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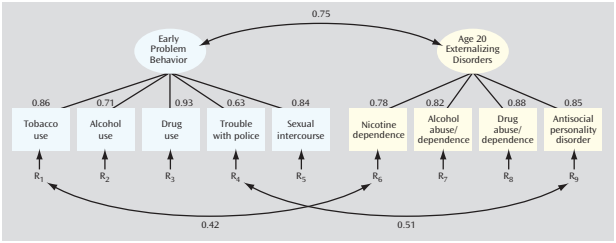
Conduct and Conductance

Melancholia
Images in Psychiatry (p. 1066)

Antisocial behavior by young adults is more likely for those who had a diagnosis of conduct disorder as children, particularly if they also had attention deficit hyperactivity disorder (ADHD). Biologically, antisocial behavior is predicted by blunted physiological responses to stimuli. Are these two predictors directly related? Herpertz et al. (p. 1100) measured the change in electrical skin conductance in response to pleasant, neutral, and unpleasant pictures in 8–13-year-old boys with conduct disorder, boys with ADHD, boys with both conditions, and healthy boys. Both groups of boys with conduct disorder showed less physiological response than the ADHD-only and healthy boys, regardless of the type of picture. This hyporesponsiveness suggests a problem in cognitive-emotional associations among children with conduct disorder. The boys' own assessments of their emotional responses were misleading, since these measures showed differences for the conduct disorder groups only on the unpleasant pictures.

Teens' Problem Behaviors Predict Same, and Other, Adult Disorders

It is not surprising that adolescents who begin using alcohol before age 15 are more likely to be alcoholics as adults. McGue and Iacono (p. 1118) have also discovered that teens' alcohol use portends other disorders in adulthood and that the same is true for other adolescent behaviors. They questioned over 1,000 17-year-olds about their experience with tobacco, alcohol, police contact, illicit substances, and sexual intercourse. Interviews at age 20 were used to diagnose nicotine dependence, alcohol misuse, drug misuse, antisocial personality disorder, and major depressive disorder. Each of the five teen problem behaviors increased the risk for each of the five adult diagnoses. The relationships were similar for males and females. The likelihood of the adult disorders was especially high for teens who had four or five problem behaviors before age 15.



Treating Subthreshold Depression

Even people whose depressive symptoms do not qualify for a diagnosis of depressive disorder suffer considerable hardship and impaired functioning. Primary care patients with subthreshold depression were included in a large study comparing usual care for depression with two interventions that provided clinics with resources to improve patient and provider decision making and use of evidence-based treatments: one included training of local therapists in cognitive behavior therapy, while the other trained nurses to assist with medication management. Wells et al. (p. 1149) report outcomes 5 years later. Compared to patients with subthreshold depression in usual care clinics, those in clinics receiving therapy resources were less likely to have probable depressive disorder or untreated depression and to have made a recent primary care visit for mental health problems, and patients in clinics assigned to medication support were less likely to have recently consulted a mental health specialist. Ethnic groups varied in which intervention reduced primary care visits for mental health reasons: for whites it was the medication support intervention, and for African Americans and Latinos it was the intervention supporting cognitive behavior therapy.

Computer-Assisted Therapy

Cognitive therapy is an effective treatment for depression, but there are not enough therapists to go around. A computer program using audio, video, graphics, and checklists now appears able to shoulder part of the load. Wright et al. (p. 1158) present results for patients with major depression who had one full session with a cognitive therapist and then eight sessions divided between the therapist and the computer. This treatment was contrasted with nine sessions of standard cognitive therapy and with a wait list control condition. Computer-assisted cognitive therapy and standard cognitive therapy were both superior to the control condition and were similar to each other. With both, the improvement in depression was maintained at 6 months. The computer-assisted method even produced greater reductions in negative beliefs and greater understanding of the cognitive approach than did standard cognitive therapy.

Terrorism Provides PTSD Lessons

Traumatic acts intentionally inflicted on others may produce worse reactions in victims than do impersonal traumatic events. Shalev and Freedman (p. 1188) found that the rate of posttraumatic stress disorder (PTSD) at 4 months was twice as high among Israeli victims of terrorist attacks (38%) as among survivors of motor vehicle accidents (18%). High rates occurred during both a period of sporadic attacks and an era of frequent attacks. The development of PTSD was predicted by an especially intense initial response—high heart rate, peritraumatic dissociation, and early PTSD symptoms—in victims of both terrorism and car accidents. Over the first 4 months, symptoms improved at similar rates in the two groups. Since everyday traumatic events may generate more cases of PTSD than terrorism, learning to prevent PTSD in these patients might provide lessons for dealing with the psychological effects of terrorism.