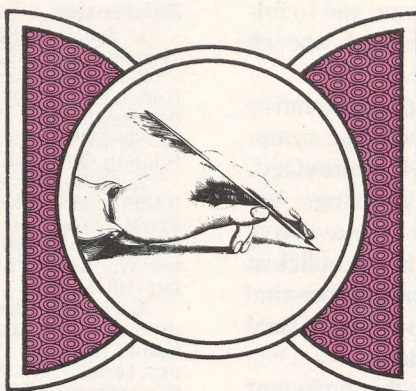


Letters to the Editor

The Journal welcomes Letters to the Editor; if found suitable, they will be published as space allows. Letters should be typed double-spaced, should not exceed 400 words, and are subject to abridgment and other editorial changes in accordance with journal style.

Use of Depression Inventories To the Editor:

We have become increasingly alarmed at the inappropriate usage of the Beck Depression Inventory, as well as other depression inventories, in medical settings. "Influence of Stereotypes in the Diagnosis of Depression by Family Practice Residents" (*J Fam Pract* 12:849, 1981) provides a good example of the lack of understanding of the proper use of psychometric instruments. The Beck Depression Inventory (like the Zung,¹ MMPI Depression Scale,² and Multiscore Depression Inventory³) has been appropriately used to measure severity of depression by primary care physicians. Severity, however, is not to be confused with diagnosis. This is an error we have seen not only in hasty clinical practice but also in the aforementioned article (p 849). A high score on the Beck Depression Inventory does not necessarily indicate a diagnosis of depression, since one often finds patients with anxiety disorders, terminal cancer, and schizophrenia scoring well above the cutoffs listed in the article. A thorough clinical interview, such as the SADS (Schedule for Affective Disorders and Schizo-



phrenia) is typically used for reliable diagnosis of depression in research and clinical work.

Furthermore, we were surprised once again to see the 21-item version of the Beck Depression Inventory used in a family practice setting. The much shorter 13-item version was introduced specifically for primary care populations, yet has been overlooked by the researchers, although they referenced it in the article as if it were synonymous with the 21-item version. We agree with the authors that residents too frequently misdiagnose patients with both false positives and false negatives; however, their data provide no evidence supporting this conclusion because of the mistaken idea that severity of depression and its diagnosis are interchangeable.

We do hope readers will note, however, the authors' results in Table 5, which indicate that nearly one half of the chart diagnoses of depression were given to patients whose severity of depression, as measured by the Beck, was less than mild. The authors' point about sex stereotyping is also well taken. It is hoped that in future research

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ACTIFED-C® EXPECTORANT



INDICATIONS: Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:

"Lacking substantial evidence of effectiveness as a fixed combination." For the symptomatic relief of cough in conditions such as: the common cold, acute bronchitis, allergic asthma, bronchiolitis, croup, emphysema, tracheobronchitis. Final classification of the less-than-effective indications requires further investigation.

CONTRAINDICATIONS:

Use in Newborn or Premature Infants: This drug should not be used in newborn or premature infants.

Use in Nursing Mothers: Because of the higher risk of antihistamines, codeine and sympathomimetic amines for infants generally and for newborn and premature in particular, Actifed-C Expectorant therapy is contraindicated in nursing mothers.

Use in Lower Respiratory Disease: Antihistamines should NOT be used to treat lower respiratory tract symptoms including asthma.

Actifed-C Expectorant is also contraindicated in the following conditions:

Hypersensitivity to: 1) Triprolidine Hydrochloride and other antihistamines of similar chemical structure; 2) sympathomimetic amines including pseudoephedrine; and/or 3) any of the other ingredients.

Monoamine oxidase inhibitor therapy (see Drug Interaction Section).

WARNINGS: Actifed-C Expectorant should be used with considerable caution in patients with:

| | |
|---|------------------------|
| Increased intraocular pressure (Narrow angle glaucoma) | Hypertension |
| Stenosing peptic ulcer | Diabetes mellitus |
| Pyloroduodenal obstruction | Ischemic heart disease |
| Symptomatic prostatic hypertrophy | Hyperthyroidism |
| Bladder neck obstruction | |

Sympathomimetics may produce central nervous stimulation with convulsions or cardiovascular collapse with accompanying hypotension.

Codeine can produce drug dependence of the morphine type, and therefore has the potential of being abused.

Use in Children: As in adults, the combination of an antihistamine and sympathomimetic amine can elicit either mild stimulation or mild sedation in children.

While it is difficult to predict the result of an overdose of a combination of triprolidine, pseudoephedrine, and codeine the following is known about the individual components:

In infants and children especially, antihistamine in overdose may cause hallucination, convulsion or death. Large doses of pseudoephedrine are known to cause weakness, lightheadedness, nausea and/or vomiting. An overdose of codeine may cause CNS depression with muscular twitching and convulsion, weakness, disturbed vision, dyspnea, respiratory depression, collapse and coma.

Use in Pregnancy: Experience with this drug in pregnant women is inadequate to determine whether there exists a potential for harm to the developing fetus.

Use with CNS Depressants: Triprolidine and codeine phosphate have additive effects with alcohol and other CNS depressants (hypnotics, sedatives, tranquilizers, etc.).

Use in Activities Requiring Mental Alertness: Patients should be warned about engaging in activities requiring mental alertness as driving a car or operating appliances, machinery, etc.

Use in the Elderly (approximately 60 years or older): Antihistamines are more likely to cause dizziness, sedation and hypotension in elderly patients. Overdosages of sympathomimetics in this age group may cause hallucinations, convulsions, CNS depression, and death.

PRECAUTIONS: Actifed-C Expectorant should be used with caution in patients with: history of bronchial asthma, increased intraocular pressure, hyperthyroidism, cardiovascular disease, hypertension.

DRUG INTERACTIONS: MAO inhibitors prolong and intensify the anticholinergic (drying) effects of antihistamines and overall effects of sympathomimetics. Sympathomimetics may reduce the antihypertensive effects of methyldopa, decamylamine, reserpine, and veratrum alkaloids.

The CNS depressant effect of triprolidine hydrochloride and codeine phosphate may be additive with that of other CNS depressants.

ADVERSE REACTIONS:

1. *General:* Urticaria, drug rash, anaphylactic shock, photosensitivity, excessive perspiration, chills, dryness of mouth, nose and throat.

2. *Cardiovascular System:* Hypertension, headache, palpitations, tachycardia, extrasystoles.

3. *Haematologic System:* Hemolytic anemia, thrombocytopenia, agranulocytosis.

4. *Nervous System:* Sedation, sleepiness, dizziness, disturbed coordination, fatigue, confusion, restlessness, excitation, nervousness, tremor, irritability, insomnia, euphoria, paresthesias, blurred vision, diplopia, vertigo, tinnitus, acute labyrinthitis, hysteria, neuritis, convulsions, CNS depression, hallucination.

5. *G.I. System:* Epigastric distress, anorexia, nausea, vomiting, diarrhea, constipation.

6. *G.U. System:* Urinary frequency, difficult urination, urinary retention, early menses.

7. *Respiratory System:* Thickening of bronchial secretions, tightness of chest and wheezing, nasal stuffiness.

NOTE: Guafenesin has been shown to produce a color interference with certain clinical laboratory determinations of 5-hydroxyindoleacetic acid (5-HIAA) and vanillylmandelic acid (VMA).

HOW SUPPLIED: Bottles of 1 pint, 1 gallon and 4 oz Unit of Use Bottle with Child Resistant Cap.



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authors will refrain from implying that any self-report measure provides a DSM-III diagnosis, and recognize instead the uses and limitations of these instruments.

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2. Hathaway SR, McKinley JC: A multiphasic personality schedule (Minnesota

III: The measurement of symptomatic depression). J Psychol 14:74, 1942

3. Berndt DJ, Patzel T, Berndt SM: Development and initial evaluation of a multiscore depression inventory. J Pers Assess 44:396, 1980

The preceding letter was referred to Dr. Seller, Dr. Blascovich, and Ms. Lenkei, who respond as follows:

We were rather dismayed with the Berndts' criticism of our recent article regarding the appropriateness of the use of the Beck Depression Index (BDI) in our research. Their argument seems to rest mainly on the contention that the BDI measures "severity" rather than diagnosis of depression.

We base our defense of our use of the BDI on two approaches: logic and relevant literature. First of all, it seems illogical to argue that one can measure the severity of depression without acknowledging its existence. In addition, it is our contention that one can rationally and practically define the existence of depression on the basis of severity. In our research, we defined a patient as "objectively" diagnosed as depressed if he or she had a fairly high BDI score. We chose a high score to minimize the chance of a false positive diagnosis. The Berndts' additional argument that "one often finds patients with anxiety disorders, terminal cancer, and schizophrenia scoring well above the cutoffs listed in the article" does not necessarily mean, as they imply, that the BDI might assess disorders other than depression, but rather it means that patients suffering from these other disorders might also be depressed.

We also feel the literature justifies the use of the BDI in studies such as our own. For example, Salkind¹ concluded that



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BENADRYL® (Diphenhydramine Hydrochloride Capsules, USP)

Before prescribing, please see full prescribing information. A Brief Summary follows:

INDICATIONS. Benadryl in the oral form is effective for the following indications:

Antihistaminic: For perennial and seasonal (hay fever) allergic rhinitis; vasomotor rhinitis; allergic conjunctivitis due to inhalant allergens and foods; mild, uncomplicated allergic skin manifestations of urticaria and angioedema; amelioration of allergic reactions to blood or plasma; dermatographism; as therapy for anaphylactic reactions *adjunctive* to epinephrine and other standard measures after the acute manifestations have been controlled.

Motion sickness: For active and prophylactic treatment of motion sickness.

Antiparkinsonism: For parkinsonism (including drug-induced extrapyramidal reactions) in the elderly unable to tolerate more potent agents; mild cases of parkinsonism (including drug-induced) in other age groups; in other cases of parkinsonism (including drug-induced) in combination with centrally acting anticholinergic agents.

CONTRAINDICATIONS. Use in Newborn or Premature

Infants: This drug should *not* be used in newborn or premature infants.

Use in Nursing Mothers: Because of the higher risk of antihistamines for infants generally, and for newborns and premature infants in particular, antihistamine therapy is contraindicated in nursing mothers.

Use in Lower Respiratory Disease: Antihistamines should *NOT* be used to treat lower respiratory tract symptoms, including asthma.

Antihistamines are also contraindicated in the following conditions: hypersensitivity to diphenhydramine hydrochloride and other antihistamines of similar chemical structure.

Monoamine oxidase inhibitor therapy (See Drug Interactions section).

WARNINGS. Antihistamines should be used with considerable caution in patients with narrow-angle glaucoma, stenosing peptic ulcer, pyloroduodenal obstruction, symptomatic prostatic hypertrophy, or bladder-neck obstruction.

Use in Children: In infants and children, especially, antihistamines in *overdosage* may cause hallucinations, convulsions, or death.

As in adults, antihistamines may diminish mental alertness in children. In the young child, particularly, they may produce excitation.

Use in Pregnancy: Experience with this drug in pregnant women is inadequate to determine whether there exists a potential for harm to the developing fetus.

Use with CNS Depressants: Diphenhydramine hydrochloride has additive effects with alcohol and other CNS depressants (hypnotics, sedatives, tranquilizers, etc).

Use in Activities Requiring Mental Alertness: Patients should be warned about engaging in activities requiring mental alertness, such as driving a car or operating appliances, machinery, etc.

Use in the Elderly (approximately 60 years or older): Antihistamines are more likely to cause dizziness, sedation, and hypotension in elderly patients.

PRECAUTIONS. Diphenhydramine hydrochloride has an atropine-like action and, therefore, should be used with caution in patients with a history of bronchial asthma; increased intraocular pressure, hyperthyroidism, cardiovascular disease, or hypertension.

DRUG INTERACTIONS. MAO inhibitors prolong and intensify the anticholinergic (drying) effects of antihistamines.

ADVERSE REACTIONS. The most frequent adverse reactions are underscored.

1. *General:* Urticaria, drug rash, anaphylactic shock, photosensitivity, excessive perspiration, chills, dryness of mouth, nose, and throat

2. *Cardiovascular System:* Hypotension, headache, palpitations, tachycardia, extrasystoles

3. *Hematologic System:* Hemolytic anemia, thrombocytopenia, agranulocytosis

4. *Nervous System:* Sedation, sleepiness, dizziness, disturbed coordination, fatigue, confusion, restlessness, excitation, nervousness, tremor, irritability, insomnia, euphoria, paresthesia, blurred vision, diplopia, vertigo, tinnitus, acute labyrinthitis, hysteria, neuritis, convulsions

5. *GI System:* Epigastric distress, anorexia, nausea, vomiting, diarrhea, constipation

6. *GU System:* Urinary frequency, difficult urination, urinary retention, early menses

7. *Respiratory System:* Thickening of bronchial secretions, tightness of chest and wheezing, nasal stuffiness

OVERDOSAGE. Antihistamine overdosage reactions may vary from central nervous system depression to stimulation. Stimulation is particularly likely in children. Atropine-like signs and symptoms, dry mouth, fixed, dilated pupils, flushing, and gastrointestinal symptoms may also occur.

If vomiting has not occurred spontaneously the patient should be induced to vomit. This is best done by having him drink a glass of water or milk after which he should be made to gag. Precautions against aspiration must be taken, especially in infants and children.

If vomiting is unsuccessful gastric lavage is indicated within 3 hours after ingestion and even later if large amounts of milk or cream were given beforehand. Isotonic or 1/2 isotonic saline is the lavage solution of choice.

Saline cathartics, as milk of magnesia, by osmosis draw water into the bowel and, therefore, are valuable for their action in rapid dilution of bowel content.

Stimulants should *not* be used.

Vasopressors may be used to treat hypotension.

HOW SUPPLIED. Supplied in (as) 50- and 25-mg capsules, and Elixir, 12.5 mg/5 ml with 14% alcohol.

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LETTERS TO THE EDITOR

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the Beck Depression Inventory provides a self-rating measurement of the behavioural manifestations of depression (Beck et al) and consequently promises to be a useful and accurate research instrument, especially valuable in multicentre trials since it bypasses the clinician's subjective bias. For use in general practice a method requires to be easily answered, easily applied by a clinician, easily and rapidly scored; it should be accurate and reliable. The BDI fulfills these requirements more closely than other existing scales.

More recently Nielsen and Williams² demonstrated the "BDI to be superior to primary physicians in identifying depressed patients" and suggested its use as a screening test for depression. Finally, we quote the Berndts themselves from an article detailing the development of a multiscore depression inventory: "Evidence for concurrent validity of the Full Scale MDI was obtained from two established measures of depression. The MDI correlated highly with the BDI, $r = .69$, $p < .001$."³

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