

and economical point of view, we should use a name inspired by Paul Janssen. When asked during one of his lectures what he thought about the classification and name for the so-called atypical antipsychotic medications, he responded (as quoted from memory by the participants), "We do not know how to call these new antipsychotics because it is difficult to find their common denominator. They are called atypical, but I would rather say 'expensive' because that is what they have in common." They really are, compared to the typical (a.k.a. "cheap") antipsychotics.

#### Reference

1. Lohr JB, Braff DL: The value of referring to recently introduced antipsychotics as "second generation" (editorial). *Am J Psychiatry* 2003; 160:1371-1372

RICHARD BALON, M.D.  
*Detroit, Mich.*

#### Dr. Lohr Replies

TO THE EDITOR: Dr. Balon, although not in favor of the term "atypical antipsychotics," also questions the use of the term "second generation" for several reasons: primary issues of what the medications have in common and how they differ from previous medications. The newer antipsychotic medications (clozapine can also be considered newer than previous medications) do share a number of features, however, especially their reduced propensity to cause extrapyramidal side effects, which is shared by risperidone. So we believe that these medications do merit being associated with one another and differentiated from previous antipsychotic drugs.

Drawing a parallel with antidepressants, we believe, is confusing because antidepressants have long been named for their putative mechanism of action (such as monoamine oxidase inhibitors or selective serotonin reuptake inhibitors) or by their chemical structure. Unfortunately for antipsychotic medications, the chemical structures vary widely, and the mechanisms of action are largely unknown. Although the term "serotonin-dopamine antagonists" has been used, it is not clear to what extent serotonin antagonism contributes to the specific effects and side effects of these drugs. Also, we are not sure whether Dr. Balon is assuming that in psychiatry there is some underlying resistance to using terminology that is commonly used in other medical disciplines, but in our experience, the term "second generation" is becoming more widely used and accepted.

Finally, Dr. Balon's criticism would be more persuasive if he could suggest a better alternative since he has problems with both "atypical" and "second generation." We assume that his suggestion about terming the newer medications "expensive" as opposed to "cheap" is made in jest.

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#### Violent Behavior Among Colombian Adolescents

TO THE EDITOR: The potential benefits of cross-national research are numerous. Some of these include the establishment of universality of causes, identification of unique or dissimilar effects in various times and places, and guidance for interventions that have a broad range of applicability. David

W. Brook, M.D., et al. (1) provided initial evidence of multi-level influences on violent behavior in a large sample (N=2,837) of Colombian adolescents. Although their findings indicate independent effects from personality, peer, familial, and ecological domains, prior violent victimization was the variable most associated with violent behavior. Broadly, these findings are consistent with prior research assessing correlates of violent behavior among adolescents in U.S. samples. Of note, and what is most problematic, is that relatively little is known about the prevalence, nature, and trajectory of violent behavior among children and adolescents globally. Dr. Brook and colleagues contribute to the nascent storehouse of data on cross-national violence.

Their analyses, however, are subject to several limitations that possess implications for future cross-sectional research. First, rather than the six-item measure employed in the present study that collected simple frequency data on only a few types of violent behaviors, instruments deployed in future studies should gather information on the unfolding nature, variety, temporal ordering, and precipitating events that surround violent encounters. Second, because of ample heterogeneity among adolescents who report violent behavior, examining similarities and differences in frequency data across the range of risk factors on typologies of violence and on categories of youth who report no, low, and high rates of violent behavior would be illuminating. Taken together, these suggestions would supply practically useful information as well as generate a rich set of testable hypotheses that can be linked to an array of theoretically meaningful propositions. Finally, given that data collected in this study were based solely on adolescent self-reporting, assessment items regarding deviant responding and/or social desirability might have facilitated a useful check on respondent validity.

#### Reference

1. Brook DW, Brook JS, Rosen Z, De la Rosa M, Montoya ID, Whitman M: Early risk factors for violence in Colombian adolescents. *Am J Psychiatry* 2003; 160:1470-1478

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#### Dr. Brook and Colleagues Reply

TO THE EDITOR: We appreciate Mr. Vaughn's comment that our research contributes to furthering the understanding of cross-cultural factors related to adolescent violence. We agree with this comment, and we noted in our research report that future investigations should include "multiple measures of violent activity and other scales with known associations to juvenile violence" (p. 1476). In addition, this would enable researchers to examine factors related to different typologies of violent behavior. Mr. Vaughn suggests that the analyses should be conducted with control on a measure of social desirability. In response to his suggestion, we reexamined the relationships between violent behaviors and the personality, family, peer, and ecological factors studied with control on a measure of social desirability. The findings were not appreciably different from those reported in our research report. This reanalysis enhances our conclusion that both internal and external factors are important predictors of violent behaviors.

In summary, Colombia is a society whose cultural and contextual environment differs greatly from that of the United