Mental Health in U.S. Is Worsening, Survey Shows

BY BRUCE JANCIN
Denver Bureau

CHICAGO — A barometer of the nation's mental health shows psychopathology-related symptoms have worsened overall in the past decade, with intriguing geographic variations.

Rates of frequent mental distress are highest in the Appalachian and Mississippi valley regions, and lowest and declining in the upper Midwest and Hawaii. The explanation for the geographic disparity is unknown, psychiatric epidemiologist Daniel P. Chapman, Ph.D., said at the American Psychiatric Association's Institute on Psychiatric Services.

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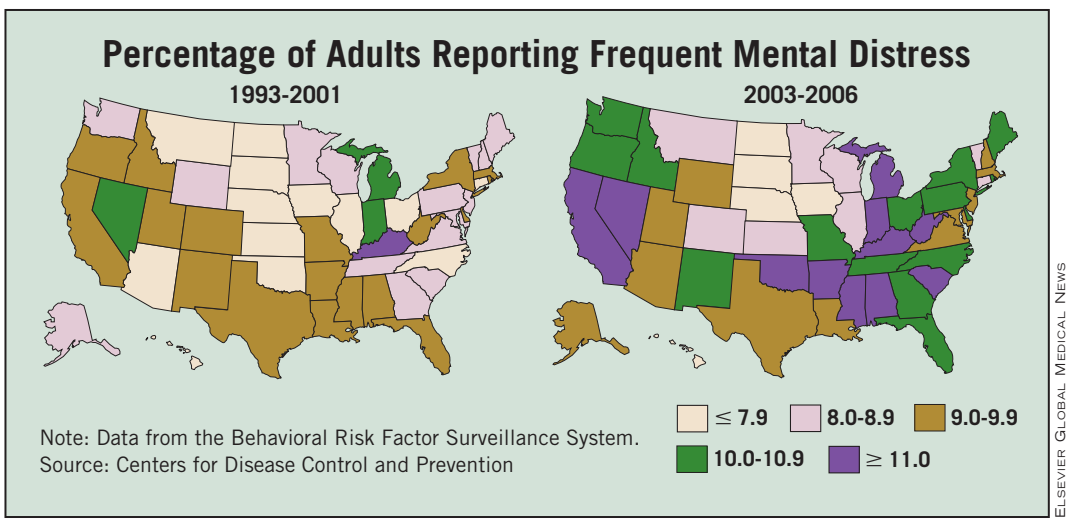
DR. CHAPMAN

He does, however, have a theory about the phenomenon. "These high frequent-mental-distress states fall mainly within the so-called Stroke Belt. We suspect the high mental distress rates there could have something to do with the increased stroke rate and the burden that creates," he said in an interview. He added that for now, this theory is speculative and subject to further investigation.

Dr. Chapman of the Centers for Disease Control and Prevention presented data on roughly 2.5 million randomly selected community-dwelling U.S. adults who participated in the agency's Behavioral Risk Factor Surveillance System interviews from 1993 to 2001 or 2003 to 2006.



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The survey included a question asking respondents how many days over the previous month their mental health—including aspects such as stress, depression, and problems with emotions—had not been good.

Frequent mental distress was defined by investigators as 14 or more mentally unhealthy days during the prior 30 days.

Frequent mental distress is certainly not a specific psychiatric diagnosis. However, it's a useful construct that encompasses a diverse range of psychopathology and helps in identifying regional unmet mental health needs and the impact of interventions over time, Dr. Chapman continued.

The mean prevalence of frequent mental distress nationwide from 1993 to 2001 was 9.0%. By 2003-2006, it had climbed to 10.2%. The five states with the highest rates were Kentucky, West Virginia, Nevada, and Alabama and Mississippi. The four least mentally distressed were Hawaii, South Dakota, and Kansas and Nebraska. The District of Columbia came in at 7.4%. The frequent mental distress gap between the five highest and five lowest prevalence states grew from 4% to 5.9% between the two periods.

The prevalence of frequent mental distress increased over time by at least 1% in 27 states and the District of Columbia. In Oklahoma, West Virginia, and Mississippi, it jumped by more than 4%.

When the survey data were analyzed on a county-by-county basis, most states showed intrastate variations in frequent mental distress prevalence. ■

Antipsychotics Linked to Adverse Metabolic, CV Events in Children

BY MARY ANN MOON
Contributing Writer

Antipsychotic medications are associated with adverse metabolic and cardiovascular events in children and adolescents who are treated in usual-care settings.

In a retrospective cohort study, children who are treated with antipsychotics, particularly those who were also receiving antidepressants or mood stabilizers, were two to three times more likely than those not taking the drugs to develop metabolic disruption and cardiovascular abnormalities, notably obesity, type 2 diabetes, cardiomegaly, nonspecified heart disease, tachycardia, nonspecified arrhythmia, and orthostatic hypotension/syncope, said Dr. Roger S. McIntyre of the University of Toronto and his associates.

When assessing the risk-benefit profile of this class of drugs, physicians "need to give careful consideration to possible metabolic disruptions or cardiovascular toxic effects, especially in individuals with comorbid metabolic conditions and those receiving concomitant psychotropic medications," the investigators said.

They examined adverse events in children and adolescents who were included in the South Carolina Medicaid database in 1996-2005. In all, 4,140 patients were prescribed atypical or conventional antipsychotics (aripiprazole, ziprasidone, quetiapine, risperidone, olanzapine, haloperidol, or fluphenazine). A random sample of 4,500 children who weren't treated with antipsychotics were controls.

The treated children and adolescents had primary diagnoses of ADHD, conduct disorder, oppositional-defiant disorder, major affective disorder, schizophrenia, and other psychotic disorders. Comorbid conditions included convulsions, CNS disorder, organic brain syndrome, severe mental retardation, substance-related disorder, and congenital heart defects. Nearly 80% of these patients were concomitantly taking antidepressants that can induce weight gain, and many were taking psychostimulants, SSRIs, and mood stabilizers.

Compared with controls, the patients who were treated with antipsychotics were more likely to develop obesity (odds ratio, 2.13), type 2 diabetes (OR, 3.23), cardiovascular conditions (OR, 2.70), and orthostatic hypotension (OR, 1.64). Girls, adolescents, and patients on combination therapy were at highest risk of these adverse effects, the authors said (Arch. Pediatr. Adolesc. Med. 2008;162:929-35).

"Of major public health concern is that, by the end of the study period, 25% of the sample had [one to three] comorbid chronic medical conditions (metabolic and cardiovascular) in addition to their psychiatric disorder," they added. "We can speculate that the antipsychotic treatment may have predisposed or exacerbated metabolic changes subsequently leading to cardiovascular events. Other hypothetical mechanisms could be ECG changes (such as QT-interval prolongation), procoagulation effects, or direct effects on blood pressure via adrenoreceptor antagonism.

Dr. McIntyre has received research grants from, served on advisory boards of, served on speakers bureaus of, and participated in CME activities of, Eli Lilly & Co., the Stanley Medical Research Institute, the National Alliance for Research on Schizophrenia and Depression, AstraZeneca, Biovail Corp., Bristol-Myers Squibb Co., the France Foundation, GlaxoSmithKline, Janssen-Ortho Inc., Organon, Lundbeck, Pfizer Inc., Solvay/Wyeth, Shire PLC, 13CME, and Physicians Postgraduate Press Inc. ■

Novel Drug Cuts Insomnia; No Drowsiness or Rebound

BY BRUCE JANCIN
Denver Bureau

CHICAGO — The novel investigational sleep agent eplivanserin improves sleep continuity in patients with chronic primary insomnia without causing next-day drowsiness or rebound insomnia upon discontinuation, clinical trials show.

Eplivanserin's developer, Sanofi-Aventis, is gearing up for the European launch of the drug in 2009 based upon favorable comments from the European drug agency. In addition, the company, which has funded three completed phase III clinical trials, is preparing to file for marketing approval in the United States and Canada, Pierre Gervais said at the annual American Psychiatric Association Institute on Psychiatric Services.

Eplivanserin is the furthest along in development of a new nonsedating drug class known as ASTARs, or Antagonists of Serotonin Two A Receptors. Many sleep disorder experts expect the ASTARs to take over a major chunk of the insomnia treatment market now dominated by zolpidem and other drugs acting on the γ-aminobutyric acid–A receptor, according to Mr. Gervais, a pharmacist at Q&T Research of Sherbrooke, Quebec, an independent clinical research firm hired by Sanofi-Aventis to participate in an eplivanserin trial.

He reported on a trial involving 351 adults with chronic insomnia who were randomized double blind to 4 weeks of either 1 mg or 5 mg of eplivanserin or placebo in the evening. The 5-mg dose, which is what will be marketed, resulted in a self-reported mean 39-minute reduction in the baseline 84-minute wake time after sleep onset. This was significantly greater than the mean 26-minute reduction with placebo.

Also, eplivanserin at 5 mg/day resulted in a 64% reduction in the number of nocturnal awakenings, compared with a 36% decrease with placebo. More eplivanserin-treated patients reported a significant improvement in the refreshing quality of sleep.

The side effect profile of eplivanserin essentially mimicked that of placebo. The exception was dry mouth, which was reported by 1.7% of the placebo group and 5.3% of patients on 5 mg/day of eplivanserin. The ASTAR was not associated with any next-morning drowsiness or difficulty in concentration. Nor did rebound insomnia occur in the week after discontinuing 4 weeks of eplivanserin. ■