

toms of schizophrenia (3). No differences were found in the use of adjunctive lorazepam between the monotherapy and combination groups, which reduces the possibility that the ameliorative effect of valproate was by a general sedative effect. In our post hoc analysis we specifically included the presence or absence of sedation in the statistical model, as well as adjunctive use of potentially sedating rescue medication. Although the possibility of a type I error is always present, the general methodology employed is similar to that used in other published studies by our group, including a preplanned analysis that had obvious face validity in demonstrating the advantage of clozapine as an antihostility agent (4).

These issues are important for clinicians working in public-sector psychiatry, where we have the daunting responsibility of managing patients with serious and persistent mental illness, whose illness is often refractory to standard treatment approaches and who may exhibit persistent aggressive behavior. Readers of *Psychiatric Services* are the ideal audience for this type of open debate. More research in this area is needed.

**Leslie Citrome, M.D., M.P.H.**

## References

1. Citrome L: Schizophrenia and valproate. *Psychopharmacology Bulletin* 37(suppl 2): 74-88, 2003
2. Citrome L, Jaffe A, Levine J: Use of mood stabilizers among patients with schizophrenia, 1994-2001. *Psychiatric Services* 53:1212, 2002
3. Casey DE, Daniel DG, Wassef AA, et al: Effect of divalproex combined with olanzapine or risperidone in patients with an acute exacerbation of schizophrenia. *Neuropsychopharmacology* 28:182-192, 2003
4. Citrome L, Volavka J, Czobor P, et al: Effects of clozapine, olanzapine, risperidone, and haloperidol on hostility among patients with schizophrenia and schizoaffective disorder. *Psychiatric Services* 52:1510-1514, 2001

## Positive Experiences With Giving Gifts to Patients

**To the Editor:** Dr. Krassner's thoughtful efforts to think through guidelines for the giving of gifts to

one's patients, published in the May 2004 issue (1), underscores how seasoned clinicians can offer valuable assistance to trainees and junior colleagues in important areas of clinical practice.

I have had positive experiences with gift giving among very ill clinic patients and higher-functioning private patients, but always after giving careful thought to each case. I monitor for any countertransferential spill; the objective is to acknowledge a life goal or accomplishment for which the patient has worked hard. Recently a clinic patient who had lost her children to foster care when she was hospitalized for a psychotic disorder regained full custody after an arduous three-year battle with the court and foster care bureaucracies. The patient's religious beliefs precluded gifts; however, she was delighted to receive from me a small floral teacup and a theme glass for each of her children to celebrate their reunification.

I have given small wedding gifts to private patients who have achieved a love relationship; small baby gifts, in-

cluding a "consolation" gift for the older sibling in the case of patients who have had a child; and a small office gift for a 9/11 survivor who returned to her firm having replaced her boss, who died saving her life.

One long-term patient to whom I have given small books for Christmas and her birthday berated me when I forgot one of her birthdays (I do not keep track of the date). Because she organizes her inner life around themes of deprivation and victimization, exploration of her response to my lapse was most productive.

I assure Dr. Krassner that, if he errs in the area of gift giving, he will learn from the experience.

**Sue Matorin, M.S., A.C.S.W.**

*Ms. Matorin is treatment coordinator of the affective disorder team at Payne Whitney Clinic of New York Presbyterian Hospital in New York City and faculty member in the department of psychiatry at Weill College of Medicine at Cornell University in Ithaca.*

## Reference

1. Krassner D: Gifts from physicians to patients: an ethical dilemma. *Psychiatric Services* 55:505, 2004

## Expanded Policy on Disclosure for Authors

*Psychiatric Services* has extended its policy on disclosure of financial and other support to include authors of opinion pieces, such as Open Forum, letters to the editor, and Taking Issue commentaries. Previously only authors of articles, brief reports, and columns were required to submit disclosure forms to the editorial office and to disclose financial and other support in an acknowledgment paragraph in the manuscript. However, affiliations alone may not reveal important associations with sources of support, and such associations will now be listed for authors of all contributions to the journal.