

KNOW THE FACTS



13% of patients had diabetes in the landmark CATIE schizophrenia study at baseline—4 times more common than in the general population.¹

Be aware.
Screen and monitor
your patients.
Make a difference.



Reference: 1. Goff DC, Sullivan LM, McEvoy JP, et al. A comparison of ten-year cardiac risk estimates in schizophrenia patients from the CATIE study and matched controls. *Schizophr Res.* 2005;80:45-53.

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Children Suffer Long Term When Parent Has a Stroke

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Children can be the silent victims of a parent's stroke, so stroke rehabilitation programs should be family centered to mitigate potential mental health and behavioral problems among children, said Dr. Anne Visser-Meily, of the Rehabilitation Center De Hoogstraat in Utrecht, the Netherlands, and her colleagues.

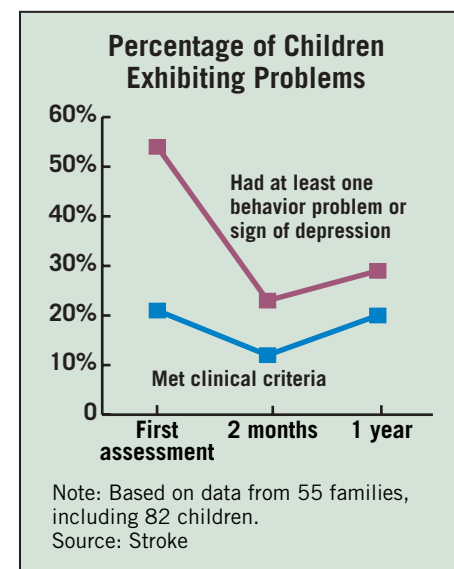
In their study, children's functioning immediately following a parental stroke was significantly predictive of their functioning at 1 year, suggesting "an enduring impact of parental stroke on a child's functioning," the investigators said.

As such, early screening may be an important tool to identify children at risk for long-term problems. "Ensuring that these children obtain information about the consequences of stroke and its impact on the family and advice about how to deal with their feelings might support the adjustment process," they suggested, noting that children with persistent problems may need professional help (*Stroke* 2005;36:2436-40).

In a cohort of stroke patients consecutively admitted to nine Dutch rehabilitation centers between April 2000 and July 2002, 55 families, including 82 children (mean age 13 years), were enrolled in the investigation to assess children's functioning immediately after and during the first year after parental stroke.

As soon as possible after the parent's stroke, spouses and children individually completed a series of questionnaires in a face-to-face interview. Information about children aged 4-7 years was collected via parent report measures. Investigators repeated the assessments 2 months and 1 year after the parental stroke.

At the first assessment, 54% of the children had at least one behavior problem or sign of depression; 21% of the children had problems that fell into the clinical range. Specifically, 30% of the children exhibited internalizing symptoms, 18% showed externalizing symptoms, and 13% had depressive symptoms. The percentage of children with



these problems decreased to 23% at the 2-month assessment, with 12% in the clinical range. At the 1-year assessment, however, 29% of the children exhibited problems, with 20% meeting clinical criteria.

Although the differences between the second and third assessments were not statistically significant, "the percentage of children with subclinical or clinical scores on depression and internalizing behavior problems increased, and there was a decreasing trend in health status," Dr. Visser-Meily and her associates said.

With respect to spousal measures, depressive symptoms decreased significantly between the first and second assessment, but not between the second and third. Perception of the quality of the marital relationship was stable between the first and second measures, but decreased significantly between the second and third.

In terms of disability, the stroke patients improved significantly between the first and third assessment, the researchers said.

Regardless of a child's functioning scores, the analysis showed that depression in the healthy parent at the time of the stroke was significantly predictive of all of the outcome scores at 1 year, said Dr. Visser-Meily and her associates. ■

Olfactory Deficits May Be a Signal for Early Psychosis

Smell identification deficits exist in children with early-onset psychotic disorder, just as they do in adults, and can be a marker for underlying neurodevelopmental pathophysiology that leads to vulnerability for schizophrenia and other psychotic disorders, said Dr. Cheryl Corcoran and her colleagues at the New York State Psychiatric Institute in New York City.

In addition, children with both intact smell identification and psychotic disorders can have a more affective illness with fewer negative symptoms and less neuropsychological impairment, the investi-

gators said (*Schizophr. Res.* 2005;80:283-93).

In a study of 26 children aged 11-17 years, microsmia (significant smell deficit) was present in 8 of the 13 children with schizophrenia or schizoaffective disorder, 4 of 5 depressed children, and none of the 3 patients with bipolar disorder or 5 with psychosis not otherwise specified. Of those with microsmia, two-thirds had schizophrenia or schizoaffective disorder, and one-third had major depression with psychotic features, Dr. Corcoran and her associates reported.

—Kevin Foley