

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.

Bone Mineral Density in Postmenarchal Adolescent Girls in the United States: Associated Biopsychosocial Variables and Bone Turnover Markers

Harel Z, Gold M, Cromer B, et al.

J Adolesc Health 2007;40:44–53

Objective: During adolescence, bone formation prevails over resorption, and accumulation of 40% of peak bone mass ensues throughout this time period. Multiple studies have explored bone mass accrual during the early stages of puberty, but less is understood concerning factors that may affect bone accrual during later years of adolescence. This cross-sectional study analyzed relationships among bone mineral density (BMD) and demographic characteristics, behavioral variables, and bone metabolism markers in postmenarchal adolescent girls.

Method: The cohort comprised 389 healthy postmenarchal adolescent girls, aged 11 to 18 years, who were recruited into a prospective study of the effect of depot medroxyprogesterone acetate (DMPA) on bone health in adolescents. Investigators gathered demographic, reproductive health, and lifestyle data and performed a complete physical examination at baseline. Body mass index (BMI) was calculated. BMD at the lumbar spine, total hip, and femoral neck was measured by dual-energy X-ray absorptiometry (DXA), and markers of bone metabolism (serum bone-specific alkaline phosphatase [BAP], serum osteocalcin, and urinary N-telopeptide [uNTX]) were measured prior to the study initiation. The baseline data from this study were examined to assess potential correlates of BMD in postmenarchal adolescent girls. Possible associations between BMD values and other parameters were evaluated by analysis of variance and Pearson's correlation coefficient.

Results: Subjects who entered the study had a mean (\pm SD) chronological age of 14.9 ± 1.7 years (range, 11–18), gynecologic age of 39.9 ± 23.0 months (range, 1–120) postmenarche, and BMI of 23.5 ± 4.6 kg/m² (range, 16.0–42.2). Racial/ethnic distribution was 46% African American, 35% Caucasian, and 19% other races; 9% had been pregnant. Positive correlations were observed between lumbar spine BMD and chronological age ($r = .301$, $p < .0001$), gynecologic age ($r = .349$, $p < .0001$), and BMI ($r = .371$, $p < .0001$). Total hip and femoral neck BMD values were significantly higher ($p < .05$ and $p < .05$, respectively) in African American subjects relative to non-African American subjects. A history of pregnancy was significantly associated with a lower BMD at the lumbar spine ($p < .0001$) and the total hip ($p < .01$) relative to the BMD of adolescents who had never been pregnant. Alcohol use and cigarette smoking were not associated with significant differences in BMD. Negative correlations were seen between gynecologic age and the levels of BAP ($r = -.564$, $p < .0001$), osteocalcin ($r = -.349$, $p < .0001$), and uNTX ($r = -.281$, $p < .0001$), and between lumbar spine BMD and BAP ($r = -.363$, $p < .0001$), osteocalcin ($r = -.129$, $p < .05$), and uNTX ($r = -.202$, $p < .001$) levels.

Conclusions: According to our data, in postmenarchal adolescent girls, chronological age, gynecologic age, race/ethnicity, BMI, and previous history of pregnancy are markedly associated with BMD. Bone accretion in the postmenarchal years continues as bone turnover slows during this time period.

Data From the VITA Study Do Not Support the Concept of Vascular Depression

Rainer MK, Mucke HA, Zehetmayer S, et al.

Am J Geriatr Psychiatry 2006;14:531–537

Objective: Cerebrovascular lesions that are detectable in magnetic resonance scans and regioselective atrophy of the brain have been suggested to be a cause of or an exacerbating factor in late-life depression. This study sought to determine whether deep white matter or periventricular hyperintensities, small ischemic lesions, and brain atrophy contribute to late-onset depression in the nondemented elderly.

Method: A case-control cohort (ratio = 1:4) of 51 individuals with late-onset major or minor depression and 204 subjects without depression matched for gender and education status was constructed from a group of 606 people of identical age (75.8 years, SD = 0.45 years) residing in 2 districts of Vienna. The result was

2 groups that were homogenous in terms of age, place of residence, gender, and education. Scores for focal brain lesions, mediotemporal lobe atrophy, and ventricular enlargement as well as risk factors for vascular disease were compared with cognition and depression status.

Results: In all measures of cognitive and executive function, depressed individuals had significantly lower scores than non-depressed subjects. Although measures of brain atrophy (Cella Media indices, mediotemporal atrophy) indicated an evident statistical relation to depression, no significant relation was found between a diagnosis of depression and any type of discrete brain lesions. No relationship between depression and lipid parameters was discovered.

Conclusion: These findings cast doubt on the vascular hypothesis of late-onset depression.

Effects of Psychosocial Stimulation and Dietary Supplementation in Early Childhood on Psychosocial Functioning in Late Adolescence: Follow-Up of Randomized Controlled Trial

Walker SP, Chang SM, Powell CA, et al.

BMJ 2006;333:472. Epub 2006 Jul 28

Objective: To investigate whether dietary supplementation or psychosocial stimulation administered to growth-retarded (stunted) children aged 9 to 24 months has long-term benefits for their psychosocial functioning in late adolescence.

Method: This 16-year follow-up study of a randomized controlled trial was conducted in poor neighborhoods in Kingston, Jamaica. Of 129 stunted children identified at age 9 to 24 months, 103 adolescents aged 17 to 18 years were followed up. Supplementation with 1 kg milk-based formula each week or psychosocial stimulation (weekly play sessions with mother and child), or both, was provided for 2 years. Interviewers administered questionnaires to determine anxiety, depression, self-esteem, and antisocial behavior. Parent interviews were used to assess attention deficit, hyperactivity, and oppositional behavior.

Results: Subjects in the stimulation group had significantly different overall scores from those in the dietary supplementation alone group ($F = 2.047$, $p = .049$), as indicated by primary analysis. The effect of supplementation was not significant ($F = 1.505$, $p = .17$). Less anxiety (mean difference = -2.81 , 95% CI = -5.02 to -0.61), less depression (mean difference = -0.43 , 95% CI = -0.78 to -0.07), and higher self-esteem (mean difference = 1.55 , 95% CI = 0.08 to 3.02) were noted by subjects treated with stimulation, and fewer attention problems (mean difference = -3.34 , 95% CI = -6.48 to -0.19) were noted by parents. These differences are equivalent to effect sizes of 0.40 to 0.49 standard deviations.

Conclusions: Stunted children's emotional outcomes and attention receive lasting benefits from stimulation in early childhood.

Quality of Life Assessment in Adult Patients With Attention-Deficit/Hyperactivity Disorder Treated With Atomoxetine

Adler LA, Sutton VK, Moore RJ, et al.

J Clin Psychopharmacol 2006;26:648-652

Background: Attention-deficit/hyperactivity disorder (ADHD) has its onset during childhood and is estimated to affect 3% to 7% of school-aged children. Unfortunately, the disorder

often continues into adult life. The burden of this disorder is substantial and is frequently distinguished by academic (or occupational) impairment and familial and social dysfunction. Despite the existence of research demonstrating the effects of ADHD on certain aspects of life, the clinical trials of ADHD treatments have usually concentrated on efficacy and safety.

Method: Atomoxetine was approved in the United States in November 2002 for the treatment of ADHD in children, adolescents, and adults. This study employs data from a clinical trial of atomoxetine in adult patients with ADHD that included a measure of health-related quality of life (the Medical Outcomes Study 36-item short-form health survey [SF-36]) as part of the overall evaluation of the success of this relatively new intervention. The Conners Adult ADHD Rating Scale-Investigator Rated: Screening Version (CAARS) ADHD total symptom score was the primary outcome measure for ADHD symptoms.

Results: As has been the case in earlier trials, adult patients with ADHD treated with atomoxetine at typical doses showed substantial reduction of ADHD symptoms, as measured on the CAARS. As measured on the SF-36 at baseline, the measures of overall mental health (one aspect of quality of life) of adult patients with ADHD were below the average level. Atomoxetine treatment significantly improved the measures of mental health and ameliorated the ADHD symptoms; the 2 measures were correlated.

Conclusions: These data suggest that atomoxetine treatment not only improves ADHD symptoms in adult patients but also enhances their subjective quality of life.

Onset of Depression in Elderly Persons After Hip Fracture: Implications for Prevention and Early Intervention of Late-Life Depression

Lenze EJ, Munin MC, Skidmore ER, et al.

J Am Geriatr Soc 2007;55:81-86

Objectives: The investigators sought to identify predictors of onset of major depressive disorder (MDD) and of depressive symptoms in subjects with a hip fracture.

Method: This prospective naturalistic study was conducted at the University of Pittsburgh Medical Center-Shadyside, a large urban hospital in Pittsburgh, Penn. The subjects were 126 elderly patients who received surgical fixation for hip fracture and who were not experiencing a major depressive episode at the time of the fracture; persons with severe cognitive impairment were excluded. A battery of clinical measures (including apathy measured using the Apathy Evaluation Scale [AES], delirium, cognitive measures, social support, and disability level) was used to assess subjects at the time of hospital discharge. Depression evaluations were made at the end of the surgical stay, 2 weeks later, and then monthly for 6 months, using the Hamilton Rating Scale for Depression (HAM-D) to assess symptomatology and the Primary Care Evaluation of Mental Disorders to assess diagnosis of MDD.

Results: Eighteen of 126 subjects (14.3%) developed MDD after hip fracture; 11 developed MDD by the end of the hospitalization and 7 between 2 and 10 weeks later. Baseline apathy score, as measured using the AES, was the only clinical measure associated with the development of MDD, as shown by logistic regression (odds ratio = 1.09, 95% CI = 1.03 to 1.16, $p = .003$). Of those with high AES scores, 46.2% developed MDD versus 10.9% of those with lower scores. By way of contrast, cognitive variables, delirium, disability after hip fracture, and other factors related to the fracture (e.g., fracture type)

failed to be associated with MDD. These findings were generally corroborated by a repeated-measures analysis with HAM-D over time as a dependent variable, as depressive symptoms were highest immediately after the fracture, and apathy and delirium scores were related to higher depressive symptom levels.

Conclusion: The onset of MDD frequently occurs after hip fracture, with the greatest period of risk presenting immediately after the fracture. Individuals with clinical evidence of apathy are at high risk for developing MDD, and evaluation and close follow-up of such individuals are indicated. Additional research is nevertheless necessary to identify other candidate variables (e.g., clinical measures or biomarkers) to model the risk for MDD after hip fracture and other disabling medical events adequately.

A Preventive Intervention for Pregnant Women on Public Assistance at Risk for Postpartum Depression

Zlotnick C, Miller IW, Pearlstein T, et al.

Am J Psychiatry 2006;163:1443–1445

Objective: A previous pilot study of a preventive intervention based on the principles of interpersonal psychotherapy to lower the risk of postpartum major depressive disorder yielded promising results. This study investigated whether the intervention would lower the risk of postpartum major depressive disorder in a larger cohort of pregnant women.

Method: Ninety-nine pregnant women on public assistance who were judged to be at risk for postpartum depression were randomly assigned to receive usual prenatal care plus the intervention or usual prenatal care alone. Three months after delivery, diagnostic interviews were conducted to evaluate for major depressive disorder.

Results: Within 3 months postpartum, 8 (20%) of the women in the usual prenatal care group had developed postpartum major depressive disorder, compared with 2 (4%) in the intervention group.

Conclusions: This study contributes additional evidence for the efficacy of a brief intervention to reduce the appearance of major depressive disorder among financially disadvantaged women during the first 3 months postpartum.

Cardiovascular Risk in Midlife and Psychological Well-Being Among Older Men

Strandberg TE, Strandberg AY, Pitkala KH, et al.

Arch Intern Med 2006;166:2266–2271

Background: Although negative and positive affects influence prognosis in the elderly, underlying mechanisms of this influence are obscure. We explored whether cardiovascular disease risk in midlife is related to psychological well-being in older men (aged 69–84 years).

Method: A volunteer cohort of men with similar socioeconomic backgrounds, born from 1919 through 1934, was followed up for 29 years. The men were healthy at baseline in 1974 but were regarded as being at low (N = 593) or high (N = 610) risk of cardiovascular diseases (repeatedly 1 or more of classic cardiovascular risk factors). A mailed questionnaire evaluated psychological well-being in older survivors from November 1, 2002, through March 31, 2003. National registers provided mortality up to December 31, 2002.

Results: During the entire follow-up, 303 men died, 127 (21.4%) and 176 (28.9%) in the low- and high-risk groups, re-

spectively (hazard ratio = 1.54; 95% CI = 1.19 to 2.00; p = .001). From 2002 through 2003, the response rates to the questionnaire were 73.7% (336/456) and 71.4% (297/416) in the low- and high-risk groups, respectively (p = .45), and the mean age was 76 years. As the men aged, the variables related to psychological well-being were consistently better in the low-risk than in the high-risk group. The differences were especially evident in life satisfaction (p = .02), feeling of happiness (p = .001), positive life orientation as a whole (p = .04), and the Zung depression score (p = .007). The difference in the feeling of happiness between the groups was maintained (p = .01) after adjustments, including the feeling of depression.

Conclusion: Low cardiovascular risk in midlife was associated not only with better survival but also with better psychological well-being in the elderly.

Incidence and Outcome of Depressive Symptoms in Nursing Home Patients in the Netherlands

Smalbrugge M, Jongenelis L, Pot AM, et al.

Am J Geriatr Psychiatry 2006;14:1069–1076

Objectives: To evaluate incidence and outcome of depressive symptoms among nursing home (NH) patients and to distinguish clinical features predicting onset and persistence of depressive symptoms.

Methods: Depressive symptoms (Geriatric Depression Scale [GDS] score > 10) and relevant correlates were evaluated at baseline and at follow-up (6 months) in 350 NH patients of 14 Dutch NHs with the GDS. Chi-square statistics and multiple logistic regression analyses were employed to analyze predictors of onset and persistence.

Results: During 6 months' follow-up, the prevalence of depressive symptoms decreased from 41.3% to 28.9%. The rate of persistence in those who had depressive symptoms at baseline was 63.3%, while the rate of onset of depressive symptoms in those without them at baseline was 4.7%. Patients with higher GDS scores (18–30) at baseline had more frequent persistence of depressive symptoms. There were no baseline characteristics associated with onset of depressive symptoms. Persistence of depressive symptoms was only associated with more years of education.

Conclusion: Depressive symptoms among NH patients may be largely accounted for by factors present before admission and transition. Remission of depressive symptoms present at baseline was largely responsible for the observed substantial decrease in prevalence of depressive symptoms over 6 months. This observed decrease of depressive symptoms may be explained by adaptation of NH patients to preadmission factors, facilitated by the NH environment. Interventions targeted at patients with higher GDS scores (18–30) should be assessed in further studies.

Changes in the Prevalence of Major Depression and Comorbid Substance Use Disorders in the United States Between 1991–1992 and 2001–2002

Compton WM, Conway KP, Stinson FS, et al.

Am J Psychiatry 2006;163:2141–2147

Objective: To ascertain if changes in rates of depression between 1991–1992 and 2001–2002 in the United States were related to changes in rates of comorbid substance use disorder.

Method: Two large (each $N > 42,000$) cross-sectional surveys of representative samples of the U.S. population, administered 10 years apart, provided data for this study. Face-to-face interviews, identical diagnostic criteria, and consistent assessment instruments were employed by both surveys. A comparison was made between rates of past-year major depressive episode in the total samples and among subjects with and without co-occurring substance use disorders in major demographic groups.

Results: From 1991–1992 to 2001–2002, the prevalence of major depression among U.S. adults increased from 3.33% to 7.06%. Whites, blacks, and Hispanics and all age groups demonstrated statistically significant increases. Hispanic men overall and Hispanic women 18 to 29 years of age showed increases that were not significant. Thus, increases in the rates of depression were associated with concomitant increases in co-occurring substance use disorders only in black men 18 to 29 years of age.

Conclusions: There were notable increases in rates of major depression in the United States over the past decade occurring in most sociodemographic subgroups of the population. Should these increases continue at the rate they did during the past decade, the need for services will rise markedly in the coming years.

Depression in Older Age Is a Risk Factor for First Ischemic Cardiac Events

Bremmer MA, Hoogendijk WJ, Deeg DJ, et al.

Am J Geriatr Psychiatry 2006;14:523–530

Objective: Although evidence exists for an association between depressive disorders and cardiac diseases and death, the underlying disease mechanism remains elusive. The authors sought to examine whether the cardiac morbidity and mortality occurring after depression in late life is determined by subclinical atherosclerosis and is thus restricted to ischemic heart diseases.

Method: The population-based cohort of the Longitudinal Aging Study Amsterdam was used to follow 2403 men and women aged 55 years and over without cardiac disease, assessing the onset of cardiac disease or cardiac death. Ischemic heart diseases (angina pectoris, [non]fatal myocardial infarction) were differentiated from other cardiac diseases (congestive heart failure, arrhythmia). DSM-III criteria were used to diagnose major depression. Clinically relevant depressive symptoms that failed to meet these criteria were defined as subthreshold depression.

Results: 444 first cardiac events occurred after a mean follow-up of 7.2 years. 252 were primary ischemic events, and 192 were other cardiac events. When compared with non-depressed respondents, those with major depression had a relative risk (RR) of 2.09 (95% CI = 1.13 to 3.85) for any cardiac event after adjusting for physical health variables with Cox regression analysis. When only ischemic events were evaluated, the RR attributable to major depression increased to 3.00 (95% CI = 1.51 to 5.93), while the RR decreased to 0.96 (95% CI = 0.24 to 3.89) for all other cardiac events. The risk of future cardiac events was not increased by subthreshold depression.

Conclusion: Initial cardiac events are predicted by major depression in older individuals. Ischemic heart diseases may completely account for the excess cardiac morbidity and cardiac mortality after major depression.

Histories of Child Maltreatment and Psychiatric Disorder in Pregnant Adolescents

Romano E, Zoccolillo M, Paquette D

J Am Acad Child Adolesc Psychiatry 2006;45:329–336

Objective: To assess histories of child maltreatment and psychiatric disorder in a high-risk cohort of pregnant adolescents.

Method: High school, hospital, and group home settings in Montreal (Canada) provided cross-sectional data for 252 pregnant adolescents. Adolescents completed a child maltreatment questionnaire and provided a psychiatric interview on both lifetime conduct and major depressive disorders. The association between child maltreatment and psychiatric disorder was modeled by latent class analysis.

Results: Two latent classes—pregnant adolescents with no reported child maltreatment history (79%) and those with multiple forms of maltreatment (21%)—were detected by the analyses. No association between the child maltreatment latent variable and major depressive disorder was found. Instead, depression was related specifically to one form of maltreatment (i.e., sexual abuse, OR = 2.60). Depression also showed a significant relationship with conduct disorder (OR = 3.70). Pregnant adolescents with multiple forms of child maltreatment were 4 times as likely to also have conduct disorder as adolescents who were not maltreated.

Conclusions: Previous experience of multiple forms of child maltreatment, in addition to depression and conduct disorder, was prevalent in this cohort of pregnant adolescents. Screening for histories of child maltreatment and psychiatric disorder and introducing effective interventions for pregnant adolescents and their children is necessary.

The Impact of Patient Participation on Adherence and Clinical Outcome in Primary Care of Depression

Loh A, Leonhart R, Wills CE, et al.

Patient Educ Couns 2007;65:69–78

Objective: Taking part in shared treatment decision making by patients is conjectured to improve depression treatment adherence and clinical outcomes in depressed patients. The study aim was to assess the effect of patient participation on these factors and to identify the variance of clinical outcome as the primary outcome variable.

Method: Thirty general practitioners and 207 depressed patients participated in a survey, at initial consultation and 6 to 8 weeks later. General practitioners documented their clinical practice, and patients completed questionnaires, including the Brief Patient Health Questionnaire for depression and clinical outcome, patient participation scale, and visual analogue scales for treatment adherence. Evaluation of correlations was followed by the development of a structural equation model (as a latent variable analysis) to establish a model to explain the entire set of the variables' relationships.

Results: Patient adherence ($\beta = 0.41$) and baseline depression severity ($\beta = 0.65$) accounted for 60% of the variance in clinical outcome. Clinical outcome, but not patient participation, was predicted by depression severity. While participation predicted adherence ($\beta = 0.39$), it did not influence clinical outcome directly. Physician- ($\beta = 0.57$) and patient-reported treatment explained adherence ($\beta = 0.66$).

Conclusion: Patient participation in decision making affects clinical outcome in primary care of depression in a specific pathway via adherence.

Practice Implications: Patient participation is a key factor in improving treatment adherence and clinical outcome. Strategies for improving the quality of depression care should focus on patient participation.

Early Father Involvement Moderates Biobehavioral Susceptibility to Mental Health Problems in Middle Childhood

Boyce WT, Essex MJ, Alkon A, et al.

J Am Acad Child Adolesc Psychiatry 2006;45:1510–1520

Objective: To examine how early paternal caretaking in infancy and children's biobehavioral sensitivity to social contexts interactively predict mental health symptoms in middle childhood.

Method: The participation of fathers in infant care and maternal symptoms of depression were identified prospectively in a community-based study of child health and development in Madison and Milwaukee, Wis. During a 4-hour home assessment in 1998, when the children were 7 years old, behavioral, autonomic, and adrenocortical reactivity to standardized challenges were calculated as indicators of biobehavioral sensitivity to social context in a subsample of 120 children. Parent, child, and teacher reports were employed to assess mental health symptoms at age 9 years.

Results: Early participation of fathers and children's biobehavioral sensitivity to context significantly and interactively predicted symptom severity. Among children receiving minimal paternal caretaking in infancy, behavioral, autonomic, and adrenocortical reactivity became risk factors for later mental health symptoms. Children with high autonomic reactivity who, as infants, had experienced little paternal participation and mothers with symptoms of depression registered the highest symptom severity scores.

Conclusions: Among children experiencing low paternal involvement in infancy, increased biobehavioral sensitivity to social contexts may be a substantial predisposing factor for the appearance of mental health symptoms in middle childhood. The presence of maternal depression may worsen such predispositions.

Cross-Sectional Association Between Behavioral Symptoms and Potential Elder Abuse Among Subjects in Home Care in Italy: Results From the Silvernet Study

Ogioni L, Liperoti R, Landi F, et al.

Am J Geriatr Psychiatry 2007;15:70–78

Objectives: To assess the prevalence of potential elder abuse among older adults receiving home care and to evaluate the relationship between behavioral symptoms and potential abuse.

Method: Data on 4630 subjects aged 65 years or older receiving home care in Italy were collected using the Minimum Data Set for Home Care assessment. Potential abuse included signs of physical or emotional abuse and neglect. For behavioral symptoms to be present, participants must have exhibited one or more of the following symptoms in the 3 days before the assessment: wandering; verbally abusive, physically abusive, socially inappropriate behavior; and active resistance to care.

Results: The mean (SD) age of participants was 80.5 (7.7) years, and 2761 (60%) were female. Signs of potential abuse were identified in 336 of 3869 (9%) participants without behav-

ioral symptoms and 126 of 761 (17%) with behavioral symptoms. The presence of behavioral symptoms was significantly associated with potential abuse (odds ratio [OR] = 1.56; 95% CI = 1.21 to 2.00) when potential confounders had been adjusted for. When behavioral symptoms were analyzed separately, wandering was negatively associated with potential abuse (OR = 0.58; 95% CI = 0.36 to 0.97), while other symptoms were positively associated with this outcome (verbally abusive behavior OR = 1.69, 95% CI = 1.24 to 2.31; physically abusive behavior OR = 1.42, 95% CI = 1.00 to 2.03; socially inappropriate behavior OR = 1.78, 95% CI = 1.26 to 2.53; active resistance of care OR = 1.69, 95% CI = 1.20 to 2.38).

Conclusion: Signs of potential abuse are frequent in older adults in home care in Italy and are associated with behavioral symptoms.

How Are Substance Use Disorders Addressed in VA Psychiatric and Primary Care Settings? Results of a National Survey

Tracy SW, Trafton JA, Weingardt KR, et al.

Psychiatr Serv 2007;58:266–269

Objective: To review treatments for substance use disorders within the Department of Veterans Affairs (VA) psychiatric and primary care settings.

Method: Eighty-three VA psychiatry program directors and 102 primary care practitioners were chosen randomly from a national sample and interviewed by telephone. Screening practices to detect substance use disorders, protocols for treating patients with substance use disorders, and available treatments for substance use disorders were evaluated by the survey.

Results: Although respondents recounted widespread contact with patients with substance use problems, most of them indicated that they were ill-equipped to treat substance use disorders themselves; such patients were referred, as a rule, to specialty substance use disorder treatment programs.

Conclusions: Offering fewer specialty substance use disorder services within the VA may be questionable; providers can refer patients to specialty programs only if such programs exist. Providing care for veterans with substance use disorders may mean expanding the capacity of existing programs and establishing new specialty programs or increasing the ability of psychiatric programs and primary care practitioners to deliver such care.

Screening for Depression in an Urban Pediatric Primary Care Clinic

Dubowitz H, Feigelman S, Lane W, et al.

Pediatrics 2007;119:435–443

Objectives: The investigators sought to judge the prevalence of depressive symptoms among parents at a pediatric primary care clinic and to assess a very brief screen for parental depression as to its stability, sensitivity, specificity, and positive and negative predictive values.

Method: A parent screening questionnaire was completed by 216 mothers (we use this term because 96% of caregivers were mothers) bringing in children less than 6 years of age for child health supervision in a primary care clinic. Developed for the study, the parent screening questionnaire is a brief screen for psychosocial problems that includes 2 questions on depressive symptoms. Mothers subsequently completed the computerized

study protocol, which included the parent screening questionnaire and the Beck Depression Inventory II, within 2 months. Different combinations of the depression questions were evaluated against Beck Depression Inventory II clinical cutoff values.

Results: The Beck Depression Inventory II clinical cutoff value for at least moderate depressive symptoms was met by 12% of the mothers. The screening questions were moderately stable. The sensitivity was 74%, the specificity was 80%, the positive predictive value was 36%, and the negative predictive value was 95% when a positive response to either or both of the 2 questions was considered.

Conclusions: Maternal depressive symptoms are prevalent. A reasonable way to recognize those who could benefit from additional assessment and possible treatment is provided by a very brief screen, which should benefit mothers, families, and children.

Correlates of Late-Life Major Depression: A Comparison of Urban and Rural Primary Care Patients

Friedman B, Conwell Y, Delavan RL

Am J Geriatr Psychiatry 2007;15:28–41

Objective: To ascertain if factors associated with depression vary between elderly residents of rural and urban areas.

Method: The research design was cross-sectional and observational. The study participants comprised 926 Medicare primary care patients (650 urban and 276 rural), aged 65+ years and cognitively intact, who had enrolled in a randomized, controlled Medicare demonstration. Major depression was screened with the Mini International Neuropsychiatric Interview. A conjectured logistic regression model included a rural-urban indicator variable, additional independent variables, and interaction terms between the rural-urban indicator and independent variables that were significant at $p < .10$.

Results: A total of 8.3% of the rural and 14.8% of the urban patients had major depression. Reporting 0–1 close friends (odds ratio [OR]: 6.86; 95% CI = 2.18 to 21.58), 2+ emergency room visits during the past 6 months (OR: 4.00; 95% CI = 1.19 to 13.43), and more financial strain (OR: 1.50; 95% CI = 1.01 to 2.23) was associated with significantly higher likelihood of ma-

ior depression among rural relative to urban patients. The SF-36 Physical Component Summary score was higher for urban patients and had a curvilinear relationship with major depression. The predicted probability for major depression is lower for the rural patients when financial strain is low, about the same for rural and urban patients when strain is intermediate, and higher for rural patients when strain is high.

Conclusions: Patients with very few close friends, several recent emergency department visits, and financial strain should be screened for depression by clinicians in rural regions.

Childhood-Onset Bipolar Disorder: Evidence for Increased Familial Loading of Psychiatric Illness

Rende R, Birmaher B, Axelson D, et al.

J Am Acad Child Adolesc Psychiatry 2007;46:197–204

Objective: To ascertain whether childhood-onset bipolar disorder (BP) is associated with an increased psychiatric family history compared with adolescent-onset BP.

Method: Semistructured psychiatric interviews were administered to 438 youth with BP spectrum disorders. The cohort was divided into childhood-onset BP (age and BP onset < 12 years; N = 192), adolescents with early-onset BP (age \geq 12 years and BP onset < 12 years; N = 136), and adolescents with late-onset BP (age and BP onset \geq 12 years; N = 110) in order to assess the effects of age at onset and psychiatric family history. Direct interview of caretakers and the Family History Screen were used to determine lifetime family history of psychiatric illness for first- and second-degree relatives.

Results: Children and adolescents with childhood-onset BP showed higher percentages of positive first-degree family history for depression, anxiety, attention-deficit/hyperactivity, conduct, and substance dependence disorders and suicidal behaviors compared with adolescents with late-onset BP when significant demographic and clinical factors had been controlled for. Participants with childhood-onset BP also had increased familial loading for depression and attention-deficit/hyperactivity disorder in second-degree relatives.

Conclusions: These data support a model proposing a higher density of familial risk for a broad range of psychopathology in childhood-onset BP.