

INTERNATIONAL NEW PAPERS OF PSYCHIATRY SUMMARIES

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MAJOR DEPRESSIVE DISORDER (MDD)

DEPRESSION & SEROTONERGIC PATHWAY

CANDIDATE GENE POLYMORPHISMS IN THE SEROTONERGIC PATHWAY: INFLUENCE ON DEPRESSION SYMPTOMATOLOGY IN AN ELDERLY POPULATION.

Authors : Christiansen L, Tan Q, Iachina M, Bathum L, Kruse TA, McGue M, Christensen K.

Source : Biol Psychiatry. 2006 Jun 23; [Epub ahead of print] Related Articles, Links

Background: Depressed mood is a major concern in the elderly, with consequences for morbidity and mortality. Previous studies have demonstrated that genetic factors in depression and subsyndromal depressive symptoms are no less important in the elderly than during other life stages. Variations in genes included in the serotonin system have been suggested as risk factors for various psychiatric disorders but may also serve as candidates for normal variations in mood.

Methods: This study included 684 elderly Danish twins to investigate the influence of 11 polymorphisms in 7 serotonin system genes on the mean level of depression symptomatology assessed over several years, reflecting individuals' underlying mood level.

Results: A suggestive association of sequence variations in genes responsible for the synthesis (TPH), recognition (5-HT_{2A}), and degradation (MAOA) of serotonin with depression symptomatology was found, although the effect was generally restricted to men. We also found that a specific haplotype in VMAT2, the gene encoding the vesicular monoamine transporter, was significantly associated with depression symptoms in men ($p = .007$).

Conclusions: These results suggest that variations in genes encoding the components of serotonin metabolism may influence the basic mood level and that different genetic factors may apply in men and women.

PPI, ASR & Suicidality

NORMAL PREPULSE INHIBITION AND HABITUATION OF ACOUSTIC STARTLE RESPONSE IN SUICIDAL DEPRESSIVE PATIENTS WITHOUT PSYCHOTIC SYMPTOMS.

Authors : Quednow BB, Westheide J, Kuhn KU, Werner P, Maier W, Hawellek B, Wagner M.

مستجدات الطب النفسي ملخصات

جانفي - فيفري - مارس 2006

Source : J Affect Disord. 2006 Jun;92(2-3):299-303. Epub 2006 Feb 28. Related Articles, Links.

Background: Until now, there is a lack of useful biological markers to predict suicidal behavior in depressive patients. However, it is consistently found that suicidality is associated with a central serotonin deficit. Animal data suggest that prepulse inhibition (PPI) as well as habituation of the acoustic startle response (ASR), which are established as operational measures for sensorimotor gating, decreases after serotonin depletion. Thus, we investigated PPI and habituation of ASR in suicidal patients with depressive disorders as potential biological markers for suicidal behavior.

Methods: PPI and habituation of ASR was measured in 20 depressive patients who had at least one suicide attempt within the last three months. Eighteen healthy matched controls were examined likewise.

Results: Suicidal depressive patients did not differ from healthy controls in PPI, startle reactivity and habituation of ASR. Subgroup analyses showed that factors such as severity of depression, impulsiveness, gender, smoking, lethality of the last suicide attempt, number of suicide attempts, and medication had no influence on the results.

Conclusions: These results suggest that neither PPI nor habituation of ASR could serve as useful markers for suicidality.

DEPRESSION & PSYCHIATRIST EFFECTS

PSYCHIATRIST EFFECTS IN THE PSYCHOPHARMACOLOGICAL TREATMENT OF DEPRESSION.

Authors : McKay KM, Imel ZE, Wampold BE.

Source : J Affect Disord. 2006 Jun;92(2-3):287-90. Epub 2006 Feb 28. Related Articles, Links

Background: The National Institutes of Mental Health's (NIMH) 1985 Treatment of Depression Collaborative Research Program (TDCRP) reported that imipramine hydrochloride with clinical management (IMI-CM) was significantly more beneficial than placebo with clinical management (PLA-CM) for individuals undergoing treatment for depression. Unfortunately, in analyzing the NIMH TDCRP data, researchers ignored the potential effect that psychiatrists have on patient outcomes, thereby assuming that psychiatrists are equally effective. However, this assumption has yet to be supported empirically. Therefore, the purpose of the current study is to examine psychiatrist effects in the NIMH TDCRP study and to compare the variation among psychiatrists to the variation between treatments.

Method: Data from 112 patients [IMI-CM ($n = 57$, 9 psychiatrists); PLA-CM ($n = 55$, 9 psychiatrists)] from the NIMH TDCRP study were reanalyzed using a multi-level model.

Results: The proportion of variance in the BDI scores due to medication was 3.4% ($p < .05$), while the proportion of variance

in BDI scores due to psychiatrists was 9.1% ($p < .05$). The proportion of variance in the HAM-D scores due to medication was 5.9% ($p < .05$), while the proportion of variance in HAM-D scores due to psychiatrist was 6.7% ($p = .053$). Therefore, the psychiatrist effects were greater than the treatment effects.

Conclusions: In this study, both psychiatrists and treatments contributed to outcomes in the treatment of depression. However, given that psychiatrists were responsible for more of the variance in outcomes it can be concluded that effective treatment psychiatrists can, in fact, augment the effects of the active ingredients of anti-depressant medication as well as placebo.

MDD, REBOXETINE, SERTRALINE & VENLAFAXINE

▪ A COMPARISON OF THE EFFICACY AND TOLERABILITY OF REBOXETINE AND SERTRALINE VERSUS VENLAFAXINE IN MAJOR DEPRESSIVE DISORDER: A RANDOMIZED, OPEN-LABELED CLINICAL TRIAL.

Authors : Yazicioglu B, Akkaya C, Sarandol A, Akgoz S, Saygin Eker S, Kirli S.

Source : Prog Neuropsychopharmacol Biol Psychiatry. 2006 Sep 30;30(7):1271-6. Epub 2006 Jul 3. Related Articles, Links

Summary: The aim of the study was to compare the efficacy and tolerability of the combination of reboxetine and sertraline to venlafaxine XR (extended release) in major depressive disorder (MDD). The study consisted of 40 patients with MDD, aged 18-65 years. Patients were evaluated six times during a 10-week period. Treatment was started as venlafaxine XR 75 mg/day once a day (od) or reboxetine 4 mg/day twice a day (bid)+sertraline 50 mg/day od. In the second week, venlafaxine XR was increased to 150 mg/day od and reboxetine 8 mg/day bid while sertraline was kept at the same dose. The Hamilton Depression Rating Scale (HDRS), Montgomery and Asberg Depression Rating Scale, Clinical Global Impressions-Severity of Illness and Clinical Global Impressions-Global Improvement Scale were applied on each visit. Beginning from the second visit, both groups showed significant declines in each scale. There were no significant differences between treatment response rates. Remission rates defined as HDRS ≤ 10 were significantly higher in the venlafaxine XR group at visit 4 only. However, when remission was accepted as HDRS ≤ 7 , no significant difference was observed. Side effect frequency was similar between the treatment groups. We may suggest that the reboxetine+sertraline combination is not superior to venlafaxine treatment.

DEPRESSION & AIDS PATIENT

▪ FAILURE OF MODIFIED DIRECTLY OBSERVED THERAPY COMBINED WITH THERAPEUTIC DRUG MONITORING TO ENHANCE ANTIRETROVIRAL ADHERENCE IN A PATIENT WITH MAJOR DEPRESSION.

Authors : Goicoechea M, Best B, Seefried E, Wagner G, Capparelli E, Haubrich R; California Collaborative Treatment Group (CCTG).

Source : AIDS Patient Care STDS. 2006 Apr;20(4):233-7. Related Articles, Links

Summary: Improving medication nonadherence in HIV-

infected patients with concomitant psychiatric issues remains a challenging therapeutic dilemma. One strategy may be to use a short course of modified directly observed therapy combined with therapeutic drug monitoring as an adherence intervention. Individual drug pharmacokinetics could be evaluated while the increased visit frequency is an opportunity to provide additional patient training and psychosocial support. We report our experience with a 43-year-old woman with severe depressive symptoms and persistent virologic failure despite appropriate therapy. Although the intervention was well-received by the patient, improvements in medication adherence behaviors waned over time. It should be recognized that not all patients are capable of achieving lifelong medication adherence and may benefit from continued supervised therapy.

HDD, SAD & CONTRAST SENSITIVITY

▪ CONTRAST SENSITIVITY IN SEASONAL AND NONSEASONAL DEPRESSION.

Authors : Wesner MF, Tan J.

Source : J Affect Disord. 2006 Jun 19; [Epub ahead of print] Related Articles, Links

Background: Psychophysics has been used for the early diagnosis of many diseases that affect the visual pathway including those not usually considered vision-related (e.g., Parkinson's disease). Little has been done, however, to investigate visual functioning in psychological disorders known to be effectively treated by phototherapy. We measured the static and dynamic spatial contrast detection thresholds of seasonally depressed (SAD), nonseasonally depressed (Depressed) and nondepressed (Control) individuals.

Methods: Two psychophysical experiments which measured luminance contrast detection thresholds were conducted. Experiment 1 presented static, vertically oriented Gabors with center spatial frequencies ranging from 0.3 to 12.0 cpd (cycles per degree). Experiment 2 presented 0.5, 1.5 and 4.0 cpd Gabors whose phases were sinusoidally reversed at 2.0, 4.0, 8.0, 16.0, and 32.0 c/s (Hz).

Results: SAD showed significantly greater contrast sensitivities than Controls for static spatial frequencies equal to or greater than 6.0 cpd. Depressed showed significantly greater contrast sensitivities at 6.0 cpd and 12.0 cpd. With phase modulation, the SAD group showed significantly enhanced contrast sensitivity with 4.0 cpd-2.0 Hz Gabors. All other results at lower spatial-higher temporal frequencies were not significant. **LIMITATIONS:** Most of the subjects were drawn from the student population instead of the community or clinics, even though they met the criteria for clinical depression. Antidepressant use was not controlled for among the subjects.

Conclusions: These findings suggest that clinical depression can enhance contrast sensitivity when stimuli elicit strong parvocellular responses. These enhancements implicate differences in retinal functionality. Mechanisms that link neuromodulatory activity to retinal signal processing are proposed.

MDD & ACNP TASK FORCE

▪ REPORT BY THE ACNP TASK FORCE ON RESPONSE AND REMISSION IN MAJOR DEPRESSIVE DISORDER.

Authors : Rush AJ, Kraemer HC, Sackeim HA, Fava M, Trivedi MH, Frank E, Ninan PT, Thase ME, Gelenberg AJ, Kupfer DJ,

Regier DA, Rosenbaum JF, Ray O, Schatzberg AF; ACNP Task Force.

Source : Neuropsychopharmacology. 2006 Sep;31(9):1841-53. Epub 2006 Jun 21. Related Articles, Links

Summary: This report summarizes recommendations from the ACNP Task Force on the conceptualization of remission and its implications for defining recovery, relapse, recurrence, and response for clinical investigators and practicing clinicians. Given the strong implications of remission for better function and a better prognosis, remission is a valid, clinically relevant end point for both practitioners and investigators. Not all depressed patients, however, will reach remission. Response is a less desirable primary outcome in trials because it depends highly on the initial (often single) baseline measure of symptom severity. It is recommended that remission be ascribed after 3 consecutive weeks during which minimal symptom status (absence of both sadness and reduced interest/pleasure along with the presence of fewer than three of the remaining seven DSM-IV-TR diagnostic criterion symptoms) is maintained. Once achieved, remission can only be lost if followed by a relapse. Recovery is ascribed after at least 4 months following the onset of remission, during which a relapse has not occurred. Recovery, once achieved, can only be lost if followed by a recurrence. Day-to-day functioning and quality of life are important secondary end points, but they were not included in the proposed definitions of response, remission, recovery, relapse, or recurrence. These recommendations suggest that symptom ratings that measure all nine criterion symptom domains to define a major depressive episode are preferred as they provide a more certain ascertainment of remission. These recommendations were based largely on logic, the need for internal consistency, and clinical experience owing to the lack of empirical evidence to test these concepts. Research to evaluate these recommendations empirically is needed.

DEPRESSION & BEHAVIORAL INHIBITION

IS BEHAVIORAL INHIBITION A RISK FACTOR FOR DEPRESSION?

Authors : Gladstone GL, Parker GB.

Source : J Affect Disord. 2006 Jun 27; [Epub ahead of print] Related Articles, Links

Background: Several studies have reported an observed relationship between a behaviorally inhibited temperament early in life and subsequent clinical anxiety, but few have explored the relationship between early inhibition and depression.

Methods: In a cross-sectional survey of non-clinical adults we examined the relationship between retrospectively reported childhood behavioral inhibition and lifetime depression. We then examined the mediating role of social anxiety and childhood relational stress factors.

Results: Subjects who qualified for a lifetime episode of depression also reported significantly more childhood inhibition, particularly if they had a juvenile onset depression (i.e., by age 16). Further analyses revealed that social anxiety mediated the link between reported childhood inhibition and later depression, and highlighted the additional mediating effect of parental influences.

Conclusion: Any relationship between an early inhibited temperament and later depression, may in fact be dependent upon the presence of clinically meaningful social anxiety.

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DEPRESSIVE SYMPTOMS, TEMPERAMENT & PERCEIVED

PARENTING

TEMPERAMENT, PARENTING, AND DEPRESSIVE SYMPTOMS IN A POPULATION SAMPLE OF PREADOLESCENTS.

Authors : Oldehinkel AJ, Veenstra R, Ormel J, de Winter AF, Verhulst FC.

Source : J Child Psychol Psychiatry. 2006 Jul;47(7):684-95. Related Articles, Links

Background: Depressive symptoms can be triggered by negative social experiences and individuals' processing of these experiences. This study focuses on the interaction between temperament, perceived parenting, and gender in relation to depressive problems in a Dutch population sample of preadolescents.

Methods: The sample consisted of 2230 ten-to-twelve-year-olds from the North of The Netherlands. Perceived parenting (overprotection, rejection, emotional warmth) was assessed by the EMBU (a Swedish acronym for My Memories of Upbringing) for Children, temperament (fearfulness and frustration) by the parent version of the Early Adolescent Temperament Questionnaire-Revised, and depressive problems by the Child Behavior Checklist (parent report) and the Youth Self-Report (child report).

Results: All parenting and temperament factors were significantly associated with depressive problems. Frustration increased the depressogenic effect of parental overprotection and lack of emotional warmth. Fearfulness increased the effect of rejection in girls, but not in boys. Furthermore, the association between frustration and depression was stronger in boys.

Conclusions: These findings support the hypothesis that the effect of specific parenting behaviors depends on the temperament and gender of the child.

DEPRESSION, SLEEP & SUICIDE

EXCESSIVE DAYTIME SLEEPINESS IN PATIENTS WITH DEPRESSIVE DISORDER

Authors : Sarah Laxhmi Chellappa; John Fontenele Araújo

Source : Rev. Bras. Psiquiatr. vol.28 no.2 São Paulo June 2006

Objective: To evaluate excessive daytime sleepiness in patients with depressive disorder and to examine its association with the severity of depression and suicidal ideation.

Method: Seventy patients were interviewed and assessed by the Epworth Sleepiness Scale (ESS), the Beck Depression Inventory (BDI) and the Beck Scale for Suicidal Ideation (SSI). Descriptive analysis, Pearson correlations and Student's t-test were used for data analyses.

Results: Most of the patients (57.1%) obtained high scores on the ESS. Correlation was positive and strongly significant between ESS scores and BDI scores, as well as between ESS scores and SSI scores. Patients with high ESS scores obtained higher mean BDI and SSI scores in comparison to patients with lower ESS scores. Significant differences ($p < 0.05$) were encountered when the patients with higher (>10) and lower (< 10) ESS scores were compared in terms of total ESS, BDI and SSI scores.

Conclusions: Excessive daytime sleepiness was frequent among patients and significantly associated with higher levels of depression and particularly with suicidal ideation. Thus, a

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careful investigation of daytime sleepiness in depressed patients is required during clinical evaluation.

Keywords: Sleep disorders; Disorders of excessive somnolence; Depressive disorder; Personality inventory; Suicide/psychology.

LATE-LIFE DEPRESSION & LESION VOLUMES

LOBAR DISTRIBUTION OF LESION VOLUMES IN LATE-LIFE DEPRESSION: THE BIOMEDICAL INFORMATICS RESEARCH NETWORK (BIRN).

Authors : MacFall JR, Taylor WD, Rex DE, Pieper S, Payne ME, McQuoid DR, Steffens DC, Kikinis R, Toga AW, Krishnan KR.

Source : Neuropsychopharmacology. 2006 Jul;31(7):1500-7. Epub 2005 Dec 7. Related Articles, Links

Summary: White matter hyperintense lesions on T2-weighted images are associated with late-life depression. Little work has been carried out examining differences in lesion location between elderly individuals with and without depression. In contrast to previous studies examining total brain white matter lesion volume, this study examined lobar differences in white matter lesion volumes derived from brain magnetic resonance imaging. This study examined 49 subjects with a DSM-IV diagnosis of major depression and 50 comparison subjects without depression. All participants were age 60 years or older. White matter lesion volumes were measured in each hemisphere using a semiautomated segmentation process and localized to lobar regions using a lobar atlas created for this sample using the imaging tools provided by the Biomedical Informatics Research Network (BIRN). The lobar lesion volumes were compared against depression status. After controlling for age and hypertension, subjects with depression exhibited significantly greater total white matter lesion volume in both hemispheres and in both frontal lobes than did control subjects. Although a similar trend was observed in the parietal lobes, the difference did not reach a level of statistical significance. Models of the temporal and occipital lobes were not statistically significant. Older individuals with depression have greater white matter disease than healthy controls, predominantly in the frontal lobes. These changes are thought to disrupt neural circuits involved in mood regulation, thus increasing the risk of developing depression.

ADOLESCENT DEPRESSION

IMPROVING RECOGNITION OF ADOLESCENT DEPRESSION IN PRIMARY CARE.

Authors : Zuckerbrot RA, Jensen PS.

Source : Arch Pediatr Adolesc Med. 2006 Jul;160(7):694-704. Related Articles, Links

Objective: To address the following questions: (1) What evidence (ie, psychometric data collected in pediatric primary care, patient outcome data) exists for the various methods used to identify adolescent depression in primary care? and (2) What identification practices are currently in use?

Data sources: We systematically searched MEDLINE for English-language articles using specific search terms and examined relevant titles, abstracts, and articles.

Study selection: We reviewed 1743 MEDLINE abstracts.

Seventy-four articles were pulled for examination, with 30 articles meeting full criteria.

Data extraction: Five studies had adequate psychometric data on various adolescent depression identification methods in primary care. Only 1 compared the diagnostic accuracy of physicians trained to ask depression questions vs physicians trained in the use of a diagnostic aid. Six studies reported on current practice. Evidence regarding sensitivity, specificity, positive predictive value, and negative predictive value was sought for question 1. Frequency of screening was sought for question 2.

Data synthesis: Review of these articles found that few health care professionals use systematic depression identification methods, despite some growing evidence for their validity, feasibility, and possible efficacy.

Conclusion: Available evidence indicates that primary care professionals would improve their rates of depression diagnosis through training, but even more so by using adolescent symptom rating scales.

STROKE & PSD

GENERAL AND DISEASE-SPECIFIC RISK FACTORS FOR DEPRESSION AFTER ISCHEMIC STROKE: A TWO-STEP COX REGRESSION ANALYSIS.

Authors : Leentjens AF, Aben I, Lodder J, Verhey FR.

Source : Int Psychogeriatr. 2006 Jun 29;:1-9 [Epub ahead of print] Related Articles, Links

Background: Post-stroke depression (PSD) frequently complicates stroke and is associated with an impaired functional outcome, more severe cognitive deficits, a reduced quality of life, and a higher mortality. The aim of this study was to assess whether general risk factors for major depressive disorder (MDD) in the community are also risk factors for PSD, and to identify additional, stroke-related risk factors. **Methods:** In a hospital setting, 190 consecutively admitted patients were assessed for MDD 1 month after stroke, and at follow-up after 3, 6, 9 and 12 months. A Cox model was created with four established risk factors for MDD in the community (female sex, prior personal history of depression, positive family history of depression, and somatic comorbidity other than stroke). Five potential disease-related risk factors (disability, cognitive deterioration, inter- and intrahemispheric lesion location, and generalized vascular damage on computed tomography (CT) scan) were then added individually to this model, to see whether these would improve the significance of the overall model. **Results:** The Cox model of four general risk factors for depression in the community was shown to be a valid model to predict depression in stroke patients. Of the disease-specific factors, only incorporation of "disability" in this model improved its significance. **Conclusion:** Established risk factors for depression in the community are also predictors of depression in the first year after stroke. Disability is a non-specific disease-related variable that is associated with PSD. The contribution of stroke-specific factors may be less than is generally assumed.

DEPRESSION & ENDOTHELIAL DYSFUNCTION

METYPAPONE IMPROVES ENDOTHELIAL DYSFUNCTION IN PATIENTS WITH TREATED DEPRESSION.

Authors : Broadley AJ, Korszun A, Abdelaal E, Moskvina V

Deanfield J, Jones CJ, Frenneaux MP.

Source : J Am Coll Cardiol. 2006 Jul 4;48(1):170-5. Epub 2006 Jun 9. Related Articles, Links

Objectives: This study sought to examine the effect of metyrapone on endothelial dysfunction in patients with treated recurrent major depression.

Background: Depression is an independent risk factor for the development of coronary heart disease, and patients with depression have endothelial dysfunction, an atherogenic abnormality. This abnormality may be attributable to abnormal hypothalamic-pituitary-adrenal (HPA) axis function, a feature of depression, resulting in increased exposure to cortisol. Cortisol administration produces endothelial dysfunction in healthy subjects.

Methods: We measured endothelial function using flow-mediated dilation (FMD) of the brachial artery in 30 patients with depression and in 36 matched control subjects. Patients were randomized (double blind) to metyrapone (an inhibitor of cortisol synthesis) or placebo, and FMD was remeasured 6 h later. **Results:** At baseline, FMD was impaired in patients versus control subjects (mean [standard error]), -1.27% [0.91%] vs. 4.37% [0.59%] ($p < 0.001$). The FMD was similar in the placebo and the metyrapone patient groups at baseline (0.17% [1.04%] vs. -2.72% [1.30%], $p = 0.11$). Metyrapone significantly reduced plasma cortisol levels. There was a significant improvement in FMD in the metyrapone group from -2.72% [1.30%] to 3.82% [0.99%] ($p < 0.001$), whereas the change in the placebo group, from 0.17% [1.04%] to 1.15% [1.14%], was not significant. Analysis of covariation showed that the effect of metyrapone was significant ($p = 0.034$).

Conclusions: Inhibition of cortisol production by metyrapone ameliorates the endothelial dysfunction seen in depression, suggesting that the mechanism of the endothelial dysfunction may involve cortisol.

Epilepsy, TRD & VNS THERAPY

▪ **NEW PEER-REVIEWED PUBLICATION
AUTHORED BY LEADING SCIENTISTS
PROVIDES COMPREHENSIVE REVIEW OF
VNS THERAPY MECHANISM OF ACTION
IN TREATMENT-RESISTANT DEPRESSION**

Authors : HOUSTON, TX

Source : Announced publication in the July 2006 issue of Neuropsychopharmacology (2006;31:1345-1355) of a peer-reviewed review article summarizing the results of a large body of studies that have investigated the mechanism of action of Vagus Nerve Stimulation (VNS) Therapy.

Summary: The review also summarizes the principal safety and efficacy data for VNS Therapy as a treatment for treatment-resistant depression (TRD) and pharmacoresistant epilepsy.

The authors provide a basis for how VNS Therapy is unique in its antidepressant activity and conclude that VNS Therapy is a well-tolerated and important treatment option for a subset of patients with TRD. Charles B. Nemeroff, MD, PhD, Emory University is lead author of the article, "VNS Therapy in Treatment-Resistant Depression: Clinical Evidence and Putative Neurobiological Mechanisms."

The authors discuss findings of recent imaging studies conducted after acute and during long-term treatment of VNS Therapy for patients with TRD. These imaging studies revealed changes in medial temporal structures of the brain.

Studies to identify the effects of VNS Therapy on neurotransmitter systems showed that VNS Therapy alters the firing rates of serotonergic neurons, those neurons implicated in the mechanism of action of the serotonin reuptake inhibitor antidepressant drugs, by a mechanism that is distinct from antidepressant drugs and consistent with the progressive increase in antidepressant response observed in clinical studies of VNS Therapy. In addition, data on mapping neural substrates support the concept that VNS Therapy acts directly by stimulating brain stem structures and indirectly by regulating the activity of neurons in limbic and cortical regions involved in mood regulation.

"After reviewing all the available data, taken together, it is clear that VNS Therapy is a promising treatment for patients living with TRD. Given the nature of TRD, it is exceptional that the antidepressant effect of VNS Therapy has been shown to improve over time and is sustained long-term for patients with TRD," commented Dr. Nemeroff. Results of ongoing clinical and imaging studies will be critical to increasing our understanding of the mechanisms of action that mediate the beneficial effects of VNS Therapy for TRD."

"This peer-reviewed evaluation of existing research on VNS Therapy demonstrates the importance of this treatment option for patients with TRD. I commend the authors for reviewing the data on mechanism of action and discussing the inherent value in VNS Therapy as a safe and effective treatment option for patients with TRD," said Robert P. ("Skip") Cummins, Cyberonics Chairman of the Board and CEO.

"Cyberonics recently announced the initiation of three mechanism of action studies at leading institutions across the country as well as a multicenter dosing study to investigate treatment outcomes for patients with TRD. Further, data was recently presented at the American Psychiatric Association Annual Meeting on the unprecedented durability of response in patients with TRD after two years of treatment with VNS Therapy."

In July 2005, the FDA approved VNS Therapy as an adjunctive long-term treatment of chronic or recurrent depression for patients 18 years of age or older who are experiencing a major depressive episode and have not had an adequate response to four or more adequate antidepressant treatments. VNS Therapy is the first FDA-approved implantable device-based treatment for depression and the first treatment developed, studied, approved and labeled specifically for patients with TRD. Peer-reviewed data published in Biological Psychiatry and the Journal of Clinical Psychiatry confirm the association of VNS Therapy with significant antidepressant benefits that are sustained and/or increase over time for patients with chronic or recurrent treatment-resistant depression. Further, recent peer-reviewed data published in the Journal of Clinical Psychiatry shows long-term treatment-as-usual, not including VNS Therapy, is ineffective for patients with treatment-resistant depression.

To date, more than 5,000 psychiatrists have been trained at Cyberonics-sponsored medical education programs, 2,650 psychiatrists have identified over 10,000 potential VNS patients, 180 different payers have approved individual case by case use of VNS Therapy, 1,100 patients have been treated with VNS Therapy and approximately 4,700 patients have been denied access to VNS Therapy by their insurance providers. The Company is actively working with psychiatrists, patients, patient advocacy organizations, employers and payers to provide psychiatrists and patients with TRD the same universal access to VNS Therapy enjoyed by neurologists and their epilepsy

patients through broad based coverage policies for the past six years.

DEPRESSIVE SYMPTOMS & SPIRITUALITY

▪ A PATH MODEL OF THE EFFECTS OF SPIRITUALITY ON DEPRESSIVE SYMPTOMS AND 24-H URINARY-FREE CORTISOL IN HIV-POSITIVE PERSONS.

Authors : Carrico AW, Ironson G, Antoni MH, Lechner SC, Duran RE, Kumar M, Schneiderman N.

Source : J Psychosom Res. 2006 Jul;61(1):51-8. Related Articles, Links

Objective: The present investigation examined the associations among spirituality, positive reappraisal coping, and benefit finding as they relate to depressive symptoms and 24-h urinary-free-cortisol output.

Methods: Following an initial screening appointment, 264 human-immunodeficiency-virus-positive men and women on highly active antiretroviral therapy provided 24-h urine samples and completed a battery of psychosocial measures.

Results: Spirituality was associated with higher positive reappraisal coping and greater benefit finding. Benefit finding and positive reappraisal coping scores were, in turn, both related to lower depressive symptoms. Finally, we determined that benefit finding was uniquely predictive of decreased 24-h urinary-free cortisol output.

Conclusion: Positive reappraisal coping and benefit finding may co-mediate the effect of spirituality on depressive symptoms, and benefit finding may uniquely explain the effect of spirituality on 24-h cortisol output.

DEPRESSION, QT INTERVAL & PERSONALITY TRAIT

▪ QT INTERVAL DURATION IN APPARENTLY HEALTHY MEN IS ASSOCIATED WITH DEPRESSION-RELATED PERSONALITY TRAIT NEUROTICISM.

Authors : Minoretti P, Politi P, Martinelli V, Emanuele E, Bertona M, Falcone C, Geroldi D.

Source : J Psychosom Res. 2006 Jul;61(1):19-23. Related Articles, Links

Objective: High levels of neuroticism and low self-esteem are markers for vulnerability to depression, a condition associated with a higher risk of arrhythmias. The question as to whether these depression-related personality domains are related to cardiac repolarization (duration of QT interval) in apparently healthy men has been addressed in this study.

Methods: Participants were 658 clinically healthy males who underwent a health screening programme. QT interval duration was determined in the resting 12-lead electrocardiogram using an automated analysis program. Neuroticism was assessed by the short-scale Eysenck Personality Questionnaire and self-esteem by the Rosenberg self-esteem scale.

Results: Heart-rate corrected QT interval {QTc, formula of Bazett [Bazett HC. An analysis of time relations of electrocardiograms. Heart 1920;7:353-370]} progressively increased across quartiles of neuroticism ratings. By contrast, no differences in QTc were observed across different degrees of self-esteem. A multivariate regression analysis showed that neuroticism was a statistically significant, independent predictor of QTc duration.

Conclusion: After adjustment for potential confounders, neuroticism scores independently predicted QT interval duration in apparently healthy men. These findings highlight the possibility that higher arrhythmic risk could be present not only in patients with clinical depression but also in depression-prone, otherwise healthy individuals.

UMD & COGNITIVE REACTIVITY

▪ COGNITIVE REACTIVITY TO SAD MOOD PROVOCATION AND THE PREDICTION OF DEPRESSIVE RELAPSE.

Authors : Segal ZV, Kennedy S, Gemar M, Hood K, Pedersen R, Buis T.

Source : Arch Gen Psychiatry. 2006 Jul;63(7):749-55. Related Articles, Links

Context: Episode remission in unipolar major depression, while distinguished by minimal symptom burden, can also be a period of marked sensitivity to emotional stress as well as an increased risk of relapse. **OBJECTIVE:** To examine whether mood-linked changes in dysfunctional thinking predict relapse in recovered patients who were depressed. **DESIGN:** In phase 1 of this study, patients with major depressive disorder were randomly assigned to receive either antidepressant medication or cognitive behavior therapy. In phase 2, patients who achieved clinical remission underwent sad mood provocation and were then observed with regular clinical assessments for 18 months. **Setting:** Outpatient psychiatric clinics at the Centre for Addiction and Mental Health, Toronto, Ontario.

Participants: A total of 301 outpatients with major depressive disorder, aged 18 to 65 years, participated in phase 1 of this study and 99 outpatients with major depressive disorder in remission, aged 18 to 65 years, participated in phase 2. **MAIN Outcome measure:** Occurrence of a relapse meeting DSM-IV criteria for a major depressive episode as assessed by the longitudinal interval follow-up evaluation and a Hamilton Depression Rating Scale score of 16 or greater.

Results: Patients who recovered through antidepressant medication showed greater cognitive reactivity following the mood provocation than those who received cognitive behavior therapy. Regardless of type of prior treatment, the magnitude of mood-linked cognitive reactivity was a significant predictor of relapse over the subsequent 18 months. Patients whose mood-linked endorsement of dysfunctional attitudes increased by a minimum of 8 points had a significantly shorter time to relapse than those whose scores were not as elevated.

Conclusions: The vulnerability of remitted depressed patients for illness relapse may be related to the (re)activation of depressive thinking styles triggered by temporary dysphoric states. This is the first study to link such differences to prognosis following successful treatment for depression. Further understanding of factors predisposing to relapse/recurrence in recovered patients may help to shorten the potentially lifelong course of depression.

MDD & PREFRONTAL DYSFUNCTION

▪ SET SHIFTING DEFICITS IN MELANCHOLIC VS. NON-MELANCHOLIC DEPRESSION: PRELIMINARY FINDINGS.

Authors : Michopoulos I, Zervas IM, Papakosta VM, Tsaltas E, Papageorgiou C, Manessi T, Papakostas YG, Lykouras L, Soldatos CR.

Source : Eur Psychiatry. 2006 Jun 29; [Epub ahead of print]

Related Articles, Links

Summary: Twenty-two patients with major depressive disorder, 11 of them with melancholic features, and 11 controls were investigated with CANTAB subtests focusing in visual memory/learning and executive functions. Melancholic patients performed worse than the other groups in all tasks and manifested a significant impairment in set shifting. The results are discussed in association with prefrontal dysfunction.

DEPRESSIVE MOOD & PHYSICAL ACTIVITY

▪ **YEARLONG PHYSICAL ACTIVITY AND DEPRESSIVE SYMPTOMS IN OLDER JAPANESE ADULTS: CROSS-SECTIONAL DATA FROM THE NAKANOJO STUDY.**

Authors: Yoshiuchi K, Nakahara R, Kumano H, Kuboki T, Togo F, Watanabe E, Yasunaga A, Park H, Shephard RJ, Aoyagi Y.

Source: Am J Geriatr Psychiatry. 2006 Jul;14(7):621-4. Related Articles, Links

Objective: The objective of this study was to investigate associations between accelerometer measurements of physical activity and psychosocial variables in older people. **METHODS:** Subjects were 184 Japanese aged 65-85 years. An accelerometer provided step count and physical activity intensity data throughout each 24-hour period for 1 year. At the end of the year, anxiety, depression, and cognitive function were assessed. **Results:** Controlling for age, the daily number of steps, and the daily duration of moderate-intensity physical activity showed significant negative correlations with depressive mood.

Conclusion: A depressive mood is associated with the quantity and quality of habitual physical activity.

DEPRESSIVE SYMPTOMS & OBESITY

▪ **ASSOCIATIONS BETWEEN DEPRESSIVE SYMPTOMS AND OBESITY DURING PUBERTY.**

Authors: Richardson LP, Garrison MM, Drangsholt M, Mancl L, LeResche L.

Source: Gen Hosp Psychiatry. 2006 Jul-Aug;28(4):313-20. Related Articles, Links

Background: Adolescent depression has been shown to be associated with later development of obesity. The purpose of this study was to examine the association between depressive symptoms and obesity with progressive pubertal development. **Methods:** We conducted an analysis of the association between depressive symptoms and obesity using data from a cross-sectional study of 3101 youth aged 11-17 years. Logistic regression analyses were used to control for maternal education level, race and age. Analyses were stratified by pubertal status and sex to examine how the relationship between depressive symptoms and obesity varies with pubertal development.

Results: Depressive symptoms increased with pubertal development for both boys and girls, but the increase was larger for girls. Obesity prevalence was similar for all categories of pubertal development in boys and girls. After controlling for age, pubertal development, parental education and race, an association was noted between depressive symptoms and obesity among both males and females. Youth above the 90th percentile in the depressive symptom score

had two times the odds of being obese [males: odds ratio (OR)=1.95, 95% confidence interval (95% CI)=1.19-3.18; females: OR=2.17, 95% CI=1.25-3.77]. With the exception of males in late puberty (OR=0.91, 95% CI=0.29-2.87), the magnitude of this association between depressive symptoms and obesity was similar for all levels of pubertal development, with no apparent increase in later puberty among girls.

Conclusion: Depressive symptoms and obesity were associated during adolescence, and this association did not increase with advancing pubertal development.

NONPSYCHOTIC, MDD & CYCLIC ANTIDEPRESSANT

▪ **A COMPARISON OF MIRTAZAPINE AND NORTRIPTYLINE FOLLOWING TWO CONSECUTIVE FAILED MEDICATION TREATMENTS FOR DEPRESSED OUTPATIENTS: A STAR*D REPORT.**

Authors: Fava M, Rush AJ, Wisniewski SR, Nierenberg AA, Alpert JE, McGrath PJ, Thase ME, Warden D, Biggs M, Luther JF, Niederehe G, Ritz L, Trivedi MH.

Source: Am J Psychiatry. 2006 Jul;163(7):1161-72. Related Articles, Links

Objective: Few controlled studies have addressed the issue of which antidepressant medications should be recommended for outpatients who have not responded to multiple treatment trials. This study compared the efficacy of switching to mirtazapine to that of switching to a tricyclic antidepressant (nortriptyline) following two prospective, consecutive, unsuccessful medication treatments for nonpsychotic major depressive disorder. **METHOD:** Following lack of remission or an inability to tolerate an initial trial of citalopram for up to 12 weeks (first step) and a second trial with either monotherapy involving another antidepressant or augmentation of citalopram with bupropion or buspirone (second step), adult outpatients (N=235) with nonpsychotic major depressive disorder were randomly assigned to 14 weeks of treatment with mirtazapine (up to 60 mg/day) (N=114) or nortriptyline (up to 200 mg/day) (N=121). The primary outcome, symptom remission, was defined a priori as a total exit score of ≤ 7 on the 17-item Hamilton Rating Scale for Depression. The 16-item Quick Inventory of Depressive Symptomatology-Self-Report (QIDS-SR(16)), obtained at treatment visits, provided secondary outcomes of remission (score ≤ 5 at exit) and response ($\geq 50\%$ reduction in score from baseline). **RESULTS:** For mirtazapine, remission rates were 12.3% and 8.0% per the Hamilton and QIDS-SR(16) scores, respectively. For nortriptyline, remission rates were 19.8% and 12.4%, respectively. QIDS-SR(16) response rates were 13.4% for mirtazapine and 16.5% for nortriptyline. Neither response nor remission rates statistically differed by treatment, nor did these two treatments differ in tolerability or adverse events.

Conclusions: Switching to a third antidepressant monotherapy regimen after two consecutive unsuccessful antidepressant trials resulted in low remission rates ($<20\%$) among patients with major depressive disorder.

SCHIZOPHRENIA (SCZ)

ANTIDEPRESSANT DRUGS & SCHIZOPHRENIC PATIENTS

▪ **USE OF ANTIDEPRESSANT DRUGS IN SCHIZOPHRENIC PATIENTS WITH**

DEPRESSION

Authors : Micallef J, Fakra E, Blin O.

Source : Encephale. 2006 Mar-Apr;32(2 Pt 1):263-9. Related Articles, Links

Introduction: Depression is common in people with schizophrenia and is associated with substantial morbidity explaining also the considerable attention and recognition of this entity as suggested by the inclusion of the post-psychotic depression in DSM IV and ICD 10. The prevalence of this disorder varies according to the type of approach used (range between 7% to 75%). Prescription of antidepressants plus antipsychotic treatment is frequent in clinical practice (11 to 43%). **BACKGROUND:** Pharmacokinetic and metabolic interactions have been identified. The cytochrome P450 has been identified as being implicated in the metabolism of most psychotropics, mainly through the CYP1A2, CYP2C19, CYP2D6, CYP3A4 isoenzymes. Tricyclic antidepressants are likely to increase chlorpromazine plasma levels. Similarly, antipsychotics such as perphenazine, chlorpromazine or haloperidol can increase antidepressant plasma levels, through the inhibition of CYP 450 isoenzymes (CYP2D6). Most of the Specific Serotonin Recapture Inhibitors (SSRIs) are likely to inhibit one or several CYP450 isoenzymes. The inhibition is moderate to marked for CYP1A2 (fluvoxamine and fluoxetine), CYP2C19 (fluoxetine, fluvoxamine and sertraline), CYP2D6 (paroxetine, fluoxetine and sertraline), and CYP3A4 (fluvoxamine, fluoxetine and sertraline). In the US, one-fourth of psychiatrists report the use of depression-rating scales in schizophrenic patients. Non specific scales (Hamilton Depression Rating Scale or Beck Depression Inventory) are the most commonly used in spite of the fact that these scales do not allow the distinction of depressive from negative symptoms in schizophrenic patients.

LITERATURE FINDINGS: Due to these limitations, more specific assessment tools for depressive symptoms in schizophrenia are required. Two specific scales for assessing depressive symptoms in schizophrenic patients have been constructed and validated. The Calgary Depression Scale (CDS) is a nine item scale, each item scored from 0 to 3. This scale was derived from the HDRS and the Present State Examination. Factor analysis showed that the CDS is unidimensional, has high internal consistency, and significant strong correlation with scores on the HDRS, Beck and BPRS depression scales. The CDS has been validated in different languages (Brazilian, Danish, French...). It has been shown that there is no overlap between negative or extrapyramidal and depressive symptoms assessed by the PDS in schizophrenic patients. The Psychotic Depression Scale (PDS) is a 32 item scale derived from the HDRS, PANSS, CPRS and AMDP, each item being rated from 0 to 7. A principal component analysis of the PDS items using a Varimax rotation disclosed 8 orthogonal components that account for 71% of the variance. These components involved the following dimensions : depressive mood, inhibition, vegetative signs, paranoid signs, strangeness of thought, inverse vegetative signs, guilt feelings and cognitive signs. The analysis revealed that the 'depressive mood' factor of the PDS was correlated with the 'depressive' factor and was slightly correlated with the cognitive factor of the PANSS. This first factor was not correlated with either the "negative" factor of the PANSS, or the Positive or Excitement factor of the PANSS. Hence, this PDS, factor distinguished depressive signs from negative symptoms. Due to their metrologic properties, specific scales should be preferred. However, only

one open trial (of an antipsychotic) and two double blind controlled trials (one comparison of 2 antipsychotics and one comparison of an cholinesterase inhibitor versus placebo) have been published using the CDS. Likewise, only one double blind controlled trial using the PDS (comparison of 2 antipsychotics) has been published. No study of the effect of antidepressants in depressed schizophrenic patients has been published, using either the CDS or the PDS assessment criteria.

DEPRESSION, SCZ & SKIN REACTIONS

▪ **NIACIN SKIN FLUSHING IN SCHIZOPHRENIC AND DEPRESSED PATIENTS AND HEALTHY CONTROLS.**

Authors : Bosveld-van Haandel L, Knegtering R, Kluiters H, van den Bosch RJ.

Source : Psychiatry Res. 2006 Jul 10; [Epub ahead of print] Related Articles, Links

Summary: This study compares the skin reactions to the niacin flushing test of 16 schizophrenic patients with those of 17 depressed patients and 16 healthy controls. Methyl nicotinate (niacin) in a concentration of 0.1 M was applied to the forearm for 5 min. Significant differences could be observed between the group of schizophrenic patients (less flushing) in comparison to the other groups. There were no statistical differences in niacin flushing between patients with depression and healthy controls. Gender, age and the use of antipsychotic agents did not appear to be confounders. The differences in flushing within the group of schizophrenic patients were striking, however. Most patients showed little or no flushing, but some patients reacted strongly. Although the three groups could be differentiated by the niacin flushing test, to develop a reliable clinical application of this test, further research is necessary.

SCZ, MDD & IMMUNE STATES

▪ **NEUROIMMUNE-ENDOCRINE CROSSTALK IN SCHIZOPHRENIA AND MOOD DISORDERS.**

Authors : Muller N, Schwarz MJ.

Source : Expert Rev Neurother. 2006 Jul;6(7):1017-38. Related Articles, Links

Summary: This review focuses on possible causes and the impact of different immune states in schizophrenia and major depression. It discusses the fact that, in schizophrenia, an over-activation of the type 2 immune response may dominate, while the type 1 and the pro-inflammatory immune responses are over-activated in major depression. The consequence of these diverse immune states is the activation and, respectively, inhibition of different enzymes in tryptophan/kynurenine metabolism, which may lead to an overemphasis of N-methyl-D-aspartate (NMDA) receptor antagonism in schizophrenia and of NMDA-receptor agonism in depression, resulting in glutamatergic hypofunction in schizophrenia and glutamatergic hyperfunction in major depression. In addition, the activation of the type 1 and the pro-inflammatory immune responses in major depression result in increased serotonin degradation and a serotonergic deficit. While antipsychotics and antidepressants today mainly act on the dopaminergic-glutamatergic and the noradrenergic-serotonergic neurotransmission, anti-inflammatory and immune-modulating therapies might act more basically at the pathophysiological mechanism. The limitations of this concept, however, are critically discussed.

PREMENSTRUAL DYSPHORIC DISORDER (PMDD)

DPD & FOLATE AND VITAMINS

DIETARY FOLATE AND VITAMINS B(12), B(6), AND B(2) INTAKE AND THE RISK OF POSTPARTUM DEPRESSION IN JAPAN: THE OSAKA MATERNAL AND CHILD HEALTH STUDY.

Authors: Miyake Y, Sasaki S, Tanaka K, Yokoyama T, Ohya Y, Fukushima W, Saito K, Ohfuji S, Kiyohara C, Hirota Y; The Osaka Maternal and Child Health Study Group.

Source: J Affect Disord. 2006 Jun 29; [Epub ahead of print] Related Articles, Links

Background: Previous studies showed an inverse association between folate intake and depression. However, epidemiological evidence for folate intake and postpartum depression is unavailable. This prospective study examined the relationship of dietary consumption of folate and B vitamins during pregnancy with the risk of postpartum depression.

Methods: Study subjects were 865 Japanese women. Dietary data were obtained during pregnancy from a validated self-administered diet history questionnaire. Postpartum depression was defined as present when subjects had an Edinburgh Postnatal Depression Scale score of 9 or higher between 2 and 9 months postpartum. Adjustment was made for age, gestation, parity, cigarette smoking, alcohol intake, family structure, family income, education, changes in diet in the previous 1 month, season when data at baseline were collected, body mass index, time of delivery before the second survey, medical problems in pregnancy, baby's sex, and baby's birth weight.

Results: Postpartum depression developed in 121 subjects (14.0%) 2 to 9 months postpartum. There was no measurable association between intake of folate, cobalamin, or pyridoxine and the risk of postpartum depression. Compared with riboflavin intake in the first quartile, only riboflavin consumption in the third quartile was independently related to a decreased risk of postpartum depression (multivariate odds ratio: 0.53, 95% CI: 0.29-0.95, P for trend=0.55).

Limitations: Personal and family psychiatric history, sociocultural factors, and personal and family relations were not controlled for. The possibility of misclassification of dietary information during pregnancy should be considered.

Conclusions: Our results suggest that moderate consumption of riboflavin may be protective against postpartum depression.

Methods: Implementation of brief depression screening of mothers at well-child visits for children of all ages was studied in 3 rural pediatric practices. Two screening trials introduced screening (1 month) and then determined whether screening could be sustained (6 months). Screening used the 2-question Patient Health Questionnaire. Practices tracked the proportions of visits screened and provided data about the screening process.

Results: Practices were able to screen in the majority of well-child visits (74% in trial 1 and 67% in trial 2). Of 1398 mothers screened, 17% had 1 of the depressive symptoms and 6% (n = 88) scored as being at risk for a major depressive disorder. During discussion, 5.7% of all mothers thought they might be depressed and 4.7% thought they were stressed but not depressed. Pediatric clinicians intervened with 62.4% of mothers who screened positive and 38.2% of mothers with lesser symptoms. Pediatrician actions included discussion of the impact on the child, a follow-up visit or call, and referral to an adult primary care provider, a mental health clinician, or community supports. Pediatrician time needed to discuss screening results decreased in the second trial. Prolonged discussion time was uncommon (5-10 minutes in 3% of all well-child visits and >10 minutes in 2%).

Conclusions: Routine, brief, maternal depression screening conducted during well-child visits was feasible and detected mothers who were willing to discuss depression and stress issues with their pediatrician. The discussion after screening revealed additional mothers who felt depressed among those with lesser symptoms. The additional discussion time was usually brief and resulted in specific pediatrician actions.

MIDLIFE DEPRESSION, ESCITALOPRAM & WOMEN

MOOD AND NEUROPSYCHOLOGICAL CHANGES IN WOMEN WITH MIDLIFE DEPRESSION TREATED WITH ESCITALOPRAM.

Authors: Wroolie TE, Williams KE, Keller J, Zappert LN, Shelton SD, Kenna HA, Reynolds MF, Rasgon NL.

Source: J Clin Psychopharmacol. 2006 Aug;26(4):361-6. Related Articles, Links

Objective: This study assessed mood and neuropsychological function in a population of middle-aged women with major depressive disorder treated with escitalopram.

Methods: Psychometric data measuring severity of depression were collected from 19 women and neuropsychological data were collected from 17 women aged between 45 and 65 years with a Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, diagnosis of major depression in a study in the Behavioral Neuroendocrinology Program at the Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine. All women were treated with escitalopram in an open-label design. Mean age was 55.94 years and mean number of years of education was 16.36 years. Diagnosis of major depressive disorder was assessed with the Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, and mood was evaluated with the 21-item Hamilton Depression Rating Scale (HAM-D) at baseline and at weekly follow-ups for 12 weeks. Cognition was assessed at baseline and 3 months after treatment using a neuropsychological test battery, which included an abbreviated measure of Full Scale Intelligence Quotient, measures of attention and processing speed, verbal and nonverbal memory, executive functioning, and verbal fluency. Self-report data were

WOMEN DEPRESSION

MATERNAL DEPRESSION & Well-Child Visits

BRIEF MATERNAL DEPRESSION SCREENING AT WELL-CHILD VISITS.

Authors: Olson AL, Dietrich AJ, Prazar G, Hurley J.

Source: Pediatrics. 2006 Jul;118(1):207-16. Related Articles, Links

Objectives: The goals were (1) to determine the feasibility and yield of maternal depression screening during all well-child visits, (2) to understand how pediatricians and mothers respond to depression screening information, and (3) to assess the time required for discussion of screening results.

collected on current menopause status and current hormone therapy use in the postmenopausal women. Paired sample t tests were used to analyze the change in total HAM-D scores and neuropsychological variables.

Results: Statistically significant improvements were found in total HAM-D score, Wechsler Memory Scale III Logical Memory 1st Recall, I, and II scores, Wechsler Memory Scale III Visual Reproduction I scores, and Trail Making Test Part B scores. There was a statistically significant decrease in Controlled Oral Word Association Test FAS scores.

Conclusions: Treatment of depression with escitalopram in a population of middle-aged women was shown to improve mood and cognitive efficiency in complex attention, short- and long-term recall of contextual information, short-term recall of visual information, and cognitive flexibility; however, it was shown to worsen phonemic fluency.

BD, MDD, STEROID & WOMEN

■ INCREASED NEUROACTIVE STEROID CONCENTRATIONS IN WOMEN WITH BIPOLAR DISORDER OR MAJOR DEPRESSIVE DISORDER.

Authors : Hardoy MC, Serra M, Carta MG, Contu P, Pisu MG, Biggio G.

Source : J Clin Psychopharmacol. 2006 Aug;26(4):379-84. Related Articles, Links

Summary: Changes in the plasma concentrations of neuroactive steroids have been associated with various neuropsychiatric disorders. However, the possible role of neuroactive steroids in bipolar disorder (BD) has remained unknown. We therefore determined the plasma levels of neuroactive steroids during the luteal phase of the menstrual cycle in women with BD or major depressive disorder (MDD).

The plasma concentrations of 3alpha-hydroxy-5alpha-pregnan-20-one (3alpha,5alpha-THPROG), 3alpha,21-dihydroxy-5alpha-pregnan-20-one, progesterone, and cortisol were determined in 17 outpatients with BD, 14 outpatients with MDD, and 16 healthy control subjects. All patients were in a state of well-being and without relapse or recurrence for at least 3 months. Plasma concentrations of progesterone and 3alpha,5alpha-THPROG were significantly greater in patients than in controls, also being higher in BD patients than in MDD patients. Drug-free patients with BD or MDD showed similar differences in steroid concentrations relative to controls, as did drug-treated patients. Comorbidity with panic disorder, obsessive-compulsive disorder, or eating disorder had no effect on the association of mood disorders with steroid concentrations. Women with BD or MDD in a state of well-being showed higher plasma concentrations of progesterone and 3alpha,5alpha-THPROG in the luteal phase than did healthy controls. These differences did not seem to be attributable simply to drug treatment or to comorbidity with other psychiatric conditions in the patients.

DEPRESSION & LATE PREGNANCY

■ PREVALENCE AND CORRELATES OF DEPRESSION IN LATE PREGNANCY AMONG NIGERIAN WOMEN.

Authors : Adewuya AO, Ola BA, Aloba OO, Dada AO, Fasoto OO.

Source : Depress Anxiety. 2006 Jul 14; [Epub ahead of print] Related Articles, Links

Summary: The objectives of this study were to estimate the prevalence of depressive disorder in late pregnancy in a group of Nigerian women and to examine the associated factors. One hundred and eighty women in late pregnancy completed a questionnaire on sociodemographic and obstetrical details. They also completed the Edinburgh Postnatal Depression Scale (EPDS). A proportion of them were then assessed for the DSM-IV diagnosis of depressive disorder. Fifteen (8.3%) women met the current (2 weeks) DSM-IV diagnosis of depressive disorder. The factors independently associated with depression included being single [odds ratio (OR)=16.67, 95% confidence interval (CI)=3.17-87.76], divorced/separated (OR=11.11, 95% CI=1.55-19.65), polygamous (OR=3.92, 95% CI=0.94-16.33), and having a previous history of stillbirth (OR=8.00, 95% CI=1.70-37.57) and perceived lack of social support (OR=6.08, 95% CI=1.42-26.04). Depression is common in late pregnancy among Nigerian women, with the significant correlates including mainly social and family factors. Such factors should be considered when planning health care services or formulating a predictive model. Interventions aimed at reducing the occurrence of antenatal depression need further research. Depression and Anxiety 0:1-7, 2006. (c) 2006 Wiley-Liss, Inc.

MATERNAL DEPRESSIVE, PARENTAL BEHAVIORS & Child Health

■ THE TIMING OF MATERNAL DEPRESSIVE SYMPTOMS AND MOTHERS' PARENTING PRACTICES WITH YOUNG CHILDREN: IMPLICATIONS FOR PEDIATRIC PRACTICE.

Authors : McLearn KT, Minkovitz CS, Strobino DM, Marks E, Hou W.

Source : Pediatrics. 2006 Jul;118(1):e174-82. Related Articles, Links

Background: The prevalence of maternal depressive symptoms and its associated consequences on parental behaviors, child health, and development are well documented. Researchers have called for additional work to investigate the effects of the timing of maternal depressive symptoms at various stages in the development of the young child on the emergence of developmentally appropriate parenting practices. For clinicians, data are limited about when or how often to screen for maternal depressive symptoms or how to target anticipatory guidance to address parental needs.

Purpose: We sought to determine whether concurrent maternal depressive symptoms have a greater effect than earlier depressive symptoms on the emergence of maternal parenting practices at 30 to 33 months in 3 important domains of child safety, development, and discipline.

Methodology: Secondary analyses from the Healthy Steps National Evaluation were conducted for this study. Data sources included a self-administered enrollment questionnaire and computer-assisted telephone interviews with the mother when the Healthy Steps children were 2 to 4 and 30 to 33 months of age. The 30- to 33-month interview provided information about 4 safety practices (ie, always uses car seat, has electric outlet covers, has safety latches on cabinets, and lowered temperature on the water heater), 6 child development practices (ie, talks daily to child while working, plays daily with child, reads daily to child, limits child television and video watching to <2 hours a day, follows > or = 3 daily routines, and being more nurturing), and 3 discipline practices (ie, uses more reasoning, uses more harsh punishment, and ever slapped child on the face or spanked the child with an object). The parenting

practices were selected based on evidence of their importance for child health and development, near complete data, and sample variability. The discipline practices were constructed from the Parental Response to Misbehavior Scale. Maternal depressive symptoms were assessed using a 14-item modified version of the Center for Epidemiologic Studies-Depression Scale. Multiple logistic regression models estimated the effect of depressive symptoms on parenting practices, adjusted for baseline demographic characteristics, Healthy Steps participation, and site. No significant interactions were found when testing analytic models with dummy variables for depressive symptoms at 2 to 4 months only, 30 to 33 months only, and at both times; reported models do not include interaction terms. We report main effects of depressive symptoms at 2 to 4 and 30 to 33 months when both are included in the model.

Results: Of 5565 families, 3412 mothers (61%) completed 2- to 4- and 30- to 33-month interviews and provided Center for Epidemiologic Studies-Depression Scale data at both times. Mothers with depressive symptoms at 2 to 4 months had reduced odds of using car seats, lowering the water heater temperature, and playing with the child at 30 to 33 months. Mothers with concurrent depressive symptoms had reduced odds of using electric outlet covers, using safety latches, talking with the child, limiting television or video watching, following daily routines, and being more nurturing. Mothers with concurrent depressive symptoms had increased odds of using harsh punishment and of slapping the child on the face or spanking with an object.

Conclusions: The study findings suggest that concurrent maternal depressive symptoms have stronger relations than earlier depressive symptoms, with mothers not initiating recommended age-appropriate safety and child development practices and also using harsh discipline practices for toddlers. Our findings, however, also suggest that for parenting practices that are likely to be established early in the life of the child, it may be reasonable that mothers with early depressive symptoms may continue to affect use of those practices by mothers. The results of our study underscore the importance of clinicians screening for maternal depressive symptoms during the toddler period, as well as the early postpartum period, because these symptoms can appear later independent of earlier screening results. Providing periodic depressive symptom screening of the mothers of young patients has the potential to improve clinician capacity to provide timely and tailored anticipatory guidance about important parenting practices, as well as to make appropriate referrals.

DEPRESSIVE SYMPTOM & INTERACTIONS OF MOTHERS

MAKING UP IS HARD TO DO, ESPECIALLY FOR MOTHERS WITH HIGH LEVELS OF DEPRESSIVE SYMPTOMS AND THEIR INFANT SONS.

Authors : Weinberg MK, Olson KL, Beeghly M, Tronick EZ.
Source : J Child Psychol Psychiatry. 2006 Jul;47(7):670-83.
Related Articles, Links

Background: The goal of this study was to evaluate the interactions of mothers with normative or high levels of depressive symptomatology on the Center for Epidemiologic Studies-Depression Scale (CES-D) and their 3-month-old infants. Although successful mutual regulation of affect is critical to children's socio-emotional development, little is

known about the factors that influence dyadic processes such as synchrony matching, mismatching, and bi-directionality during early infancy. Therefore, this study evaluated the effects of maternal depressive symptom status, infant gender, and interactional context on mother-infant affective expressiveness and the dyadic features of their interactions.

Methods: Participants were 133 mothers and their healthy full-term infants. Mothers were classified into three groups on the basis of their total score on the CES-D at 2 months of infant age: a high symptom group (CES-D score ≥ 16), a mid symptom control group (CES-D score = 2-12), and a low symptom group (CES-D score = 0-1). Mothers and infants were then videotaped in the Face-to-Face Still-Face paradigm at 3 months of infant age. The mothers' and infants' affect during the interactions prior to (first play) and following the still-face (reunion play) were coded microanalytically using Izard's AFFEX system.

Results: Results indicated that male as compared to female infants were more vulnerable to high levels of maternal depressive symptoms and that high symptom mothers and their sons had more difficult interactions in the challenging reunion episode.

Conclusions: The findings suggest that a cycle of mutual regulatory problems may become established between high symptom mothers and their sons, particularly in challenging social contexts. The long-term consequences of this early social interactive vulnerability in terms of later development need to be further investigated.

WOMEN MENTAL HEALTH (WMH)

WOMEN'S ANXIETIES & MAMMOGRAPHY SCREENING

WOMEN'S ANXIETIES CAUSED BY FALSE POSITIVES IN MAMMOGRAPHY SCREENING: A CONTINGENT VALUATION SURVEY.

Authors : Yasunaga H, Ide H, Imamura T, Ohe K.
Source : Breast Cancer Res Treat. 2006 Jul 4; [Epub ahead of print] Related Articles, Links

Summary: Breast cancer screening with mammography has been shown to be effective for preventing breast cancer death. However, mammography screening can be harmful to women. One of the major problems is anxiety from a false positive result. Previous studies do not consider intangible benefits related to anxiety or peace of mind in mammography screening. In order to quantify anxiety, we employed the contingent valuation method (CVM) to measure the general public's willingness to pay (WTP) for mammography screening. **METHODS:** About 397 women aged 50-59 participated in the computer-assisted questionnaire survey. For the WTP question format, the double-bound dichotomous choice approach was employed. Participants were randomly assigned into 2 groups. Group A (n = 200) was provided with information about the procedure, detection rate and mortality reduction of mammography screening. Group B (n = 197) was provided with additional information including possibility of false positives and the risks of close examinations. **Results:** The mean WTP was significantly greater in Group A than in Group B (\$16.82 vs. \$12.89, P = 0.02). A Weibull regression analysis showed that, type of information, history of receiving mammography screening, family history of cancer, and the degree of concern about health were significant factors affecting WTP

Conclusions: Women must be well informed before making

decisions about mammography screening. Although anxiety from information about false positives significantly decreased the women's benefit, the amount of WTP in the well-informed group was still considerable. The results suggest that women can balance the anxiety against the effectiveness.

PND & MOTHER-CHILD ATTACHMENT

▪ MATERNAL ATTACHMENT STATE OF MIND MODERATES THE IMPACT OF POSTNATAL DEPRESSION ON INFANT ATTACHMENT.

Authors : McMahon CA, Barnett B, Kowalenko NM, Tennant CC.

Source : J Child Psychol Psychiatry. 2006 Jul;47(7):660-9. Related Articles, Links

Background: Empirical studies have revealed a significant, but modest association between maternal depression and insecure mother-child attachment. Across studies, however, a substantial number of mothers with depression are able to provide a sensitive caretaking environment for their children. This paper aimed to explore whether a mother's own state of mind regarding attachment moderated the association between postpartum depression and insecure mother-child attachment. **Methods:** Mothers (n = 111), mainly middle-class mothers, and their infants participated in a longitudinal study of postnatal depression, maternal attachment state of mind and child attachment. Depression was assessed using a diagnostic interview (at 4 and 12 months) and symptom checklists (at 4, 12 and 15 months). The Adult Attachment Interview was conducted at 12 months and the Strange Situation procedure at 15 months. **Results:** Mothers diagnosed as depressed were more likely to have an insecure state of mind regarding attachment. Infants of chronically depressed mothers were more likely to be insecurely attached; however, the relationship between maternal depression and child attachment was moderated by maternal attachment state of mind.

Conclusions: Results are discussed with reference to resiliency factors for women with postnatal depression and implications for intervention.

From a pharmacological point of view, sedating antidepressants, short-term add-on benzodiazepines or nonbenzodiazepines, and long-term add-on low potency neuroleptics are considered appropriate treatments. The combination with atypical sedating antipsychotics or low-dose tricyclic antidepressants may be helpful. Drugs which primarily work through serotonin and noradrenalin have negative effects on sleeping disorders since they suppress REM sleep. In contrast to that, GABAergic, antihistaminic, and anticholinergic effects are beneficial for inducing and maintaining sleep. Half-time, pharmacodynamic and pharmacokinetic effects and interactions, and influence of the drugs on reaction time and personal well-being have to be considered.

ALZHEIMER DISEASES (AD)

DEPRESSION & ALZHEIMER DISEASE

▪ COMPARISON OF DIFFERENT CLINICAL DIAGNOSTIC CRITERIA FOR DEPRESSION IN ALZHEIMER DISEASE.

Authors : Vilalta-Franch J, Garre-Olmo J, Lopez-Pousa S, Turon-Estrada A, Lozano-Gallego M, Hernandez-Ferrandiz M, Pericot-Nierga I, Feijoo-Lorza R.

Source : Am J Geriatr Psychiatry. 2006 Jul;14(7):589-97. Related Articles, Links

Objective: Data in the literature show different estimates of the prevalence of depression in patients with Alzheimer disease (AD) when different classification systems are used. This study describes the prevalence and clinical features of depression in AD based on five different depression classification systems. **METHODS:** This was a cross-sectional, observational study of 491 patients with probable AD. Depression was diagnosed using five classification systems (International Classification of Diseases, 10th Revision [ICD-10], Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition [DSM-IV], Cambridge Examination for Mental Disorder of the Elderly [CAMDEX], Provisional Diagnostic Criteria for depression in AD [PDC-dAD], Neuropsychiatric Inventory [NPI]). **RESULTS:** The prevalence of depression was 4.9% (95% confidence interval [CI]: 3.2-7.1) according to ICD-10 criteria; 9.8% (95% CI: 7.3-12.6) according to CAMDEX; 13.4% (95% CI: 10.6-16.6) according to DSM-IV; 27.4% (95% CI: 23.6-31.5) according to PDC-dAD criteria; and 43.7% (95% CI: 39.4-48.2) when using the screening questions from the NPI depression subscale. The level of agreement between the classification systems was low to moderate (kappa <0.52). The characteristics associated with the most diagnostic disagreement were loss of confidence or self-esteem and irritability.

Conclusions: This study shows that there is a high variability in the prevalence rates of depression in AD depending on the diagnostic criteria used and that there is a low rate of agreement among the diagnostic criteria analyzed. The results suggest that the use of generic diagnostic criteria such as the ICD-10, the CAMDEX, or DSM-IV provides low prevalence rates of depression in patients with AD compared with specific diagnostic criteria such as the PDC-dAD.

AD, FRONTAL DYSFUNCTION & DEPRESSIVE SYNDROME

▪ FRONTAL DYSFUNCTION UNDERLIES DEPRESSIVE SYNDROME IN ALZHEIMER DISEASE: A FDG-PET STUDY.

SLEEP DISORDERS (SD)

DEPRESSION & SLEEP DISORDERS

▪ SLEEP DISORDERS IN DEPRESSION : SUGGESTIONS FOR A THERAPEUTIC APPROACH.

Authors : Zimmermann C, Pfeiffer H.

Source : Nervenarzt. 2006 Jul 11; [Epub ahead of print] Related Articles, Links

Summary: Sleep disorder is one of the major symptoms in depression. It can be a risk factor, predictor, or symptom of depressive episodes. Successful therapy of sleep disorder in severely depressed patients can be a problem of its own. So far, there are few data from systematic studies. Definite treatment recommendations and strategies do not exist. The use of sleeping aids is mainly based on clinical experience and arbitrary treatment preferences. This article tries to summarize the difficulties of a rational therapeutic approach to dyssomnia in depressive patients. In addition to medical treatment, the basics of sleep hygiene should be considered.

Authors : Lee DY, Choo IH, Jhoo JH, Kim KW, Youn JC, Lee DS, Kang EJ, Lee JS, Kang WJ, Woo JI.

Source : Am J Geriatr Psychiatry. 2006 Jul;14(7):625-8. Related Articles, Links

Objective: This study aimed to investigate the regional cerebral dysfunction associated with depressive syndrome in patients with Alzheimer disease (AD). **METHOD:** Twelve patients with AD with depressive syndrome (ADD) and 12 age-, gender-, and severity-matched patients with AD without depressive syndrome (ADND) underwent FDG-PET scanning. The regional cerebral glucose metabolism in the two groups was compared using a voxel-based method. **RESULTS:** The ADD group showed lower glucose metabolism in the right superior frontal gyrus than the ADND group.

Conclusions: These results indicate that frontal dysfunction, known to be associated with primary or other secondary depressive syndromes, underlies the depressive syndrome of patients with AD patients as well.

GERIATRIC PSYCHIATRY

DEPRESSION, COGNITION & Old AGE ASSISTANCE

DEPRESSIVE SYMPTOMS AND COGNITIVE PERFORMANCE OF THE ELDERLY: RELATIONSHIP BETWEEN INSTITUTIONALIZATION AND ACTIVITY PROGRAMS

Authors : Mara Cristina F Plati; Priscila Covre; Katerina Lukasova; Elizeu Coutinho de Macedo

Source : Rev. Bras. Psiquiatr. vol.28 no.2 São Paulo June 2006

Objective: The aim of this study was to assess the frequency of depressive symptoms and to evaluate cognitive performance of institutionalized versus non-institutionalized elderly subjects and to compare the effect of institutionalization and participation in the institution's activity programs on their cognitive performance.

Method: A group of 120 elderly subjects with a mean age of 71 years and average schooling of 4.2 years was evaluated. The participants were divided into 3 groups: non-institutionalized (n = 37); institutionalized with activities (n = 37); institutionalized without activities (n = 46). The groups were matched for age, gender and educational level. The following assessment instruments were used: the Geriatric Depression Scale, the Mini-Mental State Examination, the Verbal Fluency Test and the computerized versions of the Hooper Visual Organization Test and the Boston Naming Test. The data were analyzed using one-way ANOVA and the Pearson's correlation test.

Results: The two groups of institutionalized elderly showed higher frequency of depressive symptoms when compared to non-institutionalized subjects and worse performance on the Verbal Fluency Test. The institutionalized group without activities had lower scores on Mental State Examination, Boston Naming Test and Hooper Visual Organization Test when compared to the other two groups (p < 0.05).

Conclusions: Institutionalization of the elderly seems to be related to worse cognitive performance. Activity programs during institutionalization may be effective in minimizing cognitive functional loss.

Keywords: Old age assistance; Adjustment disorders; Homes for the aged; Cognition; Depression

DEPRESSION IN LITE-LIFE & PREVENTION

DEPRESSION IN LATE-LIFE: SHIFTING THE PARADIGM FROM TREATMENT TO PREVENTION.

Authors : Whyte EM, Rovner B.

Source : Int J Geriatr Psychiatry. 2006 Aug;21(8):746-51. Related Articles, Links

Summary: Late-life depression is very common and is associated with high rates of morbidity and mortality. While the field of geriatric psychiatry is focused on depression treatment, prevention is an enticing option. Prevention of late-life depression would decrease both emotional suffering and depression-associated morbidity and mortality and may decrease dependence on non-mental health professionals to detect depression and to initiate a treatment referral. This paper will review current thinking on prevention research with a particular focus on its application to late-life depression. To illustrate these issues, we discuss recent and ongoing clinical trials of interventions to prevent depression in two populations of older persons: those with age-related macular degeneration (AMD) and those with cerebrovascular disease. Copyright (c) 2006 John Wiley & Sons, Ltd.

GERIATRIC DEPRESSION & COGNITIVE IMPAIRMENT

PERSISTENT MILD COGNITIVE IMPAIRMENT IN GERIATRIC DEPRESSION.

Authors : Lee JS, Potter GG, Wagner HR, Welsh-Bohmer KA, Steffens DC.

Source : Int Psychogeriatr. 2006 Jul 12;:1-11 [Epub ahead of print] Related Articles, Links

Background: Cognitive impairment often occurs with geriatric depression and impairments may persist despite remission of depression. Although clinical definitions of mild cognitive impairment (MCI) have typically excluded depression, a neuropsychological model of MCI in depression has utility for identifying individuals whose cognitive impairments may persist or progress to dementia. **Methods:** At baseline and 1-year follow-up, 67 geriatric patients with depression had a comprehensive clinical examination that included depression assessment and neuropsychological testing. We defined MCI by a neuropsychological algorithm and examined the odds of MCI classification at Year 1 for remitted depressed individuals with baseline MCI, and examined clinical, functional and genetic factors associated with MCI. **Results:** Fifty-four percent of the sample had MCI at baseline. Odds of MCI classification at Year 1 were four times greater among patients with baseline MCI than those without. Instrumental activities of daily living were associated with MCI at Year 1, while age and APOE genotype was not. **Conclusions:** These results confirm previous observations that MCI is highly prevalent among older depressed adults and that cognitive impairment occurring during acute depression may persist after depression remits. Self-reported decline in functional activities may be a marker for persistent cognitive impairment, which suggests that assessments of both neuropsychological and functional status are important prognostic factors in the evaluation of geriatric depression.

DEPRESSION, Specific DISEASES & Older PERSONS

RELATION BETWEEN CERTAIN DISEASES AND FREQUENCY OF

DEPRESSION IN GERIATRIC PATIENTS.

Authors : Zietemann V, Zietemann P, Weitkunat R, Kwetkat A.
Source : Nervenarzt. 2006 Jul 5; [Epub ahead of print] Related Articles, Links

Summary: The higher prevalence of depression in specific diseases and older persons is discussed. This prevalence varies greatly according to the method used to collect data. A risk group can only be defined if information on diseases and other influencing factors are collected uniformly. The target diagnoses Parkinson's disease, stroke, myocardial infarction, cancer, diabetes mellitus, chronic pain, multiple infarct syndrome, Alzheimer's and other dementia were recorded from 1208 geriatric patients of the ZAGF municipal hospital in Munich, Germany. Logistic regression was used to identify chronic pain as the main cofactor for an association with depression (clinical diagnoses by ICD-10) and depressive symptoms (via GDS [Geriatric Depression Scale]). This association was also found for multimorbid patients with chronic pain. Impairment of the activities of daily living and the clinical setting were important additional cofactors. Pain patients are therefore at higher risk for depression.

LATE-LIFE DEPRESSION & VASCULAR DISEASE

VASCULAR RISK FACTORS AND INCIDENT LATE-LIFE DEPRESSION IN A KOREAN POPULATION.

Authors : Kim JM, Stewart R, Kim SW, Yang SJ, Shin IS, Yoon JS.

Source : Br J Psychiatry. 2006 Jul;189:26-30. Related Articles, Links

Background: Causal relationships between vascular factors and late-life depression are controversial. **AIMS:** To investigate prospective associations between risk factors for vascular disease and incidence of late-life depression. **METHOD:** Of 661 community participants aged 65 years or over, without depression at baseline, 521 (79%) were re-evaluated 2 years later. At baseline and follow-up, a diagnostic interview for depression was carried out and information on vascular status, disability and cognitive function was gathered. **RESULTS:** Pre-existing heart disease, incident stroke and lower baseline high-density lipoprotein cholesterol level were significantly associated with incidence of late-life depression, independently of disability and cognitive function.

Conclusions: These results provide some support for a vascular aetiology of late-life depression. However, important risk factors for cerebrovascular disease such as hypertension and diabetes were not implicated, and the associations with lipid levels might still be explained by affective states earlier in life.

Psycho-oncology

Suicide Ideation & Older Adults

FACTORS OF SUICIDE IDEATION AND THEIR RELATION TO CLINICAL AND OTHER INDICATORS IN OLDER ADULTS.

Authors : Witte TK, Joiner TE Jr, Brown GK, Beck AT, Beckman A, Duberstein P, Conwell Y.

Source : J Affect Disord. 2006 Aug;94(1-3):165-72. Epub 2006

Jun 5. Related Articles, Links

Background: Research on the factor structures of the Scale for Suicidal Ideation (SSI; [Beck, A.T., Kovacs, M., Weissman, M., 1979. Assessment of suicidal intention: the Scale for Suicide Ideation. J. Consult. Clin. Psychol. 47, 343-352]) and the Modified Scale for Suicide Ideation (MSSI; [Miller, I.W., Norman. W.H., Bishop, S.B., and Dow, M.G., 1986. The modified scale for suicidal ideation: reliability and validity. J Consult Clin Psychol, 54, 724-725]) in younger adults have tended to yield two factor solutions. The purpose of the current study was to examine the factor structure of the SSI in an older population in order to determine whether the factor structure was similar and, if so, whether the factors related to other clinical and demographic correlates.

Methods: 199 participants (M age 57, S.D.) were selected from a combined database of psychiatric outpatients and inpatients over the age of 49 currently experiencing suicidal ideation. Principal axis factoring was used in order to determine the factor structure of the SSI. In addition, we ran correlations and regression analyses to determine the relation of each factor with other clinical and demographic correlates.

Results: Consistent with prediction, we found a two-factor solution. Also consistent with predictions, clinical and demographic correlates related differentially to each of the factors.

Limitations: The relatively small sample size and the fact that our sample was predominantly Caucasian.

Conclusion: The current study has provided data on the factor structure of the SSI in an older population, demonstrating that suicidal ideation in this group is similar to younger age groups.

DEPRESSION, ANXIETY & CANCER

DETECTION AND TREATMENT OF DEPRESSIVE AND ANXIETY DISORDERS AMONG CANCER PATIENTS: FEASIBILITY AND PRELIMINARY FINDINGS FROM A LIAISON SERVICE IN AN ONCOLOGY DIVISION.

Authors : Pasquini M, Biondi M, Costantini A, Cairoli F, Ferrarese G, Picardi A, Sternberg C.

Source : Depress Anxiety. 2006 Jul 13; [Epub ahead of print] Related Articles, Links

Summary: Our aim in this observational study was to evaluate the feasibility of a multiphasic screening project for the detection and treatment of mood and anxiety disorders among cancer patients in a natural setting. One hundred sixty-five patients with cancer, consecutively admitted to the Oncology Division of San Camillo-Forlanini Hospital, were recruited to the study. All patients had solid tumors; the majority of them were colon, breast, and lung cancers. All patients completed the Hospital Anxiety and Depression Scale (HADS). Patients screened as positive were administered the following instruments by a psychiatrist: the Structured Clinical Interview for DSM-IV (SCID-I), the Beck Depression Inventory (BDI), the Hamilton Anxiety Rating Scale (HARS), and a validated scale for the rapid dimensional assessment of psychopathology (SVARAD). The BDI, HARS, and SVARAD were administered again at 4 and 10 weeks to all treated patients. Out of 45 patients administered the SCID-I, 37 had a mood or anxiety disorder. Adjustment disorders were identified in 20 patients, depressive disorders in 14, and anxiety disorders in three patients. Most patients were prescribed psychotropic medications: mirtazapine was prescribed to 15 patients, citalopram to 13 patients, and

escitalopram to four patients. A significant improvement in symptoms of depression and anxiety was observed on all measures ($P < .001$). Although the design of the study prevents any firm conclusions about effectiveness, this study suggests that including psychiatric expertise in an oncology division is feasible and may lead to improved detection and treatment of psychiatric disorders among cancer patients. Further randomized trials are needed to elaborate on our findings. *Depression and Anxiety* 0:1-8, 2006. (c) 2006 Wiley-Liss, Inc.

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

PDD & ADHD

■ ARE PERVASIVE DEVELOPMENTAL DISORDERS AND ATTENTION-DEFICIT/HYPERACTIVITY DISORDER DISTINCT DISORDERS?

Authors : Hattori J, Ogino T, Abiru K, Nakano K, Oka M, Ohtsuka Y.

Source : *Brain Dev.* 2006 Jul;28(6):371-4. Epub 2006 Feb 28. Related Articles, Links

Summary: We studied the relationship between patients with attention-deficit/hyperactivity disorder (ADHD) and those with pervasive developmental disorders (PDD), using the High-Functioning Autism Spectrum Screening Questionnaire (ASSQ) and ADHD Rating Scale-IV. The ASSQ scores of the PDD group and the ADHD group were significantly higher than the control group. Furthermore, the PDD group scored higher than the ADHD group. Both groups also showed higher scores than the control group in all three domains, that is, restricted and repetitive behavior, social interaction, and communication problem. The PDD and the ADHD group showed no significant difference in the domains of communication problem, and restricted and repetitive behavior. The PDD group had a higher score than the ADHD group only in the social interaction domain. In total score, inattention score, and hyperactivity/impulsivity score on the ADHD Rating Scale-IV, both groups were significantly higher than the control group. Between the ADHD and the PDD groups, there was no significant difference in the three scores. The patients with strictly diagnosed ADHD had many PDD-related symptoms, and the patients with PDD had many ADHD-related symptoms. It therefore seems difficult to make a distinction between ADHD and PDD by using the present diagnostic criteria in the DSM-IV. We should evaluate each patient in terms of both sets of criteria.

ADHD & SEXUAL MATURATION

■ GROWTH AND SEXUAL MATURATION IN CHILDREN AND ADOLESCENTS WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER.

Authors : Poulton A.

Source : *Curr Opin Pediatr.* 2006 Aug;18(4):427-34. Related Articles, Links

Purpose of review: Growth and maturation in children and adolescents with attention deficit hyperactivity disorder has been the subject of controversy for many years. The purpose of this review is to describe the course of current opinion, summarize findings that have been supported by scientific evidence and show why one widely disseminated opinion

is unfounded.

RECENT FINDINGS: Recent studies have shown reductions in expected growth in height and weight in children starting treatment with stimulant medication. With prolonged treatment of 2-3 years, growth velocities show a trend towards normalization. There is evidence from recently published data that the effect of stimulant medication on growth is closely linked to its therapeutic effect—an interpretation which has not previously been reported. Normal growth velocities have been demonstrated in untreated children with attention deficit hyperactivity disorder.

Summary: Recent findings that children with attention deficit hyperactivity disorder treated with stimulant medication grow more slowly than untreated children confirm the results of the early studies of 1972-1973. This should now focus research towards the areas that require further investigation, such as establishing the mechanism of the stimulant-associated growth attenuation, and defining in more detail the effects of stimulant medication on growth and maturation in children of different ages.

ASD, ADHD & CHILDREN

■ IMPACT OF COMORBID AUTISM SPECTRUM DISORDERS ON STIMULANT RESPONSE IN CHILDREN WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER: A RETROSPECTIVE AND PROSPECTIVE EFFECTIVENESS STUDY.

Authors : Santosh PJ, Baird G, Pityaratstian N, Tavare E, Gringras P.

Source : *Child Care Health Dev.* 2006 Sep;32(5):575-83. Related Articles, Links

Summary: In the recent past, psychiatrists and paediatricians have avoided prescribing stimulant medication, such as methylphenidate and dexamphetamine to patients with autism spectrum disorders (ASD) because of both doubts about efficacy and concern that these medications make stereotypes worse. Recently, a number of small trials have suggested that methylphenidate does have a role in the management of hyperactivity in children with autistic spectrum disorders. Children with ASD and attention deficit hyperactivity disorder (ADHD), and children with ADHD without ASD received standard treatment with methylphenidate from one specialist centre. A combination of standardized and novel outcome tools was used to allow both an exploratory retrospective study of 174 children and then a prospective study of a further 52 children to be carried out. After treatment with stimulants, the subjects in both groups showed statistically significant improvements in target symptoms of 'hyperactivity', 'impulsivity', 'inattention', 'oppositonality', 'aggression' and 'intermittent explosive rage'. The Clinical Global Impression-Improvement and efficacy index measures also improved in each group. In both the retrospective and the prospective studies, there was no statistically significant difference in the degree of improvements between each group. Importantly, neither tics nor repetitive behaviours worsened in either group. Children in the 'ADHD-only' group who were prescribed stimulants experienced significant 'nausea', 'giddiness', 'headaches' and 'sleep difficulties', whereas sleep difficulties were the only side effect that emerged in children in the ASD with ADHD group. Both studies presented here support previous findings from smaller studies that show children with autism and ADHD can respond as well to stimulants as children with ADHD alone. Although

randomized controlled trials remain the gold standard for efficacy studies, systems like this that allow clinicians to continue rigorous and consistent monitoring for many years have a valuable role to play. Furthermore, such monitoring systems which now exist electronically can easily accumulate large data sets and reveal details about long-term effectiveness and long-term side effects of medication that are unlikely to be discovered in short-term trials.

ADHD & Modafinil

▪ A COMPARISON OF ONCE-DAILY AND DIVIDED DOSES OF MODAFINIL IN CHILDREN WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER: A RANDOMIZED, DOUBLE-BLIND, AND PLACEBO-CONTROLLED STUDY.

Authors : Biederman J, Swanson JM, Wigal SB, Boellner SW, Earl CQ, Lopez FA; Modafinil ADHD Study Group.

Source : J Clin Psychiatry. 2006 May;67(5):727-35. Related Articles, Links

Objective: This randomized, double-blind, placebo-controlled study assessed the efficacy and tolerability of several modafinil dosing regimens in children with attention-deficit/hyperactivity disorder (ADHD) to determine whether modafinil can be given once daily in pediatric ADHD. **METHOD:** Children and adolescents (age range, 6-13 years) (N = 248) with DSM-IV-defined ADHD were enrolled in a 4-week, double-blind, placebo-controlled study, conducted February-May 2002. The group was assigned to receive oral (100-mg tablets) modafinil 300 mg once daily (300 mg in the morning followed by placebo at midday), modafinil 300 mg as a divided dose (100/200 mg or 200/100 mg), or matching placebo. In children weighing \geq 30 kg, a higher dose of 400 mg (200/200 mg) was evaluated. Efficacy measures included the teacher-rated School Version and clinician-rated Home Version of the ADHD Rating Scale-IV and the parent-completed Conners' ADHD/DSM-IV Scales.

RESULTS: 223 children completed the study. Those who received modafinil 300 mg once daily showed a significantly greater improvement (change from baseline) than those who received placebo in symptoms of ADHD across all rating scales and subscales (all $p < .05$). Divided 300-mg doses of modafinil provided some significant but inconsistent improvements in ADHD symptoms. In children weighing \geq 30 kg, modafinil 400 mg (200/200 mg) was significantly superior to placebo on clinician- and parent-completed scales (all $p < .05$). Insomnia was the only adverse event to occur with significantly greater frequency in a modafinil group (200/100) than in the placebo group (14% vs. 2%) ($p = .03$). **CONCLUSION:** Modafinil significantly improved ADHD symptoms in children. Once-daily dosing (300 mg) provided the most consistent improvement in symptoms. All dosing regimens of modafinil were well tolerated.

MAS XR & ADHD

▪ AN OPEN-LABEL STUDY OF THE TOLERABILITY OF MIXED AMPHETAMINE SALTS IN ADULTS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER AND TREATED PRIMARY ESSENTIAL HYPERTENSION.

Authors : Wilens TE, Zusman RM, Hammerness PG, Podolski

A, Whitley J, Spencer TJ, Gignac M, Biederman J.

Source : J Clin Psychiatry. 2006 May;67(5):696-702. Related Articles, Links

Objective: To evaluate the short-term tolerability of an extended-release preparation of the stimulant medication mixed amphetamine salts (MAS XR) in adults with attention-deficit/hyperactivity disorder (ADHD) whose hypertension has been successfully treated with antihypertensive medications. **METHOD:** An 8-week, 2-phase, open-label study design was implemented. All adults had ADHD (DSM-IV diagnosis) and essential hypertension and were required to be normotensive (blood pressure $<$ 135/85 mm Hg, treated) for at least 4 weeks at entry into the study. MAS XR was given for a 6-week period, titrated once each week to a target maximum dose of 60 mg/day given once daily in the morning (phase 1), and then discontinued for 2 weeks at the end of the study (phase 2). At baseline, subjects underwent a comprehensive clinical assessment, medical history, vital signs assessment, and electrocardiogram (ECG). Rating scales were used throughout the study to assess response to treatment, and blood pressure was measured manually at each study visit. The primary outcome was the effect of MAS XR on blood pressure and the development of hypertension.

RESULTS: Thirteen subjects receiving antihypertensive therapy were entered and placed on MAS XR treatment and completed the trial. There were no serious adverse events. No sustained elevated blood pressure ($>$ 140/90 mm Hg at 2 consecutive visits) was observed in the subjects treated with MAS XR. Similar rates of single episodes of hypertension were observed in phases 1 and 2. Similarly, there was no group mean increase in systolic or diastolic blood pressure or pulse during treatment with MAS XR. No clinically significant changes in the ECG were observed. During the 6-week medication phase, significant improvement was found on rating scales assessing ADHD symptoms and severity that reversed with discontinuation of MAS XR.

Conclusion: The results of this open study suggest that adults with ADHD and controlled hypertension can be safely treated with MAS XR.

Clonidine, Atomoxetine & ADHD

▪ DECREASED USE OF CLONIDINE FOLLOWING TREATMENT WITH ATOMOXETINE IN CHILDREN WITH ADHD.

Authors : Johnston JA, Ye W, Van Brunt DL, Pohl G, Sumner CR.

Source : J Clin Psychopharmacol. 2006 Aug;26(4):389-95. Related Articles, Links

Objectives : The objectives of the present study were to examine clonidine use before and after initiation of atomoxetine in a cohort of children with attention deficit/hyperactivity disorder (ADHD). For this purpose, medical and pharmaceutical claims data for patients from 75 managed health care plans across the United States were extracted to identify a cohort of patients aged 18 years and younger at the time of a first atomoxetine prescription. Clonidine users were characterized on the basis of demographics, comorbid conditions, medication use and provider types, and prescribing patterns before and after the index atomoxetine prescription assessed. Subgroups of patients switching from clonidine to atomoxetine were examined and predictors of ongoing or new clonidine use were assessed. Of patients filling a first prescription for atomoxetine, 9.6% received a prescription for clonidine at some time and 4.3% within the

previous 2 months. Children identified with a hyperactive component to their ADHD, those with more complex diagnostic histories, and those with tics and sleep disorders were particularly likely to receive clonidine. More than a third of patients (36.5%) with recent clonidine use subsequently discontinued use, with the pattern of clonidine use before and after atomoxetine use being highly dependent upon the pattern of stimulant prescription. Atomoxetine, in some cases, seems to have replaced clonidine in the treatment of patients with ADHD complicated with comorbid psychiatric disorders. In others, atomoxetine has replaced both stimulant and clonidine in patients previously requiring this combination for the control of symptoms or for the management of stimulant-related adverse effects.

ELECTROCONVULSIVE THERAPY (ECT)

DEPRESSION, ECT & CEREBRAL BLOOD

REGIONAL CEREBRAL BLOOD FLOW CHANGES IN DEPRESSION AFTER ELECTROCONVULSIVE THERAPY.

Authors : Segawa K, Azuma H, Sato K, Yasuda T, Arahata K, Otsuki K, Tohyama J, Soma T, Iidaka T, Nakaaki S, Furukawa TA.

Source : Psychiatry Res. 2006 Jul 10; [Epub ahead of print] Related Articles, Links

Summary: A large number of studies have documented regional cerebral blood flow (rCBF) abnormalities in depression. A smaller yet significant number of studies have examined changes in rCBF before and after treatment. The findings, however, have been variable with regard to changes before and after electroconvulsive therapy (ECT). A consecutive series of patients (n=10) with drug-resistant major depressive episode according to DSM-IV with 17-item Hamilton Rating Scale for Depression (HRSD) scores greater than or equal to 14 gave their informed consent and were studied with technetium-99m ethyl cysteinate dimer single-photon emission computed tomography ((99m)Tc-ECD SPECT) before and after a course of ECT. The results were analyzed with statistical parametric mapping version 99. No region showed significant positive correlations between rCBF patterns of changes and HRSD changes, but three clusters emerged as showing significant negative correlations. These regions corresponded with left frontopolar gyrus, left amygdala, globus pallidus and nucleus accumbens, and left superior temporal gyrus. It was speculated that ECT affected both the prefrontal cortex, commonly assumed to be involved in depression, and the amygdala, known to play a central role in the processing of emotional stimuli, through the limbic-cortical-striatal-pallidal-thalamic circuit.

TRD, TAU & ECT

PROSPECTIVE, LONG-TERM, MULTICENTER STUDY OF THE NATURALISTIC OUTCOMES OF PATIENTS WITH TREATMENT-RESISTANT DEPRESSION.

Authors : Dunner DL, Rush AJ, Russell JM, Burke M, Woodard S, Wingard P, Allen J.

Source : J Clin Psychiatry. 2006 May;67(5):688-95. Related Articles, Links

Background: Treatment-resistant depression (TRD) is a long-term, disabling illness. We report on the characteristics and outcomes of a large cohort of patients with a level of treatment resistance that is very substantial and who were treated for 2 years with standard care.

Method: This 2-year prospective, multicenter, observational study (patients enrolled from January 2001 through July 2004) tracked the outcomes of 124 patients with treatment-resistant, nonpsychotic major depressive disorder (N = 109) or bipolar depressed phase disorder (N = 15) who received treatment as usual (TAU) (i.e., any therapeutic regimen agreed to by patients and psychiatrists, including medications, electroconvulsive therapy [ECT], and psychotherapy). Treatments could be adjusted, started, and stopped as necessary. The primary outcome, treatment response, was defined a priori as > or = 50% improvement from baseline as measured by the 30-item Inventory of Depressive Symptomatology-Self-Report (IDS-SR-30). Remission was defined as an IDS-SR-30 score of < or = 14. The Medical Outcomes Study (MOS) 36-item Short Form Health Survey (SF-36) was used to monitor quality-of-life changes. Results: The 12- and 24-month IDS-SR-30 response rates were 11.6% (13/112) and 18.4% (19/103), respectively. Of the 13 responders at 12 months, only 5 were responders at 24 months. The 12- and 24-month IDS-SR-30 remission rates were 3.6% (4/112) and 7.8% (8/103), respectively. Only 1 of the 4 12-month remitters was also a remitter at 24 months. The SF-36 indicated globally poor quality of life in this sample.

Conclusions: Despite the wide range of treatment options available for depression, the response rates, remission rates, and quality-of-life results in this study show that most patients with a substantial degree of treatment resistance continue to have significant symptomatology and functional disability when receiving TAU.

PSYCHOTROPIC DRUGS

FIBROMYALGIE & VENLAFAXINE

AN OPEN CLINICAL TRIAL OF VENLAFAXINE IN THE TREATMENT OF PAIN, DEPRESSIVE AND ANXIETY SYMPTOMS IN FIBROMYALGIE

Authors : Evren, Bilge; Evren, Cuneyt; Guler, Mine Hosafci

Source : The Pain Clinic, Volume 18, Number 2, 2006, pp. 167-173(7)

Abstract: Although the pathophysiology of fibromyalgia is unknown, antidepressants have proved to be successful in alleviating symptoms of fibromyalgia. The aim of this study was to evaluate the efficacy of venlafaxine in the treatment of pain in patients with fibromyalgia and the depressive and anxiety symptoms commonly seen in these patients. Twenty-one patients with fibromyalgia according to the criteria proposed by the American College of Rheumatology were included in the study. Patients were assessed for pain, depression and anxiety before and after treatment with a fixed dose of venlafaxine (75 mg/d). Second and third evaluations were carried out 5 and 10 weeks after the beginning of the therapy. There was a significant improvement in the mean intensity of pain and in depression and anxiety scores from baseline to week 5 and 10. The improvement in pain, depression and anxiety scores seemed to be independent of each other. Venlafaxine a potent inhibitor of both noradrenaline and serotonin reuptake, might be effective for both pain and comorbid depressive and anxiety

symptoms independently in patients with fibromyalgia.
Keywords: Anxiety; Depression; Fibromyalgia; Pain; Selective serotonin-Noradrenaline reuptake inhibitor; Venlafaxine.

PHENITOIN & SSRI FAILURES

■ PHENYTOIN AS AN AUGMENTATION FOR SSRI FAILURES: A SMALL CONTROLLED STUDY.

Authors : Shapira B, Nemets B, Trachtenberg A, Belmaker RH.

Source : J Affect Disord. 2006 Jun 27; [Epub ahead of print] Related Articles, Links

Background: Lithium augmentation of antidepressant effects in patients unimproved on antidepressants is well documented. We hypothesized that phenytoin, reported to have antimanic, antidepressant and prophylactic effects on affective disorder, might also augment in SSRI failures.

Methods: Twenty five patients were recruited and twenty had data sufficient for analysis between phenytoin and placebo in depression ratings.

Results: No effect was found.

Limitations: This study was a small study.

Conclusions: Lithium's ability to augment in antidepressant failures may not be shared with the anticonvulsant mood stabilizers.

MIRTAZAPINE-RESISTANT DEPRESSION & REBOXETINE

■ REBOXETINE ADDITION IN PATIENTS WITH MIRTAZAPINE-RESISTANT DEPRESSION: A CASE SERIES.

Authors : Lopez-Munoz F, Rubio G, Alamo C, Garcia-Garcia P, Pardo A.

Source : Clin Neuropharmacol. 2006 Jul-Aug;29(4):192-6. Related Articles, Links

Objectives: Treatment-resistant depression is a common occurrence in clinical practice as well as combination treatment with 2 different antidepressants. In the present case series, we study the effectiveness of the addition of reboxetine, during 12 weeks, to 14 outpatients diagnosed with major depressive disorder, according to Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition, Text Revision) criteria, who had previously failed to respond or who had only responded partially, over a period of 6 weeks, to conventional treatment with mirtazapine.

Methods: Evaluation of antidepressant efficacy was carried out through the application of the 21-item Hamilton Depression Rating Scale (HDRS) and the Clinical Global Impressions-Global Improvement Scale (CGI-I).

Results: The percentages of responders (HDRS $\geq 50\%$), patients in remission (HDRS ≤ 10), and improving (CGI-I absolute value < 4) were 35.7%, 28.6%, and 64.3%, respectively. No serious side effects were observed during combination therapy, being more frequent dry mouth (2 cases).

Conclusions: The initial findings of our study show that reboxetine and mirtazapine may constitute an effective and low side effects combination.

Atypical Depression & Modafinil

■ MODAFINIL FOR ATYPICAL DEPRESSION: EFFECTS OF OPEN-LABEL

AND DOUBLE-BLIND

DISCONTINUATION TREATMENT.

Authors : Vaishnavi S, Gadde K, Alamy S, Zhang W, Connor K, Davidson JR.

Source : J Clin Psychopharmacol. 2006 Aug;26(4):373-8. Related Articles, Links

Summary: Atypical depression, with features of hypersomnia, hyperphagia, anergia, and rejection sensitivity, is a common presentation of major depressive disorder. There are few available effective therapies for this disorder. We test modafinil, a novel wake-promoting agent, as monotherapy for atypical depression in a double-blind, placebo-controlled, relapse prevention trial after open-label treatment. We found that modafinil significantly improved atypical depression symptoms during 12 weeks of open-label treatment (mean \pm SD Hamilton Depression Scale (29-item version) score changed from 34 \pm 8.2 at baseline to 9.7 \pm 9.3, $P < 0.0001$), and that benefits were maintained alike in both the continuation and placebo arms during the double-blind treatment phase ($P = 0.92$). Modafinil was well tolerated and the drug was associated with significant weight loss compared with placebo ($P = 0.01$).

PDD & SERTRALINE

■ POSTPARTUM DEPRESSION: A RANDOMIZED TRIAL OF SERTRALINE VERSUS NORTRIPTYLINE.

Authors : Wisner KL, Hanusa BH, Perel JM, Peindl KS, Piontek CM, Sit DK, Findling RL, Moses-Kolko EL.

Source : J Clin Psychopharmacol. 2006 Aug;26(4):353-60. Related Articles, Links

Summary: Symptom reduction and improvement in functioning in women with postpartum major depression treated with a tricyclic antidepressant versus a serotonin reuptake inhibitor were compared. The design was a double-blind, 8-week comparative trial of nortriptyline (NTP) versus sertraline (SERT) with a 16-week continuation phase. Women aged 18 to 45 years with postpartum major depression and a 17-item Hamilton Rating Scale for Depression score of 18 or more were eligible. Subjects were randomized to NTP or SERT and treated with a fixed-dosing strategy. Of 420 women interviewed, 109 eligible women received medication, and 95 provided follow-up data. The proportion of women who responded and remitted did not differ between drugs at 4, 8, or 24 weeks. Times to response and remission also did not differ. Psychosocial functioning improved similarly in both drug-treated groups of mothers. The total side effect burden of each drug was similar, although side effect profiles differed between agents. No clinical or demographic variables differentiated responders by drug. Women who were responders and remitters at week 8 could be identified earlier if they were treated with SERT than with NTP. Breast-fed infant serum levels were near or below the level of quantifiability for both agents.

LAMOTRIGINE & UNIPOLAR DEPRESSION

■ LAMOTRIGINE ADJUNCTIVE TREATMENT IN RESISTANT UNIPOLAR DEPRESSION: AN OPEN, DESCRIPTIVE STUDY.

Authors : Gabriel A.

Source : Depress Anxiety. 2006 Jul 14; [Epub ahead of print] Related Articles, Links

Summary: Adjunctive treatment of lamotrigine compared to other antidepressants in the treatment of partially responsive, poorly functioning patients with unipolar depression was assessed. Fourteen consenting patients with confirmed DSM-IV-R diagnosis of unipolar depression were identified as treatment resistant. All patients failed at least two 8-week treatment trials with antidepressants. All were treated with lamotrigine as an adjunct to other antidepressants for at least 6 months. The primary effectiveness measure was the Clinical Global Impression Severity subscale (CGI-S). Other scales included the Montgomery-Asberg Depression Scale (MADRS) and the Global Assessment of Functioning Scale (GAF). Monitoring for skin rashes, headache, dizziness, somnolence, and gastrointestinal disturbances was carried out to assess for adverse events. Baseline measures prior to adding lamotrigine were compared to those at 8 weeks and 6 months with adjunctive treatment. Twelve patients of the total (n=14) completed the trial, and two discontinued treatment. There was significant, rapid, and robust resolution in symptoms in all effectiveness measures, including the core symptoms of depression, as shown by the changes from baseline in CGI-S, and MADRS at 8 weeks. Social and occupational functioning was significantly improved at 6 months. Eight patients returned to gainful employment or started schooling. Patients tolerated the adjunctive lamotrigine treatment well. Lamotrigine may have antidepressant properties in patients with unipolar depression and may have an earlier onset of action when given in combination with antidepressants. *Depression and Anxiety* 0:1-4, 2006. (c) 2006 Wiley-Liss, Inc.

Antidepressants & CFS

■ DIFFUSE CEREBRAL VASOCONSTRICTION (CALL-FLEMING SYNDROME) AND STROKE ASSOCIATED WITH ANTIDEPRESSANTS.

Authors: Noskin O, Jafarimojarrad E, Libman RB, Nelson JL.
Source: *Neurology*. 2006 Jul 11;67(1):159-60. Related Articles, Links

Summary: Call-Fleming syndrome is a reversible segmental vasoconstriction of cerebral arteries manifested by a "thunderclap" headache and focal neurologic symptoms. Although of unknown etiology, it has been reported in association with vasoactive sympathomimetic drugs. The authors report Call-Fleming syndrome in two patients with history of antidepressant use. Although the association is hypothetical, the authors suggest consideration of Call-Fleming syndrome in patients presenting with headache, focal deficits, and evidence of cerebral ischemia during antidepressant use.

SKY & Alcohol Dependent

■ ANTIDEPRESSANT EFFICACY AND HORMONAL EFFECTS OF SUDARSHANA KRIYA YOGA (SKY) IN ALCOHOL DEPENDENT INDIVIDUALS.

Authors: Vedamurthachar A, Janakiramaiah N, Hegde JM, Shetty TK, Subbakrishna DK, Sureshbabu SV, Gangadhar BN.

Source: *J Affect Disord*. 2006 Aug;94(1-3):249-53. Epub 2006 Jun 5. Related Articles, Links

Background: Sudarshana Kriya Yoga (SKY) has demonstrable antidepressant effects. SKY was tested for this

effect in inpatients of alcohol dependence.

Methods: Following a week of detoxification management consenting subjects (n=60) were equally randomized to receive SKY therapy or not (controls) for a two-week study. SKY therapy included alternate day practice of specified breathing exercise under supervision of a trained therapist. Subjects completed the Beck Depression Inventory (BDI) before and after the two weeks of this intervention. Morning plasma cortisol, ACTH and prolactin too were measured before and at the end of two weeks.

Results: In both groups reductions in BDI scores occurred but significantly more so in SKY group. Likewise, in both groups plasma cortisol as well as ACTH fell after two weeks but significantly more so in SKY group. Reduction in BDI scores correlated with that in cortisol in SKY but not in control group. **Limitations:** Antidepressant effects of SKY were demonstrated in early abstinence that also had substantial spontaneous improvement. It is not known if this effect contributes to sustained abstinence.

Conclusion: Results extend the antidepressant effects of SKY in alcohol dependence subjects. Reduction in stress-hormone levels (cortisol and ACTH) along with BDI reductions possibly support a biological mechanism of SKY in producing beneficial effects.

DEPRESSION & HEART TRANSPLANTATION

■ ANTI-DEPRESSIVE THERAPIES AFTER HEART TRANSPLANTATION.

Authors: Fusar-Poli P, Picchioni M, Martinelli V, Bhattacharyya S, Cortesi M, Barale F, Politi P.

Source: *J Heart Lung Transplant*. 2006 Jul;25(7):785-93. Related Articles, Links

Objective: Despite an improved quality of life, about 33% of heart transplant recipients will develop depressive symptoms post-operatively. To date, no review has explored the efficacy and safety of pharmacologic or psychologic interventions in this patient group.

Methods: We conducted a comprehensive Medline, EmBase, Psycinfo search for studies of the treatment of depression in heart transplant recipients.

Results: We identified 34 studies of variable methodologic quality. Selective serotonin re-uptake inhibitors (SSRIs), particularly citalopram and new-generation anti-depressants (mirtazapine), seem to represent the best therapeutic choices for this population. Tricyclic anti-depressants (TCAs), and electroconvulsive therapy (ECT) should be reserved for severe depression unresponsive to other treatments, whereas monoamine oxidase inhibitors (MAOIs) should be avoided. St John's wort, an alternative herbal drug, has been associated with life-threatening immunosuppression. Psychologic therapy offers further advantages after heart transplantation.

Conclusions: Further well-conducted, randomized, controlled trials are needed to clarify the efficacy and the safety of pharmacologic (SSRIs and atypical anti-depressants) and psychologic interventions in the management of depression after heart transplantation.

BEHAVIOR THERAPY - PSYCHOTHERAPY

CBT & Food Neophobia

■ USING SOLUTION-FOCUSED

QUESTIONING TO FACILITATE THE PROCESS OF CHANGE IN COGNITIVE BEHAVIOURAL THERAPY FOR FOOD NEOPHOBIA IN ADULTS

Abstract : Food neophobia is a specific phobia of trying new foods. Its treatment in adults has been rarely described. The only paper that related a therapeutic intervention for food neophobia in adults reported a time-consuming effort for both clients and several staff involved. This paper provides a case example of using solution focused brief therapy questioning techniques to facilitate the process of change in a young adult with this diagnosis. It aims to explain how solution focused techniques can be used and in what way those techniques differ from more traditional cognitive-behavioural therapy approaches.

Keywords: Food neophobia; adults; cognitive behavioural therapy; solution-focused brief therapy.

BEHAVIORAL INHIBITION & NEUROBIOLOGY

BEHAVIORAL INHIBITION: A NEUROBIOLOGICAL PERSPECTIVE.

Authors : Morgan BE.

Source : Curr Psychiatry Rep. 2006 Aug;8(4):270-8. Related Articles, Links

Summary: Behavioral inhibition (BI) during early childhood has been associated with subsequent development of anxiety disorders. However, understanding of the neuroanatomical substrates of BI in humans generally has not kept pace with that of anxiety disorders. Recent interpretations and implementations of Gray's and Kagan's concepts of BI are examined from the perspective of current neurobiological models. Particular attention is given to evidence pointing to conceptual and operational limitations of self-report scales purported to measure trait BI in adults, and especially to inconsistent correlations between such behavioral inhibition system (BIS) scores and amygdala and autonomic responses to fear- or startle-inducing stimuli. Evidence showing a dissociation of both BI and trait anxiety from the amygdala is considered. Possible reasons for the poor association between BIS and trait anxiety self-report scale scores and predicted physiological outputs of the BIS are identified. Reasons to distinguish between the neural bases of BI as against trait anxiety also are discussed. The need to critically examine the role of the amygdala in BI and trait anxiety, as well as to consider other brain areas that appear to be involved in subserving these emotional traits, is emphasized.

compared motor inhibition and cognitive flexibility in OCD and trichotillomania for the first time, to their knowledge.

METHOD: The Stop-Signal Task and the Intradimensional/Extradimensional Shift Task were administered to 20 patients with OCD, 17 patients with trichotillomania, and 20 healthy comparison subjects. **RESULTS:** Both OCD and trichotillomania showed impaired inhibition of motor responses. For trichotillomania, the deficit was worse than for OCD, and the degree of the deficit correlated significantly with symptom severity. Only patients with OCD showed deficits in cognitive flexibility. **CONCLUSIONS:** Impaired inhibition of motor responses (impulsivity) was found in OCD and trichotillomania, whereas cognitive inflexibility (thought to contribute to compulsivity) was limited to OCD. This assessment will advance the characterization and classification of obsessive-compulsive spectrum disorders and aid the development of novel treatments.

OCD & DIRT

■ DANGER IDEATION REDUCTION THERAPY FOR THE TREATMENT OF SEVERE, CHRONIC AND RESISTANT OBSESSIVE-COMPULSIVE DISORDER

Abstract : We describe the first application of Danger Ideation Reduction Therapy (DIRT) in the UK. It is a novel approach developed in Australia, for treatment resistant obsessive compulsive disorder with contamination fears. The DIRT program was administered to an inpatient at Springfield Hospital, South London, with severe, treatment resistant obsessive compulsive disorder. Treatment consisted of weekly one hour therapy sessions for 14 weeks. A reduction in symptom severity measured on all scales undertaken was seen by the end of treatment. The Padua Inventory had shown an 85% reduction; Activity checklist an 86% reduction; Y-BOCS an overall 41% reduction and a 33% reduction on the Beck Depression Inventory. The DIRT approach has demonstrated an impressive and consistent improvement, maintained to 6 months post-treatment. More studies are needed to evaluate this treatment further.

Keywords: Obsessive-compulsive disorder (OCD); treatment resistant OCD; psychoeducation; therapy.

OCD & Alexithymia

■ A PROSPECTIVE LONG-TERM FOLLOW-UP STUDY OF ALEXITHYMIA IN OBSESSIVE-COMPULSIVE DISORDER.

Authors : Rufer M, Ziegler A, Alsleben H, Fricke S, Ortman J, Bruckner E, Hand I, Peter H.

Source : Compr Psychiatry. 2006 Sep-Oct;47(5):394-8. Epub 2006 Apr 19. Related Articles, Links

Background: Studies evaluating the stability of alexithymia over long follow-up periods are rare. We examined the temporal stability of alexithymia in patients with obsessive-compulsive disorder (OCD) over 6 years and the association of alexithymia with the long-term outcome of OCD. **SAMPLING AND**

Methods: Of 42 patients with OCD, 34 (81%) could be reassessed 6 years after inpatient treatment. The 20-item Toronto Alexithymia Scale, Yale-Brown Obsessive-Compulsive Scale, and Hamilton Depression Rating Scale were used at pretreatment, posttreatment, and follow-up. **RESULTS:** The 20-item Toronto Alexithymia Scale total scores and its factors 1 and 2 decreased significantly during follow-up, whereas factor 3

Obsessive-Compulsive Disorder(OCD)

OCD, MOTOR INHIBITION

■ MOTOR INHIBITION AND COGNITIVE FLEXIBILITY IN OBSESSIVE-COMPULSIVE DISORDER AND TRICHOTILLOMANIA.

Authors : Chamberlain SR, Fineberg NA, Blackwell AD, Robbins TW, Sahakian BJ.

Source : Am J Psychiatry. 2006 Jul;163(7):1282-4. Related Articles, Links

Objective: Problems with inhibiting certain pathological behaviors are integral to obsessive-compulsive disorder (OCD), trichotillomania, and other putative obsessive-compulsive spectrum disorders. The authors assessed and

remained stable. High correlations of the 20-item Toronto Alexithymia Scale total scores ($r = 0.84$, $P < .001$) and its 3 factors emerged between posttreatment and follow-up, suggesting relative stability over several years. Regression analyses (with and without controlling for depressive symptoms) showed that higher alexithymia scores did not predict a worse long-term outcome of OCD.

Conclusions: Relative stability over such a very long follow-up period strongly supports the view that alexithymia is a stable psychologic characteristic in patients with OCD. The result that higher alexithymia scores were not associated with poorer long-term outcome of OCD might be explained with the decrease of alexithymia during treatment and follow-up. However, our sample size was small, and further research is clearly required to evaluate the impact of changes in alexithymia and its association with the course of OCD.

OCD & SEXUAL OBSESSIONS

▪ SEXUAL OBSESSIONS AND CLINICAL CORRELATES IN ADULTS WITH OBSESSIVE-COMPULSIVE DISORDER.

Authors : Grant JE, Pinto A, Gunnip M, Mancebo MC, Eisen JL, Rasmussen SA.

Source : Compr Psychiatry. 2006 Sep-Oct;47(5):325-9. Epub 2006 Apr 21. Related Articles, Links

Summary: Because little is known about sexual obsessions in individuals with obsessive-compulsive disorder (OCD), we examined rates and clinical correlates of sexual obsessions in 293 consecutive subjects with primary lifetime Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, OCD (54.6% females; mean age, 40.5 +/- 12.9 years). Symptom severity was examined using the Yale-Brown Obsessive Compulsive Scale. Comorbidity, treatment response, insight, depression symptoms, quality of life, and social functioning were also assessed. All variables were compared in subjects who have OCD with and without sexual obsessions. Of the 293 subjects with primary OCD, 73 (24.9%) reported a history of sexual obsessions, and 39 (13.3%) of the subjects with OCD reported current sexual obsessions. Women were as likely as men to report sexual obsessions. As compared to those without these symptoms, subjects with current sexual obsessions were significantly more likely to report current aggressive ($P < .001$) and religious ($P = .001$) obsessions. Subjects with sexual obsessions also reported an earlier age of onset of OCD than subjects without these symptoms. Severity of OCD, comorbidity, treatment response, insight, depressive symptoms, quality of life, and social functioning did not differ between those with and without sexual obsessions. These preliminary results suggest that sexual obsessions are fairly common among individuals with OCD and may be associated with important clinical characteristics.

OCD & Alexithymia

▪ ALEXITHYMIA IN OBSESSIVE-COMPULSIVE DISORDER - RESULTS FROM A FAMILY STUDY.

Authors : Grabe HJ, Ruhrmann S, Ettelt S, Muller A, Buhtz F, Hochrein A, Schulze-Rauschenbach S, Meyer K, Kraft S, Reck C, Pukrop R, Klosterkötter J, Falkai P, Maier W, Wagner M, John U, Freyberger HJ.

Source : Psychother Psychosom. 2006;75(5):312-8. Related Articles, Links

Background: Previous studies have suggested an association between alexithymia and obsessive-compulsive disorder (OCD). However, it is unclear to which extent alexithymic traits in OCD patients reflect familial deficits in cognitively processing and communicating feelings that are also present in their first-degree relatives. This study investigates the hypotheses of an elevated level of alexithymia in subjects with OCD and their first-degree relatives compared to controls and their first-degree relatives. **METHODS:** 82 cases with OCD and 169 first-degree relatives were compared to 76 controls and 144 first-degree relatives from a German family study on OCD (GENOS). All subjects completed the 20-item Toronto Alexithymia Scale (TAS-20). Direct or family informant interviews were carried out with the German version of the Schedule for Affective Disorders and Schizophrenia - lifetime version for anxiety disorders (DSM-IV). **RESULTS:** OCD was associated with significantly higher scores of alexithymia. However, first-degree relatives of OCD cases and of controls did not differ in TAS-20 scores. In linear regression analyses, the TAS-20 total score showed significant intrafamilial associations within the families of control subjects but not within families of OCD cases.

Conclusion: OCD is a severe mental disorder that is associated independently from other current comorbid axis I disorders with deficits in identifying and expressing feelings. However, alexithymia does not represent a familial risk factor for OCD

Y-BOCS & OCD

▪ FACTOR ANALYSIS OF THE YALE-BROWN OBSESSIVE COMPULSIVE SCALE IN A FAMILY STUDY OF OBSESSIVE-COMPULSIVE DISORDER.

Authors : Cullen B, Brown CH, Riddle MA, Grados M, Joseph Bienvenu O, Hoehn-Saric R, Yao Shugart Y, Liang KY, Samuels J, Nestadt G.

Source : Depress Anxiety. 2006 Aug 4; [Epub ahead of print] Related Articles, Links

Objective : Our objective in this study was to determine whether symptoms of obsessive-compulsive disorder (OCD) cluster into groups that can usefully subclassify OCD. Psychiatrists or psychologists interviewed 221 subjects using the Lifetime Anxiety Version of the Schedule for Affective Disorders and Schizophrenia (SADS-LA) for the diagnosis of DSM-IV disorders, and the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) for OCD symptoms. We analyzed 16 symptom categories from the Y-BOCS using exploratory factor analysis to identify latent symptom dimensions. The relationship between these symptom dimensions and clinical characteristics and familiarity was investigated. A four-factor model emerged as the best classification of OCD symptoms in the Y-BOCS. These factors were labeled Pure Obsessions, Contamination, Symmetry/Order, and Hoarding. The contamination factor was least likely to be associated with other Axis I disorders. Whereas no significant relationship was found between the factor scores of probands and the presence of OCD in their first-degree relatives, the Symmetry/Order and Hoarding factors did breed true. Hoarding was found to predict poorer treatment response. A four-factor classification of OCD features best describes the symptom patterns of a sample of patients with OCD. There were specific clinical correlates for these factors, and significant intrafamilial sib-sib correlations were found for the Symmetry/Order and Hoarding factors. Anxiety and Depression 0:1-9, 2006. Published 2006 Wiley-Liss, Inc.

OCD, CBT SERTRALINE

▪ **A RANDOMIZED CLINICAL TRIAL OF COGNITIVE-BEHAVIORAL GROUP THERAPY AND SERTRALINE IN THE TREATMENT OF OBSESSIVE-COMPULSIVE DISORDER.**

Authors : Sousa MB, Isolan LR, Oliveira RR, Manfro GG, Cordioli AV.

Source : J Clin Psychiatry. 2006 Jul;67(7):1133-9. Related Articles, Links

Background: Cognitive-behavioral group therapy (CBGT) and serotonin reuptake inhibitors have proven efficacy in reducing symptoms of obsessive-compulsive disorder (OCD). There is no consensus about which of these forms of treatment is more effective. This study was conducted to evaluate the efficacy of CBGT as compared to that of sertraline in reducing OCD symptoms. **METHOD:** Fifty-six outpatients with an OCD diagnosis, according to DSM-IV criteria, participated in the randomized clinical trial: 28 took 100 mg/day of sertraline and 28 underwent CBGT for 12 weeks. Efficacy of treatments was rated according to the reduction in scores on the Yale-Brown Obsessive Compulsive Scale (YBOCS) and the Clinical Global Impressions-Severity of Illness scale. The trial was performed in 4 successive periods from March 2002 to December 2003. **RESULTS:** Both treatments were effective, although patients treated with CBGT obtained a mean YBOCS reduction of symptoms of 44%, while those treated with sertraline obtained only a 28% reduction ($p = .033$). Cognitive-behavioral group therapy was also significantly more effective in reducing the intensity of compulsions ($p = .030$). Further, 8 patients (32%) treated with CBGT presented a complete remission of OCD symptoms (YBOCS score $< \text{or} = 8$) as compared to only 1 patient (4%) among those who received sertraline ($p = .023$). **CONCLUSION:** Cognitive-behavioral group therapy and sertraline have shown to be effective in reducing OCD symptoms. Nevertheless, the rate of symptom reduction, intensity reduction of compulsions, and percentage of patients who obtained full remission were significantly higher in patients treated with CBGT.

OCD & SSRI

▪ **CLINICAL PREDICTORS OF RESPONSE TO PHARMACOTHERAPY WITH SELECTIVE SEROTONIN REUPTAKE INHIBITORS IN OBSESSIVE-COMPULSIVE DISORDER.**

Authors : Tukul R, Bozkurt O, Polat A, Genc A, Atli H.

Source : Psychiatry Clin Neurosci. 2006 Aug;60(4):404-9. Related Articles, Links

Objective : The objective of this study was to investigate the clinical predictors of response to treatment with selective serotonin reuptake inhibitors (SSRI) in a sample of patients with obsessive-compulsive disorder (OCD). A total of 55 patients diagnosed as OCD according to revised 3rd edition of the Diagnostic and Statistical Manual of Mental Disorders criteria underwent a 12-week standardized SSRI treatment. According to 'treatment response', defined as at least a 35% drop in the Yale-Brown Obsessive-Compulsive Scale total score, OCD patients were divided into two groups. A total of 32 (58.2%) patients who responded to treatment and 23 (41.8%) who did not, were compared in terms of sociodemographic and clinical characteristics. The authors' findings demonstrated that the severity of obsession-

compulsions and disability in work, social and family lives at the beginning of treatment were significantly higher in OCD patients who did not respond to treatment in comparison to those who did. Linear regression analysis, however, revealed that Sheehan Disability Scale-work score at baseline was a predictor of response to SSRI treatment. The higher levels of disability at the beginning of treatment in patients with OCD are associated with a poorer response to SSRI.

OCD & Citalopram

▪ **A PROTON MRSI STUDY OF BRAIN N-ACETYLASPARTATE LEVEL AFTER 12 WEEKS OF CITALOPRAM TREATMENT IN DRUG-NAIVE PATIENTS WITH OBSESSIVE-COMPULSIVE DISORDER.**

Authors : Jang JH, Kwon JS, Jang DP, Moon WJ, Lee JM, Ha TH, Chung EC, Kim IY, Kim SI.

Source : Am J Psychiatry. 2006 Jul;163(7):1202-7. Related Articles, Links

Objectif: Reductions in the level of N-acetylaspartate within subcortical structures of patients with obsessive-compulsive disorder (OCD) have been reported in several studies. However, there have been, as yet, no reports regarding N-acetylaspartate levels in the prefrontal cortex of adult OCD patients. The authors used proton magnetic resonance spectroscopic imaging ((1)H-MRSI) to investigate regional N-acetylaspartate level abnormalities and changes after 12 weeks of pharmacotherapy with citalopram in drug-naive OCD patients. **Method:** Thirteen drug-naive OCD patients and 13 age- and sex-matched healthy comparison subjects were included in this study. N-acetylaspartate levels (obtained from ratios of N-acetylaspartate with creatine, choline, and creatine plus choline) in the prefrontal cortex, parietal cortex, anterior cingulate, posterior cingulate, frontal white matter, and parietal white matter were measured by (1)H-MRSI. In OCD patients, measurements were taken before and after 12 weeks of citalopram treatment. Correlations between N-acetylaspartate concentrations in regions of interest and clinical measures were also assessed. **Results:** Drug-naive OCD patients exhibited significantly lower N-acetylaspartate levels in the prefrontal cortex, frontal white matter, and anterior cingulate at baseline than did comparison subjects. Significant increases in N-acetylaspartate level were detected in the prefrontal cortex and frontal white matter in OCD patients after 12 weeks of citalopram treatment.

Conclusions: These data suggest that reductions in neuronal viability occur in the frontal region of OCD patients and that these reductions may be partly reversible.

OCD & SLC1A1

▪ **GLUTAMATE TRANSPORTER GENE SLC1A1 ASSOCIATED WITH OBSESSIVE-COMPULSIVE DISORDER.**

Authors : Arnold PD, Sicard T, Burroughs E, Richter MA, Kennedy JL.

Source : Arch Gen Psychiatry. 2006 Jul;63(7):769-76. Related Articles, Links

Summary: There is strong evidence from family and twin studies that genetic determinants play an important role in the etiology of obsessive-compulsive disorder (OCD). In the only genome scan of OCD to date that we are aware of, suggestive linkage was reported to the chromosomal region 9p24, a finding that was subsequently replicated. This region contains the gene

encoding the neuronal glutamate transporter, SLC1A1. SLC1A1 represents an excellent candidate gene for OCD based on evidence from neuroimaging and animal studies that altered glutamatergic neurotransmission is implicated in the pathogenesis of this disorder.

OBJECTIVE: To determine whether sequence variants in SLC1A1 are associated with transmission of the OCD trait.

DESIGN: A family-based candidate gene association study.

SETTING: A specialized anxiety disorders outpatient clinic.

PARTICIPANTS: One hundred fifty-seven white probands with DSM-IV OCD recruited from consecutive referrals and their first-degree relatives (476 individuals in total).

INTERVENTION: Nine single nucleotide polymorphisms spanning SLC1A1 were genotyped. Single-locus and haplotype analyses were performed using the Family-Based Association Test and the Transmission Disequilibrium Test. Traits examined included DSM-IV OCD diagnosis and highest lifetime symptom severity as measured using the Yale-Brown Obsessive-Compulsive Scale. Correction for multiple comparisons was performed using permutation tests.

RESULTS: After correction for multiple comparisons, 2 variants, rs301434 ($\chi^2 = 12.04$; $P = .006$) and rs301435 ($\chi^2 = 9.24$; $P = .03$), located within a single haplotype block were found to be associated with transmission of OCD. Furthermore, a specific 2-marker haplotype within this block was significantly associated with OCD ($\chi^2 = 12.60$; $P = .005$). This haplotype association was statistically significant in transmissions to male but not female offspring.

Conclusions: Although requiring replication in larger samples, these findings provide preliminary evidence that sequence variation in SLC1A1 is associated with susceptibility to OCD, particularly in males. Furthermore, these results provide support for the role of altered glutamatergic neurotransmission in the pathogenesis of OCD.

OCD & Cognitive Mediation

THE COGNITIVE MEDIATION OF OBSESSIVE-COMPULSIVE SYMPTOMS: A LONGITUDINAL STUDY.

Authors : Abramowitz JS, Nelson CA, Rygwall R, Khandker M.

Source : J Anxiety Disord. 2006 Jun 23; [Epub ahead of print] Related Articles, Links

Summary: Contemporary cognitive models of obsessive-compulsive disorder (OCD) posit that OC symptoms arise from negative interpretations of intrusive thoughts, which are derived from trait-like dysfunctional assumptions ("obsessive beliefs;" e.g., concerning overestimates of responsibility). Although correlational studies suggest that obsessive beliefs, negative interpretations of intrusions, and OC symptoms are interrelated, prospective studies evaluating the directional hypotheses implied in the cognitive model are lacking. In the present longitudinal study, 76 first time expecting parents were followed through the postpartum. Results indicated that the tendency to negatively interpret the presence and meaning of unwanted intrusive infant-related thoughts early in the postpartum period (3-4 weeks) mediated the relationship between pre-childbirth obsessive-beliefs and late postpartum (12 weeks) OC symptoms. Results are discussed in terms of their theoretical and treatment implications.

OCD & Attention Dysfunction

THE DIFFERENTIAL IMPACT OF

ARABPSYNET E.JOURNAL: N° 14 - Spring 2007

EXECUTIVE ATTENTION DYSFUNCTION ON EPISODIC MEMORY IN OBSESSIVE-COMPULSIVE DISORDER PATIENTS WITH CHECKING SYMPTOMS VS. THOSE WITH WASHING SYMPTOMS.

Authors : Omori IM, Murata Y, Yamanishi T, Nakaaki S, Akechi T, Mikuni M, Furukawa TA.

Source : J Psychiatr Res. 2006 Jul 4; [Epub ahead of print] Related Articles, Links

Summary: Department of Psychiatry and Cognitive-Behavioral Medicine, Nagoya City University Graduate School of Medical Sciences, Mizuho-cho, Mizuho-ku, Nagoya 467-8601, Japan; Department of Psychiatry and Human Behavior, Gunma University Graduate School of Medicine, Showa-machi, Maebashi, Gunma 371-8511, Japan.

Neuropsychological studies of obsessive-compulsive disorder (OCD) have pointed to memory and attention deficits among its sufferers, but these reports have largely ignored the possibility that cognitive disturbances may vary across OCD clinical subtypes, or that their interactions may differ between subtypes. The purpose of the present study was to determine whether 'checkers' and 'washers' demonstrate differences in their memory and executive attention function. Fifty-three outpatients with primary DSM-IV diagnosis of OCD with typical checking ($n=27$) or washing ($n=26$) rituals participated in the study. Patients were administered the Wechsler Memory Scale-Revised and a comprehensive neuropsychological battery to assess executive attention function. Various neuropsychological tests were then subjected to factor analysis. Neuropsychological test results and obtained factor scores were compared between 'washers' and 'checkers'. Effects of these factor scores on memory by OCD subtypes were examined. No significant difference in terms of demographic and clinical variables was found between the two groups. Checkers displayed performance deficits on Stroop test, Trail Making Test, GO/NO GO test (commission errors) and category fluency. Three factors, inhibition, cognitive flexibility, and multi-tasking, were obtained. Statistically significant differences were observed between the two groups on the inhibition and the cognitive flexibility scores, but not on the general memory or the multi-tasking score. There was a statistically significant interaction between groups and the inhibition score. Only among 'checkers', a significant correlation was noted between the inhibition factor and the general memory, while no such correlation was observed among 'washers'. Among 'checkers', poor general memory was related to inhibition deficits.

OCD & Elderly Schizophrenia

OBSESSIVE-COMPULSIVE DISORDER IN ELDERLY SCHIZOPHRENIA PATIENTS.

Authors : Poyurovsky M, Bergman J, Weizman R.

Source : J Psychiatr Res. 2006 Apr;40(3):189-91. Related Articles, Links

Summary: Obsessive-compulsive disorder (OCD) has been identified in a substantial proportion of adult schizophrenia patients. Although symptoms of both disorders may persist into senescence, the prevalence of OCD in elderly schizophrenia patients has not yet been explicitly evaluated. We evaluated the prevalence of OCD in 50 elderly patients consecutively hospitalized for acute exacerbation of DSM-IV schizophrenia or schizoaffective disorder. The severity of

schizophrenia and OCD symptoms was assessed using appropriate clinical rating scales. Eight (16%) of the 50 participants also met DSM-IV criteria for OCD. Schizophrenia patients with and without OCD did not differ significantly in demographic and clinical variables. In half of the schizophrenia-OCD group late onset OCD was observed, while in the remaining schizophrenia-OCD patients, early-onset OCD persisted into senescence, suggesting distinct mechanisms of occurrence. We conclude that OCD is not rare in elderly schizophrenia patients. Identification of this potentially treatable condition is imperative to provide adequate care.

RESISTANT OCD & ZIPRASIDONE

ZIPRASIDONE AS COADJUVANT TREATMENT IN RESISTANT OBSESSIVE-COMPULSIVE DISORDER TREATMENT

Authors : Iglesias Garcia C, Santamarina Montila S, Alonso Villa MJ.

Source : Actas Esp Psiquiatr. 2006 Jul-Aug;34(4):277-9. Related Articles, Links
[Article in Spanish]

Summary: Data suggest that atypical antipsychotics may be useful in the treatment of obsessive-compulsive disorder (OCD). We report the case of a patient diagnosed of serious OCD resistant to various antidepressant and antipsychotic treatments (including clozapine). The patient had clinically significant improvement (measured by decrease in the score of the Yale- Brown Obsessive Compulsive (Y-BOCS) and the Clinical Global Impression (CGI) scales) in the four weeks after switching from clozapine to ziprasidone, improvement that was subsequently maintained. The pharmacodynamic characteristics of ziprasidone could make this drug more effective than other antipsychotics as coadjuvant treatment in OCD

OCD & PARIETAL WHITE MATTER ABNORMALITIES

PARIETAL WHITE MATTER ABNORMALITIES IN OBSESSIVE-COMPULSIVE DISORDER: A MAGNETIC RESONANCE SPECTROSCOPY STUDY AT 3-TESLA.

Authors : Kitamura H, Shioiri T, Kimura T, Ohkubo M, Nakada T, Someya T.

Source : Acta Psychiatr Scand. 2006 Aug;114(2):101-8. Related Articles, Links

Objectives: To identify a neurochemical basis for the hypothesis that an aberrant cortico-subcortical circuit underlies obsessive-compulsive disorder (OCD). The white matter was also investigated because of recent research which suggests the altered connectivity of axons. **METHOD:** Using 3-Tesla magnetic resonance spectroscopy, the relative concentrations of N-acetylaspartate (NAA) and choline-containing compounds (Cho) to creatine/phosphocreatine (Cr) were measured in the anterior cingulate, basal ganglia, thalamus, frontal and parietal white matter of 12 OCD patients, and 32 control subjects. **RESULTS:** The mean concentration of Cho/Cr was significantly higher in the patients than in the controls, but only in the parietal white matter, while no significant group differences in NAA/Cr were observed in any of the brain regions. Parietal Cho/Cr correlated positively with the severity

of OCD symptoms.

Conclusion: This finding provides indirect evidence for the parietal white matter involvement in OCD, thus suggesting a change in the phospholipids of myelinated axons and/or glia cells.

THE BROWN LONGITUDINAL & OCD

THE BROWN LONGITUDINAL OBSESSIVE COMPULSIVE STUDY: CLINICAL FEATURES AND SYMPTOMS OF THE SAMPLE AT INTAKE.

Authors : Pinto A, Mancebo MC, Eisen JL, Pagano ME, Rasmussen SA.

Source : J Clin Psychiatry. 2006 May;67(5):703-11. Related Articles, Links

Objective: This article describes the method and intake findings of the Brown Longitudinal Obsessive Compulsive Study, the first comprehensive prospective investigation of the naturalistic course of obsessive-compulsive disorder (OCD) in a large clinical sample using longitudinal research methodology.

METHOD: Intake data, collected between June 2001 and October 2004, are presented for 293 adult participants in a prospective, naturalistic study of OCD. Participants had a primary diagnosis of DSM-IV OCD and had sought treatment for the disorder.

RESULTS: Our findings indicate that OCD typically has a gradual onset and a continuous course regardless of age at onset. There is a substantial lag between the onset of the disorder and initiation of treatment. OCD, which almost always coexists with other psychiatric symptoms, leads to serious social and occupational impairment. Compared with participants with late-onset OCD, early-onset participants had higher rates of lifetime panic disorder, eating disorders, and obsessive-compulsive personality disorder. The groups also differed on the types of obsessive-compulsive symptoms that were first noticed as well as on rates of current obsessions and compulsions.

Conclusion: The demographics, clinical characteristics, comorbidity rates, and symptom presentation of the sample are consistent with those reported for cross-sectional studies of OCD, including the DSM-IV Field Trial. The current sample has a number of advantages over previously collected prospective samples of OCD in that it is large, diagnostically well characterized, recruited from multiple settings, and treatment seeking. This unique data set will contribute to the identification of meaningful phenotypes in OCD based on stability of symptom dimensions, prospective course patterns, and treatment response.

DEEP BRAIN STIMULATION & OCD

THREE-YEAR OUTCOMES IN DEEP BRAIN STIMULATION FOR HIGHLY RESISTANT OBSESSIVE-COMPULSIVE DISORDER.

Authors : Greenberg BD, Malone DA, Friehs GM, Rezai AR, Kubu CS, Malloy PF, Salloway SP, Okun MS, Goodman WK, Rasmussen SA.

Source : Neuropsychopharmacology. 2006 Jul 19; [Epub ahead of print] Related Articles, Links

Summary: Deep brain stimulation (DBS) of the anterior limb of the internal capsule has been shown to be beneficial in the short term for obsessive-compulsive disorder (OCD) patients who exhaust conventional therapies. Nuttin et al, who published the

first DBS for OCD series, found promising results using a capsule target immediately rostral to the anterior commissure extending into adjacent ventral capsule/ventral striatum (VC/VS). Published long-term outcome data are limited to four patients. In this collaborative study, 10 adult OCD patients meeting stringent criteria for severity and treatment resistance had quadripolar stimulating leads implanted bilaterally in the VC/VS. DBS was activated openly 3 weeks later. Eight patients have been followed for at least 36 months. Group Yale-Brown Obsessive Compulsive Scale (YBOCS) scores decreased from 34.6 \pm 0.6 (mean \pm -SEM) at baseline (severe) to 22.3 \pm 2.1 (moderate) at 36 months ($p < 0.001$). Four of eight patients had a $\geq 35\%$ decrease in YBOCS severity at 36 months; in two patients, scores declined between 25 and 35%. Global Assessment of Functioning scores improved from 36.6 \pm 1.5 at baseline to 53.8 \pm 2.5 at 36 months ($p < 0.001$). Depression and anxiety also improved, as did self-care, independent living, and work, school, and social functioning. Surgical adverse effects included an asymptomatic hemorrhage, a single seizure, and a superficial infection. Psychiatric adverse effects included transient hypomanic symptoms, and worsened depression and OCD when DBS was interrupted by stimulator battery depletion. This open study found promising long-term effects of DBS in highly treatment-resistant OCD. *Neuropsychopharmacology* advance online publication, 19 July 2006; doi:10.1038/sj.npp.1301165.

OCD & NEUROPSYCHOLOGICAL FUNCTIONS

DECISION MAKING AND SET SHIFTING IMPAIRMENTS ARE ASSOCIATED WITH DISTINCT SYMPTOM DIMENSIONS IN OBSESSIVE-COMPULSIVE DISORDER.

Authors : Lawrence NS, Wooderson S, Mataix-Cols D, David R, Speckens A, Phillips ML.

Source : *Neuropsychology*. 2006 Jul;20(4):409-19.

Related Articles, Links

Summary: Obsessive-compulsive disorder (OCD) is clinically heterogeneous. The authors examined how specific OCD symptom dimensions were related to neuropsychological functions using multiple regression analyses. A total of 39 OCD patients and 40 controls completed the Iowa Gambling Task (IGT; A. Bechara, A. R. Damasio, H. Damasio, & S. W. Anderson, 1994), which is a test of decision making, and the Wisconsin Card Sorting Test (R. K. Heaton, 1981), which is a test of set shifting. OCD patients and controls showed comparable decision making. However, patients with prominent hoarding symptoms showed impaired decision making on the IGT as well as reduced skin conductance responses. OCD patients had poorer set shifting abilities than controls, and symmetry/ordering symptoms were negatively associated with set shifting. These results help explain previous inconsistent findings in neuropsychological research in OCD and support recent neuroimaging data showing dissociable neural mechanisms involved in mediating the different OCD symptom dimensions. ((c) 2006 APA, all rights reserved).

TICS, OCD & FLUOXETINE

EFFECT OF COMORBID TICS ON A CLINICALLY MEANINGFUL RESPONSE TO 8-WEEK OPEN-LABEL TRIAL OF FLUOXETINE IN OBSESSIVE COMPULSIVE

DISORDER.

Authors : Husted DS, Shapira NA, Murphy TK, Mann GD, Ward HE, Goodman WK.

Source : *J Psychiatr Res*. 2006 Jul 20; [Epub ahead of print]

Related Articles, Links

Summary: Currently, there are limited published data evaluating the effects of tics on serotonin reuptake inhibitor (SRI) monotherapy responses in treating obsessive-compulsive disorder (OCD). One retrospective case-controlled analysis of OCD patients treated with SRI monotherapy showed lesser improvement in OCD symptoms in patients with tics than those without. However, more recently there were preliminary reports of OCD subjects treated with SRI monotherapy which did not demonstrate poorer response in subjects with tics or Tourette's Syndrome (TS). The specific aim of this study was to investigate whether the presence of comorbid chronic tics affected "clinically meaningful improvement" [McDougle, C.J., Goodman, W.K., Leckman, J.F., Barr, L.C., Heninger, G.R., Price, L.H., 1993. The efficacy of fluvoxamine in obsessive-compulsive disorder: effects of comorbid chronic tic disorder. *Journal of Clinical Psychopharmacology* 13, 354-358] of OCD in an 8-week open-label trial of fluoxetine monotherapy. Seventy-four adult subjects (13 patients with comorbid chronic tics and 61 patients without tics) with a primary DSM-IV OCD diagnosis were treated with up to 40mg fluoxetine for 8 weeks and had at least one post-baseline evaluation. The results indicate that there was a significant response by time in both fluoxetine-with-tic subjects and fluoxetine-without-tic subjects. Additionally, there were 3 (23.0%) OCD subjects with tics who had clinically meaningful improvement versus 16 (26.2%) OCD subjects without tics that demonstrated similar levels of improvement. These findings indicate that OCD patients with or without chronic tic disorders did not have a differential response to an 8-week open-label trial of fluoxetine. Limitations include the relatively low number of tic subjects and the open-label nature of the study. Additional data are needed on how comorbid tics may affect SRI treatment response in OCD.

Sub-clinical Compulsive & MEMORY

SUB-CLINICAL COMPULSIVE CHECKERS' PROSPECTIVE MEMORY IS IMPAIRED.

Authors : Cuttler C, Graf P.

Source : *J Anxiety Disord*. 2006 Jul 20; [Epub ahead of print]

Related Articles, Links

Summary: We explored whether prospective memory task performance is impaired in sub-clinical compulsive checkers. Participants were 126 undergraduate students who were divided into three groups: high, medium, low checkers. Participants completed two objective tests of their episodic prospective memory, one event- and one time-cued, as well as two questionnaires that measured their subjective prospective memory. The results indicated that medium and high checkers performed worse than low checkers on the objective event-cued prospective memory task but that the three groups performed similarly on the objective time-cued prospective memory task. Moreover, high checkers reported experiencing every type of prospective memory failure more frequently than either the medium or the low checkers. We suggest that individuals with compulsive checking tendencies have an impaired prospective memory and that their increased experiences with prospective memory failures causes their intrusive concerns that tasks were not completed.

Phobia & Social Phobia (SP)

OCD & SLC1A1/EAAG

ASSOCIATION TESTING OF THE POSITIONAL AND FUNCTIONAL CANDIDATE GENE SLC1A1/EAAC1 IN EARLY-ONSET OBSESSIVE-COMPULSIVE DISORDER.

Authors : Dickel DE, Veenstra-VanderWeele J, Cox NJ, Wu X, Fischer DJ, Van Etten-Lee M, Himle JA, Leventhal BL, Cook EH Jr, Hanna GL.

Source : Arch Gen Psychiatry. 2006 Jul;63(7):778-85. Related Articles, Links

Summary: The first 2 independent linkage studies for obsessive-compulsive disorder (OCD) identified a region on 9p24 with suggestive evidence for linkage. The glutamate transporter gene solute carrier family 1, member 1 (SLC1A1) is a promising functional candidate in this region because altered glutamatergic concentrations have been found in the striatum and anterior cingulate in neuroimaging studies of pediatric OCD.

OBJECTIVE: To determine whether genotypes at polymorphisms in the SLC1A1 gene region are associated with early-onset OCD.

DESIGN: Family-based analysis of association using the transmission disequilibrium test, confirmed using the family-based association test.

SETTING: Anxiety disorders program in an academic medical center. **PARTICIPANTS:** Seventy-one probands with DSM-III-R or DSM-IV OCD and their parents.

METHODS: Nine single nucleotide polymorphisms spaced throughout the SLC1A1 gene region were genotyped.

RESULTS: Significant association was detected at rs3780412 ($P = .04$) and rs301430 ($P = .03$), 2 common adjacent single nucleotide polymorphisms in the 3' region of SLC1A1. Analysis by sex revealed that association at rs3780412 was limited to male probands ($P = .002$). Significant association was also detected for the T/C haplotype at rs301430-rs301979 ($P = .03$), the only haplotype block identified among the 9 single nucleotide polymorphisms. Analysis by sex also revealed that the haplotype association was limited to male probands ($P = .003$). A deletion in the 3' flanking region of SLC1A1 was also detected that imperfectly segregated with OCD in a large, multigenerational family with multiple affected individuals.

Conclusions: The 3' region of SLC1A1 may contain a susceptibility allele for early-onset OCD, with differential effects in males and females. The results also provide further support for the involvement of a glutamatergic dysfunction in the pathogenesis of early-onset OCD.

ADH, MDD, Phobias & Velocardiofacial Syndrome –

ADHD, MAJOR DEPRESSIVE DISORDER, AND SIMPLE PHOBIAS ARE PREVALENT PSYCHIATRIC CONDITIONS IN YOUTH WITH VELOCARDIOFACIAL SYNDROME.

Authors : Antshel KM, Fremont W, Roizen NJ, Shprintzen R, Higgins AM, Dhamoon A, Kates WR.

Source : J Am Acad Child Adolesc Psychiatry. 2006

May;45(5):596-603. Related Articles, Links

Objective: To examine prevalence rates of psychopathology in children with velocardiofacial syndrome (VCFS).

Method: One hundred fifty-four children ages 6 to 15 participated in our between-group design with three samples, 84 children with VCFS (37 girls, 47 boys), 32 sibling controls (18 girls, 14 boys), and 38 community controls (12 girls, 26 boys). The Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime version and several other parent report measures were used to assess for psychopathology.

Results: Compared to both control samples, children with VCFS had higher prevalence rates of major depressive disorder, attention-deficit/hyperactivity disorder, simple phobias, and enuresis. Additional findings from our analyses include (1) no gender differences in VCFS psychopathology prevalence rates, (2) children with VCFS who have comorbid psychopathology were rated by their parents as having less well-developed executive functions, and (3) across all three samples, the higher the IQ was, the higher the level of global functioning.

Conclusions: These findings are consistent with previous research and suggest that major depressive disorder, attention-deficit/hyperactivity disorder, and simple phobias are salient features of the VCFS psychiatric phenotype.

Specific Phobias & Treatment

THE ASSESSMENT AND TREATMENT OF SPECIFIC PHOBIAS: A REVIEW.

Authors : Gros DF, Antony MM.

Source : Curr Psychiatry Rep. 2006 Aug;8(4):298-303. Related Articles, Links

Summary: Specific phobia is one of the most common and easily treated mental disorders. In this review, empirically supported assessment and treatment procedures for specific phobia are discussed. Exposure-based treatments in particular are highlighted given their demonstrated effectiveness for this condition. The format and characteristics of exposure-based treatment and predictors of treatment response are outlined to provide recommendations for maximizing outcome. In addition, several other treatments for specific phobia are reviewed and critiqued, including cognitive therapy, virtual reality, eye movement desensitization and reprocessing, applied tension, and pharmacologic treatments. The review concludes with a discussion of future directions for research.

Social Phobia & Subtypes

SUBTYPES OF SOCIAL PHOBIA: ARE THEY OF ANY USE?

Authors : Vriends N, Becker ES, Meyer A, Michael T, Margraf J.

Source : J Anxiety Disord. 2006 Jun 26; [Epub ahead of print] Related Articles, Links

Summary: This study investigated the existence of DSM-IV social phobia subtype models in the community. Data came from the Dresden Predictor Study of a representative sample of 1877 German women (aged 18-24 years) who completed a diagnostic interview and filled out various self-report questionnaires. The number of feared social situations was distributed continuously without a clear-cut for delineation of subtypes and significantly increased functional impairment, comorbidity, subjective need for psychotherapy, seeking psychotherapeutic help and dysfunctional attitudes, and decreased social support and mental health. Subtype models

based on the number (1, 2-4 and >4) and type ('formal speaking fear' versus 'other fears') of social fear did not have extra value above the continuum model of social phobia. The heterogeneity within social phobia has to be seen as a continuum of severity of social phobia, with a greater number of feared situations associated with more functional, social and psychological disability.

INTERPERSONAL FEARS, PD & AGORAPHOBIA

INTERPERSONAL FEARS AMONG PATIENTS WITH PANIC DISORDER WITH AGORAPHOBIA

Abstract : To study the role of catastrophic interpersonal cognitions in panic disorder with or without agoraphobia, a questionnaire listing such items – the Interpersonal Panic Fear Questionnaire (IPFQ) – was constructed and administered to English and Norwegian samples. The results of the factor analysis indicated a three-factor structure of interpersonal fears: fear of negative evaluation, fear of being trapped and separated from safe persons and places, and fear of being neglected. The corresponding three IPFQ scales had satisfactory internal consistency and sensitivity to change following therapeutic intervention, discriminated well between diagnostic groups, and correlated moderately with measures of other dimensions of panic disorder and agoraphobia. The construct validity of the interpersonal fears was further supported by mostly significant relationships between the IPFQ scales and a measure of agoraphobic avoidance, when the contribution of intrapersonal (physical, loss of control) fears was controlled.

Keywords: Panic disorder with agoraphobia; interpersonal fears; measurement.

CLAUSTROPHOBIA & M.R.I

COMPONENT FEARS OF CLAUSTROPHOBIA ASSOCIATED WITH MOCK MAGNETIC RESONANCE IMAGING.

Authors : McGlynn FD, Smitherman TA, Hammel JC, Lazarte AA.

Source : J Anxiety Disord. 2006 Jul 21; [Epub ahead of print] Related Articles, Links .

Summary: A conceptualization of claustrophobia [Rachman, S., & Taylor, S. (1993). Analyses of claustrophobia. Journal of

Anxiety Disorders, 7, 281-291] was evaluated in the context of magnetic resonance imaging. One hundred eleven students responded to questionnaires that quantified fear of suffocation, fear of restriction, and sensitivity to anxiety symptoms. Sixty-four of them were then exposed to a mock magnetic resonance imaging assessment; maximum subjective fear during the mock assessment was self-reported, behavioral reactions to the mock assessment were characterized, and heart rates before and during the assessment were recorded. Scores for fear of suffocation, fear of restriction, and anxiety sensitivity were used to predict subjective, behavioral, and cardiac fear. Subjective fear during the mock assessment was predicted by fears of suffocation and public anxiousness. Behavioral fear (escape/avoidance) was predicted by fears of restriction and suffocation, and sensitivity to symptoms related to suffocation. Cardiac fear was predicted by fear of public anxiousness. The criterion variance predicted was impressive, clearly sufficient to legitimize both the research preparation and the conceptualization of claustrophobia that was evaluated.

CHICD Psychiatry

SERVICES, ASD & CHILDREN

WHAT SERVICES DO YOUNG CHILDREN WITH AUTISM SPECTRUM DISORDER RECEIVE?

Authors : McConachie H, Robinson G.

Source : Child Care Health Dev. 2006 Sep;32(5):553-7. Related Articles, Links

Summary: In recent years, standards of good practice have been set for services to young children with autism spectrum disorders. Data were analysed on children's use of local services during a 2-year follow-up of families involved in an evaluation of a group course for parents. Data collection began prior to publication of the standards. Families' reported experiences changed over time, but for most did not meet standards suggested: involvement with a multi-agency team of professionals, having someone who acted as a key worker, and the child accessing 15 h per week of specialist provision. The development of flexible and responsive services appears to have a long way to go to meet standards set in the Autistic Spectrum Disorders Good Practice Guidance (2002) and the National Autism Plan for Children (2003).

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