

inclusion waiting list comparison patients than in later-inclusion waiting list comparison patients.

The other issue on which Dr. Scheeringa comments is the sentence in our discussion section in which we concluded that our results further supported recommendations in two recently developed practice guidelines that for patients with a severe initial traumatic response, brief trauma-focused CBT may speed recovery and prevent PTSD if treatment begins 2 to 3 weeks after trauma exposure (1, 2). We believe that our results supported this recommendation, since we not only found early CBT to be more efficacious than late CBT, but also that CBT was more efficacious in patients with a comorbid major depression, which may indicate a more severe post-traumatic response.

Finally, as in our article, we would like to reemphasize that these results stem from exploratory subgroup analysis, which means that they should be interpreted with restraint. At best, they should tempt researchers to design new studies to test the hypotheses derived from these analyses, but they should not lead to changes in clinical practice (3).

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MARIT SIJBRANDIJ, PH.D.
MIRANDA OLFF, PH.D.
Amsterdam, the Netherlands

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The Relationship Between Obesity and Drug Use

TO THE EDITOR: The article by Melissa A. Kalarchian, Ph.D., et al. (1), published in the February 2007 issue of the *Journal*, reported that there is a prevalence of DSM-IV psychiatric disorders among bariatric surgery candidates, which is associated with greater obesity. The authors noted a “striking” discrepancy between lifetime substance use disorders (32.6%) compared with current use disorders (1.7%). They suggested a potential underreporting to explain the difference, but they also suggested an inverse relationship between overeating and drug use, citing the study by Volkow and Wise (2) on food- and drug-reward systems in the brain.

Our work is consistent with the latter suggestion of foods and drugs competing for reward sites in the brain. Overeating and obesity may in fact act as protective factors against drug reward and addiction. In similar patient populations, we

found an inverse linear relationship between obesity and alcohol use (3). Additionally, as body mass index increased, the percentage of women who consumed alcohol in the past year decreased significantly. Similarly, as body mass index increased, the percentage of women who used marijuana in the past year significantly decreased (4). These findings are particularly interesting with the facts that alcohol and marijuana act as appetite stimulants in the acute intoxication setting.

The relationship between foods and drugs in the brain in competition for reward is complex. Hypothesis-driven research should be conducted in this area to explore possibilities for combating obesity and drug addiction.

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MATTHEW W. WARREN, PH.D.
MARK S. GOLD, M.D.
Gainesville, Fla.

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Drs. Kalarchian and Marcus Reply

TO THE EDITOR: The similarities and differences between aberrant eating and addiction have been debated for many years (1). As noted, recent work on the neurocircuitry of reward systems has stimulated new thinking on the potential commonalities in the biobehavioral impact of foods and drugs (2).

The studies by Drs. Warren, Gold, and colleagues that reported an inverse relationship between body mass index and alcohol (3) and marijuana (4) consumption appear to be consistent with the hypothesis that overeating and obesity may act as protective factors against addiction. However, the studies mentioned are restricted to chart reviews of substance use among obese, female weight-management patients. Additional research, including prospective studies of diverse, community-based cohorts, with research assessments of body weight, eating behavior, and patterns of substance use and abuse, is needed to evaluate this hypothesis fully.

Although our recently published article did not address this issue directly, we concurred that the possibilities for combating obesity and drug addiction with similar or overlapping strategies warrant further exploration. However, even if obesity and drug addiction share a common developmental vulnerability, effective treatments for obesity and addiction may differ.