Blinding successfullness in antipsychotic trials of acute treatment for schizophrenia: a systematic review

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BACKGROUND
Blinding of randomised controlled trials (RCTs) is very important for the accurate assessment of drug efficacy. Without proper blinding, the effect of the intervention may be overestimated. Fergusson et al investigated the top journals in psychiatry from 1998 to 2001 and reported that blinding assessments were conducted in only 8 of 94 studies across psychiatric disorders.4 However, no studies on antipsychotic drugs were included among these eight. Hróbjartsson et al investigated RCTs published in 2001, and blinding assessments were conducted in 12 psychiatric studies.2 There were only two studies on antipsychotics but these did not focus on schizophrenia. Therefore, the objectives of this study were to clarify: (1) the proportion of RCTs of antipsychotics for schizophrenia in which blinding was assessed and (2) the degree of their blinding successfullness.

STUDY SELECTION AND ANALYSIS
We searched for antipsychotic drug trials in two sources. First, we looked up double-blinded or more-blinded placebo-controlled studies among the studies included in the recent comprehensive systematic review of antipsychotics in schizophrenia by Leucht et al.4 Second, we reviewed the studies included in the systematic review by Baethge et al.3 Relapse-prevention studies were excluded.

We calculated the proportion of studies that evaluated blinding success among the included studies and quantified the blinding successfullness in two ways: (1) the proportion of correctly guessing the allocation and (2) kappa statistics between the guesses and true allocations from each study. The kappa statistic ranges between 0 and 1, with values closer to 0 meaning that blinding is adhered to.

Findings
We found 188 double-blinded or more-blinded placebo-controlled antipsychotic trials for schizophrenia in the database. The earliest study was conducted in 1955, and the most recent in 2021. From this database, we identified three studies with blinding assessments.1,2,3 All three were old studies conducted in the 1950s and the 1960s. These studies used first-generation antipsychotics, such as chlorpromazine,2 haloperidol3 and promazine.2 Thus, the proportion of RCTs with blinding assessment was only 1.6% (3/188) in this comprehensive database of double-blinded or more-blinded antipsychotic trials for schizophrenia.

The systematic review by Baethge et al identified five RCTs in schizophrenia which had checked blinding success. Only one of these was an antipsychotic trial.8 This study was a drug development trial, and the products were administered via subcutaneous injection.

All in all, we found four studies with blinding assessments. Table 1 presents details of these studies. Blinding was broken in all the four studies that we had identified. The proportion of correctly guessed allocation ranged between 70% and 91%, with kappa statistics between 0.37 and 0.47.

CONCLUSIONS AND CLINICAL IMPLICATIONS
This is the first study to investigate studies with blinding assessment among all placebo-controlled double-blinded or more-blinded antipsychotic RCTs conducted from the 1950s to the present. We were able to find three new studies, and with the addition of one already discovered, we now have a total of four studies. The three newly found studies were old studies conducted in the 1950s and the 1960s, and one that had already been found was a drug development trial conducted in 2007. In all of these studies, blindness was clearly broken. However, it remains unclear whether these results apply to second-generation antipsychotics.

The Consolidated Standards of Reporting Trials (CONSORT) statement, revised in 2010, no longer recommend statements on assessment on blinding success due to lack of empirical evidence to support such reporting. This change in the CONSORT statement may have led to an even further decrease in the number of studies reporting blinding assessments. Furthermore, there is currently no consensus on how successfullness of blinding can be assessed and quantified.
Table 1  Summary of the four RCTs with blinding assessment

<table>
<thead>
<tr>
<th>Study</th>
<th>Intervention and comparison (n)</th>
<th>Types of RCT</th>
<th>Who guessed?</th>
<th>Proportion of correctly guessed</th>
<th>Kappa statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hall and Dunlap²</td>
<td>Chlorpromazine (87): 750 mg maximum Placebo (88)</td>
<td>Parallel</td>
<td>Psychiatrists and psychologists</td>
<td>Psychiatrists: 70.3%</td>
<td>Psychiatrists: 0.37</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Psychologists: 74.3% (only ‘unchanged’ cases)</td>
<td>Psychologists: 0.47 (only ‘unchanged’ cases)</td>
</tr>
<tr>
<td>Simpson et al⁴</td>
<td>Haloperidol 6 mg (8) Haloperidol 30 mg (8) Placebo (8)</td>
<td>Parallel</td>
<td>Doctors and nurses</td>
<td>Doctors: 91%</td>
<td>Not calculable</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Nurses: 89.5%</td>
<td></td>
</tr>
<tr>
<td>Engelhardt et al⁵</td>
<td>Chlorpromazine (103): mean 180 mg (range 50–800 mg) Promazine (109): mean 180 mg (range 50–800 mg) Placebo (99)</td>
<td>Parallel</td>
<td>Doctors</td>
<td>76.8% (combined active drugs)</td>
<td>0.45 (combined active drugs)</td>
</tr>
<tr>
<td>George et al⁷</td>
<td>Dihydrexidine (20): 20 mg Placebo (20)</td>
<td>Crossover</td>
<td>Participants and raters</td>
<td>Participants: 86%</td>
<td>Not calculable</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Rates: 89%</td>
<td></td>
</tr>
</tbody>
</table>

RCT, randomised controlled trial.

There remains suspicion that treatment effects of antipsychotics for schizophrenia may be overestimated unless the trials are properly blinded. Researchers should therefore be encouraged to conduct blinding assessment and report the results in each RCT. We then need to integrate the results of more studies to examine the exact rate at which blinding is broken and how they may or may not affect the effect size estimates.

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