

search account. All other authors report no financial relationships with commercial interests.

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Response to Khandaker et al. Letter

TO THE EDITOR: Dr. Khandaker et al. mention that the development of manic symptoms in the patient, which occurred after oseltamivir use, may have been a red herring in the causation. This would be difficult to conclude, since she experienced only mild upper respiratory symptoms and fever for 1 day and the fever subsided before the start of oseltamivir and onset of manic symptoms. However, she and her parents could note that there was a marked change in her personality, with elated mood, after taking oseltamivir. A previous case series showed that neuropsychiatric adverse events after oseltamivir use may start on the first day of treatment (1). The close temporal relationship between the onset of manic symptoms and the use of oseltamivir in our patient, with relatively mild upper respiratory symptoms and fever that subsided before the onset of mania, suggests that oseltamivir-induced mania was a more likely diagnosis.

Regarding the genetic difference, it has been suggested that a nonsynonymous single nucleotide polymorphism in human cytosolic sialidase is more prevalent in Asian populations.

This polymorphism affects the activity of sialidase, which may cause neuropsychiatric adverse events in patients receiving oseltamivir (2). This may account for the observation that the majority of cases were reported in Japan.

Both oseltamivir and influenza have been reported to be associated with the development of neuropsychiatric events (3–5). Moreover, fatal neuropsychiatric adverse reactions after oseltamivir use have been reported (1). The aim of our case report was to encourage vigilant monitoring of the mental state of patients after using oseltamivir until we have a better understanding about the properties of this drug.

References

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Corrections

At the time the article “The Role of a Prescription in Anxiety Medication Use, Abuse, and Dependence,” by Miriam C. Fenton et al., was published online on July 1, 2010 (doi: 10.1176/appi.ajp.2010.09081132), the second sentence in the Results section misreported percentages from Table 1. The sentence should have read as follows:

“As shown in Table 1, 16.0% of that subgroup reported lifetime nonmedical use and 4.6% reported abuse of or dependence on these drugs.”

This change was made for the online posting on August 4, 2010, and has been made for the article's print appearance in the October 2010 issue.

In the article “Early Expression of Negative/Disorganized Symptoms Predicting Psychotic Experiences and Subsequent Clinical Psychosis: A 10-Year Study” by Maria-de-Gracia Dominguez, M.D., et al. (published online July 15, 2010; doi: 10.1176/appi.ajp.2010.09060883), the middle name of the second author, Meram Can Saka, M.D., was lowercased, which could lead to indexes mistakenly including it as part of the surname. This has been corrected for the article's print appearance in the September 2010 issue and for its online posting as part of that issue, replacing the article posted July 15. The correct citation for the article is as follows:

Dominguez MDG, Saka MC, Lieb R, Wittchen H-U, van Os J: Early expression of negative/disorganized symptoms predicting psychotic experiences and subsequent clinical psychosis: a 10-year study. *Am J Psychiatry* 2010; 167:1075–1082

Clarification: In response to the review of his book in the March 2010 issue (Sederer L: Book Review: Treating the “Untreatable”: Healing in the Realms of Madness. *Am J Psychiatry* 2010; 167:356–357), Dr. Steinman wishes to clarify that his book advocates the judicious use of antipsychotic medication in the treatment of patients who are delusional or have schizophrenia.