The training, experience, prestige, and power of child psychiatry seem wasted when all of practice is reduced to diagnosis and medication. The role of the child psychiatrist in influencing children, parents, schools, and communities is paramount. Why does it seem that we are more ready to intervene in the environment of the synapse than in the environment of the child? The controversy over SSRIs and children's depression should give us pause to consider "effective" treatments and our own roles in providing them.

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Defining "Health Correlates" in Recreational Gambling

TO THE EDITOR: As a clinician and researcher who is interested in the effects of gambling in later life, I wish to comment on the recent article by Rani A. Desai, Ph.D., M.P.H., et al. (1). The authors examined data collected in 1998 by the National Opinion Research Center. The instrument used was the Gambling Impact and Behavior Study Survey, which is designed to measure gambling behavior and the impact of gambling behavior on selected psychosocial issues. For example, questions on this instrument refer to the number of times an individual has gambled at a casino, how far the person traveled to the casino, how much time was spent there, the type of game played, the amount of money spent, and the amount of money either lost or won at the end of the day. Gambling in lotteries and small business settings and pari-mutuel betting are assessed with similar questions. There are also questions that would indicate problem gambling behavior, such as did you gamble more than you intended? Have you tried to stop, cut down, or control gambling? And are there problems in relationships because of gambling? To further assess the impact, there are questions about legal issues, such as were arguments emotionally harmful? Did an argument ever become physical? And have you ever been arrested?

The abstract of the article states that "recreational gambling in older adults is not associated with negative measures of health and well-being" (p. 1672) when compared with younger adults. This finding is misleading in that Table 2 reports that older adult recreational gamblers have higher rates of past-year alcohol use, abuse, lifetime depression, lifetime incarceration, and lifetime bankruptcy than nongamblers in their age group. Younger adults as well experience higher rates of past-year alcohol use, abuse, lifetime depression, lifetime incarceration, and lifetime bankruptcy than nongamblers in their age group. It appears that gamblers of all ages experience negative measures of health; however, the severity is greater for the younger adult population.

Additionally, there is a limitation that perhaps should have been noted. There is only one question in the 178-question survey that asks respondents to describe their general health. Since "the objective of this study was to identify health and well-being correlates of past-year recreational gambling in adults age 65 years and older, compared to adults age 18–64 years" (p. 1672), a more comprehensive instrument specifically designed to measure general health status could have been employed. The *Handbook of Psychiatric Measures* (2) offers the Short Form-36 Health Survey and the Duke Health Profile as examples. In summary, because of the actual and potential negative consequences associated with recreational gambling among older adults, findings need to be reported cautiously and comprehensively.

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Dr. Desai and Colleagues Reply

TO THE EDITOR: We appreciate Dr. Kerber's thoughtful comments regarding our article on older adult gambling. We share Dr. Kerber's concern that findings should "be reported cautiously and comprehensively" and welcome the opportunity to clarify aspects of our study.

As Dr. Kerber notes, we reported that recreational gambling "is not associated with negative measures of health and well-being." Dr. Kerber asserts that this statement is "misleading," citing findings in Table 2. She states that higher rates of past-year alcohol use and abuse, lifetime depression, lifetime incarceration, and lifetime bankruptcy are seen in the comparison between older adult gamblers and nongamblers. We disagree with her interpretation. Although the absolute proportions of older adult gamblers acknowledging these measures are higher than the corresponding proportions of older adult nongamblers acknowledging them, the between-group differences are not statistically different except for the comparison involving past-year alcohol use. In fact, for past-year alcohol abuse, the adjusted odds ratio is less than 1. Because alcohol consumption can have beneficial effects (e.g., cardioprotection), the finding of an elevated odds ratio between older adult gamblers and nongamblers for past-year alcohol use does not necessarily represent an association between recreational gambling and a negative health measure.

A limitation of the study that we cited in the original report involves the relatively small sample of older adults compared to the larger sample of younger adults. As such, there is less statistical power in the study to detect between-group differences in comparisons of older adult gamblers and nongamblers relative to comparisons of younger adult gamblers and