plane of cleavage. Indeed, we highlighted this in the second paragraph of our editorial as an “immediate area of controversy”. We also solicited the article by Tiller and Schweitzer specifically to address the diagnostic

problems in the area of mood instability; in that article, there is specific mention of both the bipolar spectrum and mood instability in the so-called personality disorders.²

With respect, Jureidini and colleagues fall into a common trap by considering that the use of some atypical antipsychotics in bipolar disorder is a rebadging exercise. This is silliness. One could equally argue that sodium valproate, carbamazepine and lamotrigine are not legitimate mood stabilisers but, rather, rebadged anticonvulsants. Tricyclic antidepressants started life as antihistamines. What matters to us as clinicians and researchers is that people with bipolar disorder are offered the best possible care, irrespective of labels. We are also very much aware of the undeniable burden associated with mood instability and hope that the supplement we helped produce will assist general practitioners, in particular, to deliver better care to patients so afflicted.

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1 Castle DJ, Berk M, Hocking BM. Bipolar disorder: new understandings, emerging treatments. *Med J Aust* 2010; 193 (4 Suppl): S3-S4.

2 Tiller JWG and Schweitzer I. Bipolar disorder: diagnostic issues. *Med J Aust* 2010; 193 (4 Suppl): S5-S9. □