

These answers/discussions relate to the CME quiz appearing in the Supplement to the December 1996 issue of JAOA.

1. (d) In choosing an appropriate mental health screening tool, the most important factors to consider are those that are unique characteristics to the office setting. An office that does not do pediatrics need not waste time screening for child psychopathology. Similarly, offices with limited staff may find patient-rated, easily scored, paper-and-pencil screens most valuable. For an instrument to be of value, it must be user friendly to both the patient and office staff. Although new screening tools, such as the Symptom Driven Diagnostic System for Primary Care (SDDS-PC) and the Primary Care Evaluation of Mental Disorders (PRIME-MD), are useful, they do not elicit all forms of psychopathology. Psychologists with expertise in psychometric evaluation are valuable in assisting with difficult diagnostic problems, particularly where neuropsychiatric pathology is suspected. However, general screening tools should not require this level of professional consultation to be helpful in a family practice setting. Screening tools should not be used to make a diagnosis. As in all clinical medicine, psychiatric diagnosis should be made only after a careful history (including a mental status examination) and physical examination (including appropriate laboratory determinations) are completed.

2. (d) The Beck Depression Inventory (BDI) and Center for Epidemiologic Studies Depression Scale (CES-D) are both useful screens for depression. The Beck Anxiety Inventory (BAI) is valuable in screening for anxiety. The PRIME-MD, along with the SDDC-PC, was developed to be used as general mental health

screening tools and target psychopathology commonly seen in primary care.

3. (c) The most important issues to consider in making a psychotherapy referral is the therapist's ability to collaborate.

4. (c) When a patient is suicidal, immediate referral is imperative.

5. (e) One year's therapy with an antidepressant should be advised for the patient in the scenario described: A 30-year-old woman with complaints of poor sleep, lack of interest in her work and family, and feelings of worthlessness, multiple somatic complaints has a workup that reveals no organic pathologic process. She admits to thoughts of going to sleep and not waking up, but denies a suicide plan. This is her second major depressive episode in the past 3 years. Fortunately, long-term antidepressant use is well tolerated with minimal, if any, residual drug effects reported. The risks associated with recurrent disease often outweigh any concerns associated with long-term antidepressant medication use.

6. (d) A 2-week supply of imipramine hydrochloride (Tofranil), the original tricyclic antidepressant (TCA), could be lethal if taken in an overdose. The TCAs are effective for most patients, but adverse effects are common. Weight gain, dry mouth, and constipation are bothersome for the patient, while orthostatic hypotension, slowed cardiac conduction, and high lethality in overdose are of serious concern to the clinician. Fluoxetine hydrochloride (Prozac) and sertraline hydrochloride (Zoloft) are selective serotonin-reuptake inhibitors (SSRIs). The SSRIs have a favorable side effect profile. Their lack of quinine-like effects on the myocardium

results in their low lethality rate in overdose. It only takes a 2-week supply of a TCA taken at one time to be potentially lethal. All four classes of new antidepressants—SSRIs, aminoketone, triazolopyridine, cyclohexanol—offer this advantage over the TCAs.

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1. (b) The most common side effects of selective serotonin-reuptake inhibitors (SSRIs) are some gastrointestinal disturbance, and side effects on sexual functioning. Most commonly, patients will experience some decrease in appetite or some nausea, which may be transient. Diarrhea may be more frequent with fluoxetine hydrochloride and sertraline hydrochloride, and less so with paroxetine, but as with much of medicine, individual patients may tolerate one antidepressant better than another for unclear reasons. Difficulty with sexual function occurs in up to 40% of patients treated with SSRIs. Because depressive disorders can also present with this symptom, a careful history needs to be taken to differentiate the etiology of these disorders.

2. (c) Response to antidepressants can occur up to 6 to 10 weeks and perhaps even up to 12 weeks after beginning therapy with these medications. It is very important for physicians prescribing such medications *not* to terminate a trial prematurely. One of the most common reasons for nonresponse in patients seen in tertiary care depression centers is not allowing a long enough medication trial.

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Lorcet 10/650

Each tablet contains: 10 mg hydrocodone bitartrate (Warning: May be habit-forming) and 650 mg acetaminophen.

Reference:

1. Data on file, Forest Laboratories, New York, NY.

INDICATIONS AND USAGE: For the relief of moderate to moderately severe pain.

CONTRAINDICATIONS: Hypersensitivity to acetaminophen or hydrocodone.

WARNINGS: Respiratory Depression: At high doses or in sensitive patients, hydrocodone may produce dose-related respiratory depression by acting directly on the brain stem respiratory center. Hydrocodone also affects the center that controls respiratory rhythm, and may produce irregular and periodic breathing.

Head Injury and Increased Intracranial Pressure: The respiratory depressant effects of narcotics and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a preexisting increase in intracranial pressure. Furthermore, narcotics produce adverse reactions which may obscure the clinical course of patients with head injuries.

Acute Abdominal Conditions: The administration of narcotics may obscure the diagnosis or clinical course of patients with acute abdominal conditions.

PRECAUTIONS: Special Risk Patients: As with any narcotic analgesic agent, Lorcet 10/650 should be used with caution in elderly or debilitated patients and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, prostatic hypertrophy or urethral stricture. The usual precautions should be observed and the possibility of respiratory depression should be kept in mind.

Cough Reflex: Hydrocodone suppresses the cough reflex; as with all narcotics, caution should be exercised when Lorcet 10/650 is used postoperatively and in patients with pulmonary disease.

Drug Interactions: Patients receiving other narcotic analgesics, antipsychotics, anti-anxiety agents, or other CNS depressants (including alcohol) concomitantly with Lorcet 10/650 may exhibit an additive CNS depression. When combined therapy is contemplated, the dose of one or both agents should be reduced. The use of MAO inhibitors or tricyclic antidepressants with hydrocodone preparations may increase the effect of either the antidepressant or hydrocodone. The concurrent use of anticholinergics with hydrocodone may produce paralytic ileus.

Usage in Pregnancy: Teratogenic Effects: Pregnancy Category C. Hydrocodone has been shown to be teratogenic in hamsters when given in doses 700 times the human dose. There are no adequate and well-controlled studies in pregnant women. Lorcet 10/650 should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nonteratogenic Effects: Babies born to mothers who have been taking opioids regularly prior to delivery will be physically dependent. The withdrawal signs include irritability and excessive crying, tremors, hyperactive reflexes, increased respiratory rate, increased stools, sneezing, yawning, vomiting, and fever. The intensity of the syndrome does not always correlate with the duration of maternal opioid use or dose. There is no consensus on the best method of managing withdrawal. Chlorpromazine 0.7 to 1 mg/kg q6h, and paregoric 2 to 4 drops/kg q4h, have been used to treat withdrawal symptoms in infants. The duration of therapy is 4 to 28 days, with the dosage decreased as tolerated.

Labor and Delivery: As with all narcotics, administration of Lorcet 10/650 to the mother shortly before delivery may result in some degree of respiratory depression in the newborn, especially if higher doses are used.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from Lorcet 10/650, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS: The most frequently observed adverse reactions include lightheadedness, dizziness, sedation, nausea and vomiting. These effects seem to be more prominent in ambulatory than in nonambulatory patients and some of these adverse reactions may be alleviated if the patient lies down. Other adverse reactions include:

Central Nervous System: Drowsiness, mental clouding, lethargy, impairment of mental and physical performance, anxiety, fear, dysphoria, psychic dependence, mood changes.

Gastrointestinal System: The antiemetic phenothiazines are useful in suppressing the nausea and vomiting which may occur (see above); however, some phenothiazine derivatives seem to be antianalgesic and to increase the amount of narcotic required to produce pain relief, while other phenothiazines reduce the amount of narcotic required to produce a given level of analgesia. Prolonged administration of Lorcet 10/650 may produce constipation.

Genitourinary System: Urteral spasm, spasm of vesical sphincters and urinary retention have been reported.

Respiratory Depression: Hydrocodone bitartrate may produce dose-related respiratory depression by acting directly on the brain stem respiratory center. Hydrocodone also affects the center that controls respiratory rhythm, and may produce irregular and periodic breathing. If significant respiratory depression occurs, it may be antagonized by the use of naloxone hydrochloride. Apply other supportive measures when indicated.

DRUG ABUSE AND DEPENDENCE: Lorcet 10/650 is subject to the Federal Controlled Substances Act (Schedule III). Psychic dependence, physical dependence, and tolerance may develop upon repeated administration of narcotics; therefore, Lorcet 10/650 should be prescribed and administered with caution. However, psychic dependence is unlikely to develop when Lorcet 10/650 is used for a short time for the treatment of pain.

OVERDOSAGE: Acetaminophen: Signs and Symptoms: In acute acetaminophen overdose, dose-dependent, potentially fatal hepatic necrosis is the most serious adverse effect. Renal tubular necrosis, hypoglycemic coma, and thrombocytopenia may also occur. Early symptoms following a potentially hepatotoxic overdose may include: nausea, vomiting, diaphoresis and general malaise. Clinical and laboratory evidence of hepatic toxicity may not be apparent until 48 to 72 hours post-ingestion.

Hydrocodone: Signs and Symptoms: Serious overdose with hydrocodone is characterized by respiratory depression (a decrease in respiratory rate and/or tidal volume, Cheyne-Stokes respiration, cyanosis), extreme somnolence progressing to stupor or coma, skeletal muscle flaccidity, cold and clammy skin, and sometimes bradycardia and hypotension. In severe overdosage, apnea, circulatory collapse, cardiac arrest and death may occur.

DOSAGE AND ADMINISTRATION: Dosage should be adjusted according to the severity of the pain and the response of the patient. However, it should be kept in mind that tolerance to hydrocodone can develop with continued use and that the incidence of untoward effects is dose related. The usual adult dosage is one tablet every four to six hours as needed for pain. The total 24 hour dose should not exceed 6 tablets.

CAUTION: Federal law prohibits dispensing without prescription. A Schedule III Controlled Substance. Manufactured by: MIKART, INC. ATLANTA, GA 30318 Manufactured for UAD Laboratories Division of Forest Pharmaceuticals, Inc. St. Louis, MO 63045 Rev. 6/94 Code 558A00

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CME quiz discussion

(continued)

3. (b) Nursing home institutionalization may be necessary for some patients, but it is not recommended as an automatic first step in dealing with agitation. More helpful strategies would attempt to identify the cause of agitation and correct it.

4. (b) False. Delirium is more common. The prevalence of delirium is often estimated at 30% for generally medically hospitalized individuals.

5. (a) Depressed mood (sadness) must be present at least 2 weeks for the diagnosis to be *major depressive disorder*.

6. (d) Because it is renally excreted, oxazepam is the only medication that will attenuate the symptoms of alcohol withdrawal and not complicate hepatic dysfunction further.

7. (e) Doxepin has many useful properties beyond its antidepressant effect. It is very sedative and will attenuate anxiety. It also has histamine type 1 blocking and anticholinergic properties, both useful in peptic ulcer disease.

8. (a) True. Most patients who have concurrent alcoholism and depression have alcoholism as a primary diagnosis.

9. (a) True. If a patient has primary alcoholism with secondary depressive symptoms, most of the severe depressive symptoms will resolve with abstinence. The addiction must be aggressively treated in order to adequately evaluate and treat the depressive symptoms. A fourth to a third of abstinent patients, however, will have persistent symptoms of anxiety or depression after 4 weeks of abstinence. Then, more aggressive psychotherapeutic or psychopharmacologic assessment and intervention are needed. ♦

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federal update

From the FDA

Fat substitute approved for use in snack foods

The fat substitute olestra will soon be added to crackers, potato chips, and other snacks. This fat substitute contains zero calories and has one molecule of sucrose with up to eight fatty acids attached. The fatty acids are derived from various vegetable oils.

In clinical tests, olestra was found to cause intestinal cramps and loose stools in some persons. It also absorbs fat-soluble vitamins A, D, E, and K. Because of this absorption, manufacturers who use olestra will be required to add these essential vitamins to their food products. Furthermore, products containing olestra must carry a label citing the aforementioned side effects and noting the addition of those absorbed vitamins.

The FDA approved olestra, which will be marketed under the name Olean by Procter & Gamble (Cincinnati, Ohio), after evaluating more than 150,000 pages of data drawn from more than 150 studies. As part of the conditions for approval, Procter & Gamble will be required to conduct studies to monitor the long-term effects of the consumption of olestra. ♦



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