Suicidality Overlooked in Diagnosis of Depression

BY ROBERT FINN
San Francisco Bureau

SAN FRANCISCO — In a randomized trial involving actors portraying patients with major depression, internists and family physicians usually failed to ask these patients about suicidality, even when they correctly made the depression diagnosis, Dr. Mitchell D. Feldman reported at a meeting on depression research sponsored by the University of California in San Francisco.

These primary care physicians were more likely to ask about suicide when the patient made specific requests for medication, compared with patients who made no such request, said Dr. Feldman of the University of California, San Francisco.

Physicians made suicidality inquiries about 46% of the time when depressed "patients" asked about medication, but only 33% of the time when the same actors did not mention medication.

"They knew the patient had depression," Dr. Feldman said. "They were appropriately prescribing an antidepressant or referring. And yet, they failed to screen for suicidality." He finds this especially worrisome in light of other studies showing that about half of all people seek some sort of professional help during the month prior to their suicide.

Asking about medication also significantly affected whether the physicians actually issued a prescription. Depressed patients who made a brand-specific request (for Paxil) left the office with a prescription 53% of the time (although not necessarily with that drug), those who made a general request for medication received a prescription 76% of the time, and those who made no request received a prescription 31% of the time.

The study involved 152 primary care physicians in San Francisco; Sacramento, Calif.; and Rochester, N.Y. Two "standardized patients"—one trained to portray major depression of moderate severity and the other to portray adjustment disorder with depressed mood—made unannounced visits to each preselected physician. Investigators informed the physicians that they would be visited by standardized patients (SPs) over the next several months and that each SP would present with a combination of common symptoms. They were told that the purpose of the study was to "assess social influences on practice and the competing demands of primary care."

Dr. Feldman pointed out that while many primary care physicians find it uncomfortable to inquire about suicidality, it's not that hard to do.

For example, they can ask patients to self-administer the Patient Health Questionnaire-9 (PHQ-9) depression scale, which includes a question about suicidality. Or the physician can simply ask, "This past week, have you had any thoughts that life is not worth living or that you'd be better off dead?" An affirmative answer should trigger further questions to assess the patient's degree of ideation and intent, whether or not he or she has developed a plan, and the availability and lethality of the method chosen.

Many physicians choose to offer a "no suicide contract" to patients exhibiting suicidality. This involves an agreement that the patient will contact the physician or another health care provider if their suicidal feelings or plans escalate.

Dr. Feldman acknowledged that although this approach is based on clinical impressions and not hard evidence, "It's something many of us use, because it just makes us feel better to have this conversation with patients."

Dr. Feldman and his colleagues have published several papers reporting the results of their SP studies (JAMA 2005;293:1995-2002 and Med. Care 2006;44:1107-13, for example). The PHQ-9 can be downloaded at www.depression-primarycare.org. Dr. Feldman said he had no conflicts of interest related to his presentation. ■

Seasonal Allergies Are Linked to Depression, Rise in Suicide Rates

BY MITCHEL L. ZOLER
Philadelphia Bureau

PHILADELPHIA — Seasonal allergies might be associated with fatigue and mood disorders, including depression, in certain patients, Dr. Tedor T. Postolache reported at the annual meeting of the American Academy of Allergy, Asthma, and Immunology.

These possible associations are suggested by a series of observational studies documenting the correlation of a spike in suicides during the spring months and the sudden release of tree pollens after the relatively pollen-free winter, said Dr. Postolache, a psychiatrist and director of the mood and anxiety program at the University of Maryland, Baltimore.

Allergies that occur at other times of the year might have the same effect, but the impact of tree pollen on suicide rates can be seen in large populations because it is so dramatic after winter. Dr. Postolache and his associates first reported on a possible link between the tree pollen season and an increased suicide rate in women several years ago (Molecular Psychiatry 2005;10:232-5).

Those with an allergy were more than twice as likely to have committed suicide than were those without allergy.

DR. POSTOLACHE

"Allergens may generate an immune response in vulnerable individuals, with inflammatory processes reaching brain centers involved in modulation of risk factors for suicide," he said at the meeting.

Among the evidence that links allergy and depression is a 1999 study of more than 6,800 adults that showed that patients with hay fever were twice as likely to have been diagnosed with major depression in the past 12 months.

In the same group, those participants with a history of receiving allergy shots or having a positive skin test reaction were more than three times as likely to have been diagnosed with major depression in the same time.

A population-based study of an unselected group of more than 12,000 Finns born in 1966 found that maternal atopy was linked with an almost twofold increased risk for depression in women at any time in life. Women who themselves were diagnosed with atopy and also had a mother with atopy had a fourfold increased risk of developing depression, compared with nonatopic women with nonatopic mothers (J. Allergy Clin. Immunol. 2003;111:1249-54).

A link between allergy and suicide was recently explored by Dr. Postolache and Danish collaborators (including Dr. Ping Qin, an epidemiologist at Aarhus (Denmark) University in a study of more than 21,000 Danes who committed suicide during 1981-1997. The medical data were obtained through the National Patient Register in Denmark. In this case-control analysis, data were obtained for 20 control individuals for every suicide case by randomly finding people from Danish records who lived at the same time, and matching for gender and age.

Preliminary analysis of these data indicated that men and women had a similarly increased risk for suicide that was linked to having allergies.

Among all people in the study, those with an allergy were about two times more likely to have committed suicide, compared with similarly aged people without history of an allergy, Dr. Postolache said. He and his associates now are in the process of adjusting this risk ratio for potential confounders, such as psychiatric history, socioeconomic status, and family history of allergy.

Dr. Postolache suggested some possible physiological mechanisms that could mediate the link between allergies, especially aeroallergen allergies, and psychiatric effects, based on evidence from animal studies. Cytokines released in the nose because of an allergic reaction can activate indoleamine 2,3-dioxygenase, which inhibits serotonin production. Cytokines in the nose also may upset the hypothalamic-pituitary-adrenal axis. Nasal cytokines can affect the brain through signals sent via the vagus and olfactory nerves. ■

Doctor's Visit a Chance to Screen Teens for Inhalant Abuse

BY DENISE NAPOLI
Assistant Editor

WASHINGTON — The drugs of choice for children aged 12 and 13 years are inhalants, surpassing pain relievers, marijuana, and any other illegal drug, with 3.4% of 12-year-olds and 4.8% of 13-year-olds using in the past year, according to a recent report by the Substance Abuse and Mental Health Services Administration.

In addition, data from eighth-graders who participated in the Monitoring the Future survey conducted at the University of Michigan, Ann Arbor, revealed a 9.3% prevalence of inhalant abuse in females in that age group, and 8.3% overall prevalence.

These data were presented at a press briefing on inhalant abuse at which Dr. H. Westley Clark, director of SAMHSA's Center for Drug Abuse Treatment, and other experts spoke about identifying and preventing inhalant abuse in patients, especially teens.

"Products that we consider essential to our daily routines, that tend to be almost invisible because they are so common, can be deadly if used inappropriately," he said.

Some of those products include model airplane glue, hair spray, air freshener, deodorant, computer cleaning spray, nail polish remover, gasoline, Freon, vegetable cooking spray, whipped cream, and the gases nitrous oxide, butane, propane, and helium.

"According to our data from the household survey, about 1 million adolescents used inhalants in 2006," Dr. Clark said.

He also cited data from a companion study, based on data from admissions to substance abuse treatment programs, which found that there was a higher likelihood of co-occurring substance abuse and psychiatric disorders in those who used inhalants (45%) than in those who do not (29%).

In an interview, Dr. Clark said physicians need to be more vigilant of the potential for inhalant use in young people. If a child shows up for asthma, skin disease, or with behavior problems, one should ask about misuse of inhalants. And visits for medical checkups for school athletics or for vaccinations, provide "plenty of opportunity to raise the issue and have the discussion."

Morbidity can manifest as a range of problems, from cardiac to neurological. Possible effects of inhalant abuse include "sudden sniffing death," and long-term abuse can result in memory or hearing loss, brain or bone marrow damage, and liver and kidney problems.

The full report is available online at http://oas.samhsa.gov/inhalants.htm. ■