

## 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.

## Moderate Alcohol Use and Depression in Young Adults: Findings From a National Longitudinal Study

*Paschall MJ, Freisthler B, Lipton RI*  
Am J Public Health 2005;95:453-457

**Objectives:** To determine the association between moderate alcohol use and depressive mood among young adults before and after adjustment for demographic, health, and socioeconomic factors that may act as confounders.

**Methods:** 13,892 young adults participated in the National Longitudinal Study of Adolescent Health. Two waves of interview data from these participants were analyzed to compare frequency of depressive symptoms in moderate drinkers with that in other alcohol use categories.

**Results:** Frequency of depressive symptoms was similar among moderate drinkers, lifetime and long-term abstainers, and heavy/heavier moderate drinkers after adjustment for health and socioeconomic factors but remained significantly higher among heavy drinkers.

**Conclusions:** Moderate alcohol use, relative to abstinence, may have no effect on depression in young adults.

## Are Family Physicians Appropriately Screening for Postpartum Depression?

*Seehusen DA, Baldwin LM, Runkle GP, et al.*  
J Am Board Fam Pract 2005;18:104-112

**Purpose:** The general consensus is that postpartum depression is an underdiagnosed condition despite the availability of screening tools. This study evaluated how frequently family physicians screen for postpartum depression, what methods they use to screen, and what influences their screening frequency.

**Method:** Surveys were mailed to members of the Washington Academy of Family Physicians, and 362 (60.9%) were returned. Of those, 298 treated postpartum women and children aged less than 1 year and were included in the study.

**Results:** Responses showed that 70.2% of the physicians always or often screened for postpartum depression at postpartum gynecologic examinations, and 46% always or often screened at well-child visits. 30.6% of physicians who performed screenings reported using a validated screening tool, but only 18% of those reported using a tool specifically designed to screen for postpartum depression. Logistic regression modeling showed that variables that were significantly associated with more frequent screening at postpartum gynecologic visits included female sex (OR = 2.2), residency training in postpartum depression (OR = 8.1), training through medical literature in postpartum depression (OR = 2.1), and agreement that the rate of postpartum depression warrants screening (OR = 1.9), according to logistic regression modeling. Agreement that screening requires too much effort was associated with less frequent screening (OR = 0.8).

**Conclusions:** Despite a belief by family physicians that postpartum depression is a serious, identifiable, and treatable disorder, screening is not universally practiced, and for those physicians who do screen, the use of tools designed specifically for postpartum depression is uncommon.

## Female Reproductive Cycle and Obsessive-Compulsive Disorder

*Labad J, Menchon JM, Alonso P, et al.*  
J Clin Psychiatry 2005;66:428-435

**Background:** The aim of this study was to assess whether there is a relationship between reproductive cycle events and the initiation or changes in symptoms of obsessive-compulsive disorder (OCD).

**Method:** Forty-six female outpatients meeting DSM-IV criteria for OCD completed a semistructured interview at an OCD unit to assess the relationship between reproductive cycle events and OCD. Dates of data collection were from January 2001 to December 2003.

**Results:** In this sample, OCD onset occurred in the same year as menarche in 22% (N = 10), at pregnancy in 2% (N = 1), at postpartum in 7% (N = 3), and at menopause in 2% (N = 1). Worsening of preexisting OCD was reported by 20%

of patients (9/45) at premenstruum, 8% (1/12) at pregnancy, 50% (6/12) at postpartum, and 8% (1/12) at menopause. The number of premenstrual mood symptoms, which included anxiety, irritability, mood lability, and depressed mood, was associated with both premenstrual worsening of OCD (OR = 5.1,  $p < .01$ ) and onset or worsening of OCD at postpartum (OR = 2.7,  $p < .05$ ). Patients with an onset or worsening of OCD at postpartum also more frequently reported premenstrual worsening of OCD and previous history of major depressive disorder, including postpartum depression ( $p \leq .05$  for all).

**Conclusion:** In a substantial number of patients, the onset or worsening of OCD was related to reproductive cycle events, especially at menarche and postpartum. Certain women with OCD seem to be vulnerable to worsening of OCD at different reproductive periods that imply hormonal fluctuations, and premenstruum and postpartum were the 2 reproductive events with a greater vulnerability. Those patients whose OCD symptoms appeared to be related to reproductive events also exhibited a greater history of mood symptoms (premenstrual depression and major depressive episodes).

### Depressive Symptoms Predict Hospitalization for Adolescents With Type 1 Diabetes Mellitus

Stewart SM, Rao U, Emslie GJ, et al.

Pediatrics 2005;115:1315–1319

**Objective:** To determine whether self-reported depressive symptoms predict hospitalization for complications of diabetes mellitus over a period of up to 2 years.

**Study Design:** Adolescent outpatients (N = 231) with type 1 diabetes aged 11 to 18 years completed the Center for Epidemiological Studies Depression scale (CESD) self-report measure of depressive symptoms. Glycosylated hemoglobin levels, a known predictor of hospitalization, were also assessed. Hospitalizations for medical complications occurring up to 2 years after the assessment were recorded using survival analysis methods.

**Results:** After controlling for age, gender, socioeconomic status, and glycosylated hemoglobin levels at baseline, CESD scores  $> 12$  for boys and  $> 22$  for girls predicted hospitalization (OR = 2.58; 95% CI = 1.12 to 5.98).

**Conclusions:** The risk for hospitalization for complications of type 1 diabetes is increased in young people with high levels of depressive symptoms. Interventions to improve depressive symptoms may be beneficial to health and quality-of-life outcomes.

### Antidepressant Exposure May Protect Against Decrement in Frontal Gray Matter Volumes in Geriatric Depression

Lavretsky H, Roybal DJ, Ballmaier M, et al.

J Clin Psychiatry 2005;66:964–967

**Objectives:** Depressed elderly patients with and without antidepressant exposure were compared to normal controls to examine the effects of prior antidepressant exposure on regional brain gray matter volumes using magnetic resonance imaging (MRI).

**Method:** The study was conducted from October 1999 to January 2003. Patients and controls were closely matched by age and education. They underwent comprehensive neuropsychiatric and physical examinations. Measures of the total frontal lobe and the frontal gray and white matter volumes corrected by the intracranial volume were obtained using MRI, together with

clinical measures of medical burden. Historical information about prior exposure to antidepressant drugs was collected using multiple information sources. The groups were compared using multivariate analyses of covariance, controlling for age, sex, and medical burden.

**Results:** The study sample comprised 41 patients who met the DSM-IV criteria for major depressive disorder (32 women; 11 antidepressant exposure and 30 drug-naïve; mean age 70.5 years) and 41 controls (20 women; mean age 72.2 years). In the multivariate analysis, the depressed group had smaller corrected orbitofrontal cortex (OFC) total and gray matter volumes compared to the controls ( $p < .01$ ). However, depressed patients with prior antidepressant exposure had larger OFC gray matter volumes compared to drug-naïve depressed patients, but smaller than those in normal controls ( $p = .005$ ). This effect was not explained by the group differences in sex ratio, age at onset of depression, or the number or duration of depressive episodes.

**Conclusion:** We observed larger OFC regional volumes in depressed patients exposed to antidepressants compared to the drug-naïve depressed subjects, but smaller than those in age-matched controls. Antidepressant exposure may protect against gray matter loss in geriatric depression.

### Double-Blind 18-Month Trial of Lithium Versus Divalproex Maintenance Treatment in Pediatric Bipolar Disorder

Findling RL, McNamara NK, Youngstrom EA, et al.

J Am Acad Child Adolesc Psychiatry 2005;44:409–417

**Objective:** To compare divalproex and lithium for maintenance monotherapy treatment of youths with bipolar disorder previously stabilized on lithium and divalproex combination pharmacotherapy.

**Method:** Subjects aged 5 to 17 years with bipolar I or II disorder were initially treated with a combination of lithium and divalproex. Those patients who met remission criteria for 4 consecutive weeks were randomly assigned to double-blind treatment with either lithium or divalproex for  $\leq 76$  weeks. Patients who required additional clinical intervention or did not adhere to study procedures were discontinued from the study.

**Results:** 139 patients with a mean (SD) age of 10.8 (3.5) years received the initial combination treatment for a mean duration of 10.7 (5.4) weeks. Of those, 60 patients were randomly assigned to receive monotherapy with lithium (N = 30) or divalproex (N = 30). The 2 monotherapy treatment groups did not differ in time to symptoms of relapse ( $p = .55$ ) or time to discontinuation for any reason ( $p = .72$ ).

**Conclusions:** Divalproex and lithium were found to be equally effective as monotherapy maintenance treatments in youths who were stabilized on lithium and divalproex combination pharmacotherapy.

### Prognosis of Depression in Old Age Compared to Middle Age: A Systematic Review of Comparative Studies

Mitchell AJ, Subramaniam H

Am J Psychiatry 2005;162:1588–1601

**Objective:** Evidence suggests the same poor long-term prognosis for depression in old age and in middle age. This review aimed to identify research comparing the prognosis of depression in late life with that of depression in midlife under similar conditions.

**Method:** Studies that examined age at presentation/recruitment were differentiated from studies of age at first episode of depression by the authors. Studies that examined remission/response were separated from those that examined relapse/recurrence and those that examined mortality/risk of dementia.

**Results:** The difference in rates of response and remission to pharmacotherapy and electroconvulsive therapy between old-age depression and middle-age depression are not clinically significant, evidence suggests. The debate over the length of continuation therapy for depression in older people is fueled by the appearance that older patients have a higher risk of additional episodes at study entry. However, medical comorbidity is more likely in older patients and patients with late-onset depression. Medical comorbidity also increases the risk for worse treatment response and poor tolerability of antidepressant therapy. A higher number of previous episodes is more likely in elderly patients with early-onset depression, a condition that also makes prognosis poorer compared with elderly depressed patients who have late onset of illness.

**Conclusion:** With control for confounding variables, remission rates of depression in patients in late life are little different from those in midlife, but relapse rates appear higher. The importance of assessing factors related to patient age and not just to age itself in evaluations of risk factors for poor prognosis is emphasized by these findings.

### Neighborhood Residence and Mental Health Problems of 5- to 11-Year-Olds

Xue Y, Leventhal T, Brooks-Gunn J, et al.  
Arch Gen Psychiatry 2005;62:554-563

**Context:** The possible effects of neighborhood residence on mental health problems such as depression, anxiety, and withdrawal in children are understudied.

**Objective:** To determine whether neighborhood structural characteristics (concentrated disadvantage, immigrant concentration, and residential stability) impact children's mental health and whether neighborhood social processes (collective efficacy and organizational participation) are the cause.

**Design and Setting:** The multilevel, longitudinal study Project on Human Development in Chicago Neighborhoods recruited children aged 5 to 11 years in the late 1990s from 80 neighborhoods. A community survey of an independent sample of adult residents in these 80 neighborhoods assessed neighborhood social processes. The survey data, in conjunction with U.S. census data, are used to assess neighborhood conditions.

**Participants:** 2805 children (18.1% European American, 33.8% African American, and 48.1% Latino) and their primary caregivers were seen twice.

**Main Outcome Measures:** Child Behavior Checklist total raw and clinical cutoff scores for internalizing behavior problems (depression, anxiety, withdrawal, and somatic problems).

**Results:** 21.5%, 18.3%, and 11.5% of children above the clinical threshold were in neighborhoods of low, medium, and high socioeconomic status, respectively. A substantial proportion of variance in children's total internalizing scores (intraclass correlation, 11.1%) was attributable to between-neighborhood differences. After accounting for family demographic characteristics, maternal depression, and earlier child mental health scores, concentrated disadvantage was associated with more mental health problems and a higher number of children in the clinical range. After accounting for neighborhood-

concentrated disadvantage, neighborhood collective efficacy and organizational participation were associated with better mental health. The effect of concentrated disadvantage was mediated by collective efficacy.

**Conclusions:** Many children in poor neighborhoods have mental health problems. Neighborhood economic effects operated through the mechanism of community social control and cohesion, which may be amenable to intervention.

### Second-Generation Antipsychotics and Risk of Cerebrovascular Accidents in the Elderly

Percudani M, Barbui C, Fortino I, et al.  
J Clin Psychopharmacol 2005;25:468-470

Concern has been recently expressed over the possibility that risperidone and olanzapine have been associated with cerebrovascular events in placebo-controlled trials conducted in elderly subjects with dementia. The authors explored the relationship between exposure to second-generation antipsychotics (SGAs) and cerebrovascular accidents in the elderly. Working from the regional database of hospital admissions of Lombardy, Italy, we identified all patients aged 65 or older with cerebrovascular-related outcomes for the year 2002. Using the regional database of prescriptions reimbursed by the National Health Service, the authors identified all patients aged 65 or older who received antipsychotic prescriptions during 2001. After the 2 databases were linked anonymously using the individual patient code, the proportions of cerebrovascular accidents were 3.31% (95% confidence interval, 2.95 to 3.69) in elderly subjects exclusively exposed to SGAs and 2.37% (95% confidence interval, 2.19 to 2.57) in elderly subjects exclusively exposed to first-generation antipsychotics. Background group differences being controlled for, exposure to SGAs significantly increased the risk of cerebrovascular accidents. When cerebrovascular events in elderly subjects exposed to each individual SGA were analyzed, in comparison with exposure to haloperidol, a significantly higher risk for risperidone only emerged (adjusted odds ratio, 1.43; 95% confidence interval, 1.12 to 1.93).

According to the preliminary epidemiological evidence provided by these data, exposure to SGAs, in comparison with exposure to first-generation antipsychotics, significantly raises the risk of cerebrovascular accidents in the elderly.

### Attention-Deficit/Hyperactivity Disorder Among Adolescents: A Review of the Diagnosis, Treatment, and Clinical Implications

Wolraich ML, Wibbelsman CJ, Brown TE, et al.  
Pediatrics 2005;115:1734-1746

**Background:** Primary care clinicians provide a large and crucial portion of the care for children with attention-deficit/hyperactivity disorder (ADHD), which is the most common mental disorder in childhood. Guidelines from the American Academy of Pediatrics do not include treatment for adolescents and young adults because limited evidence is available for this population. It is now clear that ADHD usually does not resolve once children enter puberty, as was once believed.

**Method:** In order to illustrate how information informs practice, current evidence on the diagnosis and treatment of adolescents and young adults with ADHD was reviewed.

**Results:** Unique characteristics have been observed among adolescents with ADHD, and core symptoms of the disorder

may change with maturity. The process of diagnosis and approaches aimed at improving adherence in adolescents are discussed. Both psychosocial and pharmacologic interventions are important aspects of care, and must be undertaken with consideration for the transition into young adulthood.

**Conclusion:** Further research is needed to identify the unique adolescent characteristics of ADHD and effective psychosocial and pharmacologic treatments.

### ADHD Treatment With Once-Daily OROS Methylphenidate: Final Results From a Long-Term Open-Label Study

Wilens T, McBurnett K, Stein M, et al.

J Am Acad Child Adolesc Psychiatry 2005;44:1015–1023

**Objective:** The effectiveness and tolerability of stimulants used for prolonged periods in children with attention-deficit/hyperactivity disorder (ADHD) have been assessed by few studies. Final results from an open-label, multisite study of a once-daily formulation of methylphenidate (MPH), OROS MPH, are presented herewith.

**Method:** Study participants received OROS MPH (18–54 mg initially, with adjustments when called for by clinical condition) for up to 24 months. Multiple measures of ADHD symptoms, vital signs, weight, height, and laboratory results were evaluated until study end.

**Results:** The trial was completed by 229 children of 407 originally enrolled in the open-label study. Parent and investigator evaluations indicated that effectiveness of OROS MPH therapy was maintained throughout the study. Daily dose increased by 26% over the study period, with most of the increase occurring during year 1. Overall, treatment was well tolerated; 31 subjects (7.6%) discontinued because of adverse events. Effects on growth in height and weight were minimal during the study. Effects on vital signs or laboratory test parameters were clinically insignificant. OROS MPH was effective for up to 24 months, with minimal effects on growth, tics, vital signs, or laboratory test values.

### Pathways to PTSD, Part I: Children With Burns

Saxe GN, Stoddard F, Hall E, et al.

Am J Psychiatry 2005;162:1299–1304

**Objective:** To develop a model of risk factors for post-traumatic stress disorder (PTSD) in a group of acutely burned children.

**Method:** 72 children between the ages of 7 and 17 years were admitted to the hospital for an acute burn; consenting family members completed the Child PTSD Reaction Index, the Multidimensional Anxiety Scale for Children, and other self-report measures of psychopathology and environmental stress during hospitalization and 3 months after the burn. A model of risk factors for PTSD was built using a path analytic strategy.

**Results:** One pathway found to PTSD was from the burn size and level of pain following the burn, to the child's level of acute separation anxiety, to PTSD. A second pathway found was from the size of the burn, to the child's level of acute dissociation following the burn, to PTSD. These 2 pathways accounted for close to 60% of the variance in PTSD symptoms and constituted a model with excellent fit indices.

**Conclusions:** A model of complex etiology may exist for childhood PTSD in which 2 independent pathways may be mediated by different biobehavioral systems.

### Importance of Subsyndromal Symptoms of Depression in Elderly Patients

Chopra MP, Zubritsky C, Knott K, et al.

Am J Geriatr Psychiatry 2005;13:597–606

**Objective:** The extent to which subsyndromal symptoms of depression (SSD) are important is a matter of debate. The current study examined the cross-sectional and longitudinal significance of SSD in geriatric subjects with and without a history of major depression.

**Method:** Elderly primary-care subjects with SSD who had a history of major depression (N = 54) and those without a history of major depression (N = 204) were compared with subjects with major depression (N = 111), subjects with minor depression (N = 74), and symptom-free subjects (N = 59). Physical and psychological disability, health-care utilization, hopelessness, and death and suicidal ideation were measured; diagnostic evaluation of subjects occurred at a 3-month follow-up.

**Results:** SSD subjects both with and without a history of depression differed from symptom-free subjects on psychological disability, hopelessness, and death ideation assessments. SSD subjects with a history of depression were more severely psychologically disabled than SSD subjects without a history of depression. Few differences existed between SSD subjects with a history of depression and subjects with minor or major depression, except on measures of psychological disability. Further, at the 3-month follow-up, over 24% of SSD subjects with a history of depression met criteria for major or minor depression or dysthymia. No differences in utilization of outpatient services were seen among any of the depression groups or comparison subjects.

**Conclusions:** SSD (with or without a history of major depression) is not only associated with significant disability, but also a substantially elevated risk of developing a diagnosis of major or minor depression or dysthymia.

### Family-Based Treatment Research: A 10-Year Update

Diamond G, Josephson A

J Am Acad Child Adolesc Psychiatry 2005;44:872–887

**Objective:** To provide an update on the state of the art of family-based treatment research.

**Method:** The authors reviewed randomized clinical trials, administered over the past 10 years, of child and adolescent psychiatric problems including parents as a primary participant in treatment. Major literature search engines (e.g., PsycINFO, MEDLINE) identified relevant studies. The National Institute of Mental Health Computer Retrieval of Information on Scientific Projects (CRISP) Web page or the authors of relevant studies identified select current important pilot work.

**Results:** Externalizing disorders, particularly conduct and substance abuse disorders, and comorbid family and school behavior problems associated with attention-deficit/hyperactivity disorder have proven susceptible to family-based treatments. Family-based treatments, alone or as adjunctive therapy, also deal effectively with depression and anxiety, according to several new studies.

**Conclusion:** For many disorders, family treatments can be an effective strategy, alone or adjunctively. Treatment engagement, retention, compliance, effectiveness, and maintenance of gains can all be improved when parents are involved in the treatment process. The authors investigate recommendations for the next decade of research and probe some implications of family-based treatment for child and adolescent psychiatry.