

Psychiatric Briefs

Predictive Factors for Borderline Personality Disorder: Patients' Early Traumatic Experiences and Losses Suffered by the Attachment Figure

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Objective: The authors hypothesized that the development of borderline disorder is associated with traumatic events that occur early in patients' lives and loss events experienced by the mothers of patients around the time of the patients' birth.

Method: Sixty-six patients with DSM-III-R borderline personality disorder and 146 controls with psychiatric illnesses other than borderline personality disorder or dissociative disorder were compared in a case-control study. A multivariate logistic regression model was produced to remove the confounding effect of patient age, family size, and inpatient versus outpatient status as well as the possible effects of the 2 variables of interest (patients' traumatic experiences and losses experienced by the mother) on each other. **Results:** The risk for developing borderline personality disorder was estimated to be 2.5 times greater in patients whose mothers experienced loss events in the perinatal period than in those whose mothers had no such losses (95% confidence interval [CI] = 1.1 to 5.8). Patients who had early traumatic experiences has a 5.3-fold greater risk for developing borderline personality disorder than patients who did not have these early experiences (95% CI = 2.1 to 13.3). **Conclusion:** Traumatic experiences occurring early in patients' lives and loss events undergone by mothers during the perinatal period are independent risk factors for borderline personality disorder.

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Predictors of Post-Traumatic Stress Symptoms in Oklahoma City: Exposure, Social Support, Peri-Traumatic Responses

Tucker P, Pfefferbaum B, Nixon SJ, et al.

Many individuals who experienced the effects of the 1995 bombing of a U.S. federal building in Oklahoma City, Okla., sought subsequent mental health treatment. This study attempted to identify which variables within 3 categories (levels of exposure, immediate physiologic and stress responses, and type of social support) were highly associated with the development of posttraumatic stress disorder (PTSD) symptoms and which of the 3 categories of variables most strongly predicted PTSD. Questionnaires, including a clinical needs assessment instrument developed specifically for this study, were given to 85 adults seeking mental health treatment 6 months after the bombing. Within the 3 categories, the most common variables

linked to the development of PTSD symptoms were as follows: among levels of exposure, having been injured in the bombing had the highest association with subsequent PTSD; among immediate physiologic and stress responses, feeling nervous or afraid had the highest association; and among types of support, being helped by counseling had the highest association. Overall, individuals who reported counseling to be beneficial and those who were afraid or nervous at the time of the bombing had the greatest likelihood of developing PTSD symptoms. The authors recommend that treatment efforts in the aftermath of a terrorist act should focus especially on those whose primary response is fear and should include counseling as soon as possible after the event for those at risk for developing chronic problems.

(J Behav Health Serv Res 2000;27:406-416)

Oral Nutritional Supplementation for the Alcoholic Patient: A Brief Overview

Markowitz JS, McRae AL, and Sonne SC

Alcoholism is a widespread problem in the United States: about 1.5 million Americans seek medical and/or psychiatric treatment for alcoholism each year. Chronic alcohol use can impair the body's absorption, transport, and storage of essential nutrients and can lead to poor nutritional intake, gastrointestinal problems, and increased excretion of trace elements. The authors review the specific nutrients that are often deficient in alcoholic individuals, including water-soluble vitamins, lipid-soluble vitamins, and minerals and trace elements, and describe the physiologic consequences that often result from these deficiencies. To counteract these deficiencies, the authors recommend guidelines for treating alcoholic patients with comprehensive vitamin supplements, a practice associated with little risk but great potential benefit to most alcoholic individuals when normal vitamin dosing parameters are followed.

(Ann Clin Psychiatry 2000;12:153-158)

Adverse Neuropsychiatric Reactions to Herbal and Over-the-Counter "Antidepressants"

Pies R

Background: Many unregulated over-the-counter agents for the treatment of depression are now available to patients and consumers. The potential for adverse neuropsychiatric effects with these agents has not been systematically studied in most cases. **Data Sources:** The author performed a MEDLINE search on a variety of herbal and nonherbal over-the-counter

agents said to be useful in the treatment of depression. The *Physicians' Desk Reference for Herbal Medicines* was also consulted. **Data Synthesis:** Although many of the herbal agents said to have benefits in depression appear to be safe, serious neuropsychiatric side effects and interactions have been reported for several over-the-counter "antidepressants." There is reason to suspect underreporting of those adverse events. Moreover, there is very little evidence from systematic studies regarding the potential for drug-drug or herb-drug interactions with these over-the-counter agents. Vitamins and amino acids touted for the treatment of depression are also not without risk. **Conclusion:** Although some over-the-counter remedies for depression are probably safe and effective for as-yet unidentified subgroups of depressed individuals, more research is required before these agents can be recommended for routine use. Stricter U.S. Food and Drug Administration oversight of these agents is indicated.

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Mental Disorders and the Incidence of Migraine Headaches in a Community Sample: Results From the Baltimore Epidemiologic Catchment Area Follow-Up Study

Swartz KL, Pratt LA, Armenian HK, et al.

Background: Although clinical and community studies have demonstrated a cross-sectional relation between migraine headaches and affective disorders, the temporal relation between specific psychiatric disorders and migraine headaches has received little study. The authors investigated the predictive role that depression and other psychiatric disorders may have for migraine headaches. **Method:** Participants in the Baltimore, Md., cohort of the Epidemiologic Catchment Area Program were assessed in 1981 for psychopathologic features and were subsequently asked about their history of headaches. Between 1993 and 1996, participants identified incidences of migraine headaches by self-report in follow-up interviews. The risk for migraine headaches was calculated by the demographic variables and psychopathologic features identified in the 1981 assessment. The authors estimated the cross-sectional association between prevalent migraine and lifetime psychiatric diagnoses and used logistic regression models to examine the relation between antecedent psychiatric disorders and incident migraine headaches. **Results:** A total of 1343 participants were found in 1981 to be at risk for migraine headaches; a total of 118 incident cases of migraine headaches were reported in these individuals at follow-up. Female sex and younger age were noted as risk factors for the development of migraine headaches. Cross-sectional associations with migraine headaches were found for major depression (odds ratio [OR] = 3.14, 95% confidence interval [CI] = 2.03 to 4.84) and panic disorder (OR = 5.09, 95% CI = 2.65 to 9.79), but not for alcohol and other substance abuse. Phobia was the only psychiatric disorder found by logistic regression models to be predictive of incident migraine headaches (OR = 1.70, 95% CI = 1.11 to 2.58); no association was found between antecedent affective disorders and incident mi-

graine headaches. These results were unchanged by the inclusion of history of use of tricyclic antidepressants in the models. **Conclusions:** Although a cross-sectional relation was found between affective disorders and migraine headaches in this population, no association between antecedent affective disorders and subsequent migraine headaches was identified.

(*Arch Gen Psychiatry* 2000;57:945-950)

The Co-Occurrence of Psychiatric and Substance Use Diagnoses in Adolescents in Different Service Systems: Frequency, Recognition, Cost, and Outcomes

King RD, Gaines LS, Lambert EW, et al.

Between 50% and 71% of adolescents with psychiatric illnesses also have comorbid substance use disorder (SUD). The comorbidity of psychiatric disorders and SUD in adolescents complicates the diagnosis and treatment of both types of disorders. As part of the Fort Bragg Demonstration Project, the authors compared research diagnoses of comorbid SUD and mental disorders with diagnoses made by treatment providers for 428 adolescents receiving either continuum-of-care treatment or traditional care based on reimbursement. The authors also compared frequency and severity of mental illness, provider recognition of comorbidity, effect of provider recognition on service cost, and effect of comorbid diagnosis on mental health outcomes in the 2 treatment delivery systems. The project identified SUD comorbid with a psychiatric disorder in 59 clients (13.8%); by contrast, only 21 of these 59 clients were recognized by providers as having comorbid SUD and mental disorder. The continuum-of-care provider had greater recognition of comorbid disorders than did the traditional provider, but frequency and severity of comorbidity were similar for clients served by the 2 providers. Behavior problems and impairment of function were more common in clients with comorbidity than those without comorbidity, and the average treatment cost was more than 2 times as high for clients with (\$29,057) than without comorbidity (\$13,067). Type of service provider, comorbid diagnosis, and treatment did not influence mental health outcomes. Because comorbid SUD dramatically increases the cost to providers of treating adolescents with psychiatric disorders, the authors recommend that managed-care providers investigate the cost-effectiveness of prevention of SUD in mentally ill adolescents.

(*J Behav Health Serv Res* 2000;27:417-430)

Mental Disorders and Violence in a Total Birth Cohort: Results From the Dunedin Study

Arseneault L, Moffitt TE, Caspi A, et al.

Background: Because most individuals with mental illness are not hospitalized and most violent individuals are not convicted of crimes, hospital- and prison-based research underestimates the rates of mental illness and violence found in the general

population. This study examined the overlap of mental disorders and violence in a birth cohort. **Method:** A total of 961 individuals born in Dunedin, New Zealand, from April 1, 1972, through March 31, 1973, (i.e., 94% of the total city birth cohort) were studied. DSM-III-R interviews were used to identify past-year prevalence of mental disorders, and self-report of criminal offense and search of official conviction records were employed to measure past-year violence. The variables of substance use before the violent offense, excessive threat perception, and adolescent conduct disorder were studied as possible explanations for the link between mental disorders and violence. **Results:** Individuals with DSM-III-R alcohol dependence were 1.9 times (95% confidence interval [CI] = 1.0 to 3.5), those with marijuana dependence were 3.8 times (95% CI = 2.2 to 6.8), and those with schizophrenia-spectrum disorder were 2.5 times (95% CI = 1.1 to 5.7) more likely to be violent than individuals without a psychiatric disorder. Although individuals with at least 1 of these disorders committed half of the violent crimes reported in this study (one tenth of the violence accounted uniquely for by patients with schizophrenia-spectrum disorder), they constituted only one fifth of the study cohort. Substance use before the violent event accounted for the violence in individuals with alcohol dependence. Adolescent history of conduct disorder best explained violence in individuals with marijuana dependence. Both excessive threat perception and adolescent history of conduct disorder accounted for violence in individuals with schizophrenia-spectrum disorder. **Conclusions:** Individuals with mental illness were responsible for a substantial percentage of the violent acts committed by persons within their age group. Because the explanations for violence varied between groups of individuals with different mental disorders, multiple treatment and intervention strategies may be necessary to prevent the occurrence of violent acts.

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Paroxetine Levels in Postpartum Depressed Women, Breast Milk, and Infant Serum

Misri S, Kim J, Riggs KW, et al.

Background: The purpose of this study was to determine the concentrations of paroxetine in maternal serum, breast milk, and infant serum samples and to estimate infant exposure through breastfeeding. **Method:** A total of 25 sample sets was obtained: 1 sample set each from 23 mother-infant dyads and 2 sample sets from 1 mother-infant dyad. All mothers met DSM-IV criteria for major depressive disorder. The maternal fixed dosage of paroxetine was 10, 20, or 40 mg/day for a minimum of 30 days before the samples were drawn. Samples were collected 6 hours after dose intake, and the concentration of paroxetine in each sample was determined using gas chromatography/mass spectrometry. The analytic method employed in this study is the most sensitive to date, with the ability to detect drug concentrations as low as 0.1 ng/mL. **Results:** Detectable levels of paroxe-

tine were present in all maternal serum samples and in 24 of the 25 breast milk samples. In all of the infant serum samples, the paroxetine concentrations were below the lower limit of quantification. No unusual adverse effects were reported in any of the infants. **Conclusion:** The results of this study demonstrate that paroxetine, like the other selective serotonin reuptake inhibitors studied to date, is excreted into the breast milk of nursing mothers. The mean infant dose of paroxetine was 1.1% of the maternal dose. Although no short-term adverse effects were reported in any of the infants in this study, future studies are needed to address a more systematic method for observing and recording any adverse effects. In addition, future studies should incorporate follow-up studies in order to evaluate possible long-term effects of paroxetine exposure.

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Assessing Effectiveness of Treatment of Depression in Primary Care

Bedi N, Chilvers C, Churchill R, et al.

Background and Objectives: Patients who present to general practitioners with depression often receive antidepressant medication when they would prefer to receive counseling. The authors attempted to determine whether patients who agree to random assignment to treatment differ from those who choose their treatment, whether medication or counseling is more effective in treating depression in primary care patients, and whether patients' response to and satisfaction with treatment are influenced by their being allowed to choose the type of treatment they receive. **Method:** Patients were recruited from primary care practices across the Trent region of Great Britain. In a partially randomized preference trial, patients meeting Research Diagnostic Criteria for major depression were first asked if they would agree to be randomly assigned to either medication treatment or counseling; participants who refused random assignment were allowed to choose which treatment they would receive. No treatment differences existed between patients randomly assigned and those who chose their treatment type. **Results:** A total of 103 patients (52 allocated to counseling and 51 to antidepressant medication) agreed to random assignment to treatment and 220 (140 who chose counseling and 80 who chose medication) selected their preferred treatment. No baseline differences existed between randomly assigned patients and those who chose their treatment. In addition, no differences in efficacy were found after 8 weeks of treatment either between the 2 types of treatment or within treatment groups when randomly assigned patients and those who selected their treatment were compared. Overall, treatment outcome was not affected by the ability to select a preferred mode of treatment. **Conclusions:** Although the findings need to be replicated to increase their generalizability, they suggest that current assumptions about treatment of depression in primary care should be reexamined.

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