

Major Depressive Disorder Seen in Half of TBI Patients

BY MARY ANN MOON

FROM JAMA

Major depressive disorder is markedly prevalent in patients with traumatic brain injury, developing in half of patients during the year after their injury.

This rate is nearly 8 times higher than that in the general population, and considerably higher than rates of 12% to 42% reported in previous high-quality studies, reported Charles H. Bombardier, Ph.D., and his associates at the University of Washington and Harborview Medical Center, Seattle.

The study enrolled consecutive patients admitted with complicated mild to severe TBI to a level 1 trauma center in 2001-2005. Most of the participants were men who had been injured in vehicular crashes and had sustained complicated mild injuries. Subjects were assessed using the Patient Health Questionnaire (PHQ) depression and anxiety modules at baseline, monthly for 6 months, and bimonthly thereafter for 1 year. At 12 months, they were assessed using the European Quality of Life measure.

A total of 297 patients (53%) met criteria for MDD at some time during that interval (7% in the general population). This also is higher than the rates reported in previous studies of TBI, perhaps because frequent assessments were conducted, and

the investigators were able to capture the cases with transient (1-month) major depressive episodes.

In addition, the sample was characterized by high rates of depression-related risk factors such as alcohol dependence and other preinjury mental health diagnoses, Dr. Bombardier and his colleagues said (JAMA 2010;303:1938-45).

The median duration of depression was 4 months. There was no difference in the rate of depression between patients with mild TBI and those with severe TBI.

About half of the patients who developed depression did so within 3 months of their injury. This finding challenges the idea that poor awareness of impairment precludes depressive reactions during the first 6 months after injury. It also suggests that clinicians should act quickly to identify and treat depression, or even to prevent it.

About 16% of the subjects were depressed when they sustained the traumatic injury; another 27% had a history of depression but weren't depressed when injured. The investigators said the study results might not be generalizable because it was conducted at a single level 1 trauma center in the northwest region of the United States.

The National Center for Medical Rehabilitation Research and the National Institutes of Health supported the study. Dr. Bombardier owns stock in Pfizer Inc. ■

Asthma Patients Face Higher Risk of Depression, Mortality

BY KATE JOHNSON

FROM THE ANNUAL MEETING OF THE NORTH AMERICAN PRIMARY CARE RESEARCH GROUP

MONTREAL — Patients with asthma face a significantly increased risk of developing depression, compared with the nonasthmatic population, and that combination of asthma and depression carries significantly increased mortality, reported Dr. Paul Walters of the Institute of Psychiatry, King's College, London.

In a previous study, Dr. Walters and his colleagues found that asthma was the third-largest predictor of antidepressant prescriptions in the United Kingdom (Br. J. Psychiatry 2008;193:235-9).

The current longitudinal cohort study, designed to explore the association between asthma and depression, identified 11,275 asthmatic patients with no history of depression and an equal number of control subjects.

The subjects were matched for age and sex from the United Kingdom's General Practice Research Database.

During a 10-year follow-up period, Dr. Walters and his colleagues found that the incidence of depression was significantly higher in the group with asthma, compared with controls (22.4 vs. 13.8 per 1,000 person-years); after adjustment for age, sex, chronic illness, and smoking, the odds

ratio for depression in asthmatic patients remained elevated (1.5).

In asthmatic patients only, those with comorbid depression had an elevated mortality ratio (1.87), compared with those with asthma alone.

"We don't have any information on cause of death, so we're not able to say if it was due to asthma-related reasons or depression-related reasons or a combination," said Dr. Walters.

For clues about why asthmatic patients face a higher risk for depression, the researchers explored the issue of disease severity, using medication use as a marker. Comparing asthmatic patients who were depressed with those who were not depressed, no significant differences were seen in use of medication overall, suggesting that disease severity was similar in both groups, Dr. Walters said.

The biggest difference between the groups was in their frequency of primary care visits (8.3 visits a year for depressed patients, compared with 5.3 for nondepressed patients). One possible explanation for this association might be that "if a patient goes to their [general practitioner] more often, they're more likely to get their depression diagnosed," Dr. Walters said in an interview.

Dr. Walters said he had no conflicts of interest to report. ■

Clinical Psychiatry News

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POSTMASTER Send changes of address (with old mailing label) to CLINICAL PSYCHIATRY NEWS Circulation, 60 Columbia Rd., Bldg. B, 2nd fl., Morristown, NJ 07960.

CLINICAL PSYCHIATRY NEWS (ISSN 0270-6644) is published monthly by Elsevier Inc., 60 Columbia Rd., Bldg. B, 2nd fl., Morristown, NJ 07960, 973-290-8200, fax 973-290-8250. Subscription price is \$109.00 per year. Periodicals postage paid at Morristown, NJ, and additional offices.

Founding Publisher: Jack O. Scher
Founding Editor: William Rubin

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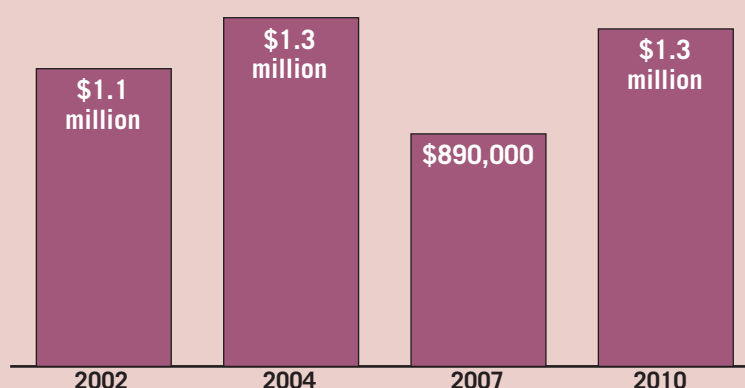


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VITAL SIGNS

Annual Hospital Revenue Generated per Psychiatrist Rebounds to Pre-2007 Levels



Note: Based on survey responses from 114 U.S. hospitals. Includes hospital-employed physicians and those in independent practice.
Source: Merritt Hawkins 2010 Physician Inpatient/Outpatient Revenue Survey