

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.

Clinical Precursors of Adolescent Conduct Disorder in Children With Attention-Deficit/Hyperactivity Disorder

Whittinger NS, Langley K, Fowler TA, et al.

J Am Acad Child Adolesc Psychiatry 2007;46:179-187

Objective: To examine precursors of adolescent conduct disorder (CD) in children with attention-deficit/hyperactivity disorder (ADHD), examining the role of childhood oppositional defiant disorder (ODD) and ADHD.

Method: The investigators evaluated 151 children with ADHD using standard diagnostic interviews at ages 6 to 13 years and 5 years later in adolescence. The subjects were recruited from child psychiatric and pediatric clinics. Multiple regression analysis was used to evaluate baseline ODD diagnosis and ODD, CD, and ADHD symptom scores as clinical predictors of adolescent CD diagnosis and symptom scores.

Results: There was a significant association between childhood ODD (diagnosis and severity) and adolescent CD (diagnosis and severity). The association was independent of childhood ADHD severity and childhood CD. Children with a diagnosis of ODD were almost 3 times more likely to develop CD in adolescence (odds ratio = 2.79, 95% CI = 1.16 to 6.70, $p = .02$). Although there was a trend toward association, adolescent CD scores, but not diagnosis of CD, were predicted by the severity of childhood ADHD. Adolescent CD severity was predicted by the presence of at least 1 CD symptom in childhood.

Conclusions: Regardless of ADHD severity, ODD is a significant precursor of adolescent CD in children with ADHD. Given that ADHD with comorbid CD has a poor prognosis, it is critical that clinicians be especially vigilant for childhood ODD behaviors.

How Depression Influences the Receipt of Primary Care Services Among Women: A Propensity Score Analysis

Stecker T, Fortney JC, Prajapati S

J Womens Health 2007;16:198-205

Objectives: While many patients with psychiatric disorders fail to receive appropriate medical services, others receive unneeded medical services. The investigators sought to ascertain whether female primary care patients with depression were more or less likely to receive preventive/diagnostic tests.

Method: An electronic medical record (EMR) used at a university-based family practice clinic yielded data on preventive/diagnostic tests for women with depression or hypertension or both over a 5-year period. Tests extracted included cholesterol screening, mammogram, Pap smear, and colonoscopy.

Results: Of 860 patients included in the analysis, 270 were diagnosed with depression, 380 with hypertension, and 210 with both conditions. Colonoscopies and Pap smears were significantly more likely to be administered to women with depression than women with hypertension. Cholesterol levels were significantly more likely to be checked among women with hypertension than among women with depression.

Conclusion: Among female primary care patients, somatization associated with depression may lead to more preventive and diagnostic testing.

Pathological Personality Traits and Suicidal Ideation Among Older Adolescents and Young Adults With Alcohol Misuse: A Pilot Case-Control Study in a Primary Care Setting

Carballo JJ, Bird H, Giner L, et al.

Int J Adolesc Med Health 2007;19:79-89

Objective: This study sought to assess the clinical and demographic characteristics of older adolescents and young adults with alcohol misuse versus those without alcohol misuse in a primary care setting.

Method: In this case-control study, the CAGE questionnaire, the PRIME-MD instrument, and the IPDE screening questionnaire were used to evaluate eighty-one 18- to 30-year-old adolescents and young adults attending a primary care center. We compared subsamples of positive screen for alcohol misuse ($N = 21$) and a negative age- and gender-matched group ($N = 21$).

Results: Of subjects who misused alcohol, 71.9% had a comorbid psychiatric diagnosis. The subjects with alcohol misuse appeared to have a higher prevalence of depressive and anxiety disorders than controls. Among those patients with depressive or anxiety disorders and alcohol misuse, 22.2% reported suicidal ideation as compared to none among the controls with depressive or anxiety disorders. A comorbid personality disorder was found in 69.1% of subjects with alcohol misuse. Borderline personality traits ($p = .03$) were found in significantly more adolescents and young adults with alcohol misuse and there was a trend toward a greater proportion exhibiting histrionic traits ($p = .07$) than among those without alcohol misuse.

Conclusions: The prevalence of psychiatric comorbidity among adolescents and young adults with alcohol misuse in a primary care center is high. The population with alcohol misuse may have a higher prevalence of cluster B personality disorders. Suicidal ideation may be more likely to be reported by adolescents and young adults with alcohol misuse while suffering from depressive or anxiety disorders. The clinical and demographic characteristics of adolescents and young adults with alcohol misuse seen in a primary care center require further study.

Residual Anxiety Symptoms in Depressed Primary Care Patients

McIntyre RS, Konarski JZ, Soczynska JK, et al.
J Psychiatr Pract 2007;13:125–128

Background: This study sought to define the burden of anxiety among residual depressive symptoms in naturalistic primary care settings.

Method: We conducted a post hoc analysis of a database comprised of naturalistically treated depressed patients across Canada. Forty-seven primary care practices in 4 provinces of Canada provided the setting for this bilingual (English and French), multi-center, randomized validation study. Patients who met criteria for a major depressive episode, as defined by DSM-IV-TR, in the context of a major depressive disorder ($N = 454$) were enrolled. Eligible patients were treated with an open-label, flexible-dose antidepressant protocol. This analysis evaluated only patients whose depression severity was evaluated using the Hamilton Rating Scale for Depression (HAM-D-17) ($N = 205$). We regarded patients completing 8 weeks of open-label antidepressant treatment ($N = 157$) as evaluable. Scores on 6 items from the HAM-D-17 (psychological anxiety, somatic anxiety, gastrointestinal distress, fatigue, hypochondriasis, and insight into illness) were summed to reach a composite anxiety score, which was used to calculate an anxiety ratio (with the composite anxiety score as the numerator and the total HAM-D-17 score as the denominator), as a proxy for anxiety symptoms.

Results: The composite anxiety ratio at baseline did not correlate with the probability of remitting at endpoint ($p = .534$). Remitting patients demonstrated a statistically significant decrease in anxiety ratio ($p = .041$) after 8 weeks of antidepressant therapy. Furthermore, we observed an inverse correlation between severity of anxious symptoms at endpoint and probability of remission ($p = .026$). Nonremitting patients had a higher burden of anxiety, presented as the anxiety ratio, at endpoint ($p = .828$).

Conclusion: Ongoing illness activity in depression is represented by residual depressive symptoms. Clarifying the focus of therapeutic interventions in the clinical setting requires tracking and managing residual anxiety symptoms.

Have Education and Publicity About Depression Made a Difference? Comparison of Prevalence, Service Use, and Excess Costs in South Australia: 1998 and 2004

Goldney RD, Fisher LJ, Grande ED, et al.
Aust N Z J Psychiatry 2007;41:38–53

Objective: To detect changes in depression, its management, and associated excess costs between 1998 and 2004 in South Australia.

Method: A random and representative sample of the South Australian population, 3015 randomly selected participants aged 15 years and over, participated in a face-to-face Health Omnibus Survey conducted in 2004; results were compared with a survey conducted in 1998 using identical methodology. The prevalence of depression identified with the Mood Module of the Primary Care Evaluation of Mental Disorders (PRIME-MD), use of health services, health-related quality of life assessed by the Assessment of Quality of Life, estimates of excess costs, and demographic data were the main outcome measures.

Results: Despite there being no significant change in the overall prevalence of depression, there was a significant decrease in respondents with other depressions, as well as a nonsignificant increase in those with major depression. No significant differences in the mean number of PRIME-MD depression symptoms were reported. Participants with and without depression confirmed increased use of predominantly nonmedical treatment services and antidepressants. The associated excess costs of depression increased noticeably.

Conclusions: Despite a number of professional and community education programs, the prevalence of depression and its associated morbidity and financial burden in the South Australian community between 1998 and 2004 have not improved significantly. Without these efforts and the increased treatment reported on in this survey, there may have been an increase in the prevalence of depression and an even greater financial burden. It is also possible that community services that provide treatment for depression have been unable to put into action research strategies that have been demonstrated to be effective.

What's in a Name? Is Accurate Recognition and Labeling of Mental Disorders by Young People Associated With Better Help-Seeking and Treatment Preferences?

Wright A, Jorm AF, Harris MG, et al.

Soc Psychiatry Psychiatr Epidemiol 2007;42:244–250

Background: For many decades, debate has focused on the potential advantages or drawbacks of using psychiatric labels in the community. The aim of this study was to assess relationships between the accuracy of labeling of depression or psychosis by children, adolescents, and young adults aged 12 to 25 years and their help-seeking, treatment, and self-help preferences, while controlling for a range of potential confounding factors.

Method: We interviewed a randomly selected population sample of 1207 children, adolescents, and young adults aged 12 to 25 years from several regions of Victoria, Australia, via a telephone survey. The structured interviews used vignettes of a young person with either depression or psychosis, followed by a series of questions concerning recognition of disorder and recommended forms of help and treatment. The association between a range of help-seeking, treatment, and self-help preferences and the predictor variables of accuracy of recognition,

sociodemographic background, and exposure to mental health problems were measured with multiple logistic regression analyses.

Results: The predictor variable most frequently associated with choice of appropriate help and treatment for both the depression and psychosis vignettes was accurate labeling of the disorder. Concerning self-help preferences, accurate labeling of the depression vignette was only associated with being less likely to recommend smoking marijuana to relax. Accurate labeling of the psychosis vignette, or mislabeling it as depression, was associated with being less likely to recommend dealing with the problem alone.

Conclusion: These results support the view that increasing the use of psychiatric labels by young people is advantageous, because it promotes appropriate help-seeking and treatment choice. The label may be the cue to activating a plan concerning effective action to take.

Postpartum Depression Screening: Importance, Methods, Barriers, and Recommendations for Practice

Gjerdingen DK, Yawn BP

J Am Board Fam Med 2007;20:280–288

Background: Although postpartum depression occurs in 10% to 20% of women who have recently given birth, the condition is identified in fewer than half of cases. This review was conducted to discuss the possible benefit of mass screening for enhancing postpartum depression recognition and outcomes.

Methods: The keywords *depression*, *postpartum depression*, and *mass screening* were used in a MEDLINE search of the literature. In addition, the Cochrane database was searched for reviews on depression and postpartum depression.

Results: Mothers' postpartum office visits and their infants' well-child visits provide opportunities for routine postpartum depression screening. Several depression screens have been used in postpartum women, but identifying the best screening tool will require additional studies with large representative samples. The identification of depression is improved with depression screening plus "high-risk" feedback to providers. However, to positively affect clinical outcomes, screening must be used in conjunction with systems-based enhanced depression care that affords reliable diagnoses, strong collaborative alliances between primary care and mental health providers, and longitudinal case management to ensure proper care and follow-up.

Conclusions: Although screening for postpartum depression improves identification of the disorder, enhanced care that ensures adequate treatment and follow-up is necessary to achieve improvement in clinical outcomes.

Comparison of the PSC-17 and Alternative Mental Health Screens in an At-Risk Primary Care Sample

Gardner W, Lucas A, Kolko DJ, et al.

J Am Acad Child Adolesc Psychiatry 2007;46:611–618

Objective: This study sought to validate the 17-item version of the Pediatric Symptom Checklist (PSC-17) as a screen for common pediatric mental disorders in primary care.

Method: The parents of 269 children and adolescents (8–15 years old) completed the PSC-17 in primary care waiting rooms. The Schedule for Affective Disorders and Schizophrenia for School-Age Children–Present and Lifetime version (K-SADS-

PL) was subsequently used to evaluate the children. The PSC-17 subscales and K-SADS-PL diagnoses and measures of anxiety, depression, general psychopathology, functioning, and impairment were compared.

Results: The PSC-17 subscales were as accurate as alternative screens (Child Depression Inventory, the parent and child Screens for Child Anxiety-Related Disorders) and Child Behavior Checklist subscales (aggressive, anxious-depressed, attention, externalizing, internalizing, and total) in predicting diagnoses of attention-deficit/hyperactivity disorder, externalizing disorders, and depression (area under the curve ≥ 0.80) according to receiver operating characteristics analyses. The PSC-17 fared less well with anxiety (area under the curve = 0.68). None of the screens were highly sensitive, many were insensitive, and all would have low positive predictive value in low-risk primary care populations.

Conclusions: Despite the fact that the PSC-17 and its subscales are briefer than alternative questionnaires, it performed as well as those instruments in identifying common mental disorders in primary care. In order to develop brief yet sensitive assessment instruments appropriate for primary care, additional research is necessary.

The Effect of a Primary Care Practice-Based Depression Intervention on Mortality in Older Adults: A Randomized Trial

Gallo JJ, Bogner HR, Morales KH, et al.

Ann Intern Med 2007;146:689–698

Objective: Few studies have investigated how a depression intervention affects the risk for death associated with depression. This study tested whether an intervention to improve depression care can modify the risk for death.

Method: A practice-based, randomized, controlled trial was conducted in 20 primary care practices in New York, N.Y., and Philadelphia and Pittsburgh, Pa. Participants were 1226 randomly sampled patients identified through a 2-stage, age-stratified (aged 60–74 years and ≥ 75 years) depression screening. Algorithm-based care was provided by a depression care manager working with primary care physicians. Depression status based on clinical interview and vital status at 5 years was measured by the National Death Index.

Results: Three hundred ninety-six patients met criteria for major depression and 203 patients met criteria for clinically significant minor depression at baseline. Two hundred twenty-three patients had died after a median follow-up of 52.8 months. Patients with depression in intervention practices were less likely to have died than those in usual care practices (adjusted hazard ratio = 0.67 [95% CI = 0.44 to 1.00]). Risk for death was reduced in patients with major depression (adjusted hazard ratio = 0.55 [CI = 0.36 to 0.84]) but not in patients with clinically significant minor depression (adjusted hazard ratio = 0.97 [CI = 0.49 to 1.92]). The benefit seemed to be almost entirely attributable to a reduction in deaths due to cancer. The mechanism for an effect on deaths due to cancer is unclear; depression status, cause of death, and vital status might have been misclassified.

Conclusions: In practices that implemented depression care management, older primary care patients with major depression were less likely to die over a 5-year period than were patients with major depression in usual care practices. The effect seemed to be limited to deaths due to cancer; however, the mechanism for such an effect is unclear and warrants further investigation.

Feeling Bad in More Ways Than One: Comorbidity Patterns of Medically Unexplained and Psychiatric Conditions

Schur EA, Afari N, Furberg H, et al.

J Gen Intern Med 2007;22:818–821

Background: Medically unexplained and psychiatric conditions seen in the primary care setting, such as chronic fatigue syndrome, low back pain, irritable bowel syndrome, chronic tension headache, fibromyalgia, temporomandibular joint disorder, major depression, panic attacks, and posttraumatic stress disorder, show considerable overlap in symptoms and disease comorbidity. This study was designed to investigate interrelationships among these 9 conditions.

Method: The investigators described associations using data from a cross-sectional survey and evaluated complex interrelationships using latent class analysis. Twins (N = 3982) from the University of Washington Twin Registry participated in the study, which assessed self-reported doctors' diagnoses of the conditions.

Results: Comorbidity among these 9 conditions was much higher than chance could account for; 31 of 36 associations were significant. A 4-class solution was the result of latent class analysis. Class I (2% prevalence) participants reported high frequencies of each of the 9 conditions. Class II (8% prevalence) subjects showed high proportions of multiple psychiatric diagnoses. Class III (17% prevalence) participants demonstrated high proportions of depression, low back pain, and headache. Class IV (73% prevalence) subjects were generally healthy. The poorest markers of health status appeared in class I participants.

Conclusions: Theories suggesting that medically unexplained conditions share a common etiology are supported by these findings. Clinicians who care for challenging patients can be helped by understanding patterns of comorbidity.

Quality of Life and Metabolic Status in Mildly Depressed Patients With Type 2 Diabetes Treated With Paroxetine: A Double-Blind Randomized Placebo-Controlled 6-Month Trial

Paile-Hyvarinen M, Wahlbeck K, Eriksson JG

BMC Fam Pract 2007;8:34

Background: Depression is prevalent in people with type 2 diabetes, and it affects both glycemic control and overall quality of life. The aim of this investigator-initiated trial was to assess the effect of the antidepressant paroxetine on quality of life, metabolic control, and mental well-being in mildly depressed diabetics aged 50 to 70 years.

Method: Forty-nine mildly depressed primary care outpatients with nonoptimally controlled diabetes were randomly allocated to a 6-month double-blind treatment with either paroxetine 20 mg/day or matching placebo. Quality of life and glycemic control were the primary outcome measurements. A 10-point improvement in the SF-36 quality of life score was the primary global outcome of the study. A 0.8%-unit decrease in glycosylated hemoglobin A1c (GHbA1c) was the primary metabolic outcome of the study. The Hospital Anxiety and Depression Scale was used to evaluate psychiatric symptoms.

Results: Six patients withdrew consent prior to starting medication, and 6 dropped out later in the study. Analysis of covariance with the baseline value as a covariate was performed. Over the 6-month study period, quality of life, glycemic control, and symptoms of depression and anxiety improved in both

groups. A statistically significant difference between the 2 treatment groups in GHbA1c (mean difference = 0.59% units, $p = .018$) and in SF-36 score (mean difference = 11.0 points, $p = .039$) was identified after 3 months of treatment. Nonetheless, no statistically significant differences between the treatment groups were identified at the end of the study. No severe adverse events occurred.

Conclusion: Earlier preliminary findings indicating a beneficial effect of paroxetine on glycemic control were not confirmed in this pragmatic study of primary care patients. This study indicates that any possible benefit from administration of paroxetine in diabetic patients with subthreshold depression is likely to be modest and short-lived in pragmatic circumstances. Antidepressant prescription as a matter of course for patients with diabetes and subthreshold depressive symptoms is contraindicated.

Neuropsychological Measures in Normal Individuals That Predict Subsequent Cognitive Decline

Blacker D, Lee H, Muzikansky A, et al.

Arch Neurol 2007;64:862–871

Objective: To examine neuropsychological measures among normal individuals that predict time to subsequent cognitive decline.

Method: Cognitive performance, as measured by 6 neuropsychological tests, was examined at baseline. Participants were followed up for approximately 5 years. The neuropsychological instruments predicting time to progression from normal cognition to mild impairment were assessed with Cox proportional hazards models at baseline. Time to progression from mild impairment to a diagnosis of Alzheimer's disease was also assessed with comparable data. The community volunteer-based sample was tested at a medical institution and included 107 individuals who were cognitively normal and 235 with mild cognitive impairment at baseline. Time to progression from normal cognition to mild impairment and time to progression from mild impairment to a diagnosis of Alzheimer's disease were the main outcome measures.

Results: Participants with lower scores on tests of episodic memory (e.g., hazard ratio for a 1-SD decrease in the California Verbal Learning Test = 0.55, $p < .001$) were at much greater risk for progressing from normal to mild impairment. Normal individuals who carried at least 1 copy of the apolipoprotein E epsilon2 allele (APOE*E2) were less likely to develop cognitive impairments over time than individuals with no E2 allele (hazard ratio for presence of allele = 0.13, $p = .006$). Measures of both episodic memory and executive function were significant predictors of time to progression from mild impairment to a clinical diagnosis of Alzheimer's disease (e.g., hazard ratio for a 1-SD decrease in California Verbal Learning Test score = 0.67, $p = .005$; hazard ratio for a 1-SD increase in the time to complete part B of the Trail Making test = 1.40, $p = .007$). The APOE*E4 allele increased risk for Alzheimer's disease in a dose-dependent manner among individuals with mild impairments; within the context of multivariable models, however, this effect was not significant.

Conclusions: Time to progression to mild impairment is predicted by episodic memory performance among normal individuals, while lower risk of cognitive decline is associated with APOE*E2 status among normal individuals. Assessments of both episodic memory and executive function predict time to progression from mild impairment to a clinical diagnosis of Alzheimer's disease.