

Pruritus Diagnosis Linked With Psychopathology

BY BRUCE JANCIN

SAN FRANCISCO — Patients with pruritus are twice as likely to have a comorbid psychiatric diagnosis as those with other dermatologic diagnoses, according to a large epidemiologic study.

This association is driven largely by the strong association between pruritus and comorbid anxiety disorders, Dr. Madhulika A. Gupta reported at the annual

meeting of the American Academy of Dermatology.

The link between pruritus and obsessive compulsive disorder (OCD) was particularly robust.

In this analysis representing more than 33 million dermatologic physician/patient encounters, patients with an International Classification of Diseases 9th edition Clinical Modification diagnosis of pruritus were 11.3-fold

more likely than all other dermatology patients to have a comorbid diagnosis of OCD, according to Dr. Gupta, a psychiatrist at the University of Western Ontario, London.

She analyzed epidemiologic data from the National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey for 1995-2003.

These surveys conducted by the U.S. National Center for Health Statistics encompassed an estimated 33.6 million dermatology-related patient visits to physicians' offices, clinics, and emergency departments.

Patients diagnosed with pruritus, as indicated by ICD-9-CM codes 698.0-698.9, were 4.6-fold more likely to have a comorbid anxiety disorder than

were patients who had other dermatologic diagnoses.

To Dr. Gupta's surprise, pruritus was not associated with a significantly increased likelihood of comorbid major depressive disorder. She suspects this was because there was a substantial prevalence of major depressive disorder among the comparison group comprised of patients with other dermatologic disorders.

A signal that pruritus may be associated with an increased likelihood of comorbid depression was evident in the finding that physicians responded affirmatively to the survey checklist question "Is the patient depressed?" Depression was 3.3 times more frequent when the patient in question had pruritus, Dr. Gupta added. ■



HIGHLIGHTS OF PRESCRIBING INFORMATION

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PATANASE (olopatadine hydrochloride) Nasal Spray

Initial U.S. Approval: 1996

INDICATIONS AND USAGE

PATANASE Nasal Spray is an H₁ receptor antagonist indicated for the relief of the symptoms of seasonal allergic rhinitis in patients 12 years of age and older. (1)

DOSAGE AND ADMINISTRATION

For intranasal use only.

The recommended dose of PATANASE Nasal Spray in patients 12 years and older is two sprays per nostril twice daily. (2)

Priming Information: Prime PATANASE Nasal Spray before initial use and when PATANASE Nasal Spray has not been used for more than 7 days. (2.2)

DOSAGE FORMS AND STRENGTHS

Nasal spray 0.6%: 665 mcg of olopatadine hydrochloride in each 100-microliter spray. (3) Supplied as a 30.5 g bottle containing 240 sprays.

CONTRAINDICATIONS

None.

WARNINGS AND PRECAUTIONS

- Epistaxis, nasal ulceration, and nasal septal perforation. Monitor patients periodically for signs of adverse effects on the nasal mucosa. Avoid use in patients with nasal disease other than allergic rhinitis. (5.1)
- Avoid engaging in hazardous occupations requiring complete mental alertness such as driving or operating machinery when taking PATANASE Nasal Spray. (5.2)
- Avoid concurrent use of alcohol or other central nervous system depressants with PATANASE Nasal Spray. (5.2)

ADVERSE REACTIONS

The most common adverse reactions (>1%) included bitter taste, headache, epistaxis, pharyngolaryngeal pain, post-nasal drip, cough, and urinary tract infection. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Alcon Laboratories, Inc. at 1-800-757-9195 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

References:

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2. Meltzer EO, Hampel FC, Ratner PH, et al. Safety and efficacy of olopatadine hydrochloride nasal spray for the treatment of seasonal allergic rhinitis. *Ann Allergy Asthma Immunol.* 2005;95(6):600-606.
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Diabetes May Double Risk Of Perinatal Depression

BY MARY ANN MOON

Pregnant women and new mothers with any type of diabetes appear to have twice the risk of developing perinatal depression as do those without diabetes, according to an analysis of Medicaid records.

This finding is consistent with reports showing a doubling of the odds of depression among adults with diabetes in the general population, said Katy Backes Kozhimanil of Harvard Medical School, Boston, and her associates.

The researchers explored a possible link between diabetes and depression in the perinatal period using a Medicaid database on 11,024 low-income women who gave birth in New Jersey between 2004 and 2006.

A total of 657 of these women had diabetes, comprising 57 with nongestational diabetes who were taking insulin, 254 with nongestational diabetes who were not taking insulin, 163 with gestational diabetes who were taking insulin, and 183 with gestational diabetes who were not taking insulin.

Both prenatal and postpartum depression were twice as prevalent among the women who had diabetes than among those who did not. This association did not vary by diabetes classification.

After the data were controlled to account for the effects of age, race, and preterm delivery, women with diabetes still had nearly double the chance (odds ratio 1.9) of developing depression during the perinatal period (15%) than those without diabetes (8%).

"When cesarean delivery was included in the regression models in addition to the other covariates, the results remained virtually unchanged," Ms. Kozhimanil and her colleagues wrote (*JAMA* 2009;301:842-7).

The findings were the same in the large subset of women who had no indication of depression before delivery. Those with diabetes had nearly twice the risk of developing new onset depression

during the postpartum period.

Perinatal depression is underdiagnosed and therefore inadequately treated. These findings should "encourage health care providers to pay particular attention to managing the mental health concerns of

women with diabetes during pregnancy and the postpartum period," the researchers said.

They noted that the design of this study did not allow them to determine whether the link between diabetes and perinatal depression is causal. It is plausible that diabetes-related changes in glycemic control and thyroid function could impact hormonal changes and contribute to perinatal depression, or that the stress of managing "a chronic illness that poses risks to the woman and the infant" may exacerbate depressive symptoms in pregnant women and new mothers.

It is also possible, however, that perinatal depression may be related to other factors, such as sleep disorders and obesity, both of which are common among diabetic women, the investigators added. ■

These findings should encourage health care providers to pay particular attention to managing the mental health concerns of women with diabetes during pregnancy and the postpartum period.'