# Psych Diagnoses Up in Deployed Soldiers' Wives

**VITALS**

**Major Finding:** 37% of wives whose husbands were deployed received a mental health diagnosis, compared with 30% of wives whose husbands were not deployed.

**Data Source:** Records of all outpatient medical visits of wives of active-duty Army personnel between 2003 and 2006.

**Disclosures:** Dr. Mansfield reported no conflicts, but a coauthor reported relationships with Bristol-Myers Squibb and Novartis. Dr. Friedman had no relevant disclosures.

BY MARY ANN MOON

Wives of U.S. soldiers deployed to Iraq or Afghanistan for prolonged periods are at increased risk for receiving mental health diagnoses, compared with wives of nondeployed personnel, according to a recent report.

The higher risk was most apparent for depressive, anxiety, sleep, and acute stress reaction and adjustment disorders, said Alyssa J. Mansfield, Ph.D., of the University of North Carolina, Chapel Hill, and her associates.

"Overall, our data suggest that the mental health effects of current operations are extending beyond soldiers and into their immediate families," the investigators noted.

Dr. Mansfield and her colleagues examined the records of all outpatient medical visits by wives of active-duty Army personnel between 2003 and 2006. This included wives who were treated at military facilities and those who were treated at nonmilitary health centers but used military medical insurance.

Only wives of members of the military who had been in active-duty service for at least 5 years were included in the study "to establish a recent mental health history."

The study sample included 250,626 women who made 6,585,224 outpatient medical visits. Seventeen categories of mental health disorders were assessed. A total of 35% of these wives received at least one mental health diagnosis during the 4-year study.

A total of 37% of wives whose husbands were deployed received a mental health diagnosis, compared with 30% of wives whose husbands were not deployed, the researchers said (N. Engl. J. Med. 2010;362:101-9).

Wives of men who were deployed showed rates of diagnosis that were 24% higher for depressive disorders, 21%-40% higher for sleep disorders, 25%-29% higher for anxiety disorders, and 23%-39% higher for acute stress reaction and adjustment disorders, compared with wives of nondeployed men.

The rate of mental health diagnosis was significantly associated with length of husbands' deployment. Compared with wives of men who were not deployed, wives of men deployed for up to 11 months used mental health services 19% more often, and wives of men deployed for more than 11 months used mental health services 27% more often.

There were 41 excess cases of any mental health disorder (per 1,000 wives) associated with deployments of 1-11 months, and 61 excess cases of any mental health disorder associated with deployments of more than 11 months.

This represents 3,474 excess mental health diagnoses among nearly 85,000 wives of men deployed for less than 11 months and 5,370 excess mental health diagnoses among more than 88,000 wives of men deployed for a longer period.

"Because the majority of active-duty Army soldiers are married, and they and their families will eventually receive care outside the military medical system, both the short-term and long-term effects of these findings should be considered" by health care providers both inside and outside of the military, Dr. Mansfield and her associates said.

In an editorial comment accompanying this report, Dr. Matthew J. Friedman of the Veterans Affairs Medical Center in White River Junction, Vt., said the study findings highlight the importance of "developing appropriate programs to fortify wellness and resilience among spouses and children."

"Since social support provides the strongest protection against the development of psychiatric disorders, and since the family is the major source of social support, improvement in the mental health of spouses and children should also pay dividends in improving the mental health of troops throughout the deployment cycle," Dr. Friedman said (N. Engl. J. Med. 2010:362;168-70). ■



# More Breast Cancer Deaths With Paroxetine, Tamoxifen

**VITALS**

**Major Finding:** Risk of breast cancer death was 24%-91% higher when women took paroxetine while on tamoxifen.

**Data Source:** Retrospective, population-based cohort study of 2,430 women.

**Disclosures:** Dr. Kelly reported no relevant financial disclosures.

BY BETSY BATES

SAN ANTONIO — Breast cancer patients who took the antidepressant paroxetine during their course of tamoxifen therapy were up to 91% more likely to die from their disease than were those who did not take the two drugs together, according to a retrospective, population-based cohort study conducted in the Canadian province of Ontario.

Investigators used health card identification numbers to track women aged 66 years and older who were treated with tamoxifen for breast cancer. Almost a third of patients were taking an antidepressant during their tamoxifen therapy, including 2,430 who were taking a selective serotonin reuptake inhibitor.

As a class, SSRIs are known to inhibit cytochrome P450 2D6 (CYP 2D6), an enzyme critical for the conversion of tamoxifen to endoxifen, its active metabolite. The ability of SSRIs to interfere with the efficacy of tamoxifen has been theorized, but studies attempting to clarify the issue have reported conflicting results.

In the Canadian study reported at the annual meeting of the San Antonio Breast Cancer Symposium, 1,074 (44.2%) of the women taking an SSRI during tamoxifen therapy had died as of Dec. 31, 2007, when primary data analysis began. After statistical adjustment, investigators found that breast cancer mortality risk increased 24% among women who were coprescribed paroxetine during 25% of their tamoxifen treatment.

If patients took paroxetine for more than half of their tamoxifen course, their breast cancer mortality risk rose to 54%. Patients who took both drugs for 75% of the time they received tamoxifen had a 91% risk of breast cancer mortality.

The results were significant only for paroxetine, and not for other SSRIs—including fluoxetine, sertraline, fluvoxamine, or citalopram—that were taken concurrently with tamoxifen, reported Dr. Catherine M. Kelly at the meeting.

Dr. Kelly hypothesized that the explanation lies in the degree to which various SSRIs inhibit CYP 2D6. "Paroxetine is the only SSRI that is an irreversible—or 'suicide'—inhibitor of CYP 2D6," she said in an interview.

The dose-response curve of the study, with escalating mortality risk paralleling time on paroxetine, adds significant weight to the findings with regard to paroxetine, marketed as Paxil by GlaxoSmithKline.

The company did not respond to a request for a comment on this study.

Fluoxetine is also a potent inhibitor of CYP 2D6, but was not shown to increase breast cancer mortality in the study, said Dr. Kelly, who was with the University of Toronto Sunnybrook Health Sciences Centre while conducting the study and is currently a breast medical oncology fellow at the University of Texas M.D. Anderson Cancer Center in Houston. ■