

This Month's Highlights

◆ Focus on Affective Disorders: Medications

This month's issue features 12 reports of current research on major depression and bipolar disorder. Seven examine use of medications. Alisa B. Busch, M.D., M.S., and colleagues, who looked at a national data set, found that during the 1990s, patients with bipolar disorder were increasingly likely to receive guideline-concordant pharmacotherapy but less likely to receive psychotherapy (page 27). David M. Gardner, Pharm.D., M.Sc., and coauthors asked 127 patients and 110 physicians to rank 12 factors relevant to selecting an antidepressant and found moderate disagreement about their importance, which may have implications for treatment adherence (page 34). An analysis of data from 665 addiction treatment programs led Hannah K. Knudsen, Ph.D., and colleagues to conclude that African-American and Hispanic clients had less access to selective serotonin reuptake inhibitors (page 55). Colette B. Raymond, Pharm.D., and coauthors report that although the prevalence of antidepressant use in British Columbia doubled between 1996 and 2004, the incidence of use (initiation of an antidepressant) decreased after 1999 (page 79). Ross J. Baldessarini, M.D., and colleagues found that the initially prescribed monotherapy for 7,760 patients with bipolar disorder was an antidepressant—prescribed for 50%—followed by mood stabilizers (including lithium) for 25%, and sedatives for 15% (page 85). A Veterans Affairs study by Michael J. Sernyak, M.D., and Robert A. Rosenheck, M.D., revealed that generic fluoxetine was prescribed for relatively few depressed patients in the year after it became available, even though its use would have decreased annual medication costs from \$3.2 million to \$311,000 (page 128). Michael A.

Fischer, M.D., M.S., and colleagues report that of the 30 state Medicaid programs that required prior authorization for antidepressant prescriptions in 2005, eight had specific provisions for children (page 135).

◆ Focus on Affective Disorders: Other Issues

Of the 12 research reports on affective disorders, five examine a variety of issues other than medication treatment. Jodi M. Gonzalez, Ph.D., and associates found that a sense of stigma was prevalent among 500 caregivers of patients participating in STEP-BD (Systematic Treatment Enhancement Program for Bipolar Disorder), even when patients were clinically stable (page 41). Among 1,946 Medicaid beneficiaries with depression whose coverage was temporarily interrupted, Jeffrey S. Harman, Ph.D., and colleagues found significant increases in use of inpatient and emergency services (page 49). An analysis of Canadian and U.S. survey data by Helen-Maria Vasiliadis, M.Sc., Ph.D., and associates revealed highly similar rates of depression and of service use by depressed patients; however, U.S. respondents without insurance were twice as likely to meet depression criteria as Canadian respondents and U.S. respondents with insurance (page 63). Lisa S. Meredith, Ph.D., and coauthors found that 20% of 167 primary care physicians reported a strong proclivity to use watchful waiting for patients with depression symptoms, but physicians who felt that mental health professionals were not readily accessible were less likely to use this approach (page 72). In a study of 390 youths who met criteria for attention-deficit hyperactivity disorder, Laurel K. Leslie, M.D., M.P.H., and associates found that youths whose caregivers had depression (41% of the sample) were half

as likely as other youths to use medication (page 131).

◆ NIMBY and Neighbor Notification Practices

Even though mental health agencies are not required to notify neighbors when establishing supervised psychiatric residences, many continue to do so. Allison L. Zippay, Ph.D., analyzed data from interviews with 169 mental health administrators and 138 residential staff in seven states. Of the 45% of agencies that notified neighbors, nearly 60% experienced initial opposition from neighbors, compared with 35% of those who did not notify. However, neither initial strategy seemed to make much difference in neighborhood relations over the longer term (page 109).

◆ Arrests of Persons With Serious Mental Illness

In a random sample of 6,624 individuals with severe mental illness in Los Angeles County, 24% were arrested at least once over ten years. Alison Evans Cuellar, Ph.D., and colleagues found that the most serious offense of 62% of arrested persons was a nonviolent crime and that half of arrests did not lead to conviction. Arrests were not associated with meaningful increases in service use—a finding that points to missed opportunities for treatment, the authors conclude (page 114).

Briefly Noted . . .

- ◆ No evidence was found that a large managed behavioral health care organization shifted costs by increasing use of psychotropic medication without concurrent use of specialty mental health treatment (page 100).
- ◆ The book section features reviews of several books about depression and bipolar disorder (page 143).