variance, and although the responsibility scores did show a statistically significant difference in this test, this difference was only a slight one between the HIV-risk and wife-stabbing behaviors. In contrast, the three vignette conditions (mania, narcissistic personality disorder, heroin addiction) showed robust differences with respect to biological and psychological etiology and responsibility scores. It is based on these results that we were able to conclude that the vignette conditions, much more than the specific behaviors, determined the respondents' attributions.

Certainly, it is important to distinguish causality, responsibility, and blame in moral and legal reasoning (1). However, everyday reasoning often conflates and confounds these dimensions or uses them for strategic purposes (2), and it precisely this confusion that constitutes the problematic aspect of the persistent mind-brain dualism we find in clinical reasoning.

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Omega-3 Fatty Acids and Mood Disorders

TO THE EDITOR: We read with interest the article by Gordon Parker, M.D., Ph.D., D.Sc., F.R.A.N.Z.C.P., et al. on omega-3 fatty acids and mood disorders (1). Patients with mood disorder frequently use omega-3 fatty acids; therefore, it is important to review the available evidence. Although the epidemiological studies are very interesting from a theoretical point of view, the controlled clinical trials are crucial in clinical decision making.

It is from the clinical perspective that we want to make two remarks. First, we would like to point to two double-blind, placebo-controlled trials of the Stanley Foundation Bipolar Network (2, 3). In both studies, 6 grams of eicosapentaenoic acid were added to ongoing treatment. In the first study, 59 patients with an acute bipolar depression were treated with eicosapentaenoic acid or placebo. In the second study, 62 patients with a rapid cycling bipolar depression were treated with eicosapentaenoic acid or placebo. Both studies failed to show significant differences between eicosapentaenoic acid and placebo. Although these studies are only available as abstracts, they underscore that the efficacy of eicosapentaenoic acid in bipolar depression is not yet proven.

Second, the authors suggest several topics for further research. We would like to extend their elaborate list with one topic: possible side effects. Besides gastrointestinal complaints, which are common (4, 5), two other possible side effects should be taken into account. Omega-3 fatty acids influence glucose-metabolism, and this might lead to lower glucose blood levels. Additional controls in patients with diabetes mellitus type II are also indicated (4, 5). Furthermore, there is the theoretical possibility that omega-3 fatty acids may cause prolonged bleeding time. This may be a risk in patients using anticoagulants (4, 5). The use of selective serotonin reuptake inhibitors has also been found to increase the risk of gastrointestinal bleeding, especially when combined with the use of a nonsteroidal anti-inflammatory drug or aspirin (6), a combination that is frequently used by depressed patients. The effect of adding omega-3 fatty acids to the risk of gastrointestinal bleeding is unknown. Psychiatrists should be aware of the possibility of an increased risk.

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Dr. Parker Replies

TO THE EDITOR: We agree that eicosapentaenoic acid efficacy for bipolar depression remains unproven. Of the four published randomized-controlled trials and one open-label trial of omega-3, two were reviewed in our article. Subsequently, a 12-week, double-blind, placebo-controlled study of 1 or 2 g/day of add-on ethyl-eicosapentaenoic acid for bipolar depression has been published (1), reporting modest improvement in depression scores. As Drs. van Strater and Bouvy note, there have also been two negative clinical trials of 6 g/day of pure eicosapentaenoic acid for bipolar depression and for rapid cycling bipolar disorder—but published only as abstracts, reconciliation must be awaited.

We agree on the importance of identifying side effects, but since omega-3 supplementation has been researched for other conditions, much safety and side effect data are already available. Gastrointestinal complaints appear common, varying with quality and dose, but the American Heart Foundation (2) rates this side effect as very low for doses up to 1 g/day and moderate for high-dose (>3 g/day) supplementation.

Drs. van Strater and Bouvy raise questions regarding the possible effect of omega-3 on blood glucose levels in diabetic patients. However, a meta-analysis (3) of fish oil effects on glycemic control found no significant changes in HbA_{1c} percentages in diabetic patients. Fasting glucose levels were slightly