The omission of nonsmokers from our analysis was intentional. This group was not included because we wished to examine a dose-response relationship (in durations of smoking and of abstinence). Including nonsmokers in this case would bias the dose-response relationship (2) because of a different case-control ratio among lifetime nonsmokers [see Table 2 in the online supplement]. An interesting question is whether among people who die violently, lifetime smoking is associated with death from suicide (rather than from homicide or accident). We performed this analysis and entered lifetime smoking and depressive symptoms as independent variables. The analysis indicated that both variables significantly predicted suicide among males [see online Table 3]. Therefore, the possibility remains that smoking makes a residual contribution to suicide, as other recent studies have indicated (3,4). The absence of a causal association between smoking and depression in studies using Mendelian randomization (5) does not contradict our result. What is implied by our study is precisely that smoking has an association with suicide independent of depression. Collectively, our results do not prove causation, but ruling it out on the basis of parsimony seems, in our opinion, to be premature.

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Medications for Maltreated Children: Wrong Conclusions?

TO THE EDITOR: The authors of the article about Medicaid expenditures on psychotropic medication for maltreated children in the December issue drew the wrong conclusion (1). The finding that mood stabilizers and antidepressants were overprescribed for children and adolescents with a history of abuse is most likely a result of the unavailability and underprescribing of evidence-based psychotherapy. For this reason, any cost savings from a reduction in the use of antidepressants will result in less or no treatment for this population, which is anathema to health care goals.

Instead of wasting the time of patients' psychiatrists by requiring them to conduct drug reviews—a requirement that essentially treats them as medical students—we should transfer any Medicaid cost savings from reducing drug use to psychotherapy services, start prescribing and delivering such services, and monitoring their outcomes.

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Medications for Maltreated Children: Wrong Conclusions? In Reply

IN REPLY: We respectfully disagree with Dr. Masters' characterization of our study. In the article, we merely reported the pharmacological drivers of Medicaid expenditures in our sample, and we were careful to distance our results from any language that implies clinical appropriateness. "Overprescribing" is predicated on a clinical conclusion about the quality of care. As services researchers, we cannot discuss appropriateness because we lacked clinical information about our participants that would have permitted us to make such statements. The fact that there was increased spending on antidepressants and antimanic drugs is a pharmacoeconomic fact that is based on our data; it should not be interpreted as evidence of inappropriate use of these drugs.

The fact remains that Medicaid agencies experience considerable pressure to contain their spending, and drug spending has been a target of cost containment since the 1970s. Dr. Masters is right to emphasize the need for better forms of cost containment; many cost containment efforts have indeed produced mixed results (1,2). The statement in our article about "Focusing quality improvement and prior authorization programs . . .", in context, was merely meant to suggest targets for such efforts, given that cost containment programs exist in all Medicaid programs. It was not an endorsement of any approach to cost containment. That would be a separate study.

We also agree with Dr. Masters' call to enhance the full array of biobehavioral and psychosocial interventions for vulnerable children, and we have made this exact point in prior work (3). The last thing that child mental health services researchers would wish for is a reduction in resources to serve needy children. We fully endorse the need to devote greater resources to the care of such children, and we thank Dr. Masters for drawing our collective attention to this important issue.

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