diabetes was 2.54-fold greater than in people without diabetes.

The explanation for the age- and gender-related differences in comorbidity is unclear.

The Norwegian data were not adjusted for known risk factors for type 2 diabetes, such as obesity, smoking, and sedentary behavior, but it's unlikely that those potential confounders would explain the disparate findings with regard to gender and age, she continued.

This study has the strength of including the entire Norwegian population, providing a large enough sample size to look at age-related differences. The study's major limitation is that it is cross-sectional, making it impossible to say whether type 2 diabetes is a risk factor for depression or vice versa. But data from the U.S. longitudinal Multi-Ethnic Study of Atherosclerosis (MESA) suggest the relationship is bidirectional, Dr. Berge noted.

MESA prospectively followed more than 5,200 participants without baseline diabetes and showed that those with baseline depressive symptoms had a "modest" increase in new-onset type 2 diabetes during 3.2 years of follow-up, even after adjustment for potential confounders.

Similarly, those with baseline type 2 diabetes had an increased rate of new-onset depressive symptoms during follow-up (JAMA 2008;299:2751-9).

The observed bidirectionality is biologically plausible in that depression involves neuroendocrine activation and a chronic inflammatory state that can induce insulin resistance, while the burden of managing type 2 diabetes causes psychological stress which might increase depressive symptoms.

It is particularly interesting to note that study participants with impaired fasting glucose or untreated type 2 diabetes had a lower risk of developing depressive symptoms than did normoglycemic controls, according to the MESA investigators.

"These findings suggest that clinicians should be aware of the increased risk of depressive symptoms in individuals with treated type 2 diabetes and consider routine screening for depressive symptoms among these patients," concluded Dr. Sherita H. Golden of Johns Hopkins University, Baltimore, and her MESA coinvestigators. ■

Escitalopram Most Effective in Severe Disease

ISTANBUL — The more severe a patient's baseline depression, the greater the efficacy displayed by escitalopram in a large observational Greek study.

Escitalopram (Lexapro) also proved exceptionally well tolerated in this 3,931-patient, 186-site naturalistic study, with a mere 7.8% discontinuation rate for any reason, Dr. Vasiliki Lagari reported at the annual congress of the European College of Neuropsychopharmacology.

The mean duration of the current episode of major depression among study participants was 1.8 years. For 62%, this was their first episode of major depressive disorder, according to Dr. Lagari of the Tripolis (Greece) Psychiatric Hospital.

At enrollment in the open-label 3-month study, 16% of patients were classified as having mild depression based upon a Clinical Global Impression of Severity (CGI-S) score of 3 on the 7-point scale. Fifty-four percent had moderate depression as defined by a CGI-S score of 4, and 30% had severe depression. The mean baseline Montgomery-Åsberg Depression Rating Scale (MADRS) score was 26.7.

The mean reduction in MADRS score from baseline through 3 months was 22.6 points in the group with severe depression. That was a significantly greater improvement than in the moderately depressed group, which had a mean 17.7-point improvement, and this, in turn, was a significantly greater reduction than the 13.5-point decrease in patients with mild depression.

The same pattern of greater improvement in patients with more severe depression was seen in terms of CGI-S scores. However, the remission rate as defined by a CGI-S score of 2 or less approached 90% in patients with mild depression at baseline, a rate more than twice that of the severely depressed group, Dr. Lagari continued.

One or more adverse events were reported by 6.5% of patients on escitalopram only. The rate was three-fold higher in those on concomitant therapy.

The study was funded by a grant from Lundbeck, the manufacturer of escitalopram.

—Bruce Jancin