

EDITOR'S NOTE

This column reflects our commitment to provide you, the primary care physician, with information that will prove helpful in making informed decisions about the care of your patients who suffer from psychiatric disorders. We will highlight abstracts of high interest to you from our sister publication, *The Journal of Clinical Psychiatry*, and summarize pertinent articles from the general scientific literature. We hope that this section is clinically relevant to your practice and that it will encourage you to expand your horizons.

A Retrospective Study of the Safety of Intramuscular Ziprasidone in Agitated Elderly Patients

Greco KE, Tune LE, Brown FW, et al.
J Clin Psychiatry 2005;66:928-929

Objective: Authors evaluated the safety of intramuscular ziprasidone for use in acute agitation in an elderly population.

Method: Medical records were reviewed retrospectively to identify consecutive patients who were admitted to a neuropsychiatry service with the presenting complaint of dementia (DSM-IV) with agitation and who were given intramuscular ziprasidone and then administered an electrocardiogram (ECG) (N = 23). Some patients also had a baseline ECG (N = 14). QTc intervals were recorded, and significance was defined as a QTc of ≥ 450 ms or a 10% prolongation from baseline. A paired-samples t test was performed to compare the baseline and postmedication QTc intervals. Confounding factors were examined, and cardiac events (torsades de pointes, cardiac arrest) were recorded.

Results: There was no significant difference in the QTc interval between the baseline and the post-ziprasidone values. One patient had a QTc greater than 500 ms and 25% over baseline, and therefore the medication was discontinued. The mean prolongation of the QTc interval was only 0.5 ms. There were no episodes of torsades de pointes. Other medications that the patients were taking did not appear to affect the QTc interval in an expected manner.

Conclusion: Larger studies need to be done to evaluate the safety of intramuscular ziprasidone in agitated elderly patients, a population with an increased risk of QT prolongation and torsades de pointes because of their age, comorbid conditions, and concomitant use of multiple medications.

Impact of Symptoms of Generalized Anxiety Disorder on the Course of Late-Life Depression

Steffens DC, McQuoid DR
Am J Geriatr Psychiatry 2005;13:40-47

Objective: To investigate the effect of symptoms of generalized anxiety disorder (GAD) on the acute course of depression in older depressed patients.

Methods: GAD symptoms were assessed in a sample of 204 patients aged 60 and older who had unipolar major depression. Study geriatric psychiatrists treated patients naturalistically by using a treatment guideline for geriatric depression. Patients were assessed with the Montgomery-Asberg Depression Rating Scale and dichotomized as meeting or not meeting GAD symptom criteria. Cox proportional-hazards models were used for group analysis.

Results: 138 were remitters and 66 were nonremitters. The presence of GAD symptoms was associated with longer time to remission, after controlling for benzodiazepine use, stressful life events, social support, and functional status.

Conclusions: Older depressed patients with GAD have a worse outcome than those without anxiety. The role of benzodiazepines and other anxiolytics in the treatment of older depressed patients with symptoms of GAD remains to be determined by future study.

Apolipoprotein {varepsilon}4 Allele and Problems With Orientation Are Associated With a Persistent Decline in Cognition in Community-Dwelling Elderly Persons

Wayne SJ, Vellas BJ, Brodie SG, et al.
J Gerontol A Biol Sci Med Sci 2005;60:375-379

Background: A reduction in cognitive test scores in elderly persons can indicate the onset of dementia or a short-term cognitive disturbance. The ability to distinguish between the 2 outcomes and identify characteristics of each would be clinically useful.

Method: The Mini-Mental State Examination (MMSE) was administered annually for an average of 7 years to 437 community-dwelling elderly persons. A low score between baseline and final MMSE was identified. A decrease of

≥ 3 points below baseline was considered an indication of cognitive decline. If the final score was also ≥ 3 points below baseline, the decline was considered persistent; otherwise, the decline was considered transient.

Results: A persistent cognitive decline was observed in 20 participants (4.6%), and a transient cognitive decline was observed in 67 participants (15.3%). Persistent cognitive decline was significantly associated with presence of the apolipoprotein epsilon4 allele (age-adjusted OR = 11.46, $p < .0001$), but transient cognitive decline was not (age-adjusted OR = 1.53, $p = .219$). Persistent decline was also associated with incorrect answers on the orientation section of the MMSE at the time of cognitive decline but transient decline was not (age-adjusted OR = 3.58, $p = .058$).

Conclusions: Persistent cognitive decline occurs infrequently in community-dwelling elderly persons. Presence of the epsilon4 allele and errors made by the subject on orientation questions may help determine whether a cognitive decline is likely to be persistent.

Adherence to Antidepressant Medications in Black and Latino Elderly Patients

Ayalon L, Arean PA, Alvidrez J

Am J Geriatr Psychiatry 2005;13:572–580

Objective: To identify differences in nonadherence between ethnic groups and determine predictors of nonadherence to antidepressant medications in older minority-group members.

Methods: 49 black and 52 Latino subjects participated. Subjects were aged > 55 years and had been prescribed antidepressant medications within the past 12 months.

Results: A distinction between intentional nonadherence (e.g., alteration of medication regimen to fit the patient's needs) and unintentional nonadherence (e.g., forgetfulness/difficulties keeping track of medication regimen) was found. Latino subjects reported significantly more unintentional nonadherence than black subjects; however, ethnicity was no longer significant after other predictors were entered into the model. No differences in intentional nonadherence between ethnic groups were suggested. Intentional nonadherence was associated with concerns about the side effects and stigma associated with antidepressants as well as attribution of lesser importance to antidepressants than other medications, after controlling for ethnicity and medication type. Unintentional nonadherence was associated with greater cognitive impairment.

Conclusions: These 2 ethnic minority groups face similar barriers to adherence to antidepressants. Interventions aimed at improving adherence in older patients should target the specific type of nonadherence presented. While some patients may benefit from memory aids and assistance from family and friends, others may need education about the nature of depression and antidepressant medications.

Managing Bipolar Disorder in the Elderly: Defining the Role of the Newer Agents

Sajatovic M, Madhusoodanan S, Coconcea N

Drugs Aging 2005;22:39–54

Background: Compared with the wealth of clinical research on younger populations, clinical information on geriatric psychopharmacology is lacking. Data are limited in the area of geriatric bipolar disorder, as well. Despite the absence of rigorous, evidence-based information, preliminary data on older adults with bipolar disorder suggest some promising treatment

options and important differences in older versus younger patients with bipolar illness.

Clinical Findings: Lithium, while widely utilized in younger populations, is often poorly tolerated in the elderly. Clinical evidence regarding use of antiepileptic compounds in late-life bipolar disorder is generally compiled from bipolar disorder studies in mixed populations, studies in older adults with seizure disorders, and studies on dementia and psychotic conditions other than bipolar disorder. Valproate semisodium and carbamazepine are widely prescribed for older adults with bipolar disorder, despite an absence of evidence-based data. The atypical antipsychotics have expanded the treatment options for bipolar disorder in mixed populations and may offer particular promise in management of bipolar illness in older populations as well. Olanzapine, risperidone, quetiapine, ziprasidone, and aripiprazole are atypical antipsychotics that have been approved by the U.S. Food and Drug Administration for the treatment of bipolar disorder. No published controlled trials with atypical antipsychotics specific to mania in geriatric patients have been conducted, however.

Conclusions: Preliminary reports suggest a role for clozapine, risperidone, olanzapine, and quetiapine in late-life bipolar disorder. Information on ziprasidone and aripiprazole for to geriatric bipolar disorder is lacking.

The Assessment of Attention-Deficit/Hyperactivity Disorder in Rural Primary Care: The Portability of the American Academy of Pediatrics Guidelines to the "Real World"

Polaha J, Cooper SL, Meadows T, et al.

Pediatrics 2005;115:e120–e126

Objective: A protocol was designed to provide an efficient means for pediatricians to learn and use the American Academy of Pediatrics (AAP) attention-deficit/hyperactivity disorder (ADHD) guidelines. This study examined the performance of that protocol for the assessment of ADHD in rural pediatric practices.

Method: Training for use of the ADHD-assessment protocol was provided to primary care staff (e.g. physicians, nurses) from 2 rural pediatric practices. To assess compliance with the AAP guidelines, medical records were reviewed for 101 patients from 1 to 2 years before the introduction of the protocol and for 86 patients during the subsequent 2 to 3 years. To check for scoring accuracy, 34% of the scales scored by the staff were rescored.

Results: Prior to the implementation of the assessment protocol, neither primary care site was consistently collecting the comprehensive information recommended by the AAP for an ADHD assessment. Only 0% to 21% of assessments across sites included parent and/or teacher rating scales. When sites were provided with brief training and supporting materials, significant improvement in the collection of clinically necessary ADHD information was reflected in medical records, with parent and teacher rating scales present 88% to 100% of the time. A high degree of accuracy was demonstrated by staff in the ability to score rating scales, and integrity of the collection and management protocol was maintained 2 to 3 years after training.

Conclusions: An efficient system for conducting ADHD assessments according to AAP guidelines in rural pediatric clinics can be initiated and maintained with integrity. Determining whether this system improves diagnostic decision-making and patient outcomes will require further study.

Impressions scale. The Abbreviated Conners Rating Scale was utilized as the parent-administered assessment, and self-administered scales were the Children's Depression Inventory for the evaluation of depressive symptoms and the Revised Children's Manifest Anxiety Scale for the evaluation of anxiety symptoms.

Results: A significant decrease in ADHD symptoms was noted on all scales. The most common adverse effects were drowsiness/sedation and gastrointestinal complaints; all were relatively mild and transient.

Conclusions: This open-label study suggests the effectiveness of reboxetine for ADHD in methylphenidate-resistant children and adolescents. Double-blind, placebo-controlled and active comparator-controlled studies are needed to confirm this.

Adverse Health Consequences That Co-Occur With Depression: A Longitudinal Study of Black Adolescent Females

DiClemente RJ, Wingood GM, Lang DL, et al.
Pediatrics 2005;116:78–81

Objective: To determine whether adverse health consequences co-occur with depression among black female adolescents.

Methods: 460 black female adolescents (aged 14–18 years) were recruited from high-risk neighborhoods in Birmingham, Alabama. Only those who completed assessments at baseline and at 6 and 12 months and who consistently scored either above the threshold for depression at all 3 assessments ($N = 76$) or below the threshold at all 3 assessments ($N = 174$) were included in the data analysis. Low self-esteem, emotional abuse, physical abuse, verbal abuse, poor body image, and antisocial behavior were compared between depressed and nondepressed adolescents.

Results: Compared with nondepressed adolescents, depressed adolescents were 5.3 times more likely to report low self-esteem, 4.3 times more likely to report emotional abuse, 3.7 times more likely to report being physically abused, and almost 3 times more likely to report being verbally abused, using generalized estimating equations and controlling for covariates. Further, depressed adolescents were more than twice as likely to report poor body image and nearly twice as likely to report engaging in antisocial behaviors.

Conclusions: Because a broad range of adverse health consequences may accompany depression among black female adolescents, physicians should be alert to the co-occurrence of depression and low self-esteem; emotional, physical, and verbal abuse; poor body image; and antisocial behaviors among this population.

Citalopram Versus Sertraline in Late-Life Nonmajor Clinically Significant Depression: A 1-Year Follow-Up Clinical Trial

Rocca P, Calvarese P, Faggiano F, et al.
J Clin Psychiatry 2005;66:360–369

Objective: The aim of this study was to compare over 1 year the effect of sertraline and citalopram on depressive symptoms and cognitive functions of nondemented elderly patients with minor depressive disorder and subsyndromal depressive symptomatology.

Method: We recruited 138 consecutive nondemented outpatients of either sex, aged ≥ 65 years, who were classified

as meeting research criteria for minor depressive disorder or subsyndromal depressive symptomatology using the Structured Clinical Interview for DSM-IV. Subjects were assigned to receive citalopram 20 mg/day (66 patients) or sertraline 50 mg/day (72 patients) orally for 1 year. Patients were assessed at baseline and after 1, 2, 3, and 6 months and at 1 year by raters masked with regard to patients' treatment assignments. The Hamilton Rating Scale for Depression, the Geriatric Depression Scale, and the Global Assessment of Functioning were administered to assess the course of depressive symptoms and social functioning during the study. Cognitive measures included Trail Making Test-Parts A and B, Wechsler Memory Scale, Mini-Mental State Examination, and a verbal fluency test. Data were collected from March 2000 to March 2003.

Results: The overall completion rate was 72%. Both treatments induced a significant, sustained, and comparable improvement in depressive symptoms and in social functioning. Nearly half of the subjects in the 2 groups achieved remitter status at study endpoint. Significant within-group improvements also were observed in all cognitive measures. Both drugs were well tolerated during the whole study period.

Conclusion: Our results suggest that sertraline and citalopram can improve depressive symptoms and cognitive functions of minor depressive disorder and subsyndromal depressive symptomatology in elderly nondemented patients.

Remission in Depressed Geriatric Primary Care Patients: A Report From the PROSPECT Study

Alexopoulos GS, Katz IR, Bruce ML, et al.
Am J Psychiatry 2005;162:718–724

Objective: This study compared time to first remission for elderly depressed patients in primary care practices that implemented a care management model versus those providing usual care. It also sought to identify risk factors for nonremission to guide treatment planning and referral to care managers or specialists.

Method: Researchers analyzed data from the Prevention of Suicide in Primary Care Elderly: Collaborative Trial (PROSPECT). Participants ($N = 217$) aged ≥ 60 years were selected from 9072 screened and randomly identified primary care patients. Patients who had major depression, had a 24-item Hamilton Rating Scale for Depression score of ≥ 18 , and were followed for at least 4 months ($N = 215$) were included. Primary care practices were randomly assigned to offer the PROSPECT intervention or usual care. In the intervention, trained care managers offered algorithm-based recommendations to physicians and helped patients with treatment adherence over 18 months.

Results: Among intervention patients, first remission occurred earlier and was more common than with usual care. Limitations in physical and emotional functions predicted poor remission rate for all patients. Patients who experienced hopelessness were more likely to achieve remission if treated in intervention practices, and the intervention was more effective in patients with low baseline anxiety.

Conclusions: It is critical to longitudinally assess depression, hopelessness, anxiety, and physical and emotional functional limitations older primary care patients with depression. Since patients with prominent symptoms or impairment in these areas are at risk for remaining depressed and disabled, they may be candidates for care management or mental health care.

