Psychiatric Briefs

Effectiveness of St. John's Wort in Major Depression: A Randomized Controlled Trial

Shelton RC, Keller MB, Gelenberg A, et al.

Background: Extracts of St. John's wort (*Hypericum perforatum*) are widely used to treat depressive disorders. Although an extensive literature purports the effectiveness of St. John's wort in treating depression, most studies involving this herbal remedy have been compromised by methodological shortcomings. This multicenter, randomized, double-blind, placebo-controlled trial was conducted to ascertain the efficacy, safety, and tolerability of a standardized preparation of St. John's wort in the treatment of DSM-IV major depressive disorder. ***Method:*** After a 1-week placebo run-in, 200 adult outpatients (mean age = 42 years; 67.0% female, 85.9% white) with major depression who had a baseline Hamilton Rating Scale for Depression (HAM-D) score ≥ 20 were randomly assigned to receive 8 weeks of treatment with either St. John's wort (N = 98; 900 mg/day for 4 weeks and increased to 1200 mg/day in absence of adequate response) or placebo (N = 102). In addition to the primary outcome measure of rate of change on the HAM-D, other outcome measures included the Beck Depression Inventory (BDI), the Hamilton Rating Scale for Anxiety (HAM-A), the Global Assessment of Function (GAF), and the Clinical Global Impressions-Severity of Illness and -Improvement scales (CGI-S and CGI-I). ***Results:*** Although St. John's wort was safe and well-tolerated, no significant effect was found for treatment (p = .16) or time-by-treatment interaction (p = .58) as measured by HAM-D scores, and nonsignificant effects were found for BDI and GAF scores. No difference in the proportion of subjects responding to treatment was found between groups. Although significantly more St. John's wort–treated subjects than placebo-treated subjects achieved remission (p = .02), the rates in both groups were low (St. John's wort, 14/98 [14.3%]; placebo, 5/102 [4.9%]). ***Conclusion:*** This study did not find St. John's wort to be effective for the treatment of major depressive disorder.

(JAMA 2001;285:1978–1986)

Changes in Depression and Physical Decline in Older Adults: A Longitudinal Perspective

Penninx BWJH, Deeg DJH, van Eijk JThM, et al.

Background: Studies documenting that depressed elderly persons report more physical disability over time than those without depression included only a one-time measure of depressed mood. This study assessed depression and physical ability at 2 timepoints to determine the effect that remitting, emerging, or chronic depression has on the physical function of elderly persons. ***Methods:*** A total of 2121 community-dwelling elderly subjects were assessed for depression using the Center for Epidemiologic Studies Depression scale (CES-D) at the beginning and end of a 3-year interval, allowing for the categorization of subjects into 4 groups: those with no depression, those with remitting depression, those with newly emerging depression, and those with chronic depression. Physical function was assessed at both timepoints both by self-report and by observer-rated measures. ***Results:*** Subjects with chronic depression had a significantly greater decline in self-reported physical function (odds ratio [OR] = 2.83, 95% confidence interval [CI] = 1.86 to 4.30) and, among the oldest old, in observed physical performance (OR = 2.22, 95% CI = 1.43 to 3.79) than those who had no depression. Emerging depression was associated with a similar decline in physical performance; remitted depression, however, showed no association with such decline. ***Conclusions:*** Chronicity of depression was associated with decline in physical ability over time. The absence of a like association between remitted depression and physical decline suggests that elderly individuals for whom depression is recognized early and treated promptly may avoid subsequent physical decline.

(J Affect Disord 2000;61:1–12)

Mass Psychogenic Illness: Role of the Individual Physician

Jones TF

Mass psychogenic illness, also known as mass hysteria, manifests as a constellation of symptoms that suggest, but do not stem from, an organic or environmental cause among a group of individuals who share beliefs about the symptoms. Outbreaks of mass psychogenic illness occur most often in schools and tend to be found in groups who are experiencing emotional or physical stress. Because it may often go unrecognized, physicians should be able to identify symptoms often associated with mass psychogenic illness and should be prepared to respond if an outbreak occurs. Although no single diagnostic trait defines mass psychogenic illness, its symptoms most often include headache, dizziness or light-headedness, and nausea and tend to spread rapidly from person to person. When a diagnosis of mass psychogenic illness has been established, reassurance of patients and their removal from the environment in which the outbreak started (and from other individuals with the diagnosis) can lead to resolution of symptoms; physicians must, however, strike a balance between reassuring patients and ascertaining that indeed no organic cause lies behind the symptoms. Finally, in addition to treating individual patients, physicians should also participate in a prompt, coordinated effort to alleviate community anxiety about the symptoms. In addition to providing a comprehensive listing of the predominant symptoms and epidemiologic char-

acteristics of mass psychogenic illness, the article includes a patient information handout on this phenomenon.
(Am Fam Physician 2000;62:2649–2653, 2655–2656)

Developing Services for Substance-Abusing HIV-Positive Youth With Mental Health Disorders

Stanton A, Kennedy M, Spingarn R, et al.

The success of establishing an organization to provide community-based services hinges on the combination of altruistic desire with sound business principles. The successful establishment of a comprehensive housing program for substance-abusing human immunodeficiency virus (HIV)–positive youth with mental illnesses by the Larkin Street Youth Center (LSYC) in San Francisco, Calif., was grounded on the business principles of social marketing, strategic planning, and problem solving. The program was envisioned and developed in 4 steps. First, LSYC staff and board members recognized a lack of comprehensive care for a specific population in their community—HIV-positive youth who had both substance abuse problems and mental disorders. Second, because this population needed coordinated, supervised treatment yet strongly desired independence and self-regulation, LSYC viewed residential treatment as a vital component of a comprehensive care program. Third, LSYC staff sought a broad base of community and government support to not only provide necessary components of care but also ensure that the program would be fully integrated into the community. Finally, to secure both start-up and ongoing funding for the program, LSYC officials continued to "market" it to community leaders and, once community (and financial) support had been gained, worked to obtain the licensing necessary to start and operate a residential treatment facility. The authors conclude that social service agencies, especially those that serve at-risk youth, must market themselves to the community to make the needs of their treatment populations better known; the application of sound business principles by LSYC provides a successful model of such a marketing strategy.
(J Behav Health Serv Res 2000;27:380–389)

Antidepressant-Induced Mania in Bipolar Patients: Identification of Risk Factors

Henry C, Sorbara F, Lacoste J, et al.

Background: Concerns about possible risks of switching to mania associated with antidepressants continue to interfere with the establishment of an optimal treatment paradigm for bipolar depression. ***Method:*** The response of 44 patients meeting DSM-IV criteria for bipolar disorder to naturalistic treatment was assessed for at least 6 weeks using the Montgomery-Asberg Depression Rating Scale and the Bech-Rafaelson Mania Rating Scale. Patients who experienced a manic or hypomanic switch were compared with those who did not on several variables including age, sex, diagnosis (DSM-IV bipolar I vs. bipolar II), number of previous manic episodes, type of antidepressant therapy used (electroconvulsive therapy vs. antidepressant drugs and, more particularly, selective serotonin reuptake inhibitors [SSRIs]), use and type of mood stabilizers (lithium vs. anticonvulsants), and temperament of the patient, assessed during a normothymic period using the hyperthymia component of the Semistructured Affective Temperament Interview. ***Results:*** Switches to hypomania or mania occurred in 27% of all patients (N = 12) (and in 24% of the subgroup of patients treated with SSRIs [8/33]); 16% (N = 7) experienced manic episodes, and 11% (N = 5) experienced hypomanic episodes. Sex, age, diagnosis (bipolar I vs. bipolar II), and additional treatment did not affect the risk of switching. The incidence of mood switches seemed not to differ between patients receiving an anticonvulsant and those receiving no mood stabilizer. In contrast, mood switches were less frequent in patients receiving lithium (15%, 4/26) than in patients not treated with lithium (44%, 8/18; p = .04). The number of previous manic episodes did not affect the probability of switching, whereas a high score on the hyperthymia component of the Semistructured Affective Temperament Interview was associated with a greater risk of switching (p = .008). ***Conclusion:*** The frequency of mood switching associated with acute antidepressant therapy may be reduced by lithium treatment. Particular attention should be paid to patients with a hyperthymic temperament, who have a greater risk of mood switches.
(J Clin Psychiatry 2001;62:249–255)

Relationship of Mood Disturbance to Cigarette Smoking Status Among 252 Patients With a Current Mood Disorder

Patten CA, Gillin JC, Golshan S, et al.

Background: The relationship between cigarette smoking and mood has received increasing attention. This retrospective study evaluated the relationship between mood disturbance and cigarette smoking status among patients with a current mood disorder. The association between level of nicotine dependence and severity of mood disturbance was also evaluated among current smokers. ***Method:*** Retrospective data for 252 patients (63.5% male, 85.0% white) admitted for treatment of a mood disorder at the San Diego Veteran Affairs Mental Health Clinical Research Center between November 1988 and June 1997 were studied. All current cigarette smokers at admission (N = 126) were matched with nonsmokers (N = 126) on the primary DSM-IV Axis I mood disorder diagnosis, admission status (inpatient or outpatient), gender, age (± 5 years), and ethnicity. The Hamilton Rating Scale for Depression (HAM-D), the Beck Depression Inventory, and the Profile of Mood States (POMS) were administered to patients on admission. Conditional logistic regression analysis for matched sets with a backward elimination was used to identify factors independently predictive of current smoking status. ***Results:*** A greater number of cups of coffee consumed per day (p = .002), a history of alcoholism (p = .004), and higher POMS fatigue subscale scores (p = .007) were predictive of current smoking status. Among current smokers, the HAM-D terminal insomnia item was positively associated with mean number of cigarettes smoked per day (p = .012). ***Conclusion:*** Cigarette smoking should be addressed

in the treatment of patients with a current mood disorder. Smokers experience greater levels of fatigue than nonsmokers. In a ddition, higher cigarette consumption levels are associated with mild-to-severe symptoms of terminal insomnia.

(J Clin Psychiatry 2001;62:319–324)

A Prospective Study of Sex-Specific Effects of Major Depression on Alcohol Consumption

Wang J, Patten SB

Objective: Although a strong association exists between depression and excessive alcohol consumption, research has yet to find a causal relationship between the two. This study sought to determine whether major depression heightens the risk of excessive alcohol use. ***Method:*** Both depressed and nondepressed subjects (according to Composite International Diagnostic Interview–Short Form diagnosis), with various drinking patterns (N = 13,071), identified in the Canadian National Population Health Survey (NPHS) were reevaluated 2 years after initial contact to determine whether presence of major depression at initial interview was associated with changes in drinking patterns at follow-up. ***Results:*** Overall, subjects depressed at initial interview were not more likely than nondepressed subjects to subsequently either begin drinking or become heavy drinkers. Stratification of subjects by sex, however, showed that depressed women were more likely than nondepressed women to be heavy drinkers at the time of the follow-up interview (13.1% vs. 6.5%, respectively). This risk was especially pronounced in depressed women aged 19 years or older (incidence = 10.5% vs. 4.5% for nondepressed women in the same age range). ***Conclusion:*** Major depression can affect levels of alcohol consumption in women, although this association was not seen in men. Problem drinking may be prevented by treatment of depression.

(Can J Psychiatry 2001;46:422–425)

Sleep Disorders and Sleep Problems in Childhood

Thiedke CC

Disruptions of sleep occur frequently in young children. Because the ongoing changes in sleep patterns that occur as children develop physically and emotionally sometimes make these disruptions difficult to detect, physicians need an understanding of normal sleep in children to be able to distinguish sleep abnormalities. In general, children require less sleep, and obtain a greater percentage of sleep during the night, as the they grow older. Sleep abnormalities in children sometimes manifest as discrete sleep disorders, which are characterized by abnormal polysomnography. These disorders include parasomnias, which reflect central nervous system immaturity and include night terrors, somnambulism (sleepwalking), somniloquy (sleeptalking), and nocturnal enuresis (bed-wetting). The parasomnias can usually be treated via behavioral and environmental interventions (such as scheduled wakenings for sleepwalkers) and only infrequently require pharmacotherapeutic treatment. Obstructive sleep apnea syndrome is often caused by adenotonsillar hypertrophy in children and can be alleviated by tonsillectomy and adenoidectomy and, if necessary, continuous positive airway pressure. Narcolepsy, characterized by excessive daytime sleepiness, is uncommon in children. Occurring more frequently in children than true sleep disorders are secondary sleep disturbances, which are behavioral in origin and are associated with normal polysomnography. The most common of these secondary disturbances are night awakenings and bedtime resistance. In addition to describing the various sleep disorders and problems, the authors list appropriate interventions for each disturbance and provide a battery of questions that physicians may ask parents about their children's sleep patterns.

(Am Fam Physician 2001;63:277–284)

A Preliminary Survey of Rhinotillexomania in an Adolescent Sample

Andrade C, Srihari BS

Background: *Rhinotillexomania* is a recent term coined to describe compulsive nose picking. There is little world literature on nose-picking behavior in the general population. ***Method:*** We studied nose-picking behavior in a sample of 200 adolescents from 4 urban schools. ***Results:*** Almost the entire sample admitted to nose picking, with a median frequency of 4 times per day; the frequency was > 20 times per day in 7.6% of the sample. Nearly 17% of subjects considered that they had a serious nose-picking problem. Other somatic habits such as nail biting, scratching in a specific spot, or pulling out of hair were also common; 3 or more such behaviors were simultaneously present in 14.2% of the sample, only in males. Occasional nose bleeds complicating nose picking occurred in 25% of subjects. Several interesting findings in specific categories of nose pickers were identified. ***Conclusion:*** Nose picking is common in adolescents. It is often associated with other habitual behaviors. Nose picking may merit closer epidemiologic and nosologic scrutiny.

(J Clin Psychiatry 2001;62:426–431)