

Diagnosis Not Always Easy

Dysthymic Disorder from page 1

Full-time employment was reported by 36% of the dysthymic patients, 44% of the major depression patients, and 52% of the general population.

The investigators also assessed previous month functioning using the 12-item Short Form Health Survey scores. For example, participants were asked the following questions:

▶ Have you accomplished less because of emotional problems? In all, 13% of the dysthymic group, 8% of the major depression group, and 3% of the general population group said "all of the time."

▶ Have emotional or physical problems interfered with social activities? Overall, 10% of the dysthymic group, 8% of the major depression group, and fewer than 1% of the general population group said "all of the time."

▶ Have emotional or physical problems interfered with work? In their responses, 7% of the dysthymic group, 7% of the major depression group, and 3% of the general population group said "all of the time."

Diagnoses were based on the National Institute on Alcohol Abuse and Alcoholism's AUDADIS (Alcohol Use Disorder and Associated Disabilities Interview Schedule)—DSM-IV version. This community-based study supports findings from studies of clinical populations that chronic depression can impart significant psychosocial impairment, Dr. Stewart said.

VITALS

Major Finding: Compared with people who have acute major depression, people with dysthymic disorder were more likely to receive Social Security disability (14% vs. 5%) and Medicaid insurance (20% vs. 13%), and were less likely to report full-time employment (36% vs. 44%).

Data Source: Secondary analysis of 43,093 community-based adults surveyed for NESARC.

Disclosures: Dr. Stewart said he had no relevant disclosures.

See related column by Dr. Fink on page 14.

Diagnosis of dysthymic disorder is not always easy. "It's a big problem. When [patients] come to your office, they don't have a lot of symptoms," Dr. Stewart said. Even clinicians who go through a "laundry list for major depression" might miss it, he added, and as a result, some patients might be misdiagnosed as not depressed.

Dr. Stewart's recommendation was simple: "I go for the mood myself. If you come into my office and say you're depressed, by God, you are depressed."

An uncertain cause-and-effect relationship is a possible limitation of the study. In other words, is the dysthymic disorder a cause or result of impairment? In addition, there could be an underlying vulnerability that causes people to experience both dysthymia and social impairment.

An earlier review article suggested that people with dysthymic disorder function much better when they are treated effectively (J. Psychiatr. Pract. 2001;7:298-309). "The other side of the coin is overtreatment, so you have to decide what is more important," he said. ■

Men More Likely Than Women To Misuse Prescription Opioids

BY ROBERT FINN

FROM ADDICTIVE BEHAVIORS

More men than women report non-medical prescription opioid use, according to the results of a nationally representative survey of 55,279 individuals published online in Addictive Behaviors.

Men were significantly more likely to endorse lifetime nonmedical use of prescription opioids (15.9% vs. 11.2%) and past-year use (5.9% vs. 4.2%), according to Sudie E. Back, Ph.D., and colleagues at the Medical University of South Carolina, Charleston (Addict. Behav. 2010 June 22 [doi:10.1016/j.addbeh.2010.06.018]).

The investigators looked at data from the Substance Abuse and Mental Health Services Administration's 2006 National Survey on Drug Use and Health. Most of the participants were over age 35, white, employed, and married.

The investigators found no significant difference between men and women on the rates of opioid abuse or dependence. Among individuals who had used prescription opioids nonmedically during the past year, 13.2% met the criteria for cur-

rent abuse or dependence.

In a multivariate analysis that controlled for numerous demographic factors, the investigators isolated several independent predictors of past-year nonmedical prescription opioid use. Among both men and women, nonmedical tranquilizer or sedative use was the strongest predictor, with adjusted odds ratios of 16.4 for men and 16.5 for women. Among men, but not women, use of heroin, cocaine, or hallucinogens, and illicit drug or alcohol use or dependence were significant independent predictors of past-year nonmedical prescription opioid use. Among women, but not men, serious psychological distress and cigarette use were significant independent predictors.

For both men and women, younger age was an independent predictor of prescription opioid use and abuse, with the age group 18-25 at the highest risk. "Given that young age is a consistent correlate of the initiation of nonmedical prescription opioid use as well as abuse/dependence, urgent attention focused on adolescents and young adults is warranted," the authors wrote. ■

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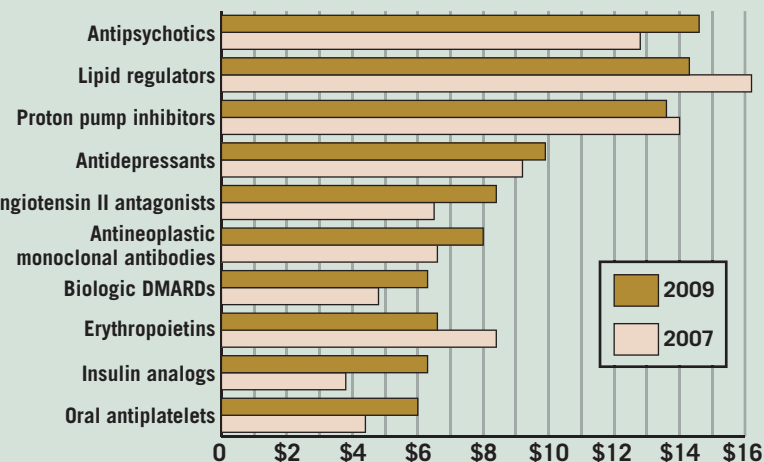


INTERNATIONAL
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VITAL SIGNS

Antipsychotics Were the Top Therapeutic Class in 2009 (U.S. sales in billions)



Source: IMS Health