

Open-label and deceptive use of placebos: The impact of language and framing on expectations

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Objective

Placebos have been found to be used in general practice, although the deception typically involved in their use is unethical. However the assumption that deception is necessary for benefits to occur has not been thoroughly tested.^{1,2} Specifically it was also of interest to know whether positive expectancy could be achieved by providing a myth or theory of how a placebo worked in conjunction with a positive attitude on behalf of the general practitioner.



Method

One hundred and twelve participants from the general population completed an online questionnaire. Items on the questionnaire contained GP scripts that had been manipulated via changing four factors, each with two levels: Treatment name given (placebo vs. pill); Placebo definition (present vs. absent); Myth of placebo mechanism (present vs. absent); GP attitude (positive vs. negative) [for an example of a script see Figure 1].

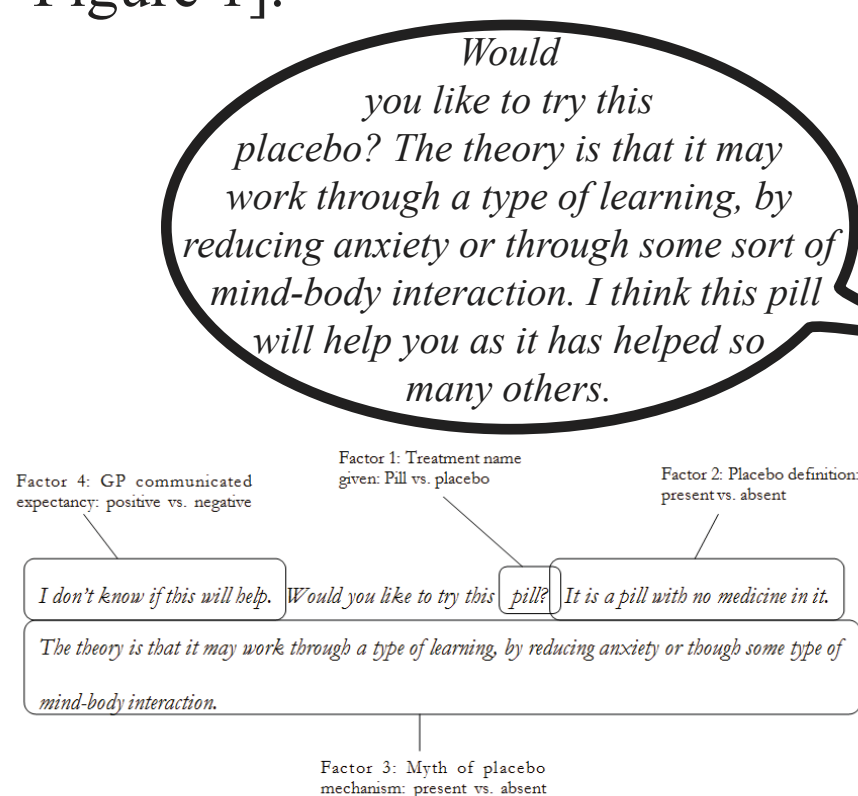


Figure 1 An example of a GP script from the 16 item questionnaire (shapes and factor identification information added). Each GP script was generated by systematically varying four factors, each factor with two levels.

After each script participants were asked to rate their expectations.

- 😊 Extremely confident condition will improve
- 🙂 Very confident condition will improve
- 😊 Quite confident condition will improve
- 😊 Neutral regarding expectancy
- 😞 Quite confident condition will get worse
- 😞 Very confident condition will get worse
- 😞 Extremely confident condition will get worse

Results

- There were lower expectations reported when the word placebo was used compared to when the word pill was used, $F(1, 110) = 28.02, p < 0.003 (r = .20)$.
- Both a positive attitude on behalf of the GP and providing a placebo theory/myth usually had positive effects (dependent on an interaction, see figure 2).
- Expectations were always negative when the word placebo was used or a definition of placebo was given (even with a positive GP and a myth present).
- Providing a placebo based myth could still create neutral expectancies if the GP had a positive attitude and the word placebo was not used in the script (see figure 2).

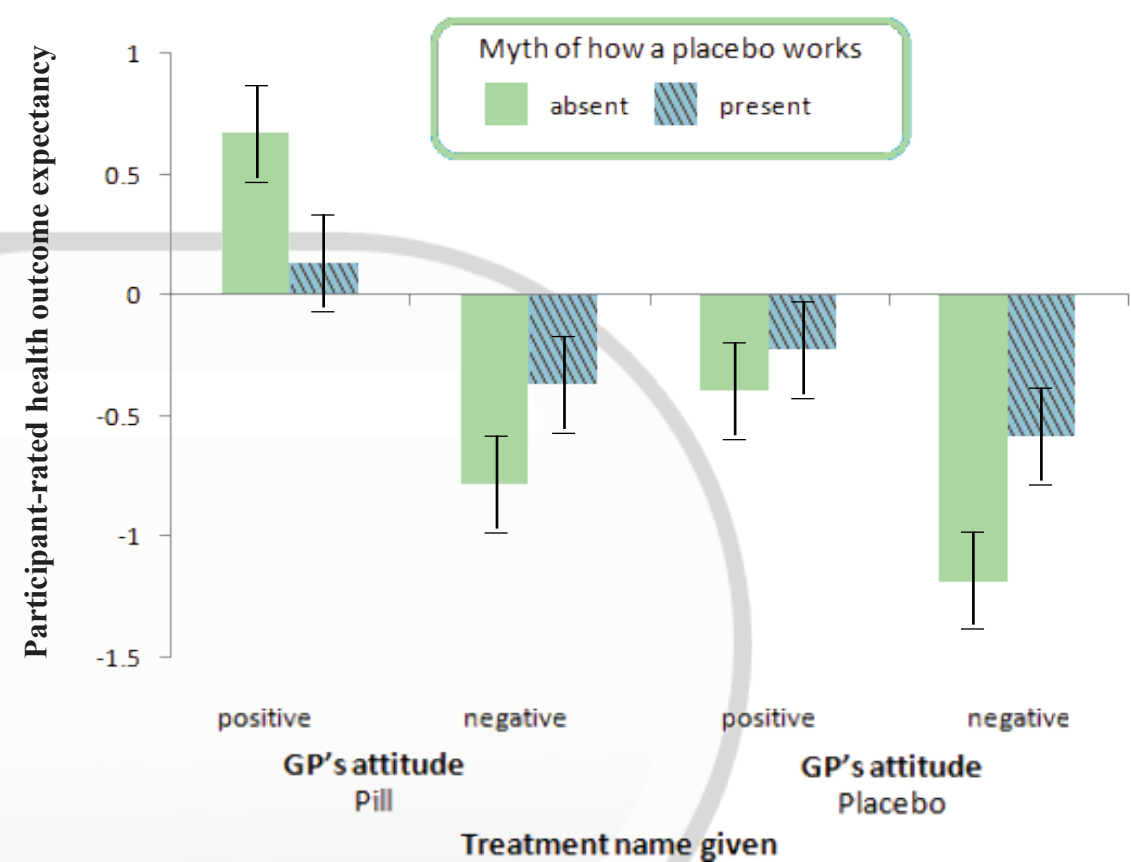


Figure 2 Interaction for Myth presence x GP attitude x Treatment name given (above results are when placebo definition absent). On participant-rated health come expectancy scale 0 = neutral regarding expectancy, -1 = quite confident condition will get worse

Conclusion

This study suggested that positive expectancy would not be achieved when giving open-label placebos. The implication of this is that placebos should not be given at all if they cannot be given without deception. Furthermore it could be that open-label placebos are less likely to derive their effects from expectation and more likely to derive their effects from conditioning. Future research may want to investigate if giving a placebo a brand name in conjunction with a placebo myth/theory has a positive effect.

References

1. Park, L. C., & Covi, U. (1965). Nonblind Placebo trial: an exploration of neurotic patients' responses to placebo when its inert content is disclosed. *Archives of General Psychiatry*, 12, 336-345.
2. Sandler, A. D., & Bodfish, J. W. (2008). Open-label use of placebos in the treatment of ADHD: a pilot study. *Child: Care, Health and Development*, 34(1), 104-110.