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Response to Vieweg and Hasnain Letter

To the Editor: We appreciate the interest of Drs. Vieweg and Hasnain in our work and the opportunity to be explicit about what the goal of our study was. Drs. Vieweg and Hasnain are concerned that our data may be misconstrued, claiming that we "may have inferred conclusions about ziprasidone and QTc interval prolongation that are not supported by the data." However, as indicated in our title and throughout the article (1), our goal was to look at comparative rates of nonsuicide mortality. The conclusion of our abstract is explicit: "the study was neither powered nor designed to examine the risk of rare events like torsade de pointes." The article ends with the following:

> However, this study was not powered to examine the risk of an extremely rare event like torsade de pointes, which would have required a sample size that was orders of magnitude larger than the 18,154 patients examined in ZODIAC and would have required intensive and prolonged cardiac monitoring, which would have been at odds with the study's goal of adhering to routine clinical care.

Thus, we were not studying QTc prolongation and indeed did not even measure it. There has never been any question that ziprasidone prolongs QTc, based on Pfizer's clinical data (2). Our goal was to see whether that led to an increase in nonsuicide mortality.

Finally, Drs. Vieweg and Hasnain propose looking at case reports as a way to answer the question they pose, referencing two that they published. While case reports have their place in studying adverse drug reactions (3, 4), they could not have answered the question we were addressing. Furthermore, it is important to keep in mind their substantial limitations. As has often been stated, "The plural of anecdote is not data."

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Asenapine for the Treatment of Stuttering: An Analysis of Three Cases

To the Editor: Stuttering is a disturbance in the fluency and time patterning of speech that affects 1% of the total population (1) and may be related to excess dopamine activity (2). Dopamine antagonist antipsychotic medications have been shown to be beneficial for the treatment of stuttering (3); however, a major side effect of many agents in this class is metabolic syndrome with associated weight gain (4). Asenapine is a new atypical antipsychotic associated with less weight gain than other atypical antipsychotic medications (5). We report three cases of adults with stuttering who responded well to asenapine with good tolerability.

Case Reports

"Mr. M" is a 20-year-old man with moderate stuttering. At a treatment dosage of 5 mg of asenapine per day, the patient had a 60% improvement in his fluency as assessed by the Clinical Global Impressions (CGI-I) improvement subscale (6). After 5 months, the patient gained approximately 10 lbs and experienced mild sedation, but otherwise he tolerated the medication well.

"Mr. D" is a 45-year-old man with moderate stuttering. At a treatment dosage of 5 mg of asenapine per day, he experienced a 60% improvement in speech (much improvement on the CGI-I). While taking the medication, the patient noted increased irritability and sedation. He experienced no weight gain or appetite increase.

"Mr. A" is a 19-year-old man with moderate stuttering since he was 3 years old. At a treatment dosage of 10 mg of asenapine per day, his fluency increased approximately 75% (much improvement on the CGI-I). The patient tolerated asenapine well.

Discussion

In each of these cases, 5–10 mg/day of asenapine was associated with improved fluency. The most common side effect was sedation. One patient reported a 10-lb weight increase, but the other two experienced none. All patients presented to our clinic for stuttering treatment, and no formal measures of fluency were taken. These case reports suggest that asenapine may be an effective and well-tolerated medication for the treatment of stuttering. However, research using randomized placebo-controlled trials is warranted to further investigate asenapine in stuttering.

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Reprints are not available; however, Letters to the Editor can be downloaded at http://ajp.psychiatryonline.org.

Corrections

When the article by Pim Cuijpers, Ph.D., et al. ("Interpersonal Psychotherapy for Depression: A Meta-Analysis") was posted online March 1, 2011, Figure 2 was not included. Figure 2 has been restored for this article's appearance in the June 2011 issue and for its online posting as part of the issue.

The April 2011 CME course on the article "Effectiveness of Mental Health Screening and Coordination of In-Theater Care Prior to Deployment to Iraq: A Cohort Study" by Christopher H. Warner et al. (Am J Psychiatry 2011; 168:378-385) indicated that an incorrect response was the correct answer for question 2. The course was taken down and replaced with a course in which the appropriate option was listed as the correct answer.

Individuals who took this course between when it was first posted on April 1, 2011, and May 18, 2011, when the course was replaced, may retake the course so that their performance is accurately reflected.