**PLACEBO: POWER OF NON-SPECIFIC TREATMENT EFFECTS**

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*Background:* The potential impact of placebo has been recognized for centuries and used to varying degrees of success in the treatment of a variety of disorders, including pain syndromes and angina pectoris. In modern medical practice, placebo has alternately been embraced and dismissed depending on audience and expertise, but the observation of a substantial non-specific placebo (beneficial) or nocebo (harmful) effect attendant to directed interventions remains consistent.

*Methods and Results:* While often conflated with a disease’s natural history, the Hawthorne effect or regression to the mean, apparent therapeutic effects of presumably inert or inactive pills or procedures has been labeled the “placebo effect.” A wide range of blinded clinical investigations utilizing sham or inactive controls have documented a beneficial effect associated with these interventions, often accounting for nearly half of the therapeutic effect noted in the “active” intervention cohorts. Recently, clinical trials in cardiology and vascular disease have highlighted the impact of these non-specific, placebo effects on patient outcome. Randomized experiences in stroke prevention with PFO closure, laser myocardial revascularization, headache prophylaxis and percutaneous coronary intervention for stable angina have demonstrated a consistent benefit in patients undergoing sham treatment that approaches or equals the effect noted in patients receiving “active” treatment.

*Conclusions:* Recognition of the potential impact of non-specific placebo treatment effects is increasingly important in an age of rapidly evolving medical and complex surgical practice. Robust clinical trial design is imperative in quantifying incremental benefits attributable to therapeutic interventions in the setting of potentially substantial associated placebo effects.