

How Mental Illness Is Portrayed in Children's Television

Wilson C, Nairn R, Coverdale J, et al.

Although much research has documented both the effects of television viewing on children and the ways mental illness is depicted in the media, no published study had investigated the portrayal of mental illness in television programs aimed at children. The authors sought to determine if and how mental illness is presented in children's television by sampling 1 week's offering of television programs targeted at children aged 10 years and younger (57 hours, 50 minutes; 128 episodes comprising 69 cartoon animations, 12 noncartoon animations, and 47 live-action shows). Television episodes were viewed repeatedly, first to identify references to mental illness and then to discern and analyze linguistic, semiotic, and rhetorical patterns in the references. Nearly half of the episodes (59/128; 46%) contained at least one reference to mental illness, and cartoon episodes were significantly more likely than other episode types to include such references ($\chi^2 = 17.1$, $df = 2$, $p < .05$). "Crazy" (28 occurrences), "mad" (19 occurrences), and "losing your mind" (13 occurrences) were the terms most often used to describe mental illness, generally implying loss of control. Six characters were consistently shown as having a mental illness; all were shown in a negative light and functioned as objects of ridicule or fear. The authors conclude that such negative depictions may encourage children to stigmatize mental illnesses and those who have them.

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Recurrent Cases of Corticosteroid-Induced Mood Disorder: Clinical Characteristics and Treatment

Wada K, Yamada N, Suzuki H, et al.

Background: Corticosteroids often induce steroid psychosis, a collection of heterogeneous syndromes with different pathophysiologic mechanisms. To date, no study has focused specifically on recurrent corticosteroid-induced mood disorders and considered their long-term outcome and treatment strategies. **Method:** Nine patients whose initial clinical presentation met DSM-IV criteria for a substance-induced mood disorder were identified by a review of medical records. Their clinical characteristics and treatments were examined. **Results:** All 9 corticosteroid-treated patients had a clinical course of bipolar disorder. Seven patients initially developed a manic or hypomanic state with subacute onset ranging from 1 to 3 months. Six patients had manic episodes accompanied by psychotic features. The proportion of manic episodes relative to total mood episodes of the 9 patients was 65.6%, suggesting manic predominance. Seven patients showed mood episodes that had no direct relationship to corticosteroid therapy and were preceded by various psychosocial stressors. Four of 5 patients who received steroid pulse therapy rapidly became manic or hypo-

manic. Antidepressants as well as mood stabilizers were useful for treatment of the present 9 patients. **Conclusion:** Recurrent cases of corticosteroid-induced mood disorder have interesting clinical features, such as subacute onset, manic predominance, frequent accompanying psychotic features, and similar recurrent episodes in association with psychosocial stressors and corticosteroid use. Management, including psychopharmacologic intervention, should be indicated by a consideration of the underlying illnesses and psychosocial stressors.

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Memory Impairment in Those Who Attempted Suicide by Benzodiazepine Overdose

Verwey B, Eling P, Wientjes H, et al.

Background: A prospective study was conducted to investigate the presence of anterograde amnesia in those who attempted suicide by benzodiazepine overdose and to study the correlation with sedation. **Method:** In 43 patients who attempted suicide by taking benzodiazepines, memory was tested with a 15-word memory recall task. The immediate and delayed recall on the first day after admission (day 1) and 24 hours later (day 2) were rated. Each patient and the interviewer scored the patient's degree of sedation on a visual analogue scale. Patients also had to try to recognize, from photographs, the psychiatrist with whom they had spoken the day before. **Results:** The ratings of immediate recall and delayed recall were significantly lower on day 1 than on day 2. Subjective ratings of sedation of the patients were not significantly higher than the ratings of the observer. Less than half of the patients recognized the psychiatrists and knew that they were the ones they had spoken to the day before. **Conclusion:** Anterograde amnesia is present in suicide attempters who take overdoses of benzodiazepines. The implications of this finding for the assessment of suicide attempters during admission are discussed.

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Effectiveness of a Nurse-Based Outreach Program for Identifying and Treating Psychiatric Illness in the Elderly

Rabins PV, Black BS, Roca R, et al.

Psychiatric illness tends to be underdiagnosed and undertreated in elderly individuals, in part owing to inadequate access to proper care. Between March 1993 and April 1996, the authors sought to determine whether a mobile nurse-based outreach program, the Psychogeriatric Assessment and Treatment in City Housing (PATCH) program, was more effective than usual care in reducing levels of depression, other psychiatric symptoms, and the number of undesirable moves (nursing home placements, evictions, and board and care placements) for elderly persons with mental illness. Of 945 residents from 6 urban pub-

lic housing sites who were screened for mental illness, 245 screen-positive individuals aged 60 years and older and 53 screen-negative controls in the same age group underwent assessment with the Structured Clinical Interview for DSM-III-R disorders to ascertain the presence of psychiatric disorders. Three of the sites (housing 131 individuals who agreed to participate) received the PATCH intervention, which included education of building staff to identify residents with possible mental illness and on-site assessment and treatment by a psychiatric nurse. Usual care was offered at the other 3 sites (housing 167 who agreed to participate). Outcome measures included change in baseline scores at 26 months of follow-up on the Montgomery-Asberg Depression Rating Scale (MADRS) and the Brief Psychiatric Rating Scale (BPRS) as well as number of undesirable moves at follow-up. Follow-up assessments showed that mentally ill patients who received the PATCH intervention had significantly lower scores on the MADRS (9.1 vs. 15.2; $p < .001$) and the BPRS (27.4 vs. 33.9; $p < .001$) than patients who received treatment as usual. No differences between treatment groups were found, however, in risk of undesirable moves. The authors conclude that the PATCH intervention was more effective than usual care in identifying and treating elderly psychiatrically ill patients who live in a high-risk environment.

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An Open-Label Trial of St. John's Wort (*Hypericum perforatum*) in Obsessive-Compulsive Disorder

Taylor LvH and Kobak KA

Background: Recent interest in and evidence for the efficacy of St. John's wort (*Hypericum perforatum*) for the treatment of mild-to-moderate depression has led to speculation about its efficacy in other disorders. *Hypericum*'s mechanism of action is postulated to be via inhibition of the synaptosomal uptake of serotonin. As such, there is a suggestion that *Hypericum* may be effective for obsessive-compulsive disorder (OCD). **Method:** Twelve subjects were evaluated with a primary DSM-IV diagnosis of OCD of at least 12 months' duration. Treatment lasted for 12 weeks, with a fixed dose of 450 mg of 0.3% hypericin (a psychoactive compound in *Hypericum*) twice daily (extended-release formulation). Weekly evaluations were conducted with the Yale-Brown Obsessive Compulsive Scale (Y-BOCS), the Patient Global Impressions of Improvement Scale, and the Clinical Global Impressions of Improvement scale (CGI) and monthly evaluation with the Hamilton Rating Scale for Depression. **Results:** A significant change from baseline to endpoint was found, with a mean Y-BOCS change of 7.4 points ($p = .001$). Significant change occurred at 1 week ($p = .020$) and continued to increase throughout the trial. At endpoint, 5 (42%) of 12 were rated "much" or "very much improved" on the clinician-rated CGI, 6 (50%) were "minimally improved," and 1 (8%) had "no change." The most common side effects reported were diarrhea ($N = 3$) and restless sleep ($N = 2$). **Conclusion:** Significant improvement was found with *Hypericum*, with a

drop-in Y-BOCS score similar to that found in clinical trials. The fact that a significant change was found as early as 1 week into treatment suggests a possible initial placebo response, although improvement grew larger over time. Results warrant a placebo-controlled study of *Hypericum* in OCD.

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Screening for Depression in Mothers Bringing Their Offspring for Evaluation or Treatment of Depression

Ferro T, Verdelli H, Pierre F, et al.

Women of childbearing age (18–44 years) have a greater risk for first onset of major depression than any other demographic group. Although the association between the lifetime rates of depressive disorders of mothers and their offspring has been well documented, little research has examined current rates of depression in mothers who seek evaluation or treatment of depression for their children. In this study, the presence of depression, anxiety disorders, and substance abuse was ascertained with the Patient Problem Questionnaire in 117 mothers bringing their offspring for evaluation or treatment of depression. A total of 36 (31%) of the 117 mothers screened positive for a current psychiatric disorder: 16 (14%) screened positive for major depression, 20 (17%) for panic disorder, 20 (17%) for generalized anxiety disorder, 2 (2%) for alcohol abuse, and 1 (1%) for drug abuse. Fifty mothers (43%) had subsyndromal disorders. Twenty women (17%) were currently receiving psychiatric treatment, including only 5 (31%) of the 16 mothers who screened positive for major depression. In addition, 26 mothers (22%) showed suicidal ideation or intent. Since a high percentage of mothers seeking evaluation or treatment of depression for their children themselves have current untreated depression, the authors suggest that evaluation of mothers bringing their offspring for depression evaluation or treatment would be of value in developing intervention strategies.

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Allergy to Tartrazine in Psychotropic Drugs

Bhatia MS

Background: High psychiatric morbidity has been reported among those who complain of food intolerance or allergy. Many cases of food allergy or intolerance to drugs are not due to allergy to the food or drugs themselves, but to the additives used for coloring, flavoring, preserving, thickening, emulsifying, or stabilizing the product. Of various coloring dyes used, tartrazine (FD & C yellow no. 5) is the color most frequently incriminated in producing allergic reactions. The exact epidemiology and pattern of allergic reactions to tartrazine in psychotropic drugs have not been frequently studied and reported. **Method:** The present study included consecutive outpatients (May 1996 to April 1998) who developed allergic reactions or intolerance to tartrazine in psychotropic drugs. Total patients exposed to

tartrazine-containing drugs were also recorded. The subjects showing allergic reactions to tartrazine were then exposed to non-tartrazine-containing brands. **Results:** Of 2210 patients exposed to tartrazine-containing drugs, 83 (3.8%) developed allergic reactions. The symptoms subsided within 24 to 48 hours of stopping the drug. None of the patients showed allergy to non-tartrazine-containing brands. History of allergy to tartrazine was present in 13.2%, and 15.7% of patients had a history of aspirin sensitivity. **Conclusion:** Tartrazine allergy should be considered in patients developing drug allergy, because it would require changing the brand rather than stopping treatment with that drug.

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Prevalence of Overweight and Obesity in Bipolar Patients

Elmslie JL, Silverstone JT, Mann JJ, et al.

Background: Patients who receive pharmacologic treatment for bipolar illness frequently gain weight. This study evaluated the prevalence of overweight and obesity in an unselected group of bipolar patients and matched reference subjects. **Method:** The prevalence of overweight, obesity, and central adiposity was evaluated in 89 euthymic bipolar (DSM-IV) patients and 445 reference subjects, matched for age and sex, using a cross-sectional study design. **Results:** Female patients were more often overweight and obese than female reference subjects ($\chi^2 = 9.18$, $df = 2$, $p = .01$). The frequency of overweight was similar in male patients and male reference subjects, but male patients were more likely to be obese. Patients were more centrally obese than the general population (women: $\chi^2 = 32.21$, $df = 1$, $p < .001$; men: $\chi^2 = 8.81$, $df = 1$, $p = .003$). Patients treated with antipsychotic drugs were more obese than patients not receiving these drugs ($\chi^2 = 4.7$, $df = 1$, $p = .03$). **Conclusion:** Body fat is more centrally distributed in pharmacologically treated bipolar patients than in matched population controls. Obesity is more prevalent in bipolar patients than in the general population. Obesity prevalence is clearly related to the administration of antipsychotic drugs.

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Personality Disorders and Traits in Patients With Body Dysmorphic Disorder

Phillips KA and McElroy SL

The goal of this study was to measure the oft-supposed but little researched connection between body dysmorphic disorder (BDD) and personality traits and disorders. The authors hypothesized that DSM cluster C personality disorders, especially avoidant personality disorder, would be the most common comorbid personality disorders among subjects with BDD and that these subjects would have high levels of neuroticism and low levels of extraversion and assertiveness. The study comprised 148 subjects with DSM-IV BDD or delusional disorder,

somatic type, who were referred to a BDD research and clinical program from a variety of sources. Several diagnostic instruments were used to ascertain the presence of personality disorders: 74 subjects completed the Structured Clinical Interview for DSM-III-R Personality Disorders (SCID-II), 100 subjects completed the NEO-Five Factor Inventory (NEO-FFI), and 51 subjects completed the Rathus Assertiveness Scale. Of the 74 subjects assessed with the SCID-II, 42 (57%) had at least 1 comorbid personality disorder, with avoidant personality disorder being the most common (43%), followed by dependent (15%), obsessive-compulsive (14%), and paranoid (14%) personality disorders. As hypothesized, mean scores on the NEO-FFI were high for neuroticism and low for extraversion; also, NEO-FFI scores were in the low range for conscientiousness, the low-average range for agreeableness, and the average range for openness to experience. Mean scores on the Rathus Assertiveness Scale were -17.1 ± 32.0 for women and -17.0 ± 32.3 for men; scores on this scale were significantly correlated with extraversion as measured by the NEO-FFI ($p = .002$). These results confirm previous suggestions that patients with BDD often have comorbid personality disorders and have high levels of neuroticism, introversion, and unassertiveness.

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Minor Depressive Disorder in the Context of Miscarriage

Klier CM, Geller PA, and Neugebauer R

Compared with the extensive literature on major depressive disorder, a dearth of published research exists for minor depressive disorder. This study ascertained the epidemiology of minor depressive disorder following miscarriage. The authors hypothesized that miscarriage would raise the risk for minor depression and that the overall risk for minor depression after miscarriage would increase disproportionately in childless women. The study cohort comprised women hospitalized after a miscarriage ($N = 229$) who met the proposed DSM-IV criteria for minor depressive disorder. The presence of minor depression was assessed at 3 timepoints during the 6-month period following miscarriage (2 weeks, 6 weeks, and 6 months). A comparison group of women from the community ($N = 230$) underwent the same diagnostic assessments at these timepoints. A greater proportion of miscarrying than community women experienced a minor depressive episode (5.4% vs. 1.0%, respectively). For miscarrying women, the overall relative risk for minor depression was 5.2 (95% confidence interval = 1.2 to 23.6). Eighty percent (8/10) of the minor depressive episodes occurring in miscarrying women began within 1 month of the loss. Neither presence of living children, history of prior reproductive loss, maternal age, nor attitude toward the pregnancy affected the relative risk for minor depression. The low incidence of minor depression in both cohorts limited the authors' ability to quantify the influence that demographic and/or reproductive history factors may have on the development of minor depression in miscarrying women. Because the risk of major depression also increases after miscarriage, the authors suggest that

minor depression be conceptualized as part of a broader continuum of depressive symptom severity. The authors recommend that women who experience miscarriage receive follow-up evaluation for depression.

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Development of Major Depression After Treatment for Smoking Cessation

Tsoh JY, Humfleet GL, Muñoz RF, et al.

A well-established connection exists between cigarette smoking and depression, and evidence has shown that some individuals who quit smoking, especially those with a history of depression, have a higher risk for developing a major depressive episode. This study investigated the incidence of major depressive episodes and symptoms and explored predictors of major depression in the 12 months after termination of smoking cessation treatment. The 304 subjects were recruited from a total pool of 348 smokers enrolled in 1 of 2 smoking cessation trials employing psychological group intervention; 1 trial also included treatment with nicotine gum, and the other included treatment with nortriptyline or placebo. The Inventory to Diagnose Depression was used at follow-up assessments during the 12 months after the end of treatment to identify major depressive episodes on the basis of DSM-III-R criteria. Of the 304 subjects, 14% (N = 43) reported a major depressive episode during the 12-month posttreatment period. As revealed by multiple logistic regression analyses, major depression after treatment was predicted by history of depression, Beck Depression Inventory score, college education, and age that smoking was started. No significant difference in the incidence rates of major depressive episodes was found between those who were and were not abstinent at the end of treatment. The authors conclude that, although history of depression influences the development of major depressive episodes in patients who quit smoking, smoking cessation itself does not lead to increased risk of major depression.

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Psychosocial Correlates of Prepartum and Postpartum Depressed Mood

Da Costa D, Larouche J, Dritsa M, et al.

About half of women who experience depressed mood during pregnancy also become depressed during the postpartum period, thus implying the involvement of other factors in the development of postpartum depression. The authors sought to determine the ways that psychosocial factors such as coping styles, maternal stress, and social support affect depressed mood during both pregnancy and the postpartum period. One hundred pregnant women between 19 and 40 years of age were invited by their physician to enter the study. Beginning in the third month of pregnancy, subjects completed monthly questionnaires that measured various aspects of psychosocial functioning: the Hassles Scale (for daily stress), the State-Trait Anxiety Inventory (anxi-

ety), the Pregnancy Experiences Questionnaire (pregnancy-specific stress), and the Lubin Depression Adjective Check-List (DACL; depressed mood). Four to 5 weeks after delivery, the DACL and the Edinburgh Postnatal Depression Scale were administered to assess postpartum depression, and data on labor, delivery, and infant status were gathered. Data were available for 78 of the 80 subjects included in the final sample: 13 subjects (16%) experienced postpartum depression, 20 (25%) experienced depressive symptoms during pregnancy but not after delivery, and 45 (56%) were not depressed during either period (and served as the control group). Subjects depressed during pregnancy had more hassles during pregnancy than controls, and both groups of depressed subjects had more anxiety and used more coping during pregnancy than controls. Depressed mood during pregnancy was the greatest predictor of postpartum depression. Although the small sample size and use of only self-report measures of depression limit the generalizability of these findings, the authors conclude that attention given to the psychosocial variables shown to influence depression during and after pregnancy could decrease the likelihood of depressed mood during those periods.

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The Prevalence of Personality Disorder Among U.K. Primary Care Attenders

Moran P, Jenkins R, Tylee A, et al.

The increasing emphasis on a primary-care-led U.K. National Health Service bolsters the need to estimate the burden of mental and personality disorders among those seeking primary care treatment. The authors studied a consecutive sample of U.K. primary care attenders to find the prevalence rate of personality disorder and to explore possible associations between personality disorder diagnosis, utilization of primary care services, sociodemographic factors, and mental disorders. Using an informant-based interview (incorporating ICD-10 and DSM-IV criteria), the authors examined consecutive attenders of primary care from 4 general practice centers for the presence of personality disorders. Comorbid psychiatric disorders were identified using the General Health Questionnaire (GHQ-12). Informant-based interviews were conducted for a total of 303 primary care patients, 72 (23.8%) of whom were found to have one or more personality disorders (95% confidence interval = 19.0 to 28.6). Patients with personality disorder were more often single, were more likely to seek emergency treatment, and had a higher rate of psychiatric comorbidity as measured by the GHQ-12. Patients with DSM-IV Cluster B personality disorders (histrionic, narcissistic, antisocial, and borderline) were especially likely to have comorbid psychiatric disorders. In general, the authors found personality disorders to be highly prevalent among primary care attenders. Because they are associated with the presence of psychiatric disorders and lead to increased use of emergency medical services, these disorders constitute a possible source of significant burden in primary care.

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Electrocardiographic Abnormalities in Patients Treated With Clozapine

Kang UG, Kwon JS, Ahn YM, et al.

Background: Cardiovascular side effects of clozapine are not uncommon, but few systematic studies of these effects have been performed. In this study, we reviewed data on the electrocardiographic (ECG) abnormalities in patients treated with clozapine. **Method:** Sixty-one patients treated with clozapine were selected from the Seoul National University Hospital Treatment-Resistant Schizophrenia Clinic. A retrospective chart review was conducted to identify ECG abnormalities and cardiovascular side effects. **Results:** The prevalence of ECG abnormalities in patients who had been using antipsychotics other than clozapine was 13.6% at baseline, which increased significantly to 31.1% after commencement of clozapine treatment. Among the 53 patients without baseline ECG abnormalities, 13 showed new-onset ECG abnormalities after using clozapine. Normal ECG under previous antipsychotic medication reduced the risk of new-onset ECG abnormalities, whereas increased age was found to increase the risk. The occurrence of orthostatic hypotension or tachycardia was not related to the development of ECG abnormalities. Most of the newly developed abnormalities had little clinical significance, and they tended to occur during the initial phase of treatment. In 10 patients, ECGs normalized despite the continued use of clozapine. Clozapine increased corrected QT interval (QTc) in a dose-dependent fashion; however, the clinical significance of this observation is uncertain. Pathologic prolongation of QTc was found to be rare. **Conclusion:** Although a substantial portion of patients treated with clozapine developed ECG abnormalities, most of the abnormalities were benign and did not hinder further treatment.

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Bupropion Sustained Release Versus Paroxetine for the Treatment of Depression in the Elderly

Weihls KL, Settle EC Jr, Batey SR, et al.

Background: Depression is a serious and widespread emotional disorder among the elderly. This study compared the efficacy and safety of bupropion sustained release (SR) with the selective serotonin reuptake inhibitor paroxetine in the treatment of major depression in elderly outpatients. **Method:** Elderly (≥ 60 years) outpatients with major depressive disorder (DSM-IV criteria) were evaluated in this 6-week multicenter, randomized, double-blind study comparing bupropion SR, 100-300 mg/day, and paroxetine, 10-40 mg/day. Efficacy was assessed by changes in scores on the Hamilton Rating Scales for Depression (HAM-D) and Anxiety (HAM-A) and the Clinical Global Impressions-Severity of Illness and -Improvement scales. Safety was assessed

by monitoring adverse events, vital signs, and body weight. **Results:** A total of 100 patients ranging in age from 60 to 88 years were randomly assigned to treatment with bupropion SR (N = 48) or paroxetine (N = 52). Measurements of efficacy were similar between the 2 treatment groups, with both groups showing improved scores on all depression rating scales. Headache, insomnia, dry mouth, agitation, dizziness, and nausea occurred in $> 10\%$ of patients in both groups; somnolence, diarrhea, constipation, and anorexia occurred in $> 10\%$ of patients in the paroxetine group. No statistically significant differences between groups in vital signs or weight were found. **Conclusion:** Both bupropion SR and paroxetine were safe and effective for the treatment of depression in the elderly. Because of its favorable side effect profile, bupropion SR may provide a safe and effective nonserotonergic treatment alternative that is well suited as an antidepressant for the elderly.

(*J Clin Psychiatry* 2000;61:196-202)

A Double-Blind Comparison of Sertraline and Fluoxetine in Depressed Elderly Patients

Newhouse PA, Krishnan KRR, Doraiswamy PM, et al.

Background: There has been a paucity of well-designed studies comparing selective serotonin reuptake inhibitor (SSRI) medications in the treatment of depression in the elderly. This multicenter study was designed to examine the efficacy and safety of sertraline and fluoxetine in depressed elderly outpatients. A secondary objective was to examine the effects of SSRI treatment on quality of life and cognitive function. **Method:** Two hundred thirty-six outpatients 60 years of age and older who met DSM-III-R criteria for major depressive disorder received 1 week of single-blind placebo before being randomly assigned to 12 weeks of double-blind, parallel-group treatment with flexible daily doses of either sertraline (range, 50-100 mg) or fluoxetine (range, 20-40 mg). Primary efficacy measures consisted of the 24-item Hamilton Rating Scale for Depression and Clinical Global Impressions scale ratings. Secondary outcome assessments included clinician- and patient-rated measures of depression symptoms and factors, cognitive functioning, and quality of life, as well as plasma drug concentrations, which were correlated with clinical response. **Results:** Both drugs produced a similarly positive response on the primary efficacy measures, with 12-week responder rates of 73% for sertraline and 71% for fluoxetine. Sertraline-treated patients showed statistically greater cognitive improvement on several measures. Both drugs were safe and well tolerated. **Conclusion:** Data indicate that both drugs are effective antidepressants for the treatment of depressed elderly outpatients. Differences in cognitive performance effects deserve further investigation.

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