

On the other hand new drugs combined with other methods have accomplished great advances in the last 20 years. Advances which I believe could not have been achieved by other techniques alone. It would seem that a similar pattern of coordinated advance using new drugs and new psychiatric techniques can be expected to carry us further forward in the future.

Senator NELSON. Mr. Gordon.

Mr. GORDON. Concerning the drugs you are talking about, are you referring here also to the minor tranquilizers that are used for such symptoms as anxiety, pain, and so forth, by the general population.

Dr. BRILL. I am not sure that I understand your question.

Mr. GORDON. You talk about having more abuses of currently available psychiatric drugs, and also about more research—I suppose you are thinking in terms of perhaps Government sponsored research—

Dr. BRILL. Yes, indeed.

Mr. GORDON. Are you including the minor tranquilizers, especially those that are used for nonpsychiatric disorders?

Dr. BRILL. On the tranquilizers, I think we are troubled by a matter of definition. If one defines psychiatric disorders as psychoses, then of course they would be used for nonpsychiatric disorders. But I think that for the most part they are used in people who have psychiatric disorders. The problem is that they are not as effective as we would like to have them be by a long measure. They are used particularly for the control of anxiety, but they do not control anxiety very effectively, although they have certain values.

I certainly would feel that continued research for better antianxiety drugs is of tremendous importance, because anxiety is a part of most psychiatric disorders, and anxiety is also a component of physical illness that kills and disables people. It is impossible to treat many physical conditions unless one can control anxiety.

Take the case of a coronary attack. It is impossible to treat coronary thrombosis unless you can control the fear that goes with it—there is a specific fear that goes with a coronary attack, and unless you can control it the patient is likely to die.

Mr. GORDON. Doctor, would you advocate the type of research where there would be testing for relative efficacy and safety as well as the relative merits of the various drugs.

Dr. BRILL. Yes, sir. I think this is an important part of research.

Mr. GORDON. And you would make this available to the physicians so the medical community would know about the results?

Dr. BRILL. That is the kind of information that I think should be continually updated and easily seen.

Mr. GORDON. Do you know if there is much research conducted along these lines where one drug is tested against the other in an objective, scientific manner?

Dr. BRILL. The National Institutes of Health have been conducting studies of this type for a long time and supporting studies of this type. I think that this needs to be continued and expanded.

Senator NELSON. I take it we are talking about duplicative drugs, so to speak—that is, a drug is in the marketplace and another one that will perform the same function for the same problem is introduced into the marketplace, and frequently, as you know better than I, sometimes the new drugs are more toxic than the old ones, and are no more