ferentiated between patients with generalized anxiety disorder and a group of patients suffering from depressive and/or other anxiety disorders (5). As suggested by Dr. Koerner et al., HAM-A indeed showed a significant correlation (r=0.46, p<0.001) with depression (Beck Depression Inventory) in the total sample of patients with generalized anxiety disorder in our study (N=57) (1). However, this was true for the worry questionnaire and trait anxiety inventory as well, with correlations that may be even higher (r=0.55, p<0.001 and r=0.76, p<0.001, respectively).

Thus, the superiority of CBT to short-term psychodynamic psychotherapy regarding worry (worry questionnaire and, perhaps, trait anxiety inventory), which we reported, may reflect the affinity of anxiety and depression in terms of worrying and rumination. These cognitive aspects of worrying and rumination are primarily addressed by CBT but not by short-term psychodynamic psychotherapy. This is consistent with our finding that CBT was also superior to short-term psychodynamic psychotherapy with regard to the reduction of depression as measured by the Beck inventory. In our article, we suggested that the outcome of short-term psychodynamic psychotherapy in generalized anxiety disorder may be further optimized by employing a stronger focus on the process of worrying.

More in general, it may be critically discussed whether the definition of generalized anxiety disorder as an anxiety disorder should be primarily based on cognitive aspects neglecting the emotional and somatic aspects of anxiety. Stein (6) suggested viewing generalized anxiety disorder as a set of psychobiological dysfunctions that manifest as a matrix of anxious-somatic or anxious-somatic-depressive symptoms.

Dr. Koerner et al. regard HAM-A as problematic—that it is an observer-rated instrument and may therefore be related to allegiance effects and other related factors that can influence results. However, in our study, HAM-A was applied by trained raters blind to the treatment conditions. For this reason, allegiance effects and other related factors were controlled for in the analyses.

We are pleased to see the use of HAM-A being critically discussed. However, we would be content to see this discussion not only applied to studies of psychotherapy but to studies of pharmacotherapy as well.

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Reducing Binge Drinking Harm in Middle-Aged and Elderly Adults

To the Editor: In their article, published in the October 2009 issue of the *Journal*, Dan G. Blazer, M.D., Ph.D., and Li-Tzy Wu, Sc.D., demonstrated that more than 14% of men and 3% of women in the ≥65-year-old age group reported binge drinking (1). Therefore, alcohol binge drinking among middle-aged and elderly adults seems to be of public health concern, as concluded by the authors.

Binge drinking is characterized by the consumption of alcohol leading to intoxication (drinking to get drunk), often measured as having more than five drinks on the same occasion (2). The costs of this drinking pattern include increased risk for numerous acute adverse health and social events (e.g., unintentional and intentional injuries, high blood pressure, stroke and other cardiovascular diseases, liver disease, neurological damage, poor control of diabetes) (1, 3). These health costs may be particularly aggravated by a binge pattern of alcohol drinking in later life when natural body defenses decrease.

It is well known that individuals who binge drink may benefit from screening for substance use and brief intervention or counseling as appropriate (1). However, binge drinking behaviors in middle-aged and elderly adults may be easily missed in clinical settings because these individuals often do not report overt stress at the time of the interview, self-reports are subject to a variety of biases associated with memory errors and underreporting (i.e., cognitive impairment and dementia risks increase with age), and individuals who suffer from severe health problems associated with alcohol drinking (e.g., psychiatric) are often unlikely and/or unable to attend interview/brief interventions (1). Moreover, the CAGE questionnaire, which is frequently used to screen for alcohol problems, is of little value in identifying individuals who binge drink (1).

In young people, inadequate detection by alcohol abuse markers has been reported (most likely as a result of the effect of relatively light drinking and rapid normalization of elevated markers), and thus the use of questionnaires has been found to be superior for alcohol abuse screening in this population (2, 4). In older adults, the sensitivity of biomarkers in the detection of alcohol abuse is generally much greater than that for young persons (4). Hence, feedback given to the older binge drinker on the basis of potential biomarker levels may be important for the prevention of binge drinking in this age group. However, this issue requires further research.

The burden and health costs associated with binge drinking among middle-aged and elderly adults seem to be an alarming public health issue. Therefore, the problem of binge drinking among older adults indicates the need for strengthened global prevention.

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Drs. Blazer and Wu Reply

TO THE EDITOR: We appreciate the comments of Drs. Waszkiewicz and Szulc. They mention the public health concerns that we underscored in our article. We would like to address two of the issues they point out. First, the limitations of usual screening instruments, such as CAGE, could lead to missed cases of binge drinking in middle-aged and older adults. We do believe that one or two questions specifically directed to patients about multiple drinking during a short period of time may disclose binge drinking. Family members may also provide information, either spontaneously or when asked to further identify these cases. Second, the use of biomarkers is an interesting proposition. It should, as the authors suggest, be researched further. Yet in this era of cost containment, simple questioning of our patients remains the most effective and cost-effective means for identifying binge drinking.

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Correction

In the article "Overgeneralization of Conditioned Fear as a Pathogenic Marker of Panic Disorder" by Lissek et al. (published online November 16, 2009; doi: 10.1176/appi.ajp.2009.09030410), a data point was missing from one of the graphs in Figure 2. A corrected version of the article was posted on November 17, 2009. This change has been made for the article's print appearance in the January 2010 issue and for its online posting as part of that issue.

In the December 2009 Book Forum, the review of "Au Revoir to All That: Food, Wine, and the End of France" contained a parenthetical statement that the book's author, Michael Steinberger, left the publication Wine Spectator "under a cloud," suggesting that his employment with the publication was terminated. In December 2002, Mr. Steinberger wrote an article for Slate about the Wine Spectator's annual Top 100 issue to which the Spectator's editor took exception, resulting in an exchange of letters published by Slate. Previously, Mr. Steinberger had contributed two articles to Wine Spectator but was never employed on its staff.