

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.

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The Mental Health Consequences of Disaster-Related Loss: Findings From Primary Care One Year After the 9/11 Terrorist Attacks

Neria Y, Olfson M, Gameroff MJ, et al.

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Objective: The long-term psychiatric consequences, pain interference in daily activities, work loss, and functional impairment associated with 9/11-related loss among low-income, minority primary care patients in New York City were investigated by this study.

Method: A sociodemographic questionnaire, the PTSD Checklist, the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire, and the Medical Outcomes Study Short Form-12 Health Survey comprised a survey that was completed by a systematic sample of 929 adult patients.

Results: Approximately one quarter of the sample (a sample sociodemographically undistinguished from the rest of the cohort) reported knowing someone who was killed in the attacks of 9/11. Patients who experienced loss were roughly twice as likely (odds ratio = 1.97, 95% CI = 1.40 to 2.77) to screen positive for at least 1 mental disorder, including major depressive disorder (29.2%), generalized anxiety disorder (19.4%), and posttraumatic stress disorder (17.1%) compared to those who had not experienced 9/11-related loss. September 11-related loss was significantly related to extreme pain interference, work loss, and functional impairment after pre-9/11 trauma had been controlled for.

Conclusions: Disaster-related mental health care in this clinical population should concentrate on evidence-based treatments for mood and anxiety disorders on the basis of these findings.

Attention-Deficit/Hyperactivity Disorder: How Much Responsibility Are Pediatricians Taking?

Stein RE, Horwitz SM, Storfer-Isser A, et al.

Pediatrics 2009;123(1):248-255

Background: Pediatricians think they should recognize and treat/manage attention-deficit/hyperactivity disorder (ADHD), the most common childhood behavioral condition. This study sought to investigate the relationships between pediatricians' self-reports of their practice behaviors regarding usually inquiring about and treating/managing ADHD and (1) attitudes concerning perceived responsibility for ADHD and (2) personal and practice characteristics.

Method: Data from the 59th Periodic Survey of the American Academy of Pediatrics for the 447 respondents who practice entirely in general pediatrics were assessed. Attitudes and personal and practice attributes associated with usually identifying and treating/managing ADHD were identified with bivariate and logistic regression analyses.

Results: A total of 67% reported that they usually inquire about ADHD, and 65% reported that they usually treat/manage it. Adjusted multivariable analyses identified factors positively associated with usually inquiring about ADHD as including perceived high prevalence among current patients, recent (within the past 2 years) attendance at a lecture/conference on child mental health, having patients who are assigned or can select a specific pediatrician, practicing in suburban communities, practicing for ≥ 10 years, and being female. In neither unadjusted nor adjusted analyses were pediatricians' attitudes about responsibility for identification of ADHD associated with commonly inquiring about ADHD. In unadjusted and adjusted analyses, attitudes concerning treating/managing ADHD were significantly associated with usually treating/managing ADHD. Those who felt that pediatricians ought to be responsible for treating/managing ADHD were almost 12 times as likely to report treat/manage ADHD as those who felt that physicians should refer, who had threefold decreased odds of treating/managing. The belief that ADHD is very common among current patients, seeing patients who are assigned or can select a particular pediatrician, and practice location are among other physician/practice attributes significantly associated with the odds of customarily treating/managing ADHD.

Conclusions: Assuming responsibility for treating ADHD and practice attributes appear to be important correlates of pediatrician self-reported behavior concerning the treatment of children with ADHD.