



**Conclusions:** The construct validity and internal consistency of the BDI-II for assessing depressive symptoms in both women and men with chronic pain are supported by these results overall. The aptness of computing a total score and/or subscale scores is supported by these findings. Chronic pain researchers and clinicians are affected by these results, particularly considering current trends toward empirically supported evaluation.

### Management of Knee Osteoarthritis in Primary Care: Pain and Depression Are the Major Obstacles

Axford J, Heron C, Ross F, et al.

J Psychosom Res 2008;64(5):461–467

**Objectives:** Because osteoarthritis comprises a spectrum of pathologies requiring a multifaceted treatment approach, its management is a challenge. Patient education programs (PEP) are attractive, as they may be cost effective and potentially efficacious. This study sought to ascertain what might lessen the efficacy of a PEP for knee osteoarthritis by determining the relevance of patients' depression, pain, disease knowledge, and physical ability to patients' response to a PEP.

**Method:** Clinical and demographic data of 170 patients who completed a trial of a PEP were evaluated to ascertain how they interrelated during patient management.

**Results:** A progressive decline in mental health was seen in all patients over the life of the study ( $p < .001$ ). Greater pain was related to reduced coping, increased depression, and reduced physical ability ( $p < .05$ ). Disability was more likely to be experienced by women ( $p < .05$ ). Disability was related to reduced ability to cope, increased depression, and the experience of more pain ( $p < .05$ ). Knowledge of osteoarthritis was found significantly more often in whites than in other ethnic groups. The group with the least knowledge experienced more pain; the group with the most knowledge was coping better and had less depression ( $p < .05$ ).

**Conclusion:** There is a complex interrelationship between depression, pain, disease knowledge, and physical ability in patients with knee osteoarthritis. In particular, the successful treatment of knee osteoarthritis may depend on the treatment of depression and pain, and clinicians should take these factors into account in each patient and determine management priorities.

### Rapid Onset of Antidepressant Action: A New Paradigm in the Research and Treatment of Major Depressive Disorder

Machado-Vieira R, Salvadore G, Luckenbaugh DA, et al.

J Clin Psychiatry 2008;69(6):946–958

**Objective:** Current therapeutics of depression are similar in their time to antidepressant action and often take weeks to months to achieve response and remission, which commonly results in considerable morbidity and disruption in personal, professional, family, and social life, as well as risk for suicidal behavior. Thus, treatment strategies presenting a rapid improvement of depressive symptoms—within hours or even a few days—and whose effects are sustained would have an enormous impact on public health. This article reviews the published data related to different aspects of rapid improvement of depressive symptoms.

**Data sources:** Literature for this review was obtained through a search of the MEDLINE database (1966–2007) using the following keywords and phrases: rapid response, antidepressant, time to, glutamate, sleep, therapeutics, latency, and depression. The data obtained were organized according to the following topics: clinical relevance and time course of antidepressant action, interventions showing evidence of rapid response and its potential neurobiological basis, and new technologies for better understanding rapid antidepressant actions.

**Data synthesis:** A limited number of prospective studies evaluating rapid antidepressant actions have been conducted. Currently, only a few interventions have been shown to produce antidepressant response in hours or a few days. The neurobiological basis of these rapid antidepressant actions is only now being deciphered.

**Conclusions:** Certain experimental treatments can produce antidepressant response in a much shorter period of time than existing medications. Understanding the molecular basis of these experimental interventions is likely to lead to the development of improved therapeutics rather than simply furthering our knowledge of current standard antidepressants.

### Events After Stillbirth in Relation to Maternal Depressive Symptoms: A Brief Report

Surkan PJ, Rådestad I, Cnattingius S, et al.

Birth 2008;35(2):153–157

**Background:** A mother's long-term psychological morbidity can be influenced by actions taken after a stillbirth. How infant bonding and maternal actions after stillbirth are related to subsequent depressive symptoms were studied.

**Method:** The authors used the population-based Swedish Medical Birth Register to locate all 380 Swedish-speaking women who gave birth to singleton stillborn infants in Sweden in 1991. Eighty-five percent (314) of these completed a questionnaire by mail 3 years after the stillbirth. Items included actions taken to bond with the baby and demographics. Relative risks, estimated using multivariable regression, were used to quantify the relationship between care-related factors and later maternal depressive symptoms.

**Results:** Mothers who reported not being with their babies as long as they wished (adjusted risk ratio [RR] 6.9, 95% CI 2.4 to 19.8) were almost 7 times as likely to develop depressive symptoms as mothers who reported otherwise. Those with no later pregnancy were at higher risk of depressive symptoms (adjusted RR 2.8, 95% CI 0.9 to 8.4) compared with women who became pregnant again within 6 months. In addition, stillbirth occurring with an infant who was third in the birth order was associated with a 2-fold risk of elevated depressive symptoms (adjusted RR 2.2, 95% CI 0.8 to 6.4) compared with women who experienced a stillbirth in their first pregnancy. Furthermore, stillbirth occurring in a fourth or later pregnancy was related to an almost 7-fold risk of depressive symptomatology (adjusted RR 6.7, 95% CI 2.2 to 20.5). No evidence was found of an association between other care-related actions and subsequent maternal depressive symptoms.

**Conclusions:** A mother's being with the stillborn baby for as long as desired and the birth order of the stillbirth may affect subsequent depressive symptomatology. Mothers with no later

pregnancy were at higher risk of depressive symptoms at 3-year follow-up compared with those who became pregnant again within 6 months.

### **A Randomized Controlled Trial of Cognitive Behavior Therapy vs. Treatment as Usual in the Treatment of Mild to Moderate Late Life Depression**

Laidlaw K, Davidson K, Toner H, et al.

Int J Geriatr Psychiatry 2008;23(8):843–850

**Objectives:** To assess cognitive-behavior therapy (CBT) alone vs. treatment as usual (TAU) alone (generally pharmacotherapy) for late-life depression in a United Kingdom primary care setting.

**Method:** One hundred fourteen participants, with 44 meeting inclusion criteria and 40 supplying data allowing analysis, were referred to the study by general practitioners in Fife and Glasgow. All participants had a diagnosis of mild-to-moderate major depressive episode. Participants were randomly assigned to receive either TAU alone or CBT alone.

**Results:** Participants in both cohorts improved with treatment, showing reduced scores on primary measures of mood at end of treatment and at 6-month follow-up from the end of treatment. CBT may be beneficial in levels of hopelessness at 6-month follow-up when differences in baseline scores, gender, and living arrangements have been controlled for. There were significant differences favoring the CBT cohort at the end of treatment and at 3-month follow-up when outcome was assessed in terms of numbers of participants meeting Research Diagnostic Criteria for depression.

**Conclusions:** Significant reductions in depressive symptoms were achieved by CBT alone and TAU alone both at the end of treatment and at 6-month follow-up. CBT alone proved to be an effective treatment procedure for mild-to-moderate late-life depression. It will prove useful as an alternate treatment for older people who cannot tolerate pharmacologic treatment approaches for depression or who prefer nondrug alternatives.

### **Depression and Social Functioning in Preschool Children With Chronic Medical Conditions**

Curtis CE, Luby JL

J Pediatr 2008;153(3):408–413

**Objective:** To evaluate the associations among depressive symptoms, social behavior, and chronic medical illness in preschool children.

**Method:** Questionnaires concerning preschoolers' physical health, depressive symptoms, and social behavior were completed by caregivers of 273 preschool children (3.0–5.2 years of age). Ratings for preschoolers' impairment in social and behavioral functioning were established by interviewers. The relationships among chronic medical conditions, depressive symptoms, peer acceptance/rejection, and social behavior were evaluated by analyses.

**Results:** Even after socioeconomic status had been controlled for, chronic illness was significantly associated with early-onset depressive symptoms and impairment in several social functioning domains. Regression analyses demonstrated that the number of health conditions predicted higher depres-

sion scores, frequency of asocial behaviors, and impairment in daycare role cooperation and behavior toward others. Compared with healthy peers, preschoolers with at least 1 medical condition experienced a greater frequency of peer rejection and bullying. The relationship between illness and asocial behavior was mediated by depressive symptoms.

**Conclusions:** Greater attention to depression and difficulties in social functioning in preschool children with chronic illness is called for. Primary care physicians should be vigilant for depressive symptoms in chronically ill preschoolers, because of the potential impact on later developmental and mental health outcomes.

### **A Pilot Case Series Using Qualitative and Quantitative Methods: Biological, Psychological and Social Outcome in Severe and Enduring Eating Disorder (Anorexia Nervosa)**

Arkell J, Robinson P

Int J Eat Disord 2008;41(7):650–656

**Objective:** The extent of disability and quality of life in participants with severe and lasting eating disorder (anorexia nervosa) were investigated.

**Method:** Eleven participants with a 10-year history of anorexia nervosa were evaluated in detail using qualitative and quantitative methods. A sample of primary care patients with moderate-to-severe depression served as a comparator group for quality of life results. A standardized community sample of patients with schizophrenia served as a comparator group for living skills results.

**Results:** Participants proved as impaired as the sample of patients with schizophrenia for self-care and social contact, even though their scores in communication skills and levels of responsibility were high. Scores for quality of life in participants, who were severely depressed, were similar to those in the primary care population. Despite possessing social skills, participants face intrapersonal and interpersonal avoidance resulting in self-neglect and social isolation, a fact illustrated by qualitative data.

**Conclusion:** Participants with severe and enduring eating disorder exhibited quality of life and living skills as impaired as in those with other severe and enduring mental illnesses.

### **Single Motherhood Versus Poor Partner Relationship: Outcomes for Antenatal Mental Health**

Bilszta JL, Tang M, Meyer D, et al.

Aust N Z J Psychiatry 2008;42(1):56–65

**Objective:** The absence of social support affects maternal mood substantially in the transition to parenthood. The influence of single-mother status and level of partner support in a partnered relationship on antenatal emotional health are compared in this study.

**Method:** The Edinburgh Postnatal Depression Scale (EPDS) score was used to establish antenatal demographic, psychosocial, and mental health data in 1578 women. Logistic regression was used to assess the relationship between these variables and marital status.

**Results:** Sixty-two women (3.9%) were identified as single/unpartnered. Elevated EPDS scores (> 12) were found in 15.2%

(240/1578) of the total cohort and 25.8% (16/62) of the single/unpartnered women. Single/unpartnered women had significantly lower EPDS scores than women with unsupportive partners ( $8.9 \pm 5.3$  vs.  $11.9 \pm 6.5$ ,  $p < .001$ ). Single/unpartnered women were more likely to have experienced  $\geq 2$  weeks of depression before the current pregnancy ( $p < .05$ ), a previous psychopathology ( $p < .001$ ), emotional problems during the current pregnancy ( $p < .01$ ), and major life events in the last year ( $p < .01$ ) than the partnered cohort. That this relationship is mediated by previous psychiatric history ( $p < .001$ ) and emotional problems during pregnancy ( $p = .02$ ) is suggested by binary logistic regression modeling used to predict antenatal EPDS scores.

**Conclusion:** Compared to single/unpartnered women, women in a partnered-relationship with unsupportive partners were at higher risk of elevated antenatal EPDS scores. Significant risk factors for elevated EPDS scores were a previous history of depression and current emotional problems, rather than single mother status. The role of psychosocial risk factors as important mediators of antenatal emotional health is emphasized by the present study.

### Functional Outcomes in the Treatment of Adults With ADHD

Adler LA, Spencer TJ, Levine LR, et al.

J Atten Disord 2008;11(6):720–727

**Objective:** Attention-deficit/hyperactivity disorder (ADHD) is related to significant functional impairment in adults. The present study evaluated functional outcomes after 6-month double-blind treatment with either atomoxetine or placebo.

**Method:** Four hundred ten adults (58.5% male) with DSM-IV–defined ADHD were randomly assigned to receive either atomoxetine 40 mg/day to 80 mg/day ( $N = 271$ ) or placebo ( $N = 139$ ). The Endicott Work Productivity Scale (EWPS) was the primary functional outcome measure, and the Adult ADHD Quality of Life (AAQoL) scale was the secondary measure. Patients were seen 4 times over 6 months.

**Results:** At 6 months, improvements in EWPS total scores did not differ significantly between the 2 groups. After controlling for baseline severity of ADHD, atomoxetine-treated patients showed significantly greater improvement than placebo-treated patients on the AAQoL. Both treatment groups had low 6-month study completion rates.

**Conclusion:** Adults with ADHD treated with atomoxetine showed significantly greater improvement in functioning on disease-specific measures of quality of life than patients treated with placebo after 6 months' treatment.

### Summed Score of the Patient Health Questionnaire-9 Was a Reliable and Valid Method for Depression Screening in Chronically Ill Elderly Patients

Lamers F, Jonkers CC, Bosma H, et al.

J Clin Epidemiol 2008;61(7):679–687

**Objective:** To evaluate the psychometric properties of the Patient Health Questionnaire-9 (PHQ-9) as a screening instru-

ment for depression in elderly patients with diabetes mellitus and chronic obstructive pulmonary disease (COPD) without known depression.

**Method:** The researchers recruited diabetes mellitus and COPD patients aged  $> 59$  years from general practice settings. They administered a test-retest in 105 patients. Criterion validity was assessed for both summed and algorithm-based PHQ-9 score in 713 patients, using the Mini International Neuropsychiatric Interview to diagnose major depressive disorder (MDD) and any depressive disorder as diagnostic standard. In order to evaluate construct validity, the researchers calculated correlations with quality of life and severity of illness.

**Results:** Cohen's kappa for the algorithm-based score was 0.71 for MDD and 0.69 for any depressive disorder. Correlation for test-retest assessment of the summed score was 0.91. Although the algorithm-based score had low sensitivity and high specificity, both sensitivity and specificity were high for the optimal cutoff point of 6 on the summed score for any depressive disorder (sensitivity = 95.6%, specificity = 81.0%). There were satisfactory correlations between summed score and quality of life and severity of illness.

**Conclusion:** It appears that the summed PHQ-9 score is a valid and reliable screening instrument for depression in elderly primary care patients with diabetes mellitus and COPD.

### Correlates of Complementary and Alternative Medicine Utilization in Depressed, Underserved African American and Hispanic Patients in Primary Care Settings

Bazargan M, Ani CO, Hindman DW, et al.

J Altern Complement Med 2008;14(5):537–544

**Objectives:** To investigate the correlates of complementary and alternative medicine (CAM) use in underserved minority populations with depression whose health care is provided in primary care settings.

**Method:** Two large outpatient primary care clinics that administer care chiefly to underserved African American and Hispanic individuals located in Los Angeles, California were the setting for this prospective study using interviewer-administered surveys and medical record reviews. Of 2321 patients screened for depression, 315 met the Patient Health Questionnaire-9 criteria for mild to severe depression.

**Results:** CAM use "sometimes" or "often" (24%) and "frequently" (33%) was endorsed by over 57% of the sample for treatment of their depressive symptoms. Lack of health care coverage remained one of the strongest predictors of CAM use after demographic characteristics were controlled for. Being moderately depressed, using psychotherapeutic prescription medications, and poorer self-reported health status were all further related to higher frequency of CAM use for treating depression.

**Conclusions:** CAM is used frequently to treat symptoms of depression by underserved African American and Hispanic people who meet diagnostic criteria for depression or subsyndromal depression. When access to care is unavailable or limited, CAM use takes the place of conventional care. The widespread use of CAM for depression, makes understanding domains, types, and correlates of such use imperative. Interventions aimed at improving care for depression could ensue from such knowledge.