

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.

Depressive Symptom Deterioration in a Large Primary Care–Based Elderly Cohort

Katon WJ, Fan MY, Lin EH, et al.

Am J Geriatr Psychiatry 2006;14:246–254

Objective: To assess the incidence and clinical predictors of symptom deterioration in depressed elderly patients who have responded to treatment in primary care.

Method: This was a cohort study enrolling 901 older adults who met DSM-IV criteria for major depressive disorder and/or dysthymia at baseline. Participants were drawn from 18 primary care clinics in 5 states. They had participated in a trial of collaborative care for depression compared with usual care and had improved sufficiently to no longer meet criteria for major depressive disorder at 12 months. Participants were evaluated for 1 year (18 and 24 months) after enrolling in the original study.

Results: Over the 12- to 24-month observational period, 40% of patients met criteria for significant depressive symptom deterioration. Greater initial severity of depression and a greater number of residual DSM-IV depressive symptoms at 12 months constituted significant predictors of symptom deterioration among usual-care patients. Symptom deterioration in intervention patients was not predicted by any variables.

Conclusions: Elderly patients in primary care who are treated for depression evince a high rate of symptom deterioration. Attempts to improve long-term outcomes of older patients with major depressive disorder and/or dysthymia ought to concentrate on supplying more intensive treatment and follow up for patients with residual symptoms of depression.

Development and Prediction of Hyperactive Symptoms From 2 to 7 Years in a Population-Based Sample

Romano E, Tremblay RE, Farhat A, et al.

Pediatrics 2006;117:2101–2110

Objectives: Children are often referred to mental health services with hyperactive symptoms. Because hyperactivity is frequent and persistent, comprehending its developmental course is important. This study distinguished the varying developmental paths of hyperactive symptoms from 2 to 7 years and tested early predictors of high-level and persistent hyperactivity. These data may lead to earlier identification of at-risk children and to more effective interventions that include developmental considerations.

Method: The early development of hyperactivity was tracked with 4 data collection cycles of a nationwide survey of Canadian children. Children were aged 0 to 23 months at the first cycle in 1994 and 6 to 7 years at the fourth cycle in 2000. Starting when children were 24 months old, mothers provided hyperactivity data biennially. Information on possible prenatal and postnatal predictors was collected from mothers at the first cycle. Developmental trajectories were estimated by group-based semiparametric mixture modeling, and logistic regression analysis identified predictors of hyperactivity.

Results: The study distinguished 4 trajectories of hyperactive symptoms: very low, low, moderate, and high. When all other factors were controlled for, statistically significant predictors for high and persistent hyperactivity were maternal prenatal smoking, child male gender, maternal depression, and hostile parenting.

Conclusions: The rate of hyperactive symptoms decreased or continued to be low from 2 to 7 years for the majority of children. However, 7 children in 100 were classified as having high initial levels of hyperactive symptoms that persisted over time. While additional variables must be identified to predict high and persistent hyperactivity precisely, these children were distinguished by several prenatal and early postnatal risk factors. Preventive interventions could focus on high-risk families during pregnancy and early childhood.

A Comparison of Once-Daily and Divided Doses of Modafinil in Children With Attention-Deficit/Hyperactivity Disorder: A Randomized, Double-Blind, and Placebo-Controlled Study

Biederman J, Swanson JM, Wigal SB, et al;
Modafinil ADHD Study Group

J Clin Psychiatry 2006;67:727–735

Objective: This randomized, double-blind, placebo-controlled study assessed the efficacy and tolerability of several modafinil dosing regimens in children with attention-deficit/hyperactivity disorder (ADHD) to determine whether modafinil can be given once daily in pediatric ADHD.

Method: Children and adolescents (age range, 6–13 years) (N = 248) with DSM-IV-defined ADHD were enrolled in a 4-week, double-blind, placebo-controlled study, conducted February–May 2002. The group was assigned to receive oral (100-mg tablets) modafinil 300 mg once daily (300 mg in the morning followed by placebo at midday), modafinil 300 mg as a divided dose (100/200 mg or 200/100 mg), or matching placebo. In children weighing ≥ 30 kg, a higher dose of 400 mg (200/200 mg) was evaluated. Efficacy measures included the teacher-rated School Version and clinician-rated Home Version of the ADHD Rating Scale-IV and the parent-completed Conners' ADHD/DSM-IV Scales.

Results: 223 children completed the study. Those who received modafinil 300 mg once daily showed a significantly greater improvement (change from baseline) than those who received placebo in symptoms of ADHD across all rating scales and subscales (all p values $< .05$). Divided 300-mg doses of modafinil provided some significant but inconsistent improvements in ADHD symptoms. In children weighing ≥ 30 kg, modafinil 400 mg (200/200 mg) was significantly superior to placebo on clinician- and parent-completed scales (all p values $< .05$). Insomnia was the only adverse event to occur with significantly greater frequency in a modafinil group (200/100) than in the placebo group (14% vs. 2%) (p = 3).

Conclusion: Modafinil significantly improved ADHD symptoms in children. Once-daily dosing (300 mg) provided the most consistent improvement in symptoms. All dosing regimens of modafinil were well tolerated.

Ethnicity, Stress, and Cortisol Function in Hispanic and Non-Hispanic White Women: A Preliminary Study of Family Dementia Caregivers and Noncaregivers

Gallagher-Thompson D, Shurgot GR, Rider K, et al.

Am J Geriatr Psychiatry 2006;14:334–342

Objective: This study evaluated differences in psychological and physiologic reactions to caregiving stress among female Hispanic and non-Hispanic white dementia caregivers and noncaregivers. Perceived stress, depression, and salivary cortisol levels were dependent variables.

Method: The Perceived Stress Scale (PSS) and the Center for Epidemiological Studies-Depression Scale (CES-D) were completed by 83 female caregivers (20 Hispanic and 24 non-Hispanic white) and noncaregivers (19 Hispanic and 20 non-Hispanic white). The women also submitted 3 saliva samples daily for 3 consecutive days. A subsample of 17 Hispanic and 28 non-Hispanic white age- and education-matched subjects was used for the main analyses.

Results: Compared with noncaregivers, caregivers had higher levels of 8:00 a.m., 5:00 p.m., and 9:00 p.m. log cortisol, as well as higher perceived stress. Non-Hispanic whites had higher de-

pression scores than noncaregivers, but there was no significant difference for Hispanics. Regardless of caregiving status, Hispanics had flatter daytime cortisol slopes than did non-Hispanic whites. Both ethnicity and depressive symptoms were independent predictors of daytime cortisol slope, as demonstrated by multivariate regression analyses.

Conclusions: Results support the relationship between chronic stress and hypothalamic-pituitary-adrenal axis dysregulation in female dementia caregivers and emphasize the necessity of further evaluating the role played by ethnicity and depressive symptoms in their physiologic reactions.

Risk for New Onset of Depression During the Menopausal Transition: The Harvard Study of Moods and Cycles

Cohen LS, Soares CN, Vitonis AF, et al.

Arch Gen Psychiatry 2006;63:385–390

Objective: To investigate the association between the menopausal transition and onset of first lifetime episode of depression among women without a history of mood disturbance.

Method: This longitudinal, prospective cohort study was conducted with a population-based, cross-sectional sample of women who had not yet entered menopause. Participants resided in 7 Boston, Mass., metropolitan area communities, were aged 36 to 45 years, and had no lifetime diagnosis of major depression (N = 460). The main outcome measure was incidence of new-onset depression as determined by structured clinical interviews, Center for Epidemiologic Studies Depression Scale scores, and an operational construct for depression.

Results: After adjustment for age at study enrollment and history of negative life events, women entering perimenopause without a lifetime history of major depression developed significant depressive symptoms at twice the rate of women who remained premenopausal. In women with self-reported vasomotor symptoms, there was a somewhat greater increase in risk for depression.

Conclusions: The current study suggests that, within a cohort of women of similar age who had no lifetime history of depression, earlier entry into the menopausal transition is associated with a significant risk for first onset of depression. Whether the presence of vasomotor symptoms, use of hormone therapy, the occurrence of adverse life events, and other factors alter this risk independently must be determined by further studies. As they age, many women may be affected by physical symptoms related to the menopausal transition and mood changes observed during this period. These symptoms and mood changes may lead to a significant burden of illness.

Symptoms of Posttraumatic Stress Disorder in a Community Sample of Low-Income Pregnant Women

Smith MV, Poschman K, Cavaleri MA, et al.

Am J Psychiatry 2006;163:881–884

Objective: This study sought to investigate symptoms of posttraumatic stress disorder (PTSD) in a community sample of low-income pregnant women.

Method: Pregnant women (N = 948) were screened for trauma, DSM-IV PTSD, depression, and co-occurring illicit substance use. PTSD symptoms in traumatized pregnant women and a cohort of nonpregnant traumatized women from the National Comorbidity Survey were compared.

Results: Pregnant women with PTSD frequently showed suicidal thoughts and a high degree of psychiatric comorbidity and were selectively and significantly less prone to report reexperiencing symptoms of PTSD (29.5%, N = 82) than nonpregnant women (79.4%, N = 464).

Conclusions: PTSD in pregnancy was related to comorbidity, poor health behaviors, and lower recall of memory-related PTSD symptoms. Additional prospective studies are called for.

Body Mass Index and Body Weight Perception as Risk Factors for Internalizing and Externalizing Problem Behavior Among Adolescents

ter Bogt TF, van Dorsselaer SA, Monshouwer K, et al.

J Adolesc Health 2006;39:27–34

Objective: This study looked at a large representative sample of Dutch youth to investigate the association between body mass index (BMI), body weight perception (BWP), and indicators of internalizing and externalizing distress and social, attention, and thought problems.

Method: A total of 1826 pupils in the eighth grade of primary education and 5730 students in the first 4 years of secondary education were assessed. Estimates of BMIs were calculated from height and weight provided by the pupils. The pupils provided their assessment of their body weight and completed Achenbach's Youth Self-Report (YSR) (1991), which evaluates 8 types of problem behavior. In the data analysis, a multivariate framework was employed, with BMI and BWP as predictors and the YSR scores on different kinds of problem behavior as dependent variables, controlling for background characteristics.

Results: Both BMI and BWP are associated with internalizing and externalizing problem behavior and social, attention, and thought problems. BWP is more closely linked to problem behavior than BMI, as revealed by multivariate tests. Adolescents who were either underweight or overweight but regarded themselves as being in good shape had no more problems than the group with normal BMI and "good" BWP. Problem behavior in both male and female adolescents is best predicted by the perception of being "too thin" and particularly the perception of being "too heavy." Although overweight pupils with an adequate perception of their weight show higher withdrawnness, social problems, and anxiety/depression than their normal weight peers who perceive themselves as too heavy, they have fewer somatic complaints.

Conclusions: Although the relationship between weight perception and problem behavior is the same for both genders, adolescent girls are more dissatisfied with their weight than boys.

Efficacy and Safety of Pregabalin in the Treatment of Generalized Anxiety Disorder: A 6-Week, Multicenter, Randomized, Double-Blind, Placebo-Controlled Comparison of Pregabalin and Venlafaxine

Montgomery SA, Tobias K, Zornberg GL, et al.

J Clin Psychiatry 2006;67:771–782

Objective: Pregabalin has demonstrated robust, rapid efficacy in reducing symptoms of generalized anxiety disorder (GAD) in 4 placebo-controlled clinical trials. The current study compared the efficacy and safety of pregabalin and venlafaxine in patients diagnosed with moderate to severe GAD.

Method: The study was conducted from December 21, 1999, to July 31, 2001. Outpatients (N = 421) in primary care or psychiatry settings meeting DSM-IV criteria for GAD were randomly assigned to 6 weeks of double-blind treatment with pregabalin 400 or 600 mg/day, venlafaxine 75 mg/day, or placebo. The primary analysis was change in Hamilton Rating Scale for Anxiety (HAM-A) total score from baseline to last-observation-carried-forward (LOCF) endpoint. Secondary analyses included the change in HAM-A psychic (emotional) and somatic (physical) factor scores, significant improvement at week 1, and week 1 improvement sustained at every visit through endpoint.

Results: Pregabalin at both dosages (400 mg/day, $p = .008$; 600 mg/day, $p = .03$) and venlafaxine ($p = .03$) produced significantly greater improvement in HAM-A total score at LOCF endpoint than did placebo. Only the pregabalin 400-mg/day treatment group experienced significant improvement in all a priori primary and secondary efficacy measures. Pregabalin in both dosage treatment groups (400 mg/day, $p < .01$; 600 mg/day, $p < .001$) significantly improved HAM-A total score at week 1, with significant improvement through LOCF endpoint. Statistically significant improvement began at week 2 for venlafaxine. Discontinuation rates due to associated adverse events were greatest in the venlafaxine treatment group: venlafaxine, 20.4%; pregabalin 400 mg/day, 6.2%; pregabalin 600 mg/day, 13.6%; placebo, 9.9%.

Conclusion: Pregabalin was safe, well-tolerated, and rapidly efficacious across the physical-somatic as well as the emotional symptoms of GAD in the majority of patients studied in primary care and psychiatric settings.

The Risk of Suicide With Selective Serotonin Reuptake Inhibitors in the Elderly

Juurlink DN, Mamdani MM, Kopp A, et al.

Am J Psychiatry 2006;163:813–821

Objective: To investigate the relationship between beginning therapy with selective serotonin reuptake inhibitors (SSRIs) and completed suicide in older patients.

Method: Population-based coroner's records were matched to patient-level prescription data, physician billing claims, and hospitalization data for more than 1.2 million Ontario residents aged 66 years and older from 1992 to 2000. Using propensity score methods, 4 closely matched controls were chosen for each suicide case. The authors determined the odds ratio (OR) for suicide with SSRIs compared with other antidepressant treatment, calculated at discrete monthly intervals from the beginning of therapy.

Results: Of 1329 suicide cases, 1138 (86%) were each fully matched to 4 controls using propensity scores. During the initial month of therapy, the use of SSRIs was associated with a risk of completed suicide nearly 5 times higher than with other antidepressants (adjusted OR = 4.8; 95% CI = 1.9 to 12.2). The risk bore no relation to a recent diagnosis of depression or the receipt of psychiatric care, and suicides of a violent nature were noticeably more common during SSRI treatment. Many sensitivity analyses yielded consistent results. The second and subsequent months of treatment with SSRI antidepressants revealed no disproportionate risk for suicide, however, and the absolute risk of suicide with all antidepressants was low.

Conclusions: Compared with other antidepressants, starting SSRI therapy is associated with a greater risk of suicide during the first month of therapy. That the absolute risk is low suggests that an idiosyncratic response to these antidepressants may instigate suicide in a vulnerable subgroup of patients.

Sertraline for Prevention of Depression Recurrence in Diabetes Mellitus: A Randomized, Double-Blind, Placebo-Controlled Trial

Lustman PJ, Clouse RE, Nix BD, et al.

Arch Gen Psychiatry 2006;63:521–529

Objective: In patients with diabetes mellitus, depression is a common and recurring problem that affects the medical prognosis negatively. The study sought to investigate whether maintenance therapy with sertraline hydrochloride prevents recurrence of major depression in patients with diabetes.

Method: In this randomized, double-blind, placebo-controlled, maintenance treatment trial, patients who recovered from depression during open-label sertraline treatment remained on the recovery dose of sertraline therapy (N = 79) or identical-appearing placebo (N = 73) and were followed up for up to 52 weeks or until depression recurred. Participants were recruited from outpatient clinics at Washington University, St. Louis, Mo.; the University of Washington, Seattle; and the University of Arizona, Tucson. One hundred fifty two patients with diabetes (mean age = 52.8 years; 59.9% female; 82.9% with type 2 diabetes) who recovered from major depression (43.3% of those first assigned) during 16 weeks of open-label sertraline therapy (mean dose = 117.9 mg/day) were included. The primary outcome was length of time (measured as the number of days after random assignment) to recurrence of DSM-IV major depressive disorder. The secondary outcome was glycemic control, evaluated with serial measurements of glycosylated hemoglobin levels.

Results: Patients receiving sertraline experienced significantly greater prophylaxis against depression recurrence than did those receiving placebo (hazard ratio = 0.51; 95% CI = 0.31 to 0.85; $p = .02$). Elapsed time before recurrence of major depressive disorder in one third of the patients increased from 57 days in patients who received placebo to 226 days in patients on sertraline therapy. Glycosylated hemoglobin levels decreased during the open-treatment phase (mean \pm SD glycosylated hemoglobin level reduction = $-0.4\% \pm 1.4\%$; $p = .002$). Glycosylated hemoglobin levels stayed significantly lower than baseline during depression-free maintenance ($p = .002$); there was no difference between treatment groups ($p = .90$).

Conclusions: In patients with diabetes, maintenance therapy with sertraline lengthens the depression-free period after recovery from major depressive disorder. Recovery from depression with sertraline therapy, as well as sustained remission with or without treatment, is related to improvements in glycosylated hemoglobin levels for at least 1 year.

A Review of Treatment-Emergent Adverse Events During Olanzapine Clinical Trials in Elderly Patients With Dementia

Kryzhanovskaya LA, Jeste DV, Young CA, et al.

J Clin Psychiatry 2006;67:933–945

Objective: Olanzapine and other antipsychotics are not approved by the U.S. Food and Drug Administration to treat behavioral disturbances associated with dementia, but they are often prescribed to these patients. Although antipsychotics may be efficacious in this population, elderly patients with dementia may be particularly vulnerable to adverse events. This article reviews the safety of olanzapine in elderly patients with dementia.

Method: Data from 6 studies comparing olanzapine to placebo, risperidone, or conventional antipsychotics in elderly patients with dementia were analyzed for mortality, cerebrovas-

cular adverse events (CVAEs), and other adverse events. These trials represent all Lilly olanzapine-comparator trials in this population. The data included integration of 5 double-blind, placebo-controlled studies (olanzapine, N = 1184; placebo, N = 478; median age = 79 years; 1 study also compared olanzapine with risperidone, N = 196) and an open-label study comparing olanzapine (N = 150) with conventional antipsychotics (N = 143).

Results: Incidence of mortality was significantly higher in olanzapine- (3.5%) than in placebo-treated patients (1.5%; $p = .024$). There were no significant differences in the crude incidence of mortality between olanzapine- (2.9%) and risperidone- (2.0%) or olanzapine- (14.8%) and conventional antipsychotic-treated patients (16.1%; $p = .871$). Risk factors associated with mortality in olanzapine-treated patients included age ≥ 80 , concurrent benzodiazepine use, treatment-emergent sedation, or treatment-emergent pulmonary conditions. Incidence of CVAEs was approximately 3 times higher in olanzapine- (1.3%) than in placebo-treated patients (0.4%). There were no significant differences in the incidence of CVAEs between olanzapine- (2.5%) and risperidone- (2.0%; $p = 1.0$) or olanzapine- (3.4%) and conventional antipsychotic-treated patients (4.3%; $p = .765$).

Conclusion: These findings should be considered if prescribers elect to treat behavioral disturbances associated with dementia in the elderly with olanzapine or other antipsychotics.

Depressive Symptoms and Changes in Body Weight Exert Independent and Site-Specific Effects on Bone in Postmenopausal Women Exercising for 1 Year

Milliken LA, Wilhelmy J, Martin CJ, et al.

J Gerontol A Biol Sci Med Sci 2006;61:488–494

Background: Clinically depressed populations have exhibited lower bone mineral density (BMD), and depression is the second most common chronic medical condition in general medical practice. Accordingly, investigators sought to determine whether depressive symptoms, vitality, and body weight changes were related to 1-year BMD changes after covariates had been accounted for.

Method: Healthy postmenopausal women (N = 320; aged 40–65 years) were recruited, and 266 women completed the study. Participants were 3 to 10 years postmenopausal, sedentary, and either taking hormone replacement therapy (1–3.9 years) or not taking it (at least 1 year). Individuals were excluded for current smoking status, history of fractures, low BMD, body mass index > 32.9 kg/m² or < 19.0 kg/m², or use of bone-altering medications. Dual-energy x-ray absorptiometry was used to measure regional BMD at baseline and 1 year. Standard questionnaires were used to evaluate self-reported depressive symptoms and vitality.

Results: Both the vitality and depressive symptoms scores were related to BMD changes at the femur neck but not at the greater trochanter or spine. BMD changes in the trochanter and spine, but not in the femoral neck, were predicted by weight change. The effects of weight change and vitality and/or depressive symptoms on BMD changes at the hip were differential and site-specific. Vitality and depressive symptoms were related to femoral neck changes, and weight change was related to greater trochanter changes.

Conclusion: Symptoms of depression had a negative impact on BMD that was independent of body weight or other behavioral factors, such as calcium compliance or exercise, in this population of postmenopausal women.

Symptoms of Anxiety and Depression in Childhood and Use of MDMA: Prospective, Population Based Study

Huizink AC, Ferdinand RF, van der Ende J, et al.

BMJ 2006;332:825–828. Epub 2006 Feb 24

Objective: To assess whether symptoms of behavioral and emotional problems in childhood and early adolescence precede ecstasy (3,4-methylenedioxymethamphetamine, MDMA) use.

Method: In this prospective, longitudinal, population-based study, a group of 1580 people were followed over a 14-year period, from childhood into adulthood. The study site was in the Dutch province of Zuid-Holland. The initial evaluation occurred in 1983, prior to MDMA's use as a recreational drug in the Netherlands. This evaluation used the Child Behavior Checklist to elicit uniform parents' reports of children's behavioral and emotional difficulties. Fourteen years later, the composite international diagnostic interview was used to evaluate use of MDMA.

Results: Researchers reviewed 8 syndrome scales of childhood behavior. Childhood scores in the deviant range for the scales specified as anxious or depressed were significantly related to use of MDMA in adolescents and adults, effecting a greater risk (hazard ratio 2.22, 95% CI 1.20 to 4.11, $p = .01$).

Conclusions: An increased tendency to use MDMA in adolescence or young adulthood may occur in individuals with childhood symptoms of anxiety and depression. Enhanced feelings of bonding with other people, euphoria, or relaxation, purported to accompany MDMA use, may result in a particular vulnerability in those individuals with symptoms of anxiety or depression.

Associations of Hormones and Menopausal Status With Depressed Mood in Women With No History of Depression

Freeman EW, Sammel MD, Lin H, et al.

Arch Gen Psychiatry 2006;63:375–382

Objectives: To distinguish first onset of depressive symptoms and diagnosed depressive disorders during the menopausal transition and identify the relationships between these cases and menopausal status, reproductive hormones, and other risk factors.

Method: A within-woman, 8-year, longitudinal study was conducted to determine risk factors for depressed mood. Participants were a subset of a randomly identified, population-based cohort of premenopausal women with no history of depression at cohort enrollment.

Main outcome measures were The Center for Epidemiological Studies of Depression scale (CES-D) to assess depressive symptoms and the Primary Care Evaluation of Mental Disorders (PRIME-MD) to identify clinical diagnoses of depressive disorders.

Results: High CES-D scores (≥ 16) were more than 4 times more likely to occur during a woman's menopausal transition compared with when she was premenopausal (OR = 4.29; 95% CI = 2.39 to 7.72; $p < .001$). After adjusting for smoking, body mass index, premenstrual syndrome, hot flashes, poor sleep, health status, employment, and marital status, variables related to high CES-D scores were within-woman change in menopausal status, higher levels of follicle-stimulating hormone and luteinizing hormone, and higher variability of estradiol, follicle-stimulating hormone, and luteinizing hormone around the

woman's individual mean levels. A diagnosis of depressive disorder was 2.5 times more likely to occur in the menopausal transition than during premenopause (OR = 2.50; 95% CI = 1.25 to 5.02; $p = .01$), and the hormone measures were significantly related to this outcome.

Conclusion: The change to menopause and its fluctuating hormonal environment are strongly related to first onset of depressed mood in women without a history of depression.

Internalizing Behaviors in 4-Year-Old Children Exposed in Utero to Psychotropic Medications

Misri S, Reebye P, Kendrick K, et al.

Am J Psychiatry 2006;163:1026–1032

Objective: This study examined internalizing behaviors in children between 4 and 5 years old who had been exposed to psychotropic medications in utero. An earlier report by the authors investigated the effects of prenatal medication exposure in this same cohort when they were newborns and infants at 3 and 8 months old.

Method: Levels of internalizing behaviors (e.g., depression, anxiety, withdrawal) were evaluated with the use of parental/teacher reports and a clinical measure of mother and child interactions. Results in children with prenatal selective serotonin reuptake inhibitor (SSRI) exposure (N = 22) and nonexposed children of healthy, nondepressed, nonmedicated mothers (N = 14) were compared. Maternal mood was measured. Outcomes between groups were compared with ordered logistic regressions, independent-sample t tests, and univariate ANOVAs. Associations between maternal mood and child behaviors were determined with Pearson correlations.

Results: Levels of internalizing behaviors between children with prenatal psychotropic medication exposure and those not exposed did not differ significantly. Nevertheless, internalizing behaviors in children increased as symptoms of anxiety and depression in their mothers increased.

Conclusions: Although there was no association between prenatal exposure to psychotropic medications and increased reports of internalizing behaviors at 4 years old, impaired maternal mood did have an observed effect on child behavior. To understand if the child outcome is affected by maternal psychiatric disorders, prenatal SSRI exposure, or a combination of both, further study of complex associations between the illness, medications, and childhood internalizing behaviors is required.

What Is the Optimal Duration of a Short-Term Antidepressant Trial When Treating Geriatric Depression?

Mulsant BH, Houck PR, Gildengers AG, et al.

J Clin Psychopharmacol 2006;26:113–120

Background: This study sought to establish the optimal length of an antidepressant trial in elderly patients. To this end, the authors investigated the probability of an elderly patient's eventually responding to therapy based on early improvement.

Method: Four hundred seventy-two elderly patients with major depression (nonpsychotic, nonbipolar) were treated under conditions defined by protocol for up to 12 weeks; the Hamilton Rating Scale for Depression was used to assess patient response weekly. Patients who had not fully responded after treatment lasting for 4 to 10 weeks were evaluated for the probability of full response after 12 weeks of treatment.

Results: The majority of patients who had shown a partial improvement after 4 weeks of treatment became full responders after 4 or more additional weeks of treatment. However, only a few patients who initially failed to respond subsequently became full responders, although some received up to 8 additional weeks of treatment.

Conclusions: A subgroup of elderly patients with depression who are more likely to benefit from a change in their treatment than from a few additional weeks of treatment with the same agent can be reliably identified after 4 weeks of treatment.

The Texas Children's Medication Algorithm Project: Revision of the Algorithm for Pharmacotherapy of Attention-Deficit/Hyperactivity Disorder

Pliszka SR, Crismon ML, Hughes CW, et al;
Texas Consensus Conference Panel on Pharmacotherapy
of Childhood Attention Deficit Hyperactivity Disorder
J Am Acad Child Adolesc Psychiatry 2006;45:642-657

Objective: Algorithms for medication treatment of attention-deficit/hyperactivity disorder (ADHD) were developed by the Texas Department of Mental Health and Mental Retardation in 1998. The algorithm was modified and updated in response to

advances in the psychopharmacology of ADHD and findings from a feasibility study of algorithm use in community mental health centers.

Method: A consensus conference of academic clinicians and researchers, practicing clinicians, administrators, consumers, and families was convened by the authors to revise the algorithms for the pharmacotherapy of ADHD itself as well as ADHD with specific comorbid disorders. National experts considered new research findings, and cases were made for proposed changes and additions to the algorithms. Both the national experts and experienced clinicians from the Texas public mental health system discussed and authorized the changes to the algorithms.

Results: Consensually agreed-upon algorithms for ADHD with and without comorbid disorders were developed by the panel. Eliminating pemoline as a treatment option, adding atomoxetine to the algorithm, and refining guidelines for treating ADHD with comorbid depression, aggressive behaviors, and tic disorders were among the major changes to the algorithm.

Conclusions: Medication algorithms for ADHD can be modified to stay current with developments in the field. Despite the usefulness of these evidence- and consensus-based treatment recommendations in guiding the treatment of ADHD in children, additional research is required to judge how these algorithms can be used to maximally benefit child outcomes.