

'Family-Focused' Depression Care Recommended

BY JANE ANDERSON

Physicians and other health professionals who care for adults with depression should identify and seek to prevent potential "spillover" effects on their patients' children, according to a report released by the Institute of Medicine and the National Research Council.

To achieve this "family-focused" model of depression care, government agencies, non-profit associations, and the private sector will need to experiment with nontraditional ways of organizing, delivering, and paying for mental health care, according to the committee that wrote the report.

"Parental depression is prevalent, but a comprehensive strategy to treat the depressed adults and to prevent problems in the children in their care is absent," the report said. "There is also a

lack of support for public and professional education, training, infrastructure development, and implementation efforts to improve the quality of services for affected families and vulnerable children."

Depression affects roughly 7.5 million parents in the United States annually—about 20% of parents overall, according to the report.

More than 15 million children live with an adult who has had major depression in the last year, and parental depression can increase the chances for health, emotional, and behavioral problems in children, the report said.

Dr. Mary Jane England, a psychiatrist and chairman of the report committee, said in a statement that the report de-

scribes "a new vision for depression care that would provide comprehensive services not just to adults, but to their children as well. It will take significant policy changes to make this vision a reality, but the ben-

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efits warrant the effort."

The report recommended that the U.S. Surgeon General identify depression in parents and its effect on child development as part of its public health priorities. Further, the Health and Human Services department should launch a national effort to document the scope of the problem, and should develop public education and awareness activities.

Congress, meanwhile, should authorize a new HHS demonstration project to look at strategies to identify, treat, and prevent depression in parents and its adverse effects on children, the report said. These strate-

gies should use a combination of components, including screening and education.

The report also recommended that state govern-

nors each develop a task force focused on depression in parents. At the same time, HHS agencies including the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA) should develop a national training program for primary, mental health, and substance abuse treatment providers to improve diagnosis

and treatment of depression in adults and mitigate its effect on children.

Federal agencies should support collaborative research to increase understanding of the issues involved with parental depression, the report said.

"To break the vicious circle of depression, we need to refocus our view of this illness through a broader lens that sees the whole family, not just the individual with depression," according to Dr. England.

The Institute of Medicine and the National Research Council are both parts of the National Academies, the private, non-profit institution that provides science, technology, and health policy advice to Congress. The study was sponsored by the Robert Wood Johnson Foundation, Annie E. Casey Foundation, The California Endowment, SAMHSA, and HRSA. ■

Diagnosis and Treatment of Depression Down Since 2003

BY MARY ELLEN SCHNEIDER

Diagnosis and treatment of depression in children and adults dropped significantly in the wake of a 2003 Food and Drug Administration public health advisory regarding the risk of suicidality among children taking antidepressants, according to a review of claims data from 1999 to 2007.

After steady increases in depression diagnoses among children between 1999 and 2004, the diagnoses of depression began to decline in 2005, dropping to 3.5 per 1,000 enrollees in 2007, nearly back to 1999 levels.

Although the October 2003 FDA warning related only to children, the researchers found a "spillover" effect in adults. Given historical trends, the rate of depression diagnoses should have been about 20.3 per 1,000 enrollees in 2007; however, the actual observed rate was just 12.4 (*Arch. Gen. Psychiatry* 2009;66:633-9).

Anne M. Libby, Ph.D., and her colleagues at the University of Colorado, Denver, examined the diagnosis of depression, antidepressant use for depression, use of psychotherapy after depression diagnosis, and the use of antidepressant alternatives after depression diagnosis for the periods before and after the FDA public health advisory was issued.

The findings are based on a nationally representative database of claims from PHARMetrics, a unit of IMS, Inc., which includes more than 55 million patients enrolled in managed care plans. The researchers created a cohort of new episodes of depression with a total of 643,313 individual patients. The cohort included

792,807 episodes of diagnosis and possible treatment of depression. The episodes of care include 91,748 pediatric cases (aged 5-18 years at time of diagnosis), 70,311 young adult cases (aged 19-24), and 630,748 adult cases (aged 25-89). The researchers analyzed trends in these cases from July 1999 to June 2007.

The researchers also identified changes in the type of providers who diagnosed depression. In the post-advisory period from 2004 through June 2007, the case finding of depression decreased significantly among both pediatricians and primary care providers.

During the post-advisory period, diagnoses of new episodes of depression by primary care providers also dropped 37% for young adults and 29% for adults. "Non-psychiatrist other mental health providers" was the only provider type that increased case finding following the 2003 FDA advisory, the researchers found. The trend was small but was seen across all age groups, according to the study.

Prescriptions for selective serotonin reuptake inhibitors (SSRIs) also declined following the 2003 FDA warning. Prescriptions for SSRIs within 30 days of the new depression episode fell by 10% for children and 15% for adults from the post-advisory period through 2007. But the drop in SSRI use generally did not mean that depressed patients were getting alternative treatments, the researchers found.

The researchers reported receiving unrestricted, investigator-initiated research grants from Eli Lilly and Company, Forest Pharmaceuticals Inc., Lundbeck, and the American Foundation for Suicide Prevention. ■

Data on ADHD Stimulants Deemed Not 'Threatening'

BY HEIDI SPLETE

Stimulant use was significantly associated with sudden, unexplained deaths in children and adolescents in a study of more than 500 children, but the data are not sufficient to change clinical prescribing practices, Food and Drug Administration officials said in a press briefing.

"It's hard to characterize the results as reassuring, but we didn't find them threatening," said Dr. Robert Temple, director of the Office of Drug Evaluation I at the agency's Center for Drug Evaluation and Research.

Previous studies suggest that stimulants increase the risk of cardiovascular events, including sudden death, in children who are already at risk for heart problems, Dr. Temple said.

But few data exist on the impact of stimulant use in children without known underlying risk factors, he noted.

In this study, Madelyn S. Gould, Ph.D., of Columbia University in New York, and her colleagues compared stimulant use in 564 children aged 7-19 years who died suddenly from no known health problems, with stimulant use in 564 children aged 7-19 years who died as passengers in motor vehicle accidents.

Accident victims were chosen because they provide a control population of children who died suddenly and whose death was not caused by a known health problem. Children with a known history of heart problems were excluded from the study

(*Am. J. Psychiatry* 2009 June 15 [doi: 10.1176/appi.ajp.2009.09040472]).

The researchers found that 10 (1.8%) children who died suddenly of unexplained causes were taking stimulants, compared with 2 (0.4%) children who died suddenly in car accidents. This difference was statistically significant after controlling for multiple variables, but the study was limited by several key factors, including a lack of complete postmortem blood work on the car accident victims, the researchers wrote.

A case-control study cannot prove causality, Dr. Temple added. "The reason for our cautious interpretation is that everything depends on whether the people who died were or were not taking an amphetamine," he said, adding that the researchers depended primarily on the memories of people involved with the accident victims.

"We were unable to conclude that the data affect the overall risk and benefit profile of the stimulant medications," said Dr. Temple.

He advised clinicians who treat children with stimulants to adhere to the current labeling recommendations and to monitor the children closely. "We continue to advise people to look at these children for any evidence of an underlying cardiac disease."

To view the full study, go to www.ajp.psychiatryonline.org/cgi/reprint/appi.ajp.2009.09040472v.

The study was cofunded by the FDA and the National Institute of Mental Health. Dr. Gould had no financial conflicts to disclose. ■