

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.

Natural History of Depression in the Oldest Old: Population-Based Prospective Study

Stek ML, Vinkers DJ, Gussekloo J, et al.

Br J Psychiatry 2006;188:65–69

Objective: This study sought to examine the incidence, course, and predictors of depression in the general population of the oldest old.

Method: A prospective population-based study of 500 people from their 85th to their 89th birthdays, the Leiden 85-plus Study examined depressive symptoms yearly with the 15-item Geriatric Depression Scale, using a cutoff of 4 points.

Results: The yearly risk for the emergence of depression was 6.8% during a mean follow-up of 3.9 years. Depression was predicted by poor daily functioning and institutionalization. The annual remission rate was only 14% among the 77 participants with depression at baseline (prevalence 15%). A relapse of depression was observed during follow-up in more than half of the participants in remission. No predictors of remission were identified.

Conclusions: Depression is common and highly persistent among the oldest old. More active identification of cases and treatment could be rewarding.

Changes in Children's Behavior and Costs for Service Use Associated With Parents' Response to Treatment for Dysthymia

Byrne C, Browne G, Roberts J, et al.

J Am Acad Child Adolesc Psychiatry 2006;45:239–246

Objective: To assess differences in children's behavior and health and social services costs based on their parents' response or nonresponse to antidepressant therapy for dysthymia.

Method: Children, aged 4 to 16 years, of consenting parents enrolled in a treatment study for dysthymia were compared at baseline and 24 months on the basis of their parents' response or nonresponse to treatment. A parent with at least a 40% reduction in his or her baseline depressive symptoms assessed by the Montgomery-Asberg Depression Rating Scale was defined as a responder. The Child Behavior Checklist was used to evaluate children's behavior. The cost in Canadian dollars of health and social services use was measured by means of the Health and Social Service Utilization Questionnaire.

Results: Compared with children of parents with dysthymia who were nonresponders, children of responders to treatment had significantly greater reductions in emotional symptoms at the 2-year follow-up. In addition, a financially important (although not statistically significant) reduction in expenditures for health and social services use was found for the children of responders.

Conclusions: It is possible that reductions in parental symptoms of dysthymia are related to reduced childhood behavioral problems and lower costs for the child's use of services.

Suicide Within 12 Months of Mental Health Service Contact in Different Age and Diagnostic Groups: National Clinical Survey

Hunt IM, Kapur N, Robinson J, et al.

Br J Psychiatry 2006;188:135–142

Objective: Preventing suicide is a high priority for health services, but effective methods may differ among various patient groups. This study sought to identify social and clinical characteristics in suicide cases from various age and diagnostic groups.

Method: A national clinical survey of a 4-year (1996–2000) sample of cases of suicide in England and Wales in which contact with mental health services (N = 4859) had taken place within less than 1 year.

Results: Jumping from a height or in front of a vehicle, schizophrenia, personality disorder, unemployment, and substance misuse characterized the deaths of young patients. Drowning, depression, living alone, physical illness, recent bereavement, and suicide pacts were more common in older patients. Those with schizophrenia were frequently inpatients and suffered violent deaths. Approxi-

mately one third of people with depression died within a year of illness onset. High rates of disengagement from services characterized people with substance dependence or personality disorder.

Conclusions: Targeting schizophrenia, dual diagnosis, and loss of service contact are preventative measures that will probably help young people, while procedures aimed at depression, isolation, and physical illness should be more effective in elderly people.

Nondegenerative Mild Cognitive Impairment in Elderly People and Use of Anticholinergic Drugs: Longitudinal Cohort Study

Ancelin ML, Artero S, Portet F, et al.

BMJ 2006;332:455–459

Objective: To evaluate whether anticholinergic drugs cause nondegenerative mild cognitive impairment in the elderly.

Method: This longitudinal cohort study included 372 people aged > 60 years without dementia at recruitment from 63 randomly selected general practices in the Montpellier region of southern France. Main outcome measures included evaluation of anticholinergic burden from drug use, cognitive examination, and neurologic evaluation.

Results: In the year prior to cognitive evaluation, 9.2% of subjects continuously used anticholinergic medications. These subjects demonstrated more impaired performance on reaction time, attention, delayed nonverbal memory, narrative recall, visuospatial construction, and language tasks but not on tasks of reasoning, immediate and delayed recall of word lists, and implicit memory compared with those not using anticholinergic medications. Of those using anticholinergic medications continuously, 80% were found to have mild cognitive impairment compared with 35% of those who did not use anticholinergic medications. Use of anticholinergics strongly predicted mild cognitive impairment (OR = 5.12, $p = .001$). Users and non-users of anticholinergics were found to have an equal risk of developing dementia at follow-up after 8 years.

Conclusions: Although elderly users of anticholinergic medications did not have increased risk for dementia, they exhibited significant deficits in cognitive functioning and were highly likely to be classified as mildly cognitively impaired. Prior to considering administration of acetylcholinesterase inhibitors, clinicians should evaluate current anticholinergic medication use in the elderly with mild cognitive impairment.

Relapse of Major Depression During Pregnancy in Women Who Maintain or Discontinue Antidepressant Treatment

Cohen LS, Altshuler LL, Harlow BL, et al.

JAMA 2006;295:499–507

Context: Pregnancy has traditionally been regarded as a period of psychological well-being that offers “protection” against psychiatric disorder. It is nevertheless essential to maintain a systematic characterization of risk of relapse in depressed women who maintain or discontinue pharmacologic treatment during pregnancy.

Objective: To delineate the risk of relapse in pregnant women discontinuing antidepressant medication around the time of conception relative to those who continued antidepressant treatment.

Design, Setting, and Patients: This prospective naturalistic investigation used longitudinal psychiatric assessments on a monthly basis during the term of pregnancy. Time to relapse of depression during pregnancy was ascertained by a survival analysis. Between March 1999 and April 2003, 201 pregnant women were enrolled from 3 centers specializing in the treatment of psychiatric illness during pregnancy. The cohort of women was drawn from 3 sources: within the hospital clinics, self-referral via advertisements and community outreach detailing the study, and direct referrals from the community. Criteria for eligibility were a history of major depression prior to pregnancy, less than 16 weeks’ gestation, at least 3 months of euthymia prior to the last menstrual period, and currently or recently (< 12 weeks prior to last menstrual period) receiving antidepressant treatment. Thirteen of the 201 participants had a miscarriage, 5 elected to terminate the pregnancy, 12 were lost to follow-up prior to parturition, and 8 discontinued the study.

Main Outcome Measure: Relapse of major depression was defined as fulfilling DSM-IV criteria according to Structured Clinical Interview for DSM-IV.

Results: A relapse of major depression was experienced by 86 (43%) of 201 women during pregnancy. Of 82 women who continued antidepressant therapy during the course of their pregnancy, 21 (26%) relapsed, and of 65 who discontinued therapy, 44 (68%) relapsed. While pregnant, women who discontinued antidepressant therapy relapsed significantly more frequently compared with women who continued their therapy (hazard ratio = 5.0; 95% CI = 2.8 to 9.1; $p < .001$).

Conclusions: Pregnancy does not protect against the risk of relapse of major depression. Relapse of depression is associated with cessation during pregnancy of ongoing successful antidepressant therapy, and women with a history of depression should be aware of this risk.

A Preliminary Case Series on the Use of Quetiapine for Posttraumatic Stress Disorder in Juveniles Within a Youth Detention Center

Stathis S, Martin G, McKenna JG

J Clin Psychopharmacol 2005;25:539–544

Background: High rates of psychiatric morbidity, including posttraumatic stress disorder (PTSD), occur in juveniles within the youth justice system.

Method: Six young people, 15 to 17 years old, in a youth detention center who met the criteria for PTSD were included in this case series. Subjects were treated for 6 weeks with low-dose quetiapine. The Traumatic Symptom Checklist in Children was the chief measure of outcome.

Results: Quetiapine dose ranged from 50 to 200 mg/day, and mean \pm SD t scores for PTSD symptoms decreased from 75 ± 5.2 ; range, 68–82) to 54 ± 7.4 ; range, 43–62) ($p < .01$). In the course of the 6-week assessment, symptoms of dissociation ($p < .01$), anxiety ($p < .01$), depression ($p < .01$), and anger ($p < .05$) significantly improved. Low-dose quetiapine was well tolerated, and the nighttime sedation encountered was regarded as advantageous. None of the subjects opted to discontinue treatment after the assessment period.

Conclusion: This early case series suggests that quetiapine treatment may be beneficial for juveniles in detention who have PTSD. However, in order to define the role of quetiapine as a treatment for PTSD in the adolescent forensic population, these results must be duplicated in larger open-label and controlled trials.

Depression Experience Journal: A Computer-Based Intervention for Families Facing Childhood Depression

Demaso DR, Marcus NE, Kinnamon C, et al.

J Am Acad Child Adolesc Psychiatry 2006;45:158–165

Objective: To assess the viability and safety of a computer-based application for families dealing with childhood depression. The Depression Experience Journal (EJ) is a psychoeducational intervention based on a narrative model entailing the sharing of personal stories about childhood depression.

Method: The usability and safety of the Depression EJ were assessed using semistructured interviews. The EJ was used by 38 primary caretakers of children with depression (1 caretaker per patient) during a psychiatric hospitalization. Feasibility and safety were assessed before EJ use and 2 to 4 weeks afterward.

Results: The EJ was determined to be safe and useful for diminishing social isolation, raising hope, raising understanding of familial feelings about childhood depression, and engendering positive reactions in caretakers.

Conclusions: Families dealing with child and adolescent psychiatric illnesses have a promising new source of psychosocial support in computer-based interventions such as Depression EJ.

Definitions and Predictors of Successful Aging: A Comprehensive Review of Larger Quantitative Studies

Depp CA, Jeste DV

Am J Geriatr Psychiatry 2006;14:6–20

Objective: In the absence of an agreed-upon definition of “successful aging,” this study reviews the literature on ratios of subjects who meet criteria and individual components of definitions of successful aging in addition to correlates of these definitions.

Method: A literature search for published English-language peer-reviewed reports of data-based studies of adults over 60 years that included a functional definition of successful aging was conducted. The elements of these definitions were categorized, as were independent variables (e.g., gender, education, and social contacts) examined in relation to successful aging.

Results: Twenty-eight studies with 29 different definitions meeting the authors’ criteria were identified. Most investigations focused on large cohorts of older adults living in communities. The mean (SD) proportion of subjects identified as successfully aging reported in the studies was 35.8% (19.8) but varied greatly (interquartile range: 31%). Many elements of these definitions were identified, although 26 of 29 included disability/physical functioning. The most frequent significant correlates of the various definitions of successful aging were age (young-old), nonsmoking, and absence of disability, arthritis, and diabetes. Greater physical activity, more social contacts, better self-rated health, lack of depression and cognitive impairment, and fewer medical conditions were moderately endorsed. Gender, income, education, and marital status were not generally considered germane to successful aging.

Conclusion: In spite of differences among definitions, approximately one third of elderly individuals met criteria for aging successfully. Absence of disability with lesser inclusion of psychosocial variables was the basis for most of these definitions. While predictors of successful aging differed, they identify several potentially modifiable areas for making successful aging more likely.

Long Term Outcomes From the IMPACT Randomized Trial for Depressed Elderly Patients in Primary Care

Hunkeler EM, Katon W, Tang L, et al.

BMJ 2006;332:259–263

Objective: To assess the effectiveness of collaborative care management in late-life depression over the long term.

Method: This randomized clinical trial assessed 1801 primary care patients aged 60 and older with major depression, dysthymia, or both drawn from 18 primary care clinics in 8 U.S. health care organizations. On the basis of random assignment, patients received either a collaborative care intervention (IMPACT) or standard care for depression for 12 months with follow-up at 18 and 24 months. Education; behavioral activation; antidepressants; a brief, behavior-based psychotherapy (problem-solving treatment); and relapse prevention addressing each patient’s needs and preferences were offered by treatment teams, which included a depression care manager, primary care doctor, and psychiatrist. Main outcome measures were levels of depression, overall functional impairment and quality of life, physical functioning, depression treatment, and satisfaction with care assessed through interviews conducted in person at baseline and by telephone at each follow-up period.

Results: Compared with controls, IMPACT patients fared significantly ($p < .05$) better in continuation of antidepressant treatment, depressive symptoms, remission of depression, physical functioning, quality of life, self-efficacy, and satisfaction with care at 18 and 24 months. A significant difference in depression scores (0.23, $p < .0001$) favoring IMPACT patients remained 1 year after IMPACT resources were withdrawn.

Conclusions: Substantial and lasting long-term benefits are provided by tailored collaborative care, which actively involves older adults in the treatment of their depression. Lower levels of depression, better physical functioning, and an enhanced quality of life are some advantages seen with the IMPACT model, which may lead to healthier lives for older adults.

Toward a Comprehensive Developmental Model for Major Depression in Men

Kendler KS, Gardner CO, Prescott CA

Am J Psychiatry 2006;163:115–124

Objective: The developmental pathways by which the multiple risk factors for major depression are interrelated are not well understood. The authors present a developmental model for major depression in men analogous to one they developed for women in 2002 and based on a similar approach.

Method: Employing data from 2935 adult male twins interviewed twice over a 2- to 4-year period, the authors used structural equation modeling to build an integrated etiologic model for major depression that predicts depressive episodes over 1 year from 18 risk factors seen as 5 developmental “tiers” mirroring childhood, early adolescence, late adolescence, adulthood, and the most recent year.

Results: The model with the best fit included 6 correlations and 76 paths, providing a good fit to the data and explaining 49% of the variance in the liability to depressive episodes. The general results were comparable with those seen in women, indicating that major depression develops from the action and interaction of 3 extensive pathways: internalizing symptoms, externalizing symptoms, and adversity. In men, childhood parental loss and low self-esteem were more powerful variables in the model than was the case in women. Also in men, genetic risks for major depression had a broader spectrum of action than

was the case in women. However, the pathway to major depression through externalizing symptoms was not more prominent in men than in women.

Conclusions: Major depression in men is an etiologically complex disorder influenced by risk factors from multiple domains that act in developmental time, just as it is in women. The correspondences in etiologic pathways to major depression for men and women outweigh the slight differences.

Children of Currently Depressed Mothers: A STAR*D Ancillary Study

Pilowsky DJ, Wickramaratne PJ, Rush AJ, et al.

J Clin Psychiatry 2006;67:126–136

Objective: To assess the current and lifetime prevalence of psychiatric disorders among children of currently depressed mothers and to assess the association of clinical features of maternal depression (i.e., severity, chronicity, and clinical features) with child psychopathology. Mothers were participants in the STAR*D (Sequenced Treatment Alternatives to Relieve Depression) multisite trial, designed to compare effectiveness and acceptability of different treatment options for outpatients with nonpsychotic major depressive disorder (MDD).

Method: Treatment-seeking mothers with a current DSM-IV diagnosis of MDD and with at least 1 child 7 to 17 years old were assessed during a major depressive episode (MDE). For each mother, 1 child was assessed (if a mother had more than 1 child, 1 was randomly selected). Maternal features assessed for this study were history of MDEs, severity of current MDE, comorbid conditions, depressive symptom features, and social functioning. Children were assessed for selected psychiatric diagnoses (Schedule for Affective Disorders and Schizophrenia for School-Age Children—Present and Lifetime Version [K-SADS-PL]), psychopathologic symptoms and social functioning (Child Behavior Checklist), and global functioning (Children's Global Assessment Scale). Data were gathered from December 2001 to April 2004.

Results: A large proportion (72%) of mothers was severely depressed (17-item Hamilton Rating Scale for Depression score ≥ 22). About a third (34%) of children had a current psychiatric disorder, including disruptive behavior (22%), anxiety (16%), and depressive (10%) disorders. Nearly half (45%) had a lifetime psychiatric disorder, including disruptive behavior (29%), anxiety (20%), and depressive (19%) disorders. Atypical depressive features in the mother were associated with a 3-fold increase in the odds of having a child with depressive (OR = 3.3 [95% CI = 1.2 to 9.5]; $p = .02$) or anxiety (OR = 2.6 [95% CI = 1.1 to 6.9]; $p = .03$) disorders. A history of maternal suicide attempts and the presence of comorbid panic disorder with agoraphobia were associated with a 3-fold increase and an 8-fold increase in the odds of depressive disorders in the offspring, respectively. The final model showed significant associations ($p \geq .05$) between the following characteristics of maternal de-

pression and offspring disorders: maternal comorbid panic disorder with agoraphobia and offspring depressive and anxiety disorders, maternal irritable depression and offspring disruptive behavior disorders and any disorder, and maternal substance use disorders and any disorder.

Conclusions: Children of mothers in the midst of a current MDE are at high risk for disruptive behavior and anxiety disorders. The elevated risk of psychopathology among children of depressed mothers may recommend assessment of these children when clinically suggested. Children of depressed mothers with comorbid panic disorder with agoraphobia are at high risk for depressive and anxiety disorders and deserve special attention from clinicians.

Exercise Is Associated With Reduced Risk for Incident Dementia Among Persons 65 Years of Age and Older

Larson EB, Wang L, Bowen JD, et al.

Ann Intern Med 2006;144:73–81

Background: A great deal of morbidity and mortality in aging societies is directly related to Alzheimer's disease and other dementias. Verified approaches for delaying the onset or lowering risk for dementias would be of great benefit. This study sought to assess whether regular exercise can reduce risk for dementia and Alzheimer's disease.

Method: This prospective cohort study included 1740 participants (aged > 65 years) without cognitive impairment who had scores above the 25th percentile on the Cognitive Ability Screening Instrument (CASI) in the Adult Changes in Thought study who were followed biennially to assess incident dementia. Baseline measurements included frequency of exercise, cognitive function, physical function, depression, health conditions, lifestyle characteristics, and other potential risk factors for dementia. A biennial assessment for dementia was also conducted.

Results: 158 participants developed dementia (107 developed Alzheimer's disease) during a mean (SD) follow-up of 6.2 (2.0) years. For participants who exercised ≥ 3 times per week, the incidence rate of dementia was 13.0 per 1000 person-years, compared with 19.7 per 1000 person-years for those who exercised < 3 times per week. The hazard ratio of dementia (adjusted for age and sex) was 0.62 (95% CI = 0.44 to 0.86; $p = .004$). The interaction between exercise and physical function based on performance was statistically significant ($p = .013$). Those with lower levels of performance saw greater risk reduction associated with exercise. The results were much the same in assessments that considered only participants with incident Alzheimer's disease.

Conclusion: These findings suggest that regular exercise is related to a delay in onset of dementia and Alzheimer's disease, offering further validation for its benefit in the elderly population.