Oral Contraceptives Not Tied to Depression

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LOS ANGELES — Oral contraceptive pills do not cause mood swings or depression in most adolescents. On the contrary, overall, it appears that oral contraceptives increase positive mood and decrease negative mood, Mary A. Ott, M.D., said at the annual meeting of the Society for Adolescent Medicine.

"Our pill users in our study felt better," said Dr. Ott of Indiana University, Indianapolis. "This is different from the adult data."

Data from studies of adults on whether oral contraception impacts mood negatively have been somewhat conflicting, and results of prospective studies have varied from those of retrospective studies. Overall, however, there has been a suggestion in adults that oral contraception can increase depression or exacerbate mood lability, and it is well known that mood changes are a common reason women stop using the pill, Dr. Ott said in a poster presentation.

In her study of 226 adolescent females, oral contraception decreased reports of negative mood by 27% over time and increased positive mood by 32% over time, relative to reports from subjects not on oral contraception. The study involved having the 226 enrolled subjects keep daily mood diaries for two 12-week periods, twice each year, over 2 years. In the diaries, the participants were asked to rate the level of three negative moods they might have experienced during the day (irritable, angry, unhappy) and the level of three positive moods (cheerful, happy, friendly), each on a five-point scale reflecting a range from "not at all" to "all day."

A diary in which the participant reported being on oral contraception both at the start and at the end of the period was considered an oral contraception diary.

When mean scores were graphed, negative mood scores in the nonusers stayed relatively stable over time. Scores for the users were lower initially, but by the end of the study scores among users had improved 27% relative to the nonusers.

Positive mood increased for both groups over time, but increased 32% more for the oral contraception users. ■

More Screening For Violence Needed in EDs

SCOTTSDALE, ARIZ. — Emergency department physicians need to do a better job assessing psychiatric patients for possible violent behavior, Marisa A. Giggie, M.D., of the department of psychiatry at the University of Texas, San Antonio, and her colleagues said in a poster presentation at the annual meeting of the American Academy of Psychiatry and the Law.

They performed a case-control chart review of 425 patients aged under 18 years who were evaluated in the university's psychiatric emergency department between June 1, 2001, and Dec. 31, 2002.

Among the patients studied, 57% were female and the average age was 14. The majority of patients—63%—were Hispanic, while 28% were white and 9% were black.

The patients' chief complaints were grouped into three categories: violence, suicide, or other. Of the 84 patients whose chief complaint was violence, only 63% were asked if they had a history of violent behavior, Dr. Giggie and her associates noted. Of those who were asked, 92% said that they did have such a history.

The pattern was similar for other questions. Only 29% of the violence patients were asked about previous police contact, but of those, 85% answered affirmatively. Of the patients whose chief complaint was suicide, only 7% were asked about a history of domestic violence, but all of those asked had a history of it.

"Residency training needs to focus on better preparing residents to do thorough risk assessment for violent youth," the investigators concluded. "Assessing children and adolescents for violence in this setting is important because they often present with severe behavioral problems, suicidal ideation, and violent threats. Increased training in risk assessment for pediatric patients should occur *before* residents rotate through psychiatric emergency rooms."

—Joyce Frieden