

CLINICAL CAPSULES

Response to Sertraline Varies with Age

Children aged 6-11 years with major depressive disorder had a significantly faster first response to both sertraline and placebo, compared with adolescents aged 12-17 years, Dr. Craig L. Donnelly of Dartmouth-Hitchcock Medical Center in Lebanon, N.H., and his colleagues report.

The study, funded by Pfizer Inc., is the first known to examine the differences in time to first response and time to first persistent response in children and adolescents with major depressive disorder (MDD).

The investigators looked at 226 youths

with MDD. The 10-week double-blind, placebo-controlled trial was followed by a 24-week open-label trial of sertraline. All the patients who received sertraline started with a 25 mg/day dose for 3 days, followed by 50 mg/day through the end of 2 weeks. The dosage was then adjusted to a maximum of 200 mg/day based on the patient's clinical response and the occurrence of side effects (*J. Am. Acad. Child Adolesc. Psychiatry* 2006;45:1162-70).

The estimated median time to first response was 15 days for children and 22 days for adolescents who took sertraline,

compared with 21 days for children and 23 days for adolescents who took a placebo.

In contrast to the time to first response, the time to first persistent response was significantly shorter among adolescents—but not among younger children—when compared with the placebo.

The estimated median time to first persistent response was 28 days for children and 32 days for adolescents who took sertraline, compared with 28 days for children and 32 days for adolescents who took a placebo. Patients in both age groups showed similar long-term improvements in the symptoms of MDD by the end of 34 weeks of treatment.

Somatic Symptoms, Childhood Anxiety

A majority of children with a DSM-IV anxiety disorder report at least one somatic symptom, according to data from 128 children and adolescents aged 6-17 years, wrote Golda S. Ginsburg, Ph.D., of Johns Hopkins University, Baltimore.

Previous studies have shown that somatic symptoms are common in children and adolescents with different types of anxiety, but somatic symptoms are listed in the DSM-IV only as part of the diagnosis of generalized anxiety disorder in children.

Dr. Ginsburg and her colleagues conducted a double-blind, placebo-controlled trial to assess the relationship among somatic symptoms and generalized anxiety disorder (GAD), separation anxiety disorder (SAD), and social phobia (SOP), as well as the potential for treatment of somatic symptoms with fluvoxamine (Luvox).

Overall, 123 children (96%) reported at least one somatic symptom, with an average of six symptoms reported per child, according to the study. Children with GAD reported significantly more somatic symptoms than children without GAD, while children with and without SAD and SOP reported similar numbers of symptoms, compared with children without these diagnoses (*J. Am. Acad. Child Adolesc. Psychiatry* 2006;45:1179-87).

But the most common somatic symptoms in patients with any of the three diagnoses were restlessness (74%) and stomachaches (70%). The high prevalence supports the inclusion of these symptoms in the diagnostic criteria not only for GAD but also for SAD and SOP in children in the DSM-V, the researchers said.

Nicotine Use Not Linked to Psychosis

Dependence on nicotine is significantly associated with substance use disorders rather than psychotic disorders, a study of 342 adolescent psychiatric inpatients shows.

These results are in contrast to those on nicotine use and psychiatric conditions in previous studies, which have shown a link between excessive smoking and psychotic disorders. However, most of those studies have involved adult psychiatric inpatients.

To determine the association between nicotine dependence and psychiatric conditions in adolescents, Dr. Helina Hakko of Oulu (Finland) University Hospital and her colleagues evaluated nicotine use in 142 boys and 200 girls aged 12-17 years who were being treated for psychotic disorders (*Addict. Behav.* 2006;31:1873-80).

A total of 259 adolescents (76%) were smokers at the time of the study. Complete nicotine data were not available for 11 of the smokers. The researchers found a high level of nicotine dependence in 94 (38%) of the remaining 248 adolescents.

Increased levels of nicotine dependence were significantly associated with substance-related disorders and conduct/oppositional defiant disorders. In contrast to studies in adults, the adolescents diagnosed with psychotic disorders had significantly less nicotine dependence than did those without psychotic disorders.

The findings suggest a possible pattern of defiant behavior, including cigarette use and use of other substances, or an increased vulnerability to nicotine among adolescents who suffer from conduct disorders, the researchers said.

—Heidi Splette

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