

Psychiatry Eyeing Prevention

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goal in medicine," Dr. Robinson said, anticipating results this year from the trial, which started with 150 patients.

Also from the University of Iowa, Carolyn L. Turvey, Ph.D., is attempting to prevent depression (or reduce severity if it does occur) in patients with heart failure. Dr. Turvey said depression rates range from 11% to 25% with heart failure, which affects about 5 million Americans.

In a preliminary survey with 90 patients (of whom 54 were not depressed and 36 had major or minor depression), Dr. Turvey found that the ability to cope with impairment was highly correlated with depression.

People with major depression had more negative attitudes about impairment, and people with negative attitudes about impairment were more depressed.

She has developed a 12-week intervention that can be incorporated into an illness management program delivered at home or by telephone.

Combining interpersonal therapy with behavioral activation, the intervention focuses on accepting impairment as a first step.

"If you don't accept these changes, you may be spending a lot of your energy and time feeling angry, frustrated, and helpless" is a key message.

The next step helps patients "define a

new normal"—for example, realistic expectations for house cleaning and lawn care, and asking for help when needed.

As late-onset depression can be an early sign of Alzheimer's disease, Dr. Ricardo Jorge, also of the University of Iowa, suggested treating vascular depression might be a way to inhibit the disease process.

Dr. Jorge reported repetitive transcranial magnetic stimulation produced a promising dose-response relationship in preliminary results with 74 patients.

Preventing Alzheimer's disease is arguably the greatest challenge for psychosomatic research. Looking forward to the years 2011-2050, Dr. Constantine G. Lyketsos predicted that dementia will become the most common mental disorder in the developing world.

Dr. Lyketsos, a professor of psychiatry, mental health, and epidemiology at Johns Hopkins University in Baltimore, cited a hypothesis that delaying onset would be tantamount to prevention if older people meanwhile die of other causes (*Am. J. Public Health* 1998;88:1337).

"If we have 5 years of delay, we can cut

the caseload in half over the next 50 years," he said.

Such a delay may be possible, Dr. Lyketsos suggested, if researchers can find a way to intervene long before a patient becomes symptomatic.

Among possible measures, he listed estrogen-hormone therapy, antioxidant vitamins, statins, NSAIDs, and mental or physical activity.

"There is really nothing to recommend right now," Dr. Lyketsos pointed out, analyzing the investigations to date and offering his own NSAID trial as an example of why Alzheimer's prevention research is so difficult.

The Alzheimer Disease Anti-inflammatory Prevention Trial (ADAPT) sought individuals aged 70 and older with a history of a dementia comparable with Alzheimer's disease in a first-degree relative.

Among the barriers to recruiting patients, Dr. Lyketsos found only about 15% of candidates had a clear family history, about 30% were already on NSAIDs, 10%-15% were afraid of risks, and there was adverse publicity about NSAID research.

Even though the researchers resorted to mass mailings, they still only came up with one randomization for every 1,000-1,500 mailings.

'Biomarkers are the future. . . The field is moving so that there will be a different way to diagnose [Alzheimer's disease] in 5 or 10 years.'

At that pace, they would have had to solicit as many as 3 million senior citizens to enroll 2,640.

Instead, treatment was stopped in December 2004 after two cancer prevention trials found increased cardiovascular risk with celecoxib, one of the NSAIDs under investigation.

Dr. Lyketsos said ADAPT will report its first analysis next year, and add a biomarker assessment to the ongoing follow-up of participants enrolled before the cutoff.

Since people were asymptomatic when enrolled, the researchers hope to detect early biomarker changes in those who develop dementia.

But Dr. Trey Sunderland warned at another session that, without prevention and treatment strategies in place, using biomarkers to diagnose early or future disease would scare patients without purpose.

"Biomarkers are the future," said Dr. Sunderland, chief of geriatric psychiatry at the National Institute of Mental Health. "We are headed in that direction.

"The field is moving so that there will be a different way to diagnose this illness in 5 or 10 years."

When that happens, he said, prevention will become the most important question. "We don't want to wait until we have symptoms. If and when we have preventive agents, who will want to take these medications?" he asked, raising issues of cost and risk. ■

Study Links Polycystic Ovary Syndrome With Depression

BY BRUCE K. DIXON
Chicago Bureau

MONTREAL — A total of 35% of those with polycystic ovary syndrome also had depression in a case-control study of 206 women.

"We recommend that women with PCOS should be routinely screened and adequately treated for depression," study investigator Elizabeth M. Hollinrake said at the joint annual meeting of the American Society for Reproductive Medicine and the Canadian Fertility and Andrology Society.

Among women with PCOS,

the odds ratio was 5.11 for newly diagnosed depression and 4.23 for depression overall (newly diagnosed and previously diagnosed depression), compared with controls who did not have polycystic ovary syndrome, said Ms. Hollinrake, a third-year medical student at the University of Iowa in Iowa City.

In an interview, the study's lead author, Dr. Anuja Dokras, noted that the results also show for the first time that depression in PCOS patients is significantly associated with both high body mass index (BMI) and insulin resistance.

"Between 50% and 70% of women who are treated for depression recover completely, so this is an important target population that we should be both screening and treating," added Dr. Dokras, who is with the University of Iowa Hospitals and Clinics, Iowa City.

The study, which earned a first-place award among the General Program Prize Papers presented at the meeting, compared 103 women who had PCOS with 103 controls. Women with PCOS di-

agnosed by the Rotterdam criteria were recruited from a reproductive endocrinology clinic; women without PCOS who attend the gynecology clinic for an annual exam were used as controls.

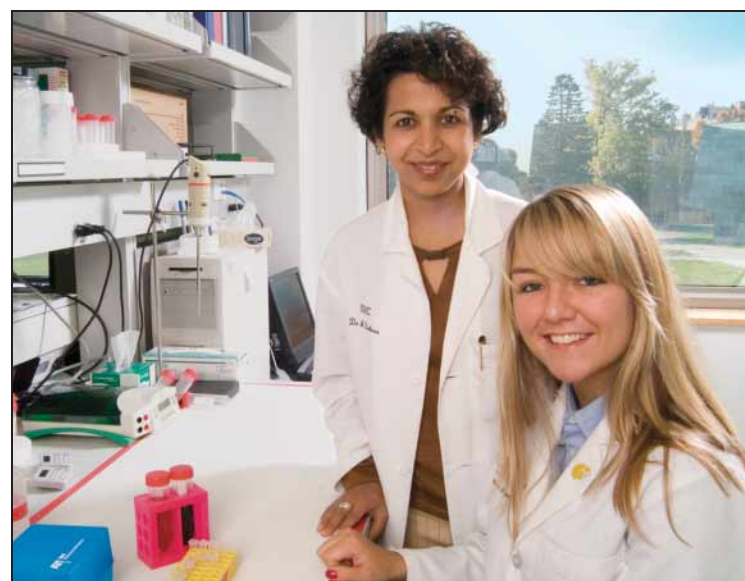
Dr. Dokras and Ms. Hollinrake used the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire to diagnose major depressive disorder and other depressive syndromes.

The Beck Depression Inventory was used to score the severity of depression. Chi-square and t-testing were used to compare differences between women with PCOS and controls, and PCOS women with and without depression.

In the PCOS group, 35% (36 women) were classified as depressed, compared with 10.7% (11 women) of those in the control group, which represents a statistically significant difference. Of these 47 women with depression, 22 were already on antidepressants when they entered the clinic.

When these 22 women were not considered, the rate of newly diagnosed depression was 21% in the group with polycystic ovary syndrome and 3% in the control group.

Women with PCOS had a sig-



Dr. Anuja Dokras (left) and Elizabeth M. Hollinrake say their data suggest PCOS patients should be screened for depression.

nificantly higher mean BMI than did controls (34.9 versus 25.4), as did the subset of PCOS women who were depressed compared with those who had screened negative.

"Although increased BMI among the depressed women is in keeping with the literature, ours is the first study to show this correlation in depressed women with PCOS," Dr. Dokras said.

Among the women with PCOS, 11% of those with depression also had diabetes, compared with none of the women

without depression; the depressed women also had significantly higher glucose, insulin, and QUICKI scores.

"Importantly, women with PCOS have higher androgen levels, so one would have expected that if that was the basis, we would find some correlation with depression. On the contrary, these data showed no association with androgens... only with BMI and insulin resistance," Dr. Dokras said. ■

Kate Johnson of the Montreal Bureau contributed to this report.

