CME quiz discussion

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 tricylic 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 quinidine-like effects on the myocardium results in the 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.

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

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.

(continued on page 88)

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. ◆

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.◆