

Letters

IS TOM CRUISE ACTING OUT?

Several years ago, actor Tom Cruise denounced psychiatrists' use of antidepressants and methylphenidate in children and adults. I took his comments as innocent expressions of ignorance about a specialty that takes years of study to understand.

Recently, however, Cruise criticized actress Brooke Shields for taking antidepressants for her postpartum depression. He then verbally attacked NBC television's *Today* show host Matt Lauer, who said he knows people who have benefited from using methylphenidate.

I think Cruise is venting his psychological issues in public but using the wrong venue. A well-known country music singer interviewed by CNN's Anderson Cooper also suggested that Cruise discuss his own emotional issues instead of chastising the people who could help him. The singer told Cooper how antidepressants saved her career and possibly her life.

If your patients won't try medication after Cruise's diatribes, I offer these two examples:

- A 76-year-old woman refused to eat for fear of being poisoned by her relatives. She spent all day in bed and demanded to see her lawyer to change her power of attorney. I started her on olanzapine, 5 mg/d, which increases appetite as a side effect. Three days later, she was eating and sleeping normally and attending physical therapy sessions.

- An 8-year-old boy with obsessive-compulsive disorder was using three or four rolls of toilet paper per day and taking 1-hour showers to make sure he didn't smell. After 2 weeks of sertraline, 50 mg/d, and behavior modification by a psychotherapist, his behavior improved dramatically.

I would love to hear how Cruise and others who stigmatize psychotropic use dispute how the medications improved these patients' quality of life. Shields offered this testimony:

"To suggest that I was wrong to take drugs to deal with my depression, and that instead I

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should have taken vitamins and exercised, shows an utter lack of understanding about postpartum depression and childbirth in general," Shields wrote in *The New York Times*. "If any good can come of (Cruise's comments), let's hope (they call) much-needed attention to a serious disease."

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most bipolar patients will face this problem. This high prevalence, coupled with the fact that substance abuse comorbidity increases the risks associated with antidepressant use, reinforces the need for caution when treating bipolar depression.

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BIPOLAR DEPRESSION AND SUBSTANCE ABUSE

Lee S. Altman, MD, offers a cogent review of the risks and benefits associated with use of antidepressants to treat bipolar depression (CURRENT PSYCHIATRY, July 2005, p. 21-31).

The article, however, did not address the role of comorbid substance abuse, which may increase morbidity in bipolar patients taking antidepressants. Substance abuse can increase the risk of acute switch to mania, but may easily be overlooked.

For example, a recent meta-analysis found no risk of manic switch when a mood stabilizer/antidepressant combination was used to treat bipolar depression. But like most clinical trials, all 12 studies reviewed in this meta-analysis excluded patients with substance abuse.¹

By contrast, a study of bipolar patients that included substance abusers² found that:

- more than one-half of patients with comorbid substance abuse had a history of antidepressant-induced mania or hypomania
- 29% experienced an antidepressant-induced switch even while receiving a concomitant mood stabilizer.

Approximately 60% of patients with bipolar type I disorder abuse substances at some point,³ so

References

1. Gijsman HJ, Geddes JR, Rendell JM, et al. Antidepressants for bipolar depression: a systematic review of randomized, controlled trials. *Am J Psychiatry* 2004;161:1537-47.
2. Goldberg JF, Whiteside JE. The association between substance abuse and antidepressant-induced mania in bipolar disorder: a preliminary study. *J Clin Psychiatry* 2002;63:791-5.
3. Regier DA, Farmer ME, Rae DS, et al. Comorbidity of mental disorders with alcohol and other drug abuse. Results from the Epidemiologic Catchment Area (ECA) Study. *JAMA* 1990; 264:2511-8.

Dr. Altman responds

Dr. Lieberman correctly highlights the important role of comorbid substance abuse with bipolar disorder. In fact, we both referenced the Goldberg-Whiteside study demonstrating the increased risk of antidepressant-induced mania among bipolar patients with comorbid substance abuse. This is one of many risk factors for switching mentioned in my article.¹

Clearly, comorbid substance abuse is an important consideration when deciding whether to use antidepressants to treat bipolar depression.

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Reference

1. Goldberg JF, Truman CJ. Antidepressant-induced mania: an overview of current controversies. *Bipolar Disorders* 2003;5:407-20.