

Schizophrenia Spectrum: Color It Broad

Genetic studies of schizophrenia often cast a wide net, including diagnoses such as schizoaffective disorder and certain personality disorders. The genetic boundaries of this “schizophrenia spectrum” are still debated. Adopted children can help isolate genetic effects, and Tienari et al. (p. 1587) report a large adoption study of schizophrenia spectrum disorders in which genetic effects were disentangled from effects of the rearing family. Finnish hospital and adoption records were used to locate children given up for adoption by mothers hospitalized for schizophrenia itself or for spectrum disorders between 1960 and 1979. Followed up to a median age of 44, these adoptees had higher rates of both schizophrenia and schizotypal personality disorder than did comparison offspring adopted away by women without schizophrenia spectrum diagnoses. The overall “odd” cluster of personality disorders was also more common. Among offspring whose mothers had spectrum disorders other than schizophrenia, 25% had spectrum diagnoses in seven categories, and 9% had schizophrenia itself. These high rates across the spectrum confirm its usefulness in genetic studies of schizophrenia.



The Salpêtrière Hospital,
Images in Psychiatry (p. 1579)

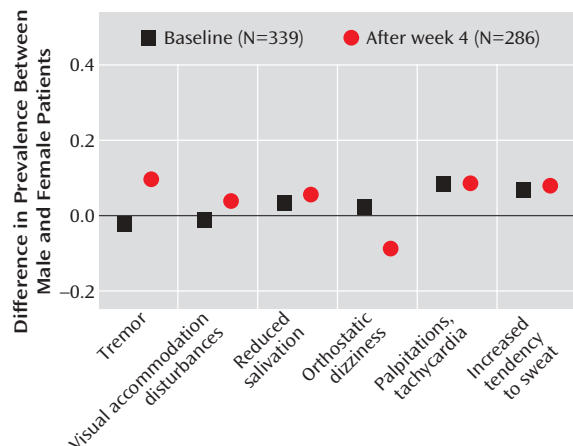
Smoking-Depression Affinity Clarified by 40-Year Trends

Smoking is common among patients with depression. Which starts first? A long-term study by Murphy et al. (p. 1663) provides suggestive information. Representative samples of people living in eastern Canada were selected and interviewed in 1952, 1970, and 1992. The overall prevalence of depression remained approximately the same (5.2%–5.7%), but the total prevalence of cigarette smoking rose from 41.9% to 46.4% and then fell to 32.1%. Only with the decline in smoking in 1992 was there a significant rela-

tionship between smoking and depression. Subjects who became depressed for the first time were more likely to continue smoking, start, or not quit than were subjects who were never depressed. Depression appeared to start first; there was no association between prior smoking and subsequent depression. Depressed people may be more willing to take risks, and there may be a payback in the form of “self-medication,” i.e., counteraction of unpleasant feelings.

Gender Differences in Antidepressants?

Depression is about twice as common among women as among men. Whether women and men respond differently to antidepressants is less clear. Hildebrandt et al. (p. 1643) combined data from three antidepressant trials and compared the effects on 196 women and 96 men of a tricyclic antidepressant (clomipramine), two selective serotonin reuptake inhibitors (citalopram and paroxetine), and a reversible inhibitor of monoamine oxidase (moclobemide). After 5 weeks, there was no significant difference between women and men in the rate of response to any of the antidepressants. Side effects and dropout rate also did not differ significantly, although the clomipramine plasma level was higher in the women. The discrepancy in gender effects between this study and earlier ones may be due to differences in depressive subtypes, as most of the patients in this study had melancholic depression.



Alcohol Screening Day Nets Benefits

The first National Alcohol Screening Day was April 8, 1999. Screening occurred at 499 college sites and 1,218 other community locations. Greenfield et al. (p. 1677) describe the participants and how they followed up when referred for treatment. Of the people screened, 43% had alcohol use scores consistent with hazardous drinking. Drinking problems were more severe in the participants at the noncollege community sites: 81% reached the threshold at which further evaluation and treatment were recommended, compared to 40% at the colleges. Of these people, 51% at community sites and 20% at college sites reported later that they had obtained follow-up assessment. Among those contacted, 22% reported that they had stopped drinking, and 41% said they had cut back. National Alcohol Screening Day is thus able to reach people with severe alcohol use disorders in the community and to raise awareness among large numbers of college students.

Upshot of 9/11 for Veterans With PTSD

Psychological distress was common after the terrorist attacks on the United States on Sept. 11, 2001. As people with preexisting posttraumatic stress disorder (PTSD) are especially vulnerable to increased stress after a new trauma, Rosenheck and Fontana (p. 1684) compared mental health visits by veterans with PTSD in the 6 months before and after Sept. 11. Surprisingly, there was no increase in visits to Department of Veterans Affairs outpatient facilities because of PTSD or other mental disorders, not even in New York City. Lack of an increase does not mean these veterans felt no additional distress. They may have experienced their responses as powerful and disturbing, but normal, reactions rather than exacerbations of psychopathology. The public sharing of emotions by individuals and in the media reinforced this perception and may have ameliorated distress.