2. Neale MC, Kendler KS: Models of comorbidity for multifactorial disorders. Am J Hum Genet 1995; 57:935–953

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Suicide Risk in Placebo-Controlled Trials of Bipolar Disorder

TO THE EDITOR: Jitschak G. Storosum, M.D., Ph.D., and colleagues (1) addressed the important issue of placebo-controlled trials of bipolar disorder and noted that there are ethical problems in using placebo when effective treatments are available, particularly when there is a risk of suicidal behavior. They noted in the abstract that concern about the risk of suicidal behavior "should not be an argument against the conduct of placebo-controlled trials for these indications, provided that appropriate precautions are taken" (p. 799). However, is such a conclusion scientifically credible, logical, or, indeed, ethical when seven of 11 studies examining the treatment of manic episodes and all four studies of the prevention of manic/depressive episodes excluded suicidal patients? Perhaps "appropriate precautions" implies not including those who are suicidal, which—contrary to the assertion in the authors' conclusion—seems to indicate that there is concern about the risk of suicidal behavior in such placebo-controlled trials.

Reference

1. Storosum JG, Wohlfarth T, Gispen-de Wied CC, Linszen DH, Gersons BPR, van Zwieten BJ, van den Brink W: Suicide risk in placebo-controlled trials of treatment for acute manic episode and prevention of manic-depressive episode. Am J Psychiatry 2005; 162:799–802

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Dr. Storosum and Colleagues Reply

TO THE EDITOR: We agree with Dr. Goldney that in bipolar disorder there is an increased risk of suicidal behavior (1). We investigated only whether there is a greater risk of suicide in the placebo arms of placebo-controlled studies than in the active arms, and we found no difference between the two conditions.

Dr. Goldney would like us to clarify the meaning of "appropriate precautions" and asks whether this implies the exclusion of those who are suicidal. Indeed, in most studies, suicidal patients are explicitly excluded. However, this is not the meaning of "appropriate precautions." By "appropriate precautions," we mean the usual precautions that are taken before and/or during the studies (the inclusion and exclusion criteria, careful monitoring, etc.). When these appropriate precautions are taken, we have shown that concern about the risk of suicidal behavior is not an argument against the conduct of placebo-controlled trials for these indications. This conclusion is evidenced based and therefore credible, logical, and, indeed, ethical.

Reference

1. Tondo L, Isacsson G, Baldessarini RJ: Suicidal behaviour in bipolar disorder: risk and prevention. CNS Drugs 2003; 17:491–511

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New Mnemonic for Depressive Symptoms

TO THE EDITOR: We wish to communicate a critical concern pertaining to psychiatric training and to the practice of psychiatry. Within the United States, there is a widely accepted standard mnemonic device that is proposed to aid clinicians in recalling and assessing the presence of the symptoms of a major depressive episode as enumerated in DSM-IV. This alphabetic mnemonic, "SIGECAPS," is presumably often promulgated in the teaching/training curricula of psychiatry and other disciplines (1).

With the increasing and appropriate recognition of the ubiquity of major depression in general and clinical populations (2), we might extrapolate that the mnemonic SIGECAPS pervades the knowledge base accepted among professionals within the vast fields of medicine, psychology, and social science (3). SIGECAPS stands for **S**leep disturbance, **I**nterest (diminished), **G**uilt or feeling worthless, **E**nergy (loss), **C**oncentration difficulties or indecisiveness, **A**ppetite abnormality or weight change, **P**sychomotor retardation or agitation, and **S**uicide or death (acts or thoughts of).

The relevance of identifying and monitoring the progression of the symptoms of major depression is scientifically sound and nearly universally granted among mental health practitioners. As such, it will not require elaboration here.

The mnemonic SIGECAPS, although phenomenologically accurate and routinely applied, is not without significant shortcomings. It is our opinion that phonologically, heuristically, and aesthetically, this acronym is less than ideal for meaningful assimilation and practical application by students and practitioners within the multifarious disciplines pertaining to human behavior. Furthermore, the repetition of the letter "S" in the acronym, to represent both sleep disturbance and suicidal ideation, would appear to diminish the ease of remembering which symptom the "S" is intended to stand for in each instance.

We propose an alternative mnemonic: "C GASP DIE." While it is equally accurate and at least as practical, we believe it to be superior to the conventional SIGECAPS in its connotations of the morbidity/mortality of major depression, its resultant ease of recollection, and its subjective aesthetic appeal. C GASP DIE stands for **C**oncentration difficulties or indecisiveness, **G**uilt or feeling worthless, **A**ppetite abnormality or weight change, **S**leep disturbance, **P**sychomotor retardation or agitation, **D**eath or suicide (thoughts or acts of), **I**nterest (diminished), and **E**nergy (loss).

It is our hope that educators and opinion leaders within the fields we mention will consider adopting the new acronym, "C GASP DIE," for its speculatively superior qualities pertain-