

then work their way through the online modules, which are based on cognitive-behavioral and interpersonal psychotherapy.

The intervention concludes with a follow-up visit with the primary care physician. If no benefit is observed at this stage, Dr. Van Voorhees recommends face-to-face sessions with a mental health professional.

In a pilot test of Project CATCH-IT, Dr. Van Voorhees' group observed benefits among 14 late adolescents who were at high risk for depression (Can.

Child Adolesc. Psychiatry Rev. 2005;14:40-3). "Completers experienced favorable changes in known risk factors with effect sizes similar to those of other preventive interventions for depression," they wrote. However, with no control group in the study, "we cannot know to what degree these changes would have occurred without an intervention," they added.

The aim of depression risk prediction and early intervention is to prevent the development of more serious mental illness, but Dr. Van

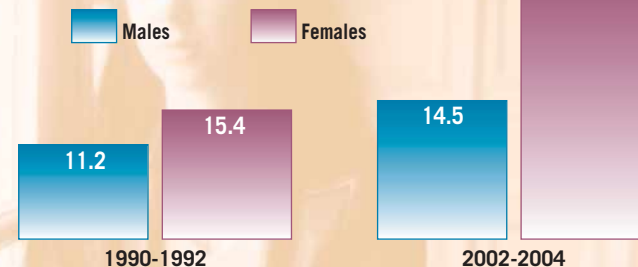
Voorhees cautions about the potential adverse effects of this approach. "When you are dealing with young people who may be vulnerable and somewhat pessimistic, telling them that they are at risk for depression may make them feel stigmatized," he said. "So the way we approach this is to talk in terms of resiliency.

"We tell them they have high, medium, or low resiliency. High resiliency would mean almost no risk of depression, whereas low would mean they need to take care of themselves."

DATA WATCH

Hospitalization for Depression On the Rise in 5- to 19-Year-Olds

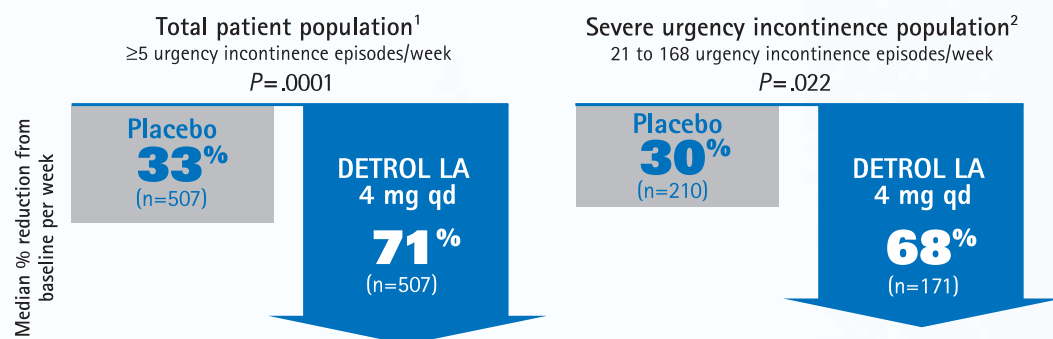
(per 100,000 population)



Source: Centers for Disease Control and Prevention

ELSEVIER GLOBAL MEDICAL NEWS

DETROL LA is the #1 prescribed brand for OAB*— with **BIG REDUCTIONS** in OAB symptoms^{1,2}



Van Kerrebroeck et al. *Urology*. 2001;57:414-421.¹
A 12-week, placebo-controlled OAB study.
See full study description on next page.

Landis et al. *J Urol*. 2004;171:752-756.²
A post hoc subgroup analysis of Van Kerrebroeck et al.
See full study description on next page.

DETROL LA is indicated for the treatment of overactive bladder with symptoms of urge incontinence, urgency, and frequency. DETROL LA is contraindicated in patients with urinary retention, gastric retention, or uncontrolled narrow-angle glaucoma and in patients who have demonstrated hypersensitivity to the drug or its ingredients. DETROL LA capsules should be used with caution in patients with clinically significant bladder outflow obstruction, gastrointestinal obstructive disorders, controlled narrow-angle glaucoma, and significantly reduced hepatic or renal function. Dry mouth was the most frequently reported adverse event (DETROL LA 23% vs placebo 8%); others (≥4%) included headache (DETROL LA 6% vs placebo 4%), constipation (DETROL LA 6% vs placebo 4%), and abdominal pain (DETROL LA 4% vs placebo 2%).

*Source: IMS NPA, based on total US prescriptions of antimuscarinics for OAB from October 2001 to December 2005.

†Source: IMS Midas Global Sales Audit, Verispan longitudinal data, based on total prescriptions of DETROL and DETROL LA for OAB from April 1998 to December 2005.

74 million
prescriptions[†]

once-daily
Detrol[®] LA
tolterodine tartrate
extended release capsules

Please see important product
information on next page.

Improved Control. Less Bother.