

POLICY & PRACTICE

Pregnant Women Eschew Meds

A minority of women believe it is safe to take depression medication while they are pregnant, according to a new survey by the Society for Women's Health Research. The survey of 1,000 women was conducted by telephone in October; 500 family and general practitioners and internal medicine specialists were also queried. Only 11% of women said they thought it was safe to take a depression therapy during pregnancy, compared with 68% of physicians. Less educated and lower income women and African American women were more likely to believe it was unsafe to take a medication. Half of women said it was safe post partum, compared with 97% of physicians. Women falsely believed that depression was a normal part of the postpartum experience and also underestimated their risk for depression at specific life stages involving hormonal transitions, according to the society. In a statement, Sherry Marts, vice president of scientific affairs for the society, said the survey shows a disconnect between physicians' beliefs about depression and women's perceptions. "The health care community needs to do a better job communicating with women about depression," Ms. Marts said.

Secondary Depression Admits Up

In 10 years, the rate of admissions for depression as a secondary diagnosis approximately tripled, from 93 per 10,000 to 247 per 10,000, according to the Agency for Health Care Research and Quality. There were about 2.5 million hospitalizations with depression as a secondary diagnosis in 2005, compared with 930,000 in 1995. Meanwhile, hospitalizations with depression as the primary diagnosis stayed flat over that same period, at about 42 per 10,000. The numbers are from "Hospital Stays Related to Depression," a report that draws its data from the Nationwide Inpatient Sample. That sample covers nonfederal, short-term hospitals, which account for 90% of discharges.

Katrina's Mental Health Cost

Contrary to what is observed after most disasters, mental distress seems to be on the rise on the Gulf Coast, not declining, according to results of an ongoing survey of 1,043 prehurricane residents of affected areas of Alabama, Louisiana, and Mississippi. The most recent results compare a baseline taken 5-8 months after the hurricane to a survey a year later. The project is being conducted by the Hurricane Katrina Community Advisory Group and directed by Ronald C. Kessler, Ph.D., a professor of health care policy at Harvard Medical School, Boston. Anxiety and mood disorder were reported by 31% at baseline and 34% a year later. Serious mental illness had increased from 11% to 14% of the sample; it was unchanged, however, in the New Orleans metro area. Suicidality was significantly higher at follow-up, and the

incidence of posttraumatic stress syndrome doubled. "We would normally expect to find lower proportions of the population to have mental illness and suicidality this long after a disaster," said Dr. Kessler at a Senate hearing in late October. "That we not only failed to find decreases of this sort, and actually found a number of increases, is an indication of the more severe adverse emotional effects of Hurricane Katrina than more typical disasters," he said. The study is funded by the National Institute of Mental Health, the Federal Emergency Management Agency, and the Department of Health and Human Services.

... Hits Students Also

Schools in Alabama, Louisiana, Mississippi, and Texas that received an estimated 196,000 students displaced by Katrina have not been able to meet students' ongoing mental health needs, according to a RAND Corp. survey released in October. The researchers interviewed mental health professionals at 19 public and 11 private schools and school systems in the spring and in the fall of 2006 (Psych. Services 2007;58:1339-43). The targeted schools had student population increases of more than 10%. Though most mobilized large and effective assistance efforts early on, by the later survey, a majority of schools could not or did not continue services, according to the study. The schools cited pressure by administrators to focus again on academics, trouble reaching parents living in trailers or without reliable phone service or transportation, not enough resources, and staff burnout.

Data on Elderly Glossed Over

Food and Drug Administration regulations for drug makers conducting clinical trials encourage the inclusion of elderly participants and the reporting of data by age, but the agency is not effective in getting its medical officers to include data on elderly patients in their new drug application (NDA) reviews, according to a report by the Government Accountability Office. The report, requested by Rep. Henry Waxman (D-Calif.) and Sen. Ted Kennedy (D-Mass.), was based on a review of 36 NDAs submitted by manufacturers from January 2001 to June 2004 for drugs to treat diseases that could affect patients aged 65 years and older. All of the NDAs had at least one trial that included elderly participants, but a third of the agency's NDA reviews had no documentation on safety or efficacy for that age group. In addition, the GAO noted that reviewers are not required to establish whether there were a sufficient number of elderly participants in a trial, and if they do address sufficiency, they do not have to document their methods. Sufficiency was addressed in about a quarter of the reviews, none of which detailed the methods used, the report found.

—Alicia Ault

Medical Students Ignorant Of Military Medical Ethics

BY ROBERT FINN
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The findings in a survey of medical students indicated that few received adequate training in military medical ethics, many were ignorant of a physician's responsibilities under the Geneva Conventions, and the overwhelming majority failed to realize that civilian physicians are subject to being drafted.

Dr. J. Wesley Boyd and his colleagues at Harvard Medical School, Boston, and the Cambridge (Mass.) Health Alliance, contacted 5,000 medical students at eight U.S. medical schools by e-mail and invited them to participate in the survey.

Overall, 1,756 students (35%) completed the survey, and of those, a little more than 5% reported having served in the military or having an obligation to serve in the future (Int. J. Health Services 2007;37:643-50).



Of the total, 94% had received less than 1 hour of instruction during medical school about the ethical obligations of the physicians serving in the military, 4.3% received 1-5 hours of instruction, and 1.5% received more than 5 hours of training.

About 6% of the students reported being "very familiar" with the Geneva Conventions, whereas 66% reported being "somewhat familiar" with them. However, despite this high level of stated familiarity, only 37% of the students correctly answered that the conventions apply regardless of whether or not one's country has formally declared war.

About two-thirds of students correctly stated that wounded individuals should be treated in the order of severity regardless of their nationality, but 27% incorrectly stated that they should treat their own soldiers according to the level of severity and only then tend to the wounded enemy.

Thirty-seven percent of the students did not know that the Geneva Conventions state that it's never acceptable to deprive prisoners of war of food or water, expose them to physical stresses such as heat, cold, and uncomfortable positions,

or threaten them with physical violence even if those threats are not carried out.

The investigators asked the students under what circumstances an officer is ethically required to disobey a direct order from a superior: "when ordered to threaten a prisoner with injection of a psychoactive drug that will not actually be administered," "when ordered to inject a harmless bolus of saline into a prisoner who fears he is receiving a lethal injection," "when ordered to inject a lethal drug into a prisoner," "all of the above," or "none of the above." Although 66% correctly answered "all of the above," 27% thought that they were only required to disobey when actually injecting a lethal drug, and 6% said "none of the above."

All medical ethics courses should include 'worldwide acceptance of the Geneva Conventions.'

DR. HALPERN

Congress approved the Health Care Personnel Delivery System in 1987, thereby establishing a specific process for drafting physicians that Congress and the president could activate within a matter of weeks. Only 3.5% of the students were aware of this system, and only 23.8% thought that a medical draft was more likely than a general draft. Less than 50% of the students would willingly serve in such a draft, with 34% saying that they would use all legal means to avoid service, about 7% saying they would consider emigration, and just under 14% saying that they would refuse military induction as an act of civil disobedience.

"The fact is that most physicians—let alone medical students—are not familiar with the code of medical ethics," Dr. Abraham L. Halpern said in an interview. "I feel that any course in medical ethics should absolutely include the worldwide acceptance of the Geneva Conventions."

Dr. Halpern, who was not involved in the survey, is professor emeritus of psychiatry at New York Medical College, Valhalla. He said that when he has instructed medical students in ethics, he noticed that many of the seats in the lecture hall were empty, which he thinks shows that the students knew that they would never be tested on the material. ■

PAIN RELIEVERS



"It's normal to get depressed around the holidays, especially when we put too much pressure on ourselves."