t is illegal to post this copyrighted PDF on any website. Dr Lurie and Colleagues Reply

To the Editor: We thank Dr Ishii and colleagues for their comments. Although chronic infections might be associated with psychiatric disorders (eg, depression with tuberculosis¹ and HIV²), our analysis focused on antibiotic exposure more than 1 year before psychiatric diagnosis. Our results were persistent even for last prescriptions 5-10 years prior to the index date. Thus, use of a lag period in this way is expected to minimize any association with current active infections or current exposure to cytokines. This analysis was performed in order to reduce reverse causality, in which patients with an undiagnosed underlying psychiatric condition might have higher risk for infectious conditions (as suggested by Seminog and Goldacre³). Of note, our analysis was adjusted for the number of infectious events, further reducing possible bias due to recurrent exposure to high levels of proinflammatory cytokines. The increased risk for depression and anxiety with increasing antibiotic prescriptions (even below 5 prescriptions) further supports the possibility of a primary antibiotic effect rather than the effect of the infectious event.

In addition, cytokines were reported to be involved not only in anxiety and depression, but also in psychosis and schizophrenia.⁴ This association was not found in our analysis, which adds to the evidence of differential role of antibiotics, rather than to the role of cytokines.

There is no doubt that prescribing antibiotics for the right indications saves lives and prevents significant morbidities. However, both physicians and patients should better understand the possible risks and benefits of antibiotic use, taking into account mental health implications.

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