

Suicidal Behavior Linked to Relational Distress

BY DAMIAN McNAMARA

FROM THE ANNUAL MEETING OF THE AMERICAN ASSOCIATION OF SUICIDOLOGY

ORLANDO – Adolescent suicide attempt history is associated with increased likelihood of intimate partner violence when a male becomes a young adult, according to a long-term, prospective study of 153 men.

The findings suggest that prevention or intervention efforts for adolescents who attempt suicide might improve subsequent relationship outcomes, said David C. R. Kerr, Ph.D.

A paucity of research exists on associations between teenage suicidal behavior and relational distress, partner aggression, or relationship instability in young adulthood, Dr. Kerr said at the meeting.

Suicidal behavior might reflect underlying traits, such as impulsivity or aggression, he said, and these traits could manifest as maladaptive behaviors during romantic relationships. "Intimate relationships can be a source of significant conflict and profound emotional distress."

Impulsive or reactive aggression during intense negative affect or when someone is highly negatively aroused seems to

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Major Finding: Men with history of an adolescent suicide attempt are more likely to commit intimate partner violence as young adults.

Data Source: Annual assessments of 153 men participating in the Oregon Youth Study from age 10 years to 32 years. Researchers also assessed reports from 59 female partners during observed couple interactions.

Disclosures: Dr. Kerr said he did not have any relevant disclosures.

be important, said Dr. Kerr, research associate at Oregon Social Learning Center at Oregon State University, Eugene.

Dr. Kerr and his associate Deborah Capaldi, Ph.D., assessed regular surveys of males beginning when they were aged 10 years. Participants in the Oregon Youth Study were re-assessed annually up to age 32 years. Findings were not solely based on self-reports, because they are not always trustworthy, Dr. Kerr said. "Batterers may report mental health symptoms as a way to deny responsibility." In addition, he said, suicidal threats/behaviors might be considered a form of control over intimate partners.

Annual reports from 59 female partners starting when the men reached age

18 years also were assessed. Couples also were observed in interaction tasks meant to generate some conflict.

A total 19 of the 153 males (12%) had a lifetime suicide attempt history.

In order to assess physical injury, only partners were asked during five interviews (from ages 20 to 32 years) if they had ever been injured by the man. "Close to 27% reported an injury of some form," Dr. Kerr said.

"An unmediated link between youth suicide attempt and adult partner aggression and violence supports the role of impulsive, undercontrolled aggression in intimate partner violence," Dr. Kerr said. "It suggests intimate partner violence is not solely a calculated, instrumental behavior."

Adolescent aggression also predicted negative relationship outcomes in young adulthood in the study.

The research revealed that 25 men, or 16%, had been arrested one or more times for domestic violence. However, "The numbers were too small regarding domestic violence arrests to make conclusions," Dr. Kerr said.

Suicide attempt in adolescence also predicted relationship instability or "some measure of how many break-ups they had." This instability was measured during six interviews between ages 24 and 32 years.

Interestingly, adolescent suicide attempts and aggression were not significantly associated with later relationship satisfaction, Dr. Kerr said.

This study is the first to evaluate an at-risk community sample. The Oregon Youth Study cohort includes boys identified as being at risk for neighborhood delinquency from entire fourth-grade classrooms.

About 75% of participants were from working class families, and 90% were white. Other studies in the literature focused primarily on juvenile justice system-based reports, which may not be representative, Dr. Kerr said.

The findings add to a growing understanding of negative outcomes for youth who attempt suicide, Dr. Kerr said. These negative consequences can extend to intimate partners, and additional prevention and treatment approaches may be needed. He added that cognitive therapy with behavioral and emotional regulation skills for adolescents who attempt suicide might be beneficial, for example. ■

ADHD Less Prevalent After Adenotonsillectomy

BY BRUCE JANCIN

FROM THE ANNUAL MEETING OF THE ASSOCIATED PROFESSIONAL SLEEP SOCIETIES

SAN ANTONIO – Many children with attention-deficit/hyperactivity disorder or oppositional defiant disorder no longer meet diagnostic criteria for these psychopathologies 6 months after they undergo adenotonsillectomy for standard indications, a large prospective patient series suggests.

The most striking finding in this study of 140 children aged 3-12 years who underwent adenotonsillectomy involved the 81% reduction in the prevalence of oppositional defiant disorder (ODD) at 6 months post surgery, Dr. James E. Dillon reported.

Baseline rates of ADHD and ODD were high, in accord with earlier studies of children scheduled for adenotonsillectomy: In all, 54 children (39%) met DSM-IV criteria for some form of ADHD, whereas 26 (19%) met criteria for ODD.

At 6 months after adenotonsillectomy, however, only 32 patients (23%) still met criteria for some form of ADHD. The rest no longer did. Particularly im-

pressive was the reduction in ADHD of the combined type: Overall, 30 kids (21%) met the diagnostic criteria for this disorder at baseline, compared with 18 (13%) at follow-up, said Dr. Dillon, a child and adolescent psychiatrist at the University of Michigan, Ann Arbor.

Meanwhile, the prevalence of ODD dropped from 26 children at baseline to just 5 (3.6%) at 6 months post surgery, he said.

Participants were recruited from various otolaryngology practices in Michigan. Before being approached for the study, all of the children were already scheduled for adenotonsillectomy. The subjects' mean age was 7.2 years, 55% were boys, and 78% of the children were white.

The participants included 35 preschoolers. Nineteen preschoolers (54%) had a behavior disorder at baseline, compared with 12 (34%) at follow-up. In all, 9 preschoolers met criteria for ODD at enrollment, compared with just 2 at follow-up, and 19 had any form of ADHD at entry, as did 12 at follow-up. ■

Disclosures: Dr. Dillon reported no financial conflicts with regard to the study.

Depression Might Impair Compliance In Adolescents With Type 1 Diabetes

BY NEIL OSTERWEIL

FROM DIABETES RESEARCH AND CLINICAL PRACTICE

Depressive symptoms in adolescents with type 1 diabetes might be a marker for poor treatment compliance, a new report shows.

Adolescents with type 1 diabetes and clinically significant symptoms of depression were more likely than their nondepressed peers to have higher glycosylated hemoglobin A_{1c} values, and to perform less frequent daily blood glucose monitoring (BGM), Meghan E. McGrady and Dr. Corey K. Hood wrote in the journal.

The most commonly reported depressive symptoms among the 144 teens in the study included ineffectiveness and negative mood. These symptoms, linked to both hemoglobin A_{1c} levels at baseline and to BGM at baseline and at 6 months, might be targets for intervention, the authors wrote.

Ms. Grady and Dr. Hood, who are affiliated with the Cincinnati Children's Hospital Medical Center, looked at 144 patients, aged 13-18 years, who had been treated at the hospi-

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Major Finding: Adolescents with type 1 diabetes and clinically significant symptoms of depression are more likely to have higher hemoglobin A_{1c} values and to perform less frequent blood glucose monitoring than nondepressed adolescents with diabetes.

Data Source: Prospective 6-month study of 144 adolescents in a pediatric diabetes clinic.

Disclosures: The study was supported by a career development award to Dr. Hood. The authors reported that they had no conflicts of interest.

tal's pediatric diabetes clinic. Most of the participants were white (87%), female (69%), and from households with two caregivers (76%). They were asked to fill out the 27-item Children's Depression Inventory (CDI), in which individual symptoms are rated on a scale of 0 (no symptoms) to 2 (distinct symptoms). Total scores of 13 or greater on the validated scale are deemed to be portents of clinically significant depression. The investigators correlated the symptoms scores with data on BGM frequency obtained from downloads of blood glucose meter data taken at the time of clinic visit, and with hemoglobin A_{1c} values measured by a standard point-of-care analyzer.

At baseline, 33 patients (23%)

had CDI scores of 13 or greater (mean score for all participants: 7.92 ± 7.14). The most frequently reported symptoms were ineffectiveness (mean score 0.38 ± 0.41), negative mood (0.34 ± 0.36), anhedonia (0.32 ± 0.30), negative self-esteem (0.24 ± 0.30), and interpersonal problems (0.15 ± 0.23).

The study, which the authors called the "first to examine the responses on CDI subscales in adolescents with type 1, had several limitations. Depressive symptoms were self-reported, and it is difficult to generalize the results to other samples because of the sociodemographic characteristics of the adolescents studied. Future studies should examine depressive symptoms over time, they said. ■