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We know that psychiatric treatment outcomes in low-, middle-, and high-income countries reveal that the best outcomes integrate psychosocial and pharmacologic interventions.

The evidence presented in the literature also incorporate ethnic, environmental, and nutritional factors as inducers or inhibitors of transporter enzyme systems. The result? New categories of extensive, poor, intermediate, and ultrarapid metabolizers of medications have been better defined, enhancing treatment specificity.

Depression and cardiovascular diseases lead in the global burden of disease defined through Disability Adjusted Life Years. These two diagnostic categories are frequently comorbid with each other and have a cluster of determinants of a biologic, genetic, environmental, psychological, social, and cultural nature.

Protective factors and risk factors are well documented in the Adverse Childhood Experiences Study, ongoing research led by Dr. Robert F. Anda and Dr. Vincent J. Felitti that analyzes the relationship between various categories of trauma, and health and behavioral outcomes in later life.

The point is that health, illness, and culture coexist across the globe in clusters determined by numerous genetic, biologic, psychological, social, and cultural factors. These clusters are mitigated by protective factors and undermined by risk factors that are, in part, culturally determined.

Mr. Watters' lay perspective fails to capture these complexities.

Current and future health and illness research, diagnostic criteria manuals, treatments and services, education and training, as well as health policy, must strive to continue the integration of these complex factors. Such integration would enhance the cultural specificity and universal applicability—and the differentiation between the two. ■

DR. SOREL *is clinical professor of global health, health services management and leadership, and psychiatry and behavioral sciences at George Washington University, Washington. He has developed and led psychiatric medicine and community mental health services in the Caribbean and North America, and has consulted and taught in more than 20 countries in Africa, Asia, Europe, and the Americas.*

EXPERT COMMENTARY

Lancet's Retraction Is Positive Move

I welcome the Lancet's decision to retract the 1998 article by Dr. Andrew Wakefield that described an association between the measles, mumps, and rubella vaccine and autism.

Numerous well-designed and carefully conducted studies have explored this purported link. The results have been consistent and reassuring: Immunizations do not cause autism. Yet, parents, the media, and the general public remain concerned and confused. As a result, immunization rates continue to fall, leading to an increase in the incidence of serious childhood illnesses.

BY DAVID FASSLER, M.D.

Last year, the American Academy of Child and Adolescent Psychiatry, the American Psychiatric Association, and the American Academy of Psychiatry and the Law brought this issue to the American Medical Association.

After extensive deliberations, the AMA concurred that vaccines do not cause autism, concluded that decreasing immunization rates have resulted in a resurgence of vaccine-preventable diseases and deaths, and reaffirmed its support for universal vaccination. The AMA emphasized the importance of ongoing education and work with the media to enhance public confidence in the safety of vaccines.

Autism is a tragic disorder for children and families. Identifying the cause and developing effective intervention programs depend on credible research conducted with appropriate methodology. Children should not be placed at increased risk of preventable disease based on speculation, premature conclusions, and unproven hypotheses. ■

DR. FASSLER *is a child and adolescent psychiatrist in Burlington, Vt. He also is a clinical professor of psychiatry at the University of Vermont, Burlington, and a member of the AMA Section Council on Psychiatry.*