

Restless Legs Patients Have High Depression Rate

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BY JANE SALODOF MACNEIL
Southwest Bureau

SANTA ANA PUEBLO, N.M. — People with restless legs syndrome were three times more likely to have a major depressive disorder in a study of 1,071 Baltimore residents reported by Dr. Hochang Benjamin Lee at the annual meeting of the Academy of Psychosomatic Medicine.

Investigators from Johns Hopkins University in Baltimore found major depressive disorder in 8 of 42 patients (19%) diagnosed with restless legs syndrome (RLS). Only 8.4% of those without RLS met the DSM-IV criteria for depression in diagnostic interviews.

"Depression and anxiety are common in RLS, and vice versa," said Dr. Lee of the Neuropsychiatry and Memory Group at Johns Hopkins. Previous population-based studies suggested a connection, he said, but the new study is "probably the most definitive."

Dr. Lee described numerous overlaps between the two disorders, both of which are diagnosed on the basis of subjective re-

ports from the patient. He said the two conditions have similar prevalence in the community, occur twice as often in women as in men, present with diurnal variation, and tend to run in families. Both also have a high placebo response rate in treatment trials.

Additionally, six of the nine symptoms that the DSM-IV lists for major depressive disorder are common in RLS patients, Dr. Lee said. He cited depressed mood, diminished interest, fatigue or loss of energy, diminished concentration, psychomotor retardation, and insomnia or excessive sleepiness. Indeed, he suggested asking depressed patients who complain of insomnia or excessive sleepiness whether they experience "a creepy crawling feeling" in their legs.

Noting that no guidelines exist for managing depression in RLS patients, Dr. Lee recommended the following strategy:

► If an RLS patient presents with mild depression or dysthymia, treat the RLS first and see whether mood-related symptoms improve. If the patient continues to have depressive symptoms, treat these as well.

► If a severe major depressive disorder occurs along with mild RLS, treat the depression first, preferably with agents that are not SSRIs or tricyclic antidepressants.

► If both RLS and depression are severe, however, consider treating the conditions simultaneously, but avoid using most dopamine agonists for RLS because of the possibility of the rare side effect of psychosis.

"Careful consideration is needed for treatment of major depressive disorder in patients with restless legs syndrome," Dr. Lee warned. He ruled out many medications, saying that SSRIs and tricyclic antidepressants should be avoided whenever possible. Both can exacerbate periodic limb movements, which occur in 80%-90% of RLS patients, according to Dr. Lee.

He suggested nefazodone, trazodone, and bupropion as alternatives. These agents have not been reported to exacerbate periodic limb movements, and they may produce improvement. Mirtazapine is sometimes recommended for depression in RLS patients, he added, but reports are conflicting.

Regarding adjunctive treatments for RLS, he said that antipsychotic medications generally exacerbate the syndrome. While atypical antipsychotic agents are less like-

ly to do so, he said there have been reports of risperidone, quetiapine, and olanzapine worsening RLS. Aripiprazole might be worth a trial in this movement disorder, given that it is a partial dopamine agonist.

Anticonvulsants do not usually worsen RLS symptoms, according to Dr. Lee. He described gabapentin and carbamazepine as "viable alternatives" for treating RLS. Valproic acid and lamotrigine also may be helpful, he said, but anecdotal reports suggest lithium can exacerbate RLS and periodic leg movements.

Benzodiazepines, particularly clonazepam, may be used as an adjunctive RLS treatment, Dr. Lee said, but he warned that antihistamines such as Benadryl are poorly tolerated in this patient population.

Dopamine agonists are increasingly an option for treatment of RLS, but he said ergot-derived dopamine agonists should be avoided. He cited the possibility of heart valve abnormalities and other side effects. Instead, he suggested a trial of dopamine agonists that are not derived from ergot such as pramipexole and ropinirole.

Dr. Lee added, however, that high doses of dopamine agonists have been linked to hallucinations, compulsive gambling, and psychiatric side effects in Parkinson's disease patients. ■

Depression Seems to Intensify the Risk of Stroke in Elderly Patients

BY MITCHEL L. ZOLER
Philadelphia Bureau

DALLAS — Depression boosted the risk for stroke in a study of more than 4,000 elderly people followed for 10 years.

People with the highest depression scores at baseline had twice the incidence of a cerebrovascular event or transient ischemic attack during follow-up, compared with people who had no depression, Dr. Abraham A. Ariyo reported at the annual scientific sessions of the American Heart Association.

This finding follows a prior analysis of the same group of people showing that depression boosted the risk for coronary artery disease, said Dr. Ariyo, director of HeartMasters in Dallas.

The Cardiovascular Health Study Collaborative Research Group enrolled 4,483 men and women aged 65 or older who were completely free of any

clinical sign of cardiovascular disease at baseline. The study also excluded patients who were treated with an antidepressant. All participants were assessed for depression using a modified version of the Center for Epidemiologic Studies Depression Scale.

Participants were categorized into quartiles based on their scores. Those with a score of zero had no depression. The next quartile included people with a score of 1-5, followed by quartiles with scores of 6-10, 11-15, and 16 and over. In 10.3 years of follow-up, 533 people had a stroke, and an additional 1,359 died.

In a multivariate analysis, the incidence of stroke was related to depression scores. Compared with people who had a score of zero, those with a score of 1-5 had 19% more strokes, those with a score of 6-10 had 57% more strokes, those with a score of 11-15 had 78% more strokes, and people with a score of 16-30 had twice as many strokes.

An analysis of death rates showed a similar pattern.

People with scores of 6-10 had a 27% higher death rate; those with scores of 11-15 had a 73% higher mortality; and those with scores of 16 or more had 86% more deaths.

Several mechanisms may explain how depression affects stroke rates and mortality, Dr. Ariyo said. Depressed people are less physically active and engage in more unsafe behaviors, such as smoking. Also, depressed people have increased levels of circulating platelets, fibrinogen, and other factors that raise thrombogenicity.

Depression also boosts serum levels of steroids, free fatty acids, and other factors that are proinflammatory and proatherogenic. ■

Personality Traits May Predict High BP in Women

DENVER — Age and low hostility are independent predictors of high blood pressure in women over a 10-year period, suggesting a link between certain personality traits and disease development, Jocelyne Leclerc reported in a poster presentation at the annual meeting of the American Psychosomatic Society.

Ms. Leclerc and her colleagues at the University of British Columbia, Vancouver, compared the results of ambulatory blood pressure monitoring and personality questionnaires of 112 healthy adults at baseline and again after 10 years. The study group included 54 men and 63 women; the average age was 40 years at baseline. Average blood pressure monitoring was conducted on predetermined days when the patients did not expect significant stressful events.

Overall, blood pressure and personality traits remained stable over the 10 years. Both systolic blood pressure (SBP) and diastolic blood pressure (DBP) were significantly correlated with depression at baseline. Baseline hostility predicted increased DBP 10 years later,

and baseline SBP predicted hostility 10 years later.

Gender and family history may moderate the impact of personality on blood pressure, the investigators noted in the recently published study (Pers. Individ. Diff. 2006;40:1313-21).

Increased age and low hostility significantly predicted SBP among women, while high levels of self-deception were the only significant predictors of SBP and DBP over time among men.

"The observation of low hostility in women predicting high BP appears quite surprising," the investigators noted. This finding suggests a need to consider "possibly differential adaptiveness of the same personality features of women and men."

Among individuals with a family history of high blood pressure, age and high levels of self-deception were significant predictors of SBP, while self-deception was the lone significant predictor of DBP. Among those without a family history of high blood pressure, only age was a significant predictor of SBP, and no variables were significant predictors of DBP.

—Heidi Splete

Depression Scores and Stroke Risk in the Elderly

| Depression Score | Relative Risk Of Stroke | Relative Risk Of Death |
|------------------|-------------------------|------------------------|
| ≥16 | 2.02 | 1.86 |
| 11-15 | 1.78 | 1.73 |
| 6-10 | 1.57 | 1.27 |
| 1-5 | 1.19 | 1.10 |
| 0 | 1.00 | 1.00 |

Note: Depression scores are measured in 4,483 patients aged 65 or older using a modified Center for Epidemiologic Studies depression scale. Relative risks are from multivariate models that adjusted for several variables.

Source: Dr. Ariyo