CHIEF EDITOR DR. SYED MUBIN AKHTAR

KARACHI PSYCHIATRIC HOSPITAL

BULLETIN

APRIL-2014

(Regd. No. SS-237)

Readers are requested to send their articles, comments & suggestions.

Doctors who desire to get the bulletin should send their address, contact number and email to:

Address: B-1/14, Nazimabad # 3, Karachi-74600
Phone:111-760-760
Fax: 36681610
Email: editor@kph.org.pk
Email: support@kph.org.pk

علم

حضرت ابوامامہؓ سے روایت ہے کہ رسول کریم ﷺ کے پاس دو لوگوں کا تذکرہ کیا گیا۔ ان میں ایک عابد اور دوسرا عالم تھا۔ اس پر آپ ﷺ نے فرمایا:

''عالم کی عابد پر اس طرح فضیلت ہے جس طرح تم میں سے ادنیٰ درجہ کے انسان پر میری فضیلت ہے۔''

پھر رسول اکرم ﷺ نے فرمایا:

''بلاشبہ اللہ تعالیٰ اس کے فرشتے، آسمانوں اور زمین میں رہنے والے، حتیٰ کے چیونٹی اپنے بل میں اور مچھلیاں بھی سمندر میں اس آدمی کے لئے دُعا کرتی ہیں جو لوگوں کی بھلائی کی تعلیم دیتا ہے۔''

(حدیث ترمذی)

KARACHI PSYCHIATRIC HOSPITAL BULLETIN

Vol. 37, Issue No. IV

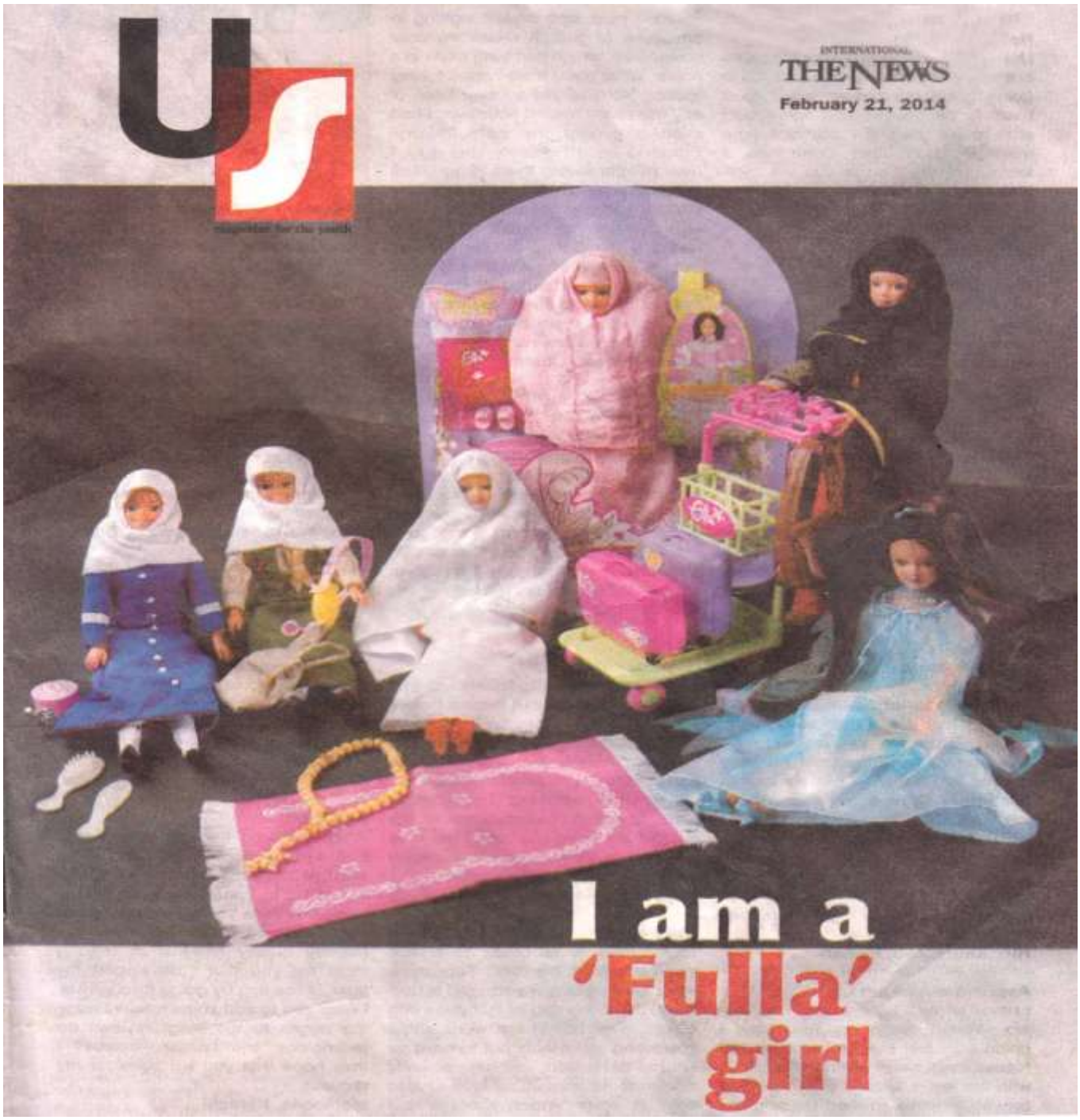
APRIL - 2014

Regd. No. SS-237

(Medical , General and Psychiatric Research Articles)

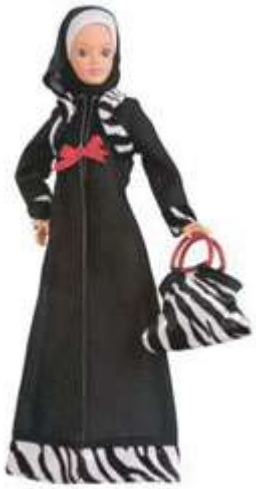
This magazine can be viewed on Website: www.kph.org.pk

CONTENTS



I AM A 'FULLA' GIRL

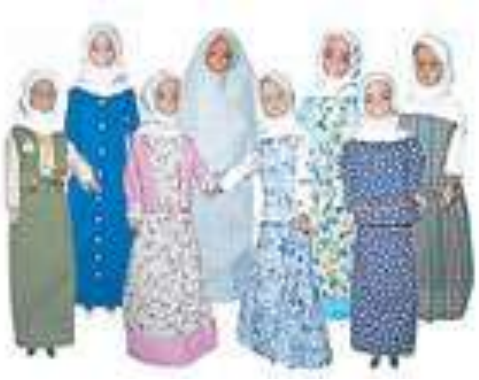
(From an article by Mehreen Hasan In The News)



Remember your first toy? Mine was a doll. A cloth doll with olive skin, brown braided hair and an orange and purple pinafore that wouldn't come off. Her name was Fergie; I had inherited her from my older sister. Fergie didn't look a thing like me. I loved her anyway. I was then treated to a deluge of Barbies – more hand-me-downs. Needless to say, none of those peachy, hour glass-shaped, blond-haired mini mannequins looked a thing like me, a five-year-old Pakistani girl. I liked those well enough too.

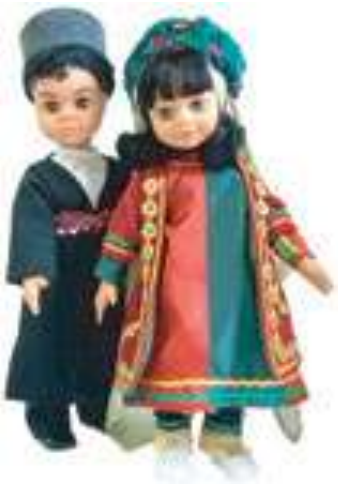
I wonder if this was a good thing. I, no longer a child, don't aspire to be fairer or taller, don't want to dye my hair a lighter shade, don't want to skip about in a tank top and mini-skirt, but I'll admit, I'm getting increasingly worried about the inches

creeping up around my waistline. I insist it comes from sitting in an office chair for eight hours at a stretch. But that's beside the point.

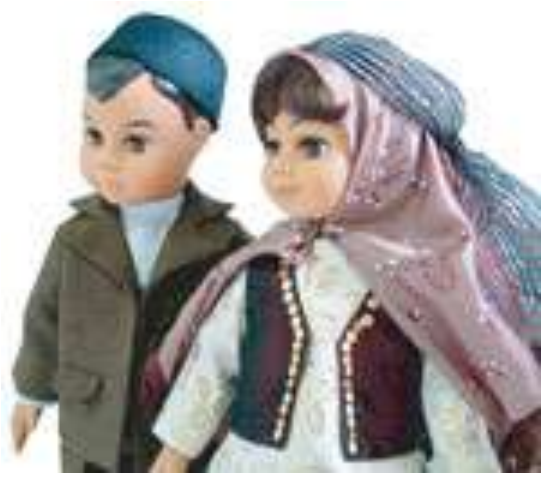


The real concern at the moment is was I held back in anyway by not having enough dolls or fictional characters that looked like me?At the recently held Karachi Literature Festival (KLF), a fantastic reservoir of information that crops up every year without fail, a group of four intellectuals had gathered to share their views about "breaking down the gender walls". While this was a talk that primarily centred on equalizing the positions of women and men in society, it also tangentially probed a slightly different, but related matter.

Dr Amina Yaqin, a researcher and professor in the field of gender studies among others, talked about gender stereotypes by sharing her views about the Islamic Barbie. There isn't just one Islamic Barbie. There's Fulla from Damascus, with dark eyes and long brown hair. Named after a sweet smelling flower, she looks a lot like Barbie, but she is very different. She's Muslim, wearing the hijab with a long flowing abaya. Fulla even comes with her own janamaaz. There's Razanne, who's from the United States, and comes in a variety of skin and hair colours (white, olive, black/ blonde, black) and also wears an abaya.And then there are the Sara and Dara dolls from Iran, twin siblings who started out as characters in school books and their lives have also grown into stories that are being sold on cassette along with the dolls. They are both supposed to be eight years old, young enough under Islamic law for Sara to appear in public without a headscarf. However, the creators have decided to include headscarves with the toy. The siblings help each other to solve problems and turn to their loving parents for guidance.



All of these 'Islamic dolls', though slightly different from one another, have one thing in common: they have been created as an antidote to the harmful American values that Barbie is perceived to represent. The creators say their dolls represent Arab and Islamic values such as modesty, respect and piety. Toy sellers have welcomed the dolls, noting that the image of Barbie as buxom, blonde and wearing revealing clothing was "more harmful than an American missile." Developmental psychologists have established that playing with toys is one of the key socialising processes for young children. That is, children internalise the concepts conveyed by their learned interaction with toys, which not only sets up their expectations of the real world but also influences their subsequent behaviour.

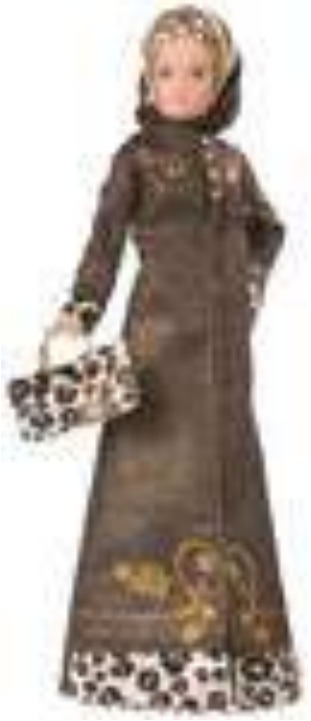


Among the concepts gathered by children through play (and other socialising processes) is their understanding of gender, specifically their perception of male and female roles. Many researchers have found that certain toys, such as Barbies, send stereotyped messages about gender roles, which are subsequently reinforced by other socialising agents, as a result of which the child viewers go on to perpetuate those stereotypes through their behaviour. The trouble with Barbie is not just her skimpy dressing – that's counteracted by the droves of 'sensibly dressed' people around us as kids – it's her lack of ambition.I feel the Islamic dolls are an answer to that.

"Razanne comes in many guises, reflecting, apparently, "the diverse roles open to modern Islamic women"; the "in and out play doll" wears the latest short-skirted fashions indoors but, at a moment's notice, can spin into a more modest traditional Jilbaab coat. The "Razanne Eid Mubarak" is decked out for the two annual Eid celebrations and is the most popular in the range. Next year sees the arrival of the young professional range - "Dr Razanne" and "Teacher Razanne" - who, according to Noor, are "tools to

show not only how important education and religious piety are within Islamic society, but also to shatter stereotypes.

Muslim women can have careers too. As the mother of one girl put it, 'What is good about the doll is that it's Razanne's character that counts, not whether she's a perfect 10 in her day-glo summer bikini and loved by all the boys,'" reveals Jo Tatchell in her articles for The Guardian.Fulla, like Barbie, has a bike and a scooter (though I wish they didn't just come in pink), so she can participate in public life just like Barbie.In the talk at KLF, Dr Yaqin made some interesting observations. She noted that Fulla isn't as well-endowed as Mattel's Barbie, and her undergarments come glued on, so she can't be undressed. This is assumed to be a form of enforced piety – maybe there are parents who are daunted by the task of answering uncomfortable questions by too young children. Instead of desexualising the dolls, it would be a healthier practice for parents to answer their children's curiosity in an age-appropriate way. What disappoints me is that the dolls still conform to the petite mould of Mattel's Barbie, so they're just adding to the flood of imagery that connotes the desirability of skinny women. That they have in common with Barbie. Of course the media in the West will be decrying them as propaganda tool – and who's to know the real intentions of the toy makers – saying that it encourages the oppressive practice of enforced burka-wearing. But here in Pakistan, we know there are plenty of women who wear one out of choice.



And more importantly, it's a decidedly good thing to have a diversity of dolls that reflect a plurality of perspectives, to register and establish that there's a whole culture of different norms and preferences for men and women. For every Barbie, it's okay to have a Fulla, a Razanne, a Sara and Dara. And it certainly seems like the case. Arab children are now choosing Fulla over Barbie. More than 1.3 million dolls, at $16 each, have been sold since the toy hit the shelves in November 2003.

CHILDHOOD BULLYING IS NOT HARMLESS, EVEN IN THE LONG RUN

Peter Roy-Byrne, MD reviewing Copeland WE et al. JAMA Psychiatry 2013 Feb

This longitudinal study documents greater risk for multiple psychiatric disorders in adults with histories of bullying or being bullied in childhood.

Whether bullying in childhood has adverse behavioral and emotional effects in adulthood is not well understood. In a prospective, population-based, cohort study, researchers assessed 1420 children (baseline ages, 9, 11, and 13 years) annually until age 18 and then again at ages 19, 21, and 25 (follow-up in adulthood, 1273 individuals). Adulthood assessments included structured psychiatric diagnostic interviews. Parent and child reports of bullying (victim, perpetrator, or both) between ages 9 and 16 yielded 484 cases and 789 controls. No differences by sex were seen for victims. After adjustment for preexisting childhood disorders, victims in adulthood had elevated rates of panic disorder (odds ratio, 3.1), agoraphobia (OR, 4.6), and generalized anxiety disorder (OR, 2.7); bullies/victims had elevated rates of depression (OR, 4.8), panic disorder (OR, 14.5), agoraphobia (females only; OR, 26.7), and suicidality (males only, OR, 18.5). Bullies had elevated rates of antisocial personality in adulthood (OR, 4.1).

COMMENT

Adult effects of childhood bullying are varied and substantial, increasing the risks for anxiety, depression, and suicidality manyfold. Girls and boys who are both victims and perpetrators appear to handle the

resulting stress in different ways (avoidance vs. suicidality). As the authors note, the long-term effects may develop by stress-induced changes in cortisol levels and telomere length, by an interaction between environment and vulnerability genes, or by altered cognitive and behavioral coping strategies. Clearly, prevention is the best strategy. In adult patients, clinicians should be alert to histories of childhood bullying, which the patient may not readily offer up.

(http://dx.doi.org/10.1001/jamapsychiatry.2013.504)

CITALOPRAM REDUCES AGITATION IN SOME PATIENTS WITH ALZHEIMER DISEASE

Thomas L. Schwenk, MD reviewing Porsteinsson AP et al. JAMA 2014 Feb 19. Small GW. JAMA

But adverse effects are worrisome.

Agitation in patients with Alzheimer disease (AD) causes substantial patient and caregiver distress, but no drugs have been FDA approved for managing this condition. In this multicenter North American study, researchers randomized 186 older adults (mean age, 78) with probable Alzheimer disease and clinical agitation to citalopram (titrated to a target dose of 30 mg daily) or placebo. Participants lived at home and received several hours of caregiver support weekly; they received a standard set of educational, crisis management, and counseling services. Baseline depression, psychosis, or prolonged QTc interval were exclusion criteria.

At 9 weeks, citalopram patients had significantly lower scores on standardized measures of agitation than did controls; caregivers in the citalopram group reported lower stress levels. About 40% of citalopram patients had moderate or better improvement in agitation versus 26% of controls (number needed to treat, 7). However, citalopram patients experienced more frequent and more substantial adverse events, including worsening of cognitive function and anorexia, diarrhea, and falls. Participants who received citalopram were more likely to exhibit increases of ≥30 milliseconds in QTc interval (7 intervention patients vs. 1 control patient).

COMMENT

Thomas L. Schwenk, MD

These results are both encouraging and worrisome. Citalopram appears to reduce agitation, at least in some patients, with concomitant benefits to caregivers; however, its side effects could detract substantially from overall quality of life and could cause cardiac complications or death. An editorialist believes that cautious use in selected patients might be warranted.

(http://dx.doi.org/10.1001/jama.2014.93)

ACETAMINOPHEN USE DURING PREGNANCY: BETTER THAN SAFE?

Wendy S. Biggs, MD reviewing Feldkamp ML et al. Obstet Gynecol 2010 Jan.

*W*omen who used acetaminophen for fever during the first trimester were less likely to have infants with certain birth defects.

Acetaminophen is often used during pregnancy and has been presumed to be safe. In an analysis designed to evaluate first-trimester use of acetaminophen and the occurrence of birth defects, investigators used data from the population-based National Birth Defects Prevention Study. Trained interviewers asked women (who had delivered) about first-trimester medication use and occurrence of infections with or without fever. The study sample included 11,610 children with birth defects (cases) and 4500 controls.

Almost half of the women in both case and control groups used acetaminophen. Acetaminophen-exposed children of mothers without fevers showed no significant excess risk for any birth defects. Infants of women who reported acetaminophen use for febrile illnesses showed substantially lower risk for several birth defects, most notably anencephaly (adjusted odds ratio, 0.35) and facial or oral clefts (adjusted OR, 0.44).

COMMENT

This study's strength is the size of its database: Large numbers of participants are required in order to see increases in incidence of uncommon congenital defects. A weakness of the study is that recall bias could have occurred: Mothers of affected children might be more likely to remember febrile illnesses and medication use. Surprisingly, pregnant women who used acetaminophen for fever were less likely to have infants with certain birth defects. Given that hyperthermia has been associated with some birth defects, perhaps acetaminophen use during the first trimester to lower fever is beneficial. Therefore, not only does acetaminophen seem safe during pregnancy, but its use can be encouraged for lowering fevers in pregnant women, thus potentially lowering risk for birth defects in their offspring.

---

http://www.jwatch.org/fw108139/2013/11

USPSTF: NO EVIDENCE THAT VITAMINS PREVENT CANCER OR CARDIOVASCULAR DISEASE

By Kelly Young

The U.S. Preventive Services Task Force has determined that there is not enough evidence to recommend for or against most vitamin and mineral supplements — alone or in combination — for preventing cardiovascular disease and cancer. The statement is available for public comment on their website. A review of the evidence appears in the *Annals of Internal Medicine*.

The group did, however, recommend against taking beta-carotene or vitamin E supplements for disease prevention, writing that vitamin E conferred no benefit and beta-carotene increases lung cancer risk in smokers.

The group says that a healthy diet "may play a role in the prevention of cancer or cardiovascular disease."

The recommendations do not apply to children, women who are pregnant or may become pregnant, and people who are hospitalized, have chronic illness, or have a nutritional deficiency.

---

http://www.jwatch.org/fw108139/2013/11/12/uspstf-no-evidence-vitamins-prevent-cancer-or

AN EASY PREVENTIVE TREATMENT OF DEPRESSION INDUCED BY INTERFERON

Steven Dubovsky, MD reviewing Su K-P et al. Biol Psychiatry

Prophylaxis with omega-3s decreases the risk.

Pretreatment with antidepressants can prevent depression caused by interferon-α (IFN) treatment of hepatitis C and other disorders, but antidepressants can be complicated to use in this setting. To find an alternative prophylaxis, researchers examined the effect of omega-3 polyunsaturated fatty acids for just 2 weeks prior to 6 months of treatment with IFN and ribavirin. A total of 162 hepatitis C patients were randomized to eicosapentaenoic acid (EPA; 3.50 g), docosahexaenoic acid (DHA; 1.75 g), or placebo; 152 completed IFN treatment and were included in the analysis.

Over the course of IFN treatment, the incidence of depression was significantly lower with EPA pretreatment (10%) than with placebo (30%; DHA pretreatment, 28%). When IFN-induced depression did occur, onset was significantly delayed with EPA or DHA pretreatment (12 weeks vs. 5 weeks with placebo). DHA pretreatment increased DHA levels, whereas EPA pretreatment increased both EPA and DHA levels.

COMMENT

Interferon-α increases activity of pro-inflammatory cytokines such as tumor necrosis factor-α, levels of which are correlated with the risk for IFN-induced depression. Anti-inflammatory effects of EPA, which is metabolized to DHA, may prevent this process. In view of how well omega-3s are tolerated, brief pretreatment with EPA before starting a course of IFN seems indicated as an initial strategy, and antidepressants can be started during treatment if depression does occur.

Note to Readers: At the time that NEJM JW reviewed this paper, its publisher noted that it was not in final form and that subsequent corrections might be made.

(http://dx.doi.org/10.1016/j.biopsych.2014.01.008)

COGNITIVE THERAPY REDUCES PSYCHOTIC SYMPTOMS IN SCHIZOPHRENIA

Peter Roy-Byrne, MD reviewing Morrison AP et al. Lancet

The reductions in psychotic symptoms in unmedicated but engaged schizophrenia patients are comparable to those seen with traditional antipsychotics.

Antipsychotic medications reduce psychotic symptoms and mortality and prevent relapses in schizophrenia, but medication adherence is very poor, and the drugs have significant medical and neurologic adverse effects. Because cognitive therapy (CT) has been shown to add to the effects of medication in schizophrenia patients, researchers in the U.K. examined the effects of 26 weekly CT sessions over 9 months or usual care in 74 unmedicated outpatients with schizophrenia. Patients were not taking antipsychotics for at least 6 months but were engaged with their local mental health care systems.

CT-treated patients had greater decreases in schizophrenia symptoms on the Positive and Negative Syndrome Scale (PANSS), with a small-to-medium effect size (0.4). At 9 months, 32% of CT-treated patients and 13% of controls achieved at least a 50% reduction in PANSS scores. CT improved social functioning but not symptoms of anxiety and depression.

COMMENT

This important study suggests that cognitive therapy offers significant benefits to schizophrenia patients who are already engaged in the mental health care system. However, these effects cannot be generalized to patient subgroups having greater morbidity and requiring more costly care — i.e., hospitalized or recently hospitalized patients, those with comorbid substance abuse, or those unable to engage with the mental health care system. Despite these qualifiers, the moderate effect size is comparable to that seen with antipsychotic medication. When patients are appropriately selected, CT seems to have a place in "personalized" treatment of schizophrenia. Although CT does not improve anxiety or depression, protocol changes to target these symptoms might expand the treatment's impact.

(http://dx.doi.org/10.1016/S0140-6736(13)62246-1)

WHY PATIENTS WITH MENTAL DISORDERS FIND IT HARD TO QUIT SMOKING

Joel Yager, MD reviewing Smith PH et al. Am J Public Health

They report greater dependence and more severe withdrawal symptoms.

In the U.S., individuals with mental disorders account for 40% to 50% of all cigarettes consumed. Cigarette smoking may contribute greatly to foreshortened lives in this population, and yet most cigarette smoking in psychiatric patients goes untreated. Although some experts advance "self-medication" hypotheses to explain high smoking rates and patients' lack of success in quitting, small studies have suggested that psychiatric patients also might experience more severe nicotine withdrawal symptoms than other smokers. In a two-part study, investigators examined nonspecific psychological distress, nicotine dependence and withdrawal, and motivations, attempts, and success in quitting.

In an analysis of data on 9913 current smokers participating in a very large epidemiological survey, having a mental illness significantly increased the likelihood of being diagnosed with nicotine withdrawal syndrome (risk ratios: patients with internalizing or externalizing disorders, 3.12; patients with psychotic episodes or disorders, 3.45). Patients with internalizing and psychotic disorders were particularly likely to suffer more severe withdrawal distress.

In a sociodemographically adjusted analysis of data on 751 smokers participating in a two-wave telephone survey, smokers with greater nonspecific distress were more motivated to quit and to attempt quitting, but were less likely to succeed. Nicotine dependence and withdrawal symptoms largely accounted for the association between nonspecific distress and unsuccessful quit attempts.

COMMENT

Although these findings suggest that anxiety sensitivity is related to less success in quitting, no evidence as yet supports the value of anxiolytics to assist smoking cessation. The results underscore the need to support mentally ill smokers' efforts to quit and, particularly, to alleviate the challenges imposed by nicotine withdrawal.

(http://dx.doi.org/10.2105/AJPH.2013.301502)

CAN MIXED FEELINGS ABOUT YOUR SPOUSE HARDEN YOUR ARTERIES?

Joel Yager, MD reviewing Uchino BN et al. Psychol Sci

In long-term married couples, mutual perceptions of each other as “helpful and upsetting” are associated with elevated coronary artery calcification scores.

Studies linking measures of marital satisfaction with health outcomes have yielded variable results. Recognizing that real-life marital relationships are often characterized by perceptions of one's spouse as both helpful and upsetting (i.e., ambivalence), investigators examined spouses' ratings of social relationship and marital adjustment and used standard scans to assess coronary artery calcification.

The 136 couples were married for a mean of 36 years (97% non-Hispanic white; mean age, 63; median household income, $50,000–$75,000); none had cardiovascular disease histories. Overall, 30% of spouses were viewed as primarily positive, and 70% were viewed ambivalently.

Studied variables included gender, age, body mass, blood glucose, plasma lipids, and self-reported smoking, alcohol use, and activity level. In analyses adjusting for age, sex, and body mass, coronary artery calcification scores were highest in individuals who both viewed and in turn were viewed by their spouses as both helpful and upsetting. In an ancillary analysis, this finding was not accounted for by marital dissatisfaction per se.

COMMENT

These intriguing preliminary findings invite studies that have larger samples, use more-precise delineations of interpersonal interactions, and explore additional factors such as inflammatory markers, other illness conditions, medications, diet, and exercise. Reciprocally ambivalent states, not just unidirectional negative mood states, might generate specific physiological distress phenomena that contribute to cardiovascular pathology. Ambivalent relationships may generate interpersonal stress and decrease mutual support. Also meriting study is the question of how much these attitudes result from individuals' pre-existing personality traits or attachment styles or from evolving transactional marital processes. Overall, these findings suggest that individual and couples therapies may have value in helping individuals prone to cardiovascular disease (or other diseases) deal with ambivalent feelings about their spouses.

(http://dx.doi.org/10.1177/0956797613520015)

INFLUENZA IN PREGNANT WOMEN AND BIPOLAR DISORDER RISK IN OFFSPRING

Joel Yager, MD reviewing Canetta SE et al. Am J Psychiatry

Serological evidence of influenza infection during pregnancy is associated with nearly a fivefold increased risk for bipolar disorder with psychotic features.

Prenatal infections have been associated with subsequent risk for schizophrenia, and, more recently, up to fourfold increases in bipolar disorder risk have been reported among offspring whose mothers were clinically diagnosed with influenza while pregnant. To more precisely examine these links, investigators used serological evidence of influenza exposure from maternal samples obtained from virtually all pregnant women in the Northern California Kaiser Permanente system who gave birth between 1959 and 1966.

Information on offspring was obtained by follow-up letters mailed in 2009–2011 to 6981 living mothers and 13,009 cohort members and from Kaiser Permanente and Alameda County records. Of the 448 potential cases of major psychiatric disorder, 85 had diagnoses of bipolar disorder (36 with psychotic features) and available maternal sera. These cases were matched with 170 nonpsychiatric comparison subjects with available maternal sera.

Serologically documented maternal influenza at any time in pregnancy or in any trimester was not associated with increased risk for bipolar disorder per se. However, in an analysis adjusting for race and maternal psychiatric histories, maternal influenza in pregnancy was significantly associated with heightened risk for bipolar disorder with psychotic features in offspring (odds ratio, 4.87). The link showed a nonsignificantly higher trend for exposure in the first and second trimesters.

COMMENT

Together with research linking maternal influenza to schizophrenia risk, the current finding that influenza during pregnancy greatly increases the risk for bipolar disorder with psychotic features points to potentially similar prenatal mechanisms in the pathogenesis of diverse psychotic disorders. Other research suggests that prenatal priming of such vulnerabilities is in part due to prenatal immune activation of dopaminergic hyperactivity. Overall, such observations hint at common features and mechanisms in psychosis and may lead to better diagnostic conceptualizations.

(http://dx.doi.org/10.1176/appi.ajp.2013.13070943)

LONG-TERM OUTCOMES IN CHILDREN WITH ANXIETY DISORDERS

Barbara Geller, MD reviewing Ginsburg GS et al. JAMA Psychiatry

Not quite half of participants in a randomized study were in remission 6 years later, and original treatment assignment was not predictive of the outcome.

Children with anxiety disorders (social phobia, separation anxiety, generalized anxiety) showed good acute response to treatment in a randomized, placebo-controlled study (sertraline + cognitive-behavioral therapy [CBT], 81%; CBT, 60%; sertraline, 55%; pill placebo, 24%; NEJM JW Psychiatry Oct 30 2008). To learn about long-term outcomes, researchers conducted a follow-up study with in-person or telephone interviews of children and parents at a mean of 6 years after randomization. Remission was defined as lack of any of the three study diagnoses.

The 288 participants at follow-up (mean age, 17) included 59% of the original sample and were significantly more likely than nonparticipants to be female and have higher socioeconomic status and less likely to be Hispanic. Remission was found in 46.5%, with no significant differences by original treatment assignment or interim treatment type. From a large number of variables analyzed, only male sex and higher family functioning significantly predicted remission. Patients without remission were significantly more likely than remitted patients to have comorbid internalizing disorders (47% vs. 10%) and externalizing disorders (27% vs. 10%).

COMMENT

The specter of long-term sleeper effects of medication has been raised by an animal study showing increased upregulation of the serotonin transmitter after adolescent exposure to an antidepressant (Am J Psychiatry 2014 Jan 31 [e-pub ahead of print]). However, in the current study, outcomes were similar across treatment assignments, suggesting the absence of medication sleeper phenomena. Low remission rates imply that clinicians need to work with families individually to decide how often to monitor for relapse and how long to continue treatment instituted after the first relapse.

(http://dx.doi.org/10.1001/jamapsychiatry.2013.4186)

ARE PESTICIDES A RISK FACTOR FOR ALZHEIMER DISEASE?

Jaime Toro, MD reviewing Richardson JR. JAMA Neurol

A case–control study suggests an association between DDT exposure and AD risk.

Evidence suggests that long-term pesticide exposure may have toxic effects on the central nervous system. In the U.S., older adults are most likely to have been exposed to persistent pesticide such as dichlorodiphenyltrichloroethane (DDT), which was in use from the 1940s through 1972. Some studies have shown an elevated risk for Alzheimer disease (AD) and Parkinson disease associated with occupational pesticide exposure. To examine the association between DDT exposure and AD risk, researchers conducted a case–control study, using serum samples taken from patients with AD and controls in Texas and Georgia between 2002 and 2008. There were a total of 165 samples, representing 79 control and 86 AD cases (94 women, 71 men; women comprised 60% of controls and 55% of cases). At enrollment, participants completed the Mini-Mental State Examination (MMSE). The investigators measured brain and serum levels of the DDT metabolite dichlorodiphenyldichloroethylene (DDE) and determined apolipoprotein E (APOE) genotype.

The mean DDE level in serum was 3.8-fold higher in AD patients than in controls. Those with the highest tertile of DDE had a fourfold increased risk for AD and had significantly lower MMSE scores. Among those in the highest DDE tertile, APOE Ɛ4 carriers had significantly lower MMSE scores than noncarriers. The authors conclude that elevated levels of DDE are associated with an increased risk for AD and that those with an APOE Ɛ4 allele may be more susceptible to the effect of DDE.

COMMENT

According to the U.S. environmental protection agency, more than 2 billion pounds of pesticides are applied to crops, homes, schools, parks, and forests each year (Neurology 2010; 74:1524). Thus far, few studies have examined the association between pesticides and AD. This study had the largest sample size to date for its type. The findings demonstrate that environmental factors, particularly exposure to pesticides, contribute significantly to the risk for AD. Future epidemiologic work should focus on other specific pesticides or toxic chemicals to which many people might be exposed. Epigenetic modes of influence should also be studied.

(http://dx.doi.org/10.1001/jamaneurol.2013.6030)

ICU ADMISSIONS ARE ASSOCIATED WITH PERSISTENT COGNITIVE IMPAIRMENT

Patricia Anne Kritek, MD, EdM reviewing Pandharipande PP et al. N Engl J Med

At 1 year after intensive care unit admission, some patients had impairment equivalent to traumatic brain injury.

In the past several years, we have become increasingly aware of prolonged physical recovery after intensive care unit (ICU) admission. Patients also often suffer from anxiety and depression, but do they experience long-lasting cognitive impairment?

Investigators from Vanderbilt studied 821 patients admitted to medical-surgical ICUs for respiratory failure, septic shock, or cardiogenic shock. Patients suspected to be at high risk for dementia were assessed further and were excluded if substantial pre-admission impairment was noted. Among enrolled patients, 74% were delirious (median duration, 4 days), and more than half were comatose at some point.

At 3 months, 31% of patients had died, and an additional 7% died within 12 months. Median scores at both 3 and 12 months on neuropsychological testing instruments were 1.5 standard deviations below the age-adjusted population averages. At 12 months, one third of surviving patients demonstrated impairment equivalent to moderate traumatic brain injury, and one quarter had scores similar to those of patients with mild Alzheimer disease. These levels of impairment were seen regardless of patients' age and comorbidities. Researchers noted a correlation between longer duration of delirium and lower cognitive scores but no association with specific analgesic or sedative medications.

COMMENT

As part of outpatient follow-up after an ICU admission, discussing and assessing a patient's cognitive function makes sense. Patients themselves might not appreciate (or might be embarrassed to discuss) these changes, but family members often notice them. Additionally, although causality with cognitive decline has not been established, continued efforts to prevent ICU delirium are warranted.

Editor Disclosures at Time of Publication

(http://dx.doi.org/10.1056/NEJMoa1301372)

SHORTENED HOSPITALIZATION FOR ANOREXIA NERVOSA MAY WORK

Joel Yager, MD reviewing Herpertz-Dahlmann B et al. Lancet 2014 Jan 17. Attia E. Lancet

Brief inpatient stabilization followed by day treatment was noninferior to, and less expensive than, longer-term inpatient care.

Clinicians who treat patients with anorexia nervosa debate the benefits of long-term hospitalizations versus less costly interventions. To study the effectiveness of brief inpatient stabilization followed by day treatment for anorexia nervosa patients, investigators in Germany conducted a multicenter, randomized, controlled, noninferiority trial involving 172 adolescent females who were hospitalized for the first time with the disorder (mean age, 15; body-mass index [BMI], 15; mean age-adjusted BMI percentile, 2).

After 3 weeks of inpatient stabilization, participants were randomized to hospital-based day treatment or continued inpatient care. Overall, 18% of patients had the binge-purge subtype; psychiatric comorbidities were similar in the two groups. Inpatient treatment included nutrition counseling, cognitive-behavioral therapy, and family therapy. Patients were discharged from care after maintaining weight for 2 weeks between the 15th and 20th percentiles for BMI. Few patients dropped out.

Brief inpatient stabilization plus day treatment was noninferior to continued inpatient care in terms of weight gain and maintenance from admission through the 12-month follow-up. It lasted longer (mean,

16.5 vs. 14.6 weeks) but was significantly less expensive (US$40,687 vs. US$51,629). Serious adverse events (roughly 10%) and readmissions were similar in both groups.

COMMENT

In moderately-to-severely ill, young patients with relatively new-onset disease, day treatment after brief inpatient stabilization was comparable to longer hospitalizations and may have helped mental well-being and social adjustment. Unfortunately, as an editorialist notes, even with treatment, BMIs were still under the 10th percentile in 59% of patients. Better assessment of these findings depends on learning how these gains can be sustained in longer follow-ups; how the groups differed in family support, the impact of illness on families, and medication use; and how the studied treatments would compare with family-based treatments.

(http://dx.doi.org/10.1016/S0140-6736(13)62411-3)

A MARKER FOR TREATMENT-RESISTANT DEPRESSION?

Steven Dubovsky, MD reviewing McGrath CL et al. Biol Psychiatry

Higher metabolism in the subcallosal cingulate cortex is associated with nonresponse to combination psychotherapy and medication.

Most patients with major depression do not achieve remission with the first prescribed therapy. To try to find a biomarker for treatment resistance, investigators performed positron emission tomography (PET) and magnetic resonance imaging on 82 untreated patients with major depression and then randomized them to 12 weeks of treatment with either escitalopram (10–20 mg/day) or cognitive-behavioral therapy (CBT; 16 sessions). Of the 63 patients who completed this phase, 30 whose illness did not remit (remission defined as Hamilton Rating Scale for Depression [HRSD], ≤7) began combined escitalopram and CBT for another 12 weeks. The 35 patients with usable PET scans and remitted illness in either phase were compared with the 9 whose illness did not respond to combined treatment (nonresponse: HRSD decrease, <50%).

Nonresponders to combined treatment had significantly greater left subcallosal cingulate cortex (SCC) metabolism than remitters. SCC metabolism did not differ between remitters to monotherapy and remitters to combined therapy. Compared with 24 younger nondepressed controls, remitters had similar SCC metabolism, but nonresponders had higher SCC metabolism.

COMMENT

Hyperactivity of the subcallosal cingulate cortex may increase the connectivity of affective systems to the default mode network (NEJM JW Psychiatry Apr 29 2013), resulting in a “stuck” depressed mood and outlook that responds poorly to simple interventions. Similar hyperactivity has been found in treatment-resistant depression that improves with deep brain stimulation (NEJM JW Psychiatry Mar 24 2005). Imaging patients, as in this study, would not be cost-effective for planning depression treatment, especially because the study provides no information about how scanning results can be used to determine the next intervention. Still, the study reveals information about the mechanisms of treatment resistance at which specific interventions could eventually be targeted.

(http://dx.doi.org/10.1016/j.biopsych.2013.12.005)

PROLONGED OPIOID USE UNCOMMON AFTER MAJOR SURGERY IN OLDER ADULTS

By Kelly Young

Only about 1 in 30 older patients undergoing major elective surgery continued to use opioids more than 90 days post-surgery, according to a BMJ study.

Using Canadian databases, researchers studied nearly 40,000 patients (aged 66 years and older) without preexisting pain disorders who underwent coronary artery bypass graft surgery, lung or colon resection, prostatectomy, or hysterectomy. Both open and minimally invasive procedures were considered. Half the patients were prescribed opioids within 90 days after surgery. After 90 days, 3% were still taking opioids.

The highest risks for prolonged opioid use were associated with intrathoracic procedures, whether open (8.5%) or minimally invasive (6.3%).

The authors note that patients can "be reassured that when people receive opioids appropriately to treat acute pain after major surgery, the majority do not experience prolonged use." They add: "Patients' understandable fears about opioid dependence may be an important barrier to achieving adequate acute postsurgical pain relief."

---

www.jwatch.org/fw108474/2014/02/13

INTENSIVE VS. STANDARD WEEKLY CBT: WHICH WORKS BETTER FOR CHRONIC PTSD?

Joel Yager, MD reviewing Ehlers A et al. Am J Psychiatry

For patients with post-traumatic stress disorder due to adulthood traumas, weeklong intensive cognitive-behavioral therapy produced results equivalent to those from 3 months of weekly CBT.

Trauma-focused cognitive-behavioral therapy (CBT) effectively treats chronic post-traumatic stress disorder (PTSD). These investigators assessed the potential benefits of intensive CBT in 121 patients (59% female; 30% ethnic minority) with chronic PTSD resulting from one or two traumatic events during adulthood (mostly physical or sexual assault, accidents, disasters, or traumatic deaths of others).

Stratified by gender and PTSD severity, patients were randomized to one of four arms: 7 to 10 days of intensive CBT treatment totaling 20 hours; 3 months of standard CBT provided in once- or twice-weekly visits; 3 months of weekly, nondirective, emotion-focused, supportive psychotherapy; or a 14-week wait-list. Psychiatric comorbidities, diagnosed in 64% of patients, were most often mood- and anxiety-related; 20% had axis II diagnoses, 38% had previous PTSD treatment, and 30% were on stable psychiatric medications.

At 14, 27, and 40 weeks after treatment began, recovery rates with intensive and standard CBT were statistically equivalent and substantially superior to those with emotion-focused supportive therapy, which in turn was superior to the wait-list. Recovery at 40 weeks was identified in 67% receiving intensive CBT, 74% receiving standard CBT, and 40% receiving supportive therapy (7% of those on the wait-list at 14 weeks). Symptoms remitted most rapidly with intensive CBT.

COMMENT

Further research might demonstrate whether similar approaches can benefit the typically more complex, chronic PTSD resulting from childhood abuse. Adding emotional–self-regulation elements (NEJM JW

Psychiatry Apr 1 2013) might further assist poorly responding PTSD patients. Although larger trials might reveal meaningful differences, this study found neither greater adverse effects nor response deterioration in intensive versus standard CBT. For chronic PTSD, this more intensive and time-limited treatment may be preferred by some patients or in some treatment settings.

(http://dx.doi.org/10.1176/appi.ajp.2013.13040552)

AN EASY PREVENTIVE TREATMENT OF DEPRESSION INDUCED BY INTERFERON

Steven Dubovsky, MD reviewing Su K-P et al. Biol Psychiatry

Prophylaxis with omega-3s decreases the risk.

Pretreatment with antidepressants can prevent depression caused by interferon-α (IFN) treatment of hepatitis C and other disorders, but antidepressants can be complicated to use in this setting. To find an alternative prophylaxis, researchers examined the effect of omega-3 polyunsaturated fatty acids for just 2 weeks prior to 6 months of treatment with IFN and ribavirin. A total of 162 hepatitis C patients were randomized to eicosapentaenoic acid (EPA; 3.50 g), docosahexaenoic acid (DHA; 1.75 g), or placebo; 152 completed IFN treatment and were included in the analysis.

Over the course of IFN treatment, the incidence of depression was significantly lower with EPA pretreatment (10%) than with placebo (30%; DHA pretreatment, 28%). When IFN-induced depression did occur, onset was significantly delayed with EPA or DHA pretreatment (12 weeks vs. 5 weeks with placebo). DHA pretreatment increased DHA levels, whereas EPA pretreatment increased both EPA and DHA levels.

COMMENT

Interferon-α increases activity of pro-inflammatory cytokines such as tumor necrosis factor-α, levels of which are correlated with the risk for IFN-induced depression. Anti-inflammatory effects of EPA, which is metabolized to DHA, may prevent this process. In view of how well omega-3s are tolerated, brief pretreatment with EPA before starting a course of IFN seems indicated as an initial strategy, and antidepressants can be started during treatment if depression does occur.

Note to Readers: At the time that NEJM JW reviewed this paper, its publisher noted that it was not in final form and that subsequent corrections might be made.

(http://dx.doi.org/10.1016/j.biopsych.2014.01.008)

MEET THE MIPSTERZ

Erin Cunningham – The Daily Beast

Yasmin Chebbi describes her style as edgy. She wears vibrant colors, mixes dresses with combat boots, and sports handmade jewelry. She cites her mother, a major Vogue enthusiast, as her greatest style inspiration, and loves making outfits out of pieces that wouldn't conventionally match. She also wears a hijab.

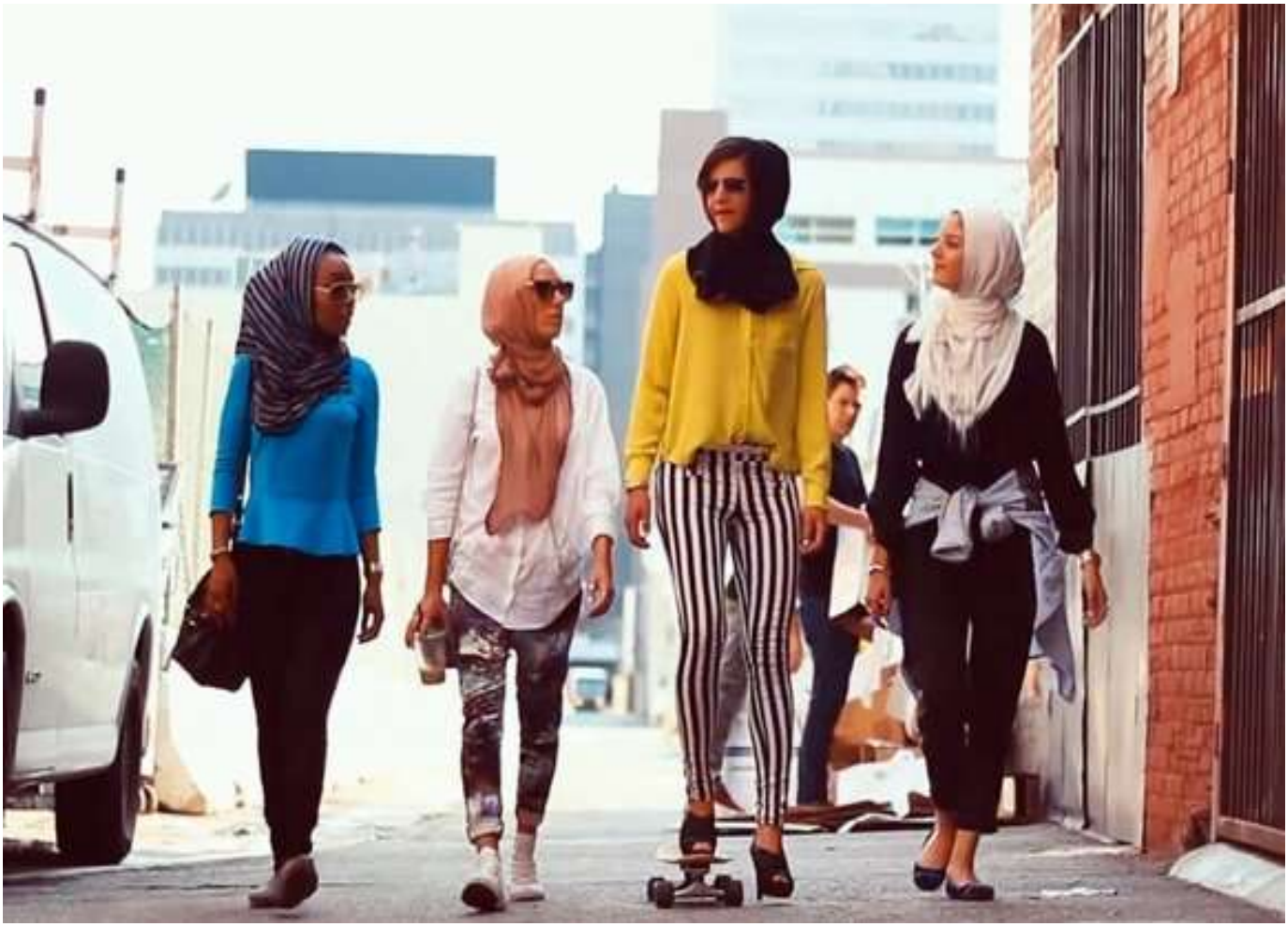
Chebbi is not alone in her quest to merge religious obligation with fashion and fun. Rather, she belongs to a larger cultural phenomenon, a group of young women who want to break the stereotype of the hijab as a symbol of archaism and oppression.

Together, they form the 'Mipsterz.'

"A Mipster is someone at the forefront of the latest music, fashion, art, critical thought, food, imagination, creativity, and all forms of obscure everything," writes the group's official Facebook page, Mipsterz-Muslim Hipsters. "A Mipster has a social mind, and yearning for a more just order, a more inclusive community unbounded by stale categories, unwilling to plod blindly along in a world as obsessed with class as it is unmindful of its consequences."

What originally began as a listserv between a small group of friends—a place to share anything from cool new music and discussions of politics and war to available housing and ethical consumption—evolved into a "welcoming, non-judgemental community of people with varied interests, ideas, and passions," Chebbi says.

"Too often, Hijabi women are placed in categories of expectation," Chebbi says. "The stereotypes of being meek, submissive, backward, and bland have been projected onto me far too many times. Growing up wearing the hijab and living in America, I never felt I belonged to a particular group. I felt that to others, being devoted to my faith and adopting interests such as music, art, and fashion were in conflict."



It was out of this conflict that the Mipsterz were formed. Rather than making a statement on what the hijab is or isn't—or what Islam is or isn't—the girls came together to produce a "true portrayal of women who exist somewhere in America." The concept eventually spread by word of mouth, going viral in December 2013 when a video titled Somewhere in America #MIPSTERZ hit the internet.

Produced by Abbas Rattani and Habib Yazdi of Sheikh and Bake Productions, the YouTube video features over 12 young Muslim women, all sporting strong sartorial style with their hijabs.

Twenty-eight-year-old Hajer Naili, who stars alongside Chebbi in the video, became involved with the concept through Underwraps, the first Muslim female modeling agency. "We have rarely seen such images of veiled Muslim women going viral," Naili told The Daily Beast. "Usually, we see very depressing, sad depictions of Muslim women. [In the video, however] I see a bunch of empowered women who navigate with confidence through their multiple facets of success and confidence.""Muslim women are not oppressed. They are successful and educated women. They are free women."

Although the video has received mixed reviews, it does give a positive representation of the women. A young girl skateboards in a yellow silk blouse and black-and-white striped pants. Another adjusts her brown fur coat over her all-black ensemble. A third rocks a baseball t-shirt that playfully reads, "You're killin' me smalls." They smile, laugh, and even dance, able to display their style preferences while still respecting their religious obligations. Yet, it's not so much about the video itself, but rather the girls behind it and the group's empowering message that make Mipsterz a growing cultural phenomenon.

"Islam is not a monolithic religion. It's made up of multi-faceted individuals with different ethnic backgrounds, and who, therefore, dress and live the religion according to their understanding," Naili explained. "This [message] is mainly addressed to the Muslim community, from where we got a huge

amount of backlash after the video was released, because some judged we were not dressed 'like Muslim women should be.'"

But it wasn't only people outside the Mipster community who reacted adversely to the video. Participant Noor Tagouri posted her disappointment in the choice of Jay-Z's somewhat derogatory song Somewhere in America as the soundtrack. "When I was first asked to be a part of this project, I was told it was for an official music video of Yuna's song Loud Noises, an inspiring song on friendship and love," she wrote on Facebook. "I was never told the music video fell through, and in turn a video was still going to come out of the footage shot and be set to Jay-Z's Somewhere in America." While Jasmine Crawford agrees that the video shows that Mipsterz look as good and have as much talent as those women who don't cover their heads, she too was disconcerted with the film's production. "A lot of us were not aware that they were going to put us in a video where Jay Z is talking about n***ers and b*tches, and things that I wouldn't want to be represented by," she said.

Yet, whether the feedback was positive or negative, "we were able to show that we don't fall into the stereotypes that the media portrays Muslim women to be," Sandra Shamy, a 29-year-old fashion blogger and designer based in L.A. says. She hopes that the video "[stresses] the importance of [her] deep-rooted culture in the arts and breaks down the barriers that Muslim women need to hide behind because they are not always accepted in society."

What the girls are trying to prove is that Muslim women are not hiding behind their veils. The Mipsterz want to show that the hijab can be treated as any other piece of clothing. "They made a big splash when Sex and the City came out and they were showing that the women were wearing all black and had their face covered, and once they went inside they stripped and they had on like mini-skirts," Crawford said. "But that's basically what it's like. When it's cold outside you put on your coat, and what you have underneath is what you have underneath. Your coat is not exactly what you are wearing for the day; it's just your outer garment. And that's what we do. We have our outer garments, but it doesn't mean that we don't skateboard; it doesn't mean that we don't climb trees."

Northern California fashion designer Nancy Hoque, who assisted with costuming the girls in the video, is herself no stranger to the modest yet stylish fashion of Mipsterz. "Our motto is, 'Scarves are a tool of empowerment,' she says of her line SIXTEENR. "Mipsterz are an underground scene that's going around cities, online, and across social media. A lot of my scarves and the way we do our photography present that fashion. I wear a headscarf so I experience it. I know what it's like to try to create unique outfits and try to have a personality behind it and be current with what's mainstream."

And Hoque's right. It's not often that we see a stylish Hijabi women portrayed in the mainstream fashion and culture worlds. But could Mipsterz be the sartorial stars that change that?

Maybe Mipsterz will be the fashion pioneers—both domestically and internationally—who help all Muslim women feel empowered to be true to both their religion and personal aesthetics. And if not, maybe they can spread the word that regardless of their faith, deep down, they're just women who like style just as much as the next person.

"Muslim women are not oppressed," Naili says. "They are successful and educated women. They are free women. This video is proof that we can be Muslims, live in the United States, dress according to our beliefs and be in harmony with ourselves and our Creator."

CAPACITY TO DELAY REWARD DIFFERENTIATES OBSESSIVE-COMPULSIVE DISORDER AND OBSESSIVE COMPULSIVE PERSONALITY DISORDER

Steven Dubovsky, MD reviewing *Pinto A et al. Biol Psychiatry*

Although obsessive-compulsive personality disorder (OCPD) and obsessive-compulsive disorder (OCD) have overlapping traits, they also differ. In OCPD, thoughts and behaviors are ego-syntonic, and perfectionism and self-control are more pronounced than in OCD. To indirectly assess impulsivity, which is characterized by an inability to defer immediate reward, these investigators measured delay discounting (the tendency to delay rapid gratification in favor of future reward) in 25 patients with OCD without OCPD, 25 patients with OCPD without OCD, 25 patients with both disorders, and 25 healthy controls.

Impairment of psychosocial functioning and quality of life was similar in the three patient groups. Delay discounting level did not differ between the OCD-only and healthy-control groups. However, the two OCPD groups (that is, with or without comorbid OCD) showed significantly greater delay discounting than the OCD-only and control groups. Levels of delay discounting reliably distinguished between the two disorders. Excessive capacity to put off reward was positively correlated with perfectionism and rigidity in OCPD.

(http://dx.doi.org/10.1016/j.biopsych.2013.09.007)

HERBAL SUPPLEMENTS ARE OFTEN NOT WHAT THEY SEEM

Joe Elia, Physician's First Watch, reviewing O'Connor A. NY Times

Patients may ask about a study concluding that herbal supplements might not be as herbal as advertised. The findings, published in *BMC Medicine*, got front-page coverage on the *New York Times* website.

Using DNA analysis, researchers tested the authenticity of 44 products from a dozen companies. The DNA signatures were compared with samples obtained from horticultural greenhouses.

The result? More than half the products contained plant species not listed on the label, and one third had a product “substitution” (the advertised ingredient was not even present). One product labeled as St. John's wort actually contained senna — a laxative. A ginkgo product was contaminated with a tree nut — dangerous for people with nut allergies. Another contaminant, feverfew, can react with warfarin and aspirin and increase the risk for bleeding.

The study authors point out that there are currently no standards for authenticating herbal products.

(http://www.nytimes.com/2013/11/05/science/herbal-supplements-are-often-not-what)

INHIBITION OF GLYCINE TRANSPORTER-I AS A NOVEL MECHANISM FOR THE TREATMENT OF DEPRESSION

Huang C-C et al.. Biol Psychiatry

Research increasingly suggests that modifying *N*-methyl-D-aspartate receptor (NMDAR) signaling (e.g., with ketamine) can improve depression rapidly. These investigators from Taiwan studied animal and human antidepressant effects of the experimental drug sarcosine, which enhances NMDAR neurotransmission by inhibiting the glycine transporter-1 and reducing uptake inhibition of glycine, a co-agonist of the NMDAR. One researcher is a developer of sarcosine.

Rats were given sarcosine, desipramine, citalopram, or vehicle. On several measures of depression-like and anxiety-like behaviors, sarcosine had antidepressant-like actions similar to desipramine and somewhat similar to citalopram, compared with vehicle.

In a double-blind, randomized, 6-week study, 40 medication-free patients with nonrefractory major depression (mean age, 36) received citalopram (20–60 mg/day) or sarcosine (500–1500 mg/day). Sarcosine was statistically superior to citalopram in reducing depression-rating scale scores, with a large effect size (0.95); improving global functioning, with a large effect size (1.19); and inducing remission, with a medium effect size (0.63). Both antidepressants were well tolerated.

---

http://dx.doi.org/10.1016/j.biopsych.2013.02.020)

METHYLPHENIDATE IN ADHD DRUGS MAY CAUSE PRIAPISM

By Kristin J. Kelley

Drugs containing methylphenidate, a central nervous system stimulant used to treat attention-deficit/hyperactivity disorder, may infrequently cause painful and prolonged erections in males of any age, the FDA warned.

The chemical is the active ingredient in both Ritalin and Concerta (see all affected U.S. products in the table at the FDA link below). The warning follows an FDA review of methylphenidate products. The median age of patients who experienced priapism was 12.5 years; in two cases, patients required surgical intervention. Priapism can cause permanent penile damage if not treated promptly, the agency warns, so patients with symptoms lasting over 4 hours should seek medical attention. The FDA advises providers to ensure that male patients and their caregivers know the signs of priapism and understand the need for immediate treatment.

Drug labels have been updated to warn of this risk.

---

http://www.jwatch.org/2013/12/18/methylphenidate-adhd-drugs-may-cause-priapism

PRENATAL EXPOSURE TO ANTIDEPRESSANTS AND PERSISTENT PULMONARY HYPERTENSION OF THE NEWBORN:SYSTEMATIC REVIEW AND META-ANALYSIS

BMJ 2014-14 January

Abstract

Objective To examine the risk for persistent pulmonary hypertension of the newborn associated with antenatal exposure to antidepressants.

Design Systematic review and meta-analysis.

Data sources Embase, Medline, PsycINFO, and CINAHL from inception to 30 December 2012.

Eligibility English language studies reporting persistent pulmonary hypertension of the newborn associated with exposure to antidepressants. Two independent reviewers extracted data and assessed the quality of each article.

Results Of the 3077 abstracts reviewed, 738 papers were retrieved and seven included. All seven studies were above our quality threshold. Quantitative analysis was only possible for selective serotonin reuptake inhibitors (SSRIs). Although exposure to SSRIs in early pregnancy was not associated with persistent pulmonary hypertension of the newborn (odds ratio 1.23, 95% confidence interval 0.58 to 2.60; P=0.58), exposure in late pregnancy was (2.50, 1.32 to 4.73; P=0.005). Effects were not significant for any of the moderator variables examined, including study design, congenital malformations, and meconium aspiration. It was not possible to assess for the effect of caesarean section, body mass index, or preterm delivery. The absolute risk difference for development of persistent pulmonary hypertension of the newborn after exposure to SSRIs in late pregnancy was 2.9 to 3.5 per 1000 infants; therefore an estimated 286 to 351 women would need to be treated with an SSRI in late pregnancy to result in an average of one additional case of persistent pulmonary hypertension of the newborn.

Conclusions The risk of persistent pulmonary hypertension of the newborn seems to be increased for infants exposed to SSRIs in late pregnancy, independent of the potential moderator variables examined. A significant relation for exposure to SSRIs in early pregnancy was not evident. Although the statistical association was significant, clinically the absolute risk of persistent pulmonary hypertension of the newborn remained low even in the context of late exposure to SSRIs.

---

http://dx.doi.org/10.1136/bmj.f6932

SYSTEMATIC REVIEW AND META-ANALYSIS OF THE IMPACT OF DEPRESSION ON SUBSEQUENT SMOKING CESSATION IN PATIENTS WITH CORONARY HEART DISEASE: 1990 TO 2013

Doyle F et al. Psychosom Med 2014 Jan

Depression has been repeatedly associated with poorer outcomes in coronary heart disease (CHD), but the mechanisms linking these phenomena are unclear, especially because of several possibly confounding factors: smokers have higher rates of depressive symptoms than nonsmokers; smokers with depression often have more difficulty quitting cigarettes than nondepressed smokers; and depressed people have a heightened risk for relapse of depression within 2 years of quitting smoking. To investigate potential links, investigators conducted a meta-analysis of studies on smoking cessation in depressed patients with CHD.

In all 19 studies identified (20 unique data sets), patients who smoked when CHD was diagnosed and who were noted to be depressed were less likely at follow-up to have quit smoking than nondepressed patients (overall standardized mean difference, −0.39). Effect sizes for the association between depression and not quitting were generally small; however, in two studies that defined depression as receiving antidepressants or sedatives, effect sizes were 2 and 3 times greater.

(http://dx.doi.org/10.1097/PSY.0000000000000020)

TEMPORAL TRENDS IN NEW EXPOSURE TO ANTIEPILEPTIC DRUG MONOTHERAPY AND SUICIDE-RELATED BEHAVIOR

Pugh MJV et al.. Neurology

Most suicidal behavior seems to be explained by behavior before treatment, but this study has limitations. Recently, several studies have found — and the FDA has issued a warning about — a link between antiepileptic drugs (AEDs) and risk for suicide. To examine the relationship of all documented suicide-related behaviors (SRBs) starting 1 year before and after AED prescription, investigators used the national Veterans Health Administration database to analyze SRBs in all 90,263 veterans age 65 or older who received a new prescription for AED monotherapy during a 4-year period (mean age, 75; 97% male).
The most common AED was gabapentin (76.2% of participants); less than 0.1% received lamotrigine. There were 84 SRB events in 74 individuals the year before AED prescription and 106 SRBs in 92 individuals afterward. However, 16 veterans with SRBs before an AED also had subsequent-year SRBs. Overall, the SRB rate declined over time. Chronic pain was common: 62% of those with no SRBs subsequent to AED, and 64% of those with subsequent SRBs. Depression was diagnosed in 66% of those with subsequent SRBs (16% of those without subsequent SRBs). Depression and bipolar disorder were significant predictors of subsequent SRBs in a multivariable model.

(http://dx.doi.org/10.1212/01.wnl.0000436614.51081.2e)

THE EMPEROR HAS NO CLOTHES: A REVIEW OF THE 'PORNOGRAPHY ADDICTION' MODEL

David Ley, Nicole Prause, Peter Finn. *Current Sexual Health Reports*

Journalists and psychologists are quick to describe someone as being a porn "addict," yet there's no strong scientific research that shows such addictions actually exists. Slapping such labels onto the habit of frequently viewing images of a sexual nature only describes it as a form of pathology. These labels ignore the positive benefits it holds.

"Pornography addiction" was not included in the recently revised Diagnostic and Statistical Manual because of a lack of scientific data. Fewer than two in every five research articles (37 percent) about high frequency sexual behavior describe it as being an addiction. Only 27 percent (13 of 49) of articles on the subject contained actual data, while only one related psychophysiological study appeared in 2013. Ley's review article highlights the poor experimental designs, methodo-logical rigor and lack of model specification of most studies surrounding it.

The research actually found very little evidence -- if any at all -- to support some of the purported negative side effects of porn "addiction." There was no sign that use of pornography is connected to erectile dysfunction, or that it causes any changes to the brains of users. Also, despite great furor over the effects of childhood exposure to pornography, the use of sexually explicit material explains very little of the variance in adolescents' behaviors. These are better explained and predicted by other individual and family variables.

Instead, Ley and his team believe that the positive benefits attached to viewing such images do not make it problematic de facto. It can improve attitudes towards sexuality, increase the quality of life and variety of sexual behaviors and increase pleasure in long-term relationships. It provides a legal outlet for illegal sexual behaviors or desires, and its consumption or availability has been associated with a decrease in sex offenses, especially child molestation.

Clinicians should be aware that people reporting "addiction" are likely to be male, have a non-heterosexual orientation, have a high libido, tend towards sensation seeking and have religious values that conflict with their sexual behavior and desires. They may be using visually stimulating images to cope with negative emotional states or decreased life satisfaction.

"We need better methods to help people who struggle with the high frequency use of visual sexual stimuli, without pathologizing them or their use thereof," writes Ley, who is critical about the pseudoscientific yet lucrative practices surrounding the treatment of so-called porn addiction. "Rather than helping patients who may struggle to control viewing images of a sexual nature, the 'porn addiction' concept instead seems to feed an industry with secondary gain from the acceptance of the idea.

THE BIPOLAR-BORDERLINE PERSONALITY DISORDERS CONNECTION IN MAJOR DEPRESSIVE PATIENTS

Joel Yager, MD reviewing Perugi G et al. Acta Psychiatr Scand

Bipolar disorders (BDs) and borderline personality disorder (BPD) are distinctive illnesses, but they also share several phenomenological features. Indeed, psychiatric residents in my teaching clinic have traditionally referred to some of these patients, whose predominating symptoms involve these shared features, as “border–polar.” Studies suggest that as many as 22% of patients with BPD also meet criteria for BD. Investigators examined retrospectively collected cross-sectional data from a large international study of patients with depression to ascertain the relationships between these conditions.

Of 5635 depressed patients evaluated, 9.3% met criteria for BPD. In analyses using different criteria (i.e., several modifications of DSM-IV criteria and bipolar specifiers for BP), a significantly higher percentage of BD diagnoses occurred among BPD patients than among those without BPD. Notably, patients with BPD also had higher rates of anxiety disorders, attention-deficit/hyperactivity disorder, obsessive-compulsive disorder, and substance use disorders as well as high rates of hypomania/mania among first-degree relatives.

(http://dx.doi.org/10.1111/acps.12083)

WORLD ALZHEIMER REPORT 2013: JOURNEY OF CARING — AN ANALYSIS OF LONG-TERM CARE FOR DEMENTIA PRINCE M ET AL

Dementia, including Alzheimer disease (AD), is one of the world's biggest health problems. Worldwide, more than 35 million people live with dementia; this number is expected to double by 2030 and triple by 2050. To assess how long-term care for dementia should be implemented now and in the future, Alzheimer's Disease International conducted an analysis of current data, funded by Bupa, a private international healthcare company. Key points are as follows:

- The prevalence and incidence of dementia double with every 5-year increase in age.
- The patient's family is the primary caregiving source and is aided by professionals who provide care at home or at specialized residential centers (care homes).
- Quality of life in patients with dementia — the ultimate treatment goal — is similar for those cared for at home and those in specialized centers.
- Dementia costs US$604 billion annually worldwide. Costs are projected to double to $1,117 billion by 2030.
- The total cost per person with dementia is 38 times higher in high-income countries than in low-income countries.

- Standard and Poor considers global aging a threat to world economic stability.
- The proportion of dependent persons aged 60 and older will increase between 2000 and 2050 from 29% to 45%.
- Promoting healthy aging and healthy lifestyles may postpone dementia-related dependence.
- Among older American adults, those with dementia are much more likely than those without dementia to live in specialized centers (about 30% to 40% vs. 2%). Only about 6% of dementia patients in low- and middle-income countries live in centers.
- Approximately 15 million American adults give unpaid care to someone with dementia.
- In Latin America, India, and China, those who live with an older person with dementia have a two-fold increased risk for psychological morbidity.
- Dementia is incurable and life-limiting and therefore confers the right to palliative care.
- At the end of life, the most common symptoms in dementia patients are pain, pressure sores, shortness of breath, eating and swallowing problems, infections, and psychological symptoms, including agitation. Both under- and over-treatment should be avoided.
- Advance decisions to refuse treatment should be made with supervision from an expert in the process and by a patient with mental competence at the time of the decision.

Comment

This well-conducted analysis shows the need for healthcare systems to focus on developing adequate long-term care for people with dementia. Good quality of life for these patients is a priority. Health systems of low-income countries need to develop low-cost strategies to improve quality of care for these patients; this includes developing more specialized residential centers to reduce treatment of these patients in hospitals, which may be more expensive.

(http://www.alz.co.uk/research/WorldAlzheimerReport2013.pdf)

COGNITIVE BEHAVIORAL THERAPY PLUS AMITRIPTYLINE FOR CHRONIC MIGRAINE IN CHILDREN AND ADOLESCENTS: A RANDOMIZED CLINICAL TRIAL

Powers SW et al.. JAMA 2013 Dec 25

Nearly 2% of children and adolescents experience chronic migraine (≥15 headache days/month), but no FDA-approved interventions exist for this condition in youth. Both cognitive behavioral therapy (CBT) and amitriptyline have been shown to be effective as single agents for management of chronic pain and headache. In a randomized trial, researchers examined whether the combination of amitriptyline plus CBT is superior to amitriptyline plus headache education in 135 patients (age, 14 years; 79% female) seeking care at an academic medical center headache clinic. Patients had a mean of 21 headache days/month and severe disability on a pediatric migraine disability assessment (mean, 68 on a 0–240 point scale).

All patients received amitriptyline (~1 mg/kg/day) plus either CBT (8 weekly and 5 booster sessions, including biofeedback and coping skills) or a similar number of headache education sessions. At 20 weeks, the CBT group had a significantly greater reduction in headache days/month than the control group (reduced by 11 vs. 7 days) and a significantly greater decrease in mean migraine disability scores (from 68 points at baseline to 15 vs. 29 points). At 12 months, 86% of CBT recipients had ≥50% reduction in headache days versus 69% of controls, and 88% in the CBT group had scores indicating mild-to-no disability versus 76% in the control group. Significantly more adverse events were reported in control group (135 vs. 97).

PROLONGED EXPOSURE VS SUPPORTIVE COUNSELING FOR SEXUAL ABUSE–RELATED PTSD IN ADOLESCENT GIRLS: A RANDOMIZED CLINICAL TRIAL

Prolonged Exposure Therapy Is Effective for Treatment of Sexual Abuse-Associated PTSD in Girls

Prolonged exposure therapy involves gradually increasing contact with cues or situations that trigger symptoms of post-traumatic stress disorder (PTSD) and voluntary recall of traumatic event details. This treatment is highly effective in adults with PTSD but has not been well studied in adolescents. Investigators randomized 61 girls (age range, 13-18 years) seeking treatment at a community rape crisis center to receive prolonged exposure therapy modified for adolescents or supportive client-centered therapy.

Each treatment consisted of up to 14 weekly sessions delivered by master's-level counselors who had undergone 4 days of training. Both treatments resulted in significant improvements, but prolonged exposure was significantly more effective than supportive counseling for all outcomes, both immediately after treatment and at 12 months. At 12 months follow-up, more patients in the prolonged-exposure group no longer met criteria for PTSD (89% vs. 55%). They also had significantly greater improvements in self-reported PTSD severity, depression scores, and global functioning scores. The percent of patients who completed treatment (87%) and the mean number of treatment sessions attended (11-12) did not differ significantly between groups.

Foa EB et al.. JAMA 2013 Dec 25 (http://dx.doi.org/10.1001/jama.2013.282829)

PATIENT PERSONALITY AND THERAPIST RESPONSE: AN EMPIRICAL INVESTIGATION

Colli A et al. . Am J Psychiatry

Regardless of clinicians' approach to practice, their subjective responses give clues to patients' personality disorders

Although clinical lore suggests that patients with specific personality features might evoke distinct counter transference responses irrespective of clinicians' theoretical orientations, few previous empirical studies have tested these ideas. In this Italian study, 203 practicing psychiatrists and psychologists completed the Shedler-Westen Assessment Procedure–200, describing the personality features, personality disorders, and psychosocial functioning of one of their own nonpsychotic adult patients. The patient chosen was the last patient seen in the preceding week who met study criteria and who had been seen for a minimum of eight sessions during no more than 6 months

Clinicians also completed a countertransference questionnaire to characterize their own reactions to those patients. Of the patients (mean age, 34; female, 58%), 29% had only an axis I diagnosis, 35% had only an axis II diagnosis, 13% had a double axis II diagnosis, and 23% had axis I and axis II diagnoses. Axis I diagnoses were primarily anxiety disorders; others were eating, cannabis use, and dysthymic disorders. The findings included the following:

- Paranoid and antisocial disorders evoked criticized/mistreated countertransference responses.
- Borderline personality disorder evoked helpless/inadequate, overwhelmed/disorganized, and special/overinvolved responses.
- Schizoid disorder evoked helpless/inadequate responses.
- Avoidant personalities were the only ones to evoke positive countertransference responses.

Disengaged responses by clinicians were associated with higher schizotypal and narcissistic scores, and the reverse was found with dependent and histrionic scores. Results were independent of clinicians' theoretical approaches (i.e., cognitive-behavioral vs. psychodynamic). Higher patient functioning was associated with more positive counter transference.

(http://dx.doi.org/10.1176/appi.ajp.2013.13020224)

ACUPUNCTURE AND COUNSELLING FOR DEPRESSION IN PRIMARY CARE: A RANDOMISED CONTROLLED TRIAL

MacPherson H et al. . PLoS Med 2013 Sep 24

Add-on acupuncture and counseling were each superior to usual care in moderately depressed primary-care patients.

Despite significant patient interest in nonpharmacologic depression treatments, few strong studies have examined acupuncture. In a new study taking place in 27 primary-care clinics, researchers randomized 755 depressed patients in a 1:2:2 ratio to 12 weeks of usual care only or usual care plus acupuncture or plus humanistic counseling. Participants had moderately severe depression that typically was recurrent, with early age at onset.

Almost two thirds of patients were already taking antidepressants. Uptake of active treatments was good, with 88% attending at least one acupuncture session and 76% receiving counseling at least once. Both add-on acupuncture and counseling produced significantly greater depression improvement on the Patient Health Questionnaire (PHQ-9) compared with usual care alone, with small-to-medium effect sizes (0.39 and 0.27, respectively). Response rates (PHQ-9 score, <10) were 33%, 29%, and 18%, respectively. Adverse events were few.

(http://dx.doi.org/10.1371/journal.pmed.1001518)

PRO-INFLAMMATORY CYTOKINES AS PREDICTORS OF ANTIDEPRESSANT EFFECTS OF EXERCISE IN MAJOR DEPRESSIVE DISORDER

Rethorst CD et al. . Mol Psychiatry 2013 Oct; 18

In depressed patients not responding to medication, higher TNF levels predict response to exercise, and greater improvement in depression correlates with greater changes in another cytokine.

Depression has been associated with higher levels of pro-inflammatory cytokines such as interleukin (IL) 6 and tumor necrosis factor α (TNF; e.g., NEJM JW Psychiatry Mar 29 2010). In addition, selective serotonin reuptake inhibitors (SSRIs) lower cytokines, such as Il-1β, and elevated TNF levels seem to predict resistance to SSRI treatment. In the current randomized study, 73 depressed patients with inadequate SSRI response started a 12-week, adjunctive exercise program at low or high intensity. Cytokine levels were examined at baseline and post treatment.

Higher levels of TNF at baseline predicted better depression scores at week 12. Degree of depression improvement was associated with change in Il-1β, but this association was significant only in the high-exercise group. Exercise did not significantly change overall levels of the tested cytokines (TNF, Il-1β, Il-6, and interferon-γ).

(http://dx.doi.org/10.1038/mp.2012.125)

REDUCED WHITE MATTER INTEGRITY IN SIBLING PAIRS DISCORDANT FOR BIPOLAR DISORDER

Sprooten E et al. . Am J Psychiatry

The largest study thus far on this topic begins to clarify whether the abnormalities are primary or secondary to the disorder.

Patients with bipolar disorders exhibit abnormalities of white-matter integrity in several brain regions, but whether these abnormalities result from disease processes or treatment effects is unresolved. Investigators used diffusion tensor imaging to assess white-matter integrity in 64 patients with uncomplicated, clinically stable bipolar I disorder (mean age, 32; mean illness duration, 10 years), 60 of their unaffected siblings (mean age, 30; resulting in 54 proband–sibling pairs), and 46 healthy controls of similar age, education, and IQ.

Patients were receiving a variety of mood stabilizers, antidepressants, and other medications. Studied siblings had no histories of bipolar spectrum disorder. Patients and their siblings showed less white-matter integrity than controls, with patients affected more than siblings. Affected areas were general in patients but specific in siblings — notably corpus callosum, thalamic radiations, and superior longitudinal fasciculus. Among patients, white-matter integrity correlated inversely with illness duration and clinical severity. Medications, past substance use disorders, and lifetime anxiety disorders did not significantly alter findings. Patient–sibling pairs showed highly correlated results within brain tracts and regions of interest.

(http://dx.doi.org/10.1176/appi.ajp.2013.12111462)

COURSE OF BEREAVEMENT OVER 8-10 YEARS IN FIRST DEGREE RELATIVES AND SPOUSES OF PEOPLE WHO COMMITTED SUICIDE: LONGITUDINAL COMMUNITY BASED COHORT STUDY

de Groot M and Kollen BJ BMJ

Receiving mutual support from those with similar experience was associated with development of complicated grief.

For the immediate family of people who die by suicide, complicated grief, depression, and suicidal ideation are strongly associated with one another and may persist for years, according to a BMJ study.

Researchers in the Netherlands followed some 150 first-degree relatives and spouses of people who died by suicide. Soon after the event, 26% of relatives suffered from suicidal ideation; the proportion decreased to 9% at 8 to 10 years after the event. Family members who had previously attempted suicide were at increased risk for suicidal ideation during bereavement (odds ratio, 5.5).

Relief from bereavement symptoms in the first year was small. Family members who reported receiving mutual support (i.e., spoke with someone who underwent a similar experience) were at increased risk for complicated grief.

The authors say their findings suggest that “shortly after a suicide, healthcare providers should be cautious about indiscriminately recommending mutual support to bereaved relatives in case of emerging symptoms of depression, complicated grief, and suicide ideation.”

(http://dx.doi.org/10.1136/bmj.f5519)

MATERNAL DEPRESSION DURING PREGNANCY AND THE POSTNATAL PERIOD: RISKS AND POSSIBLE MECHANISMS FOR OFFSPRING DEPRESSION AT AGE 18 YEARS

PearsonRM JAMAPsychiatry

A longitudinal study highlights another reason to screen for and treat gestational and postpartum parental depression, especially among low socioeconomic groups.

Maternal depression has been associated with higher depression scores in children (NEJM JW Psychiatry May 3 2006), but whether pre- and postnatal maternal depressions increase risk for adolescent depression has been less understood. To fill this gap in knowledge, researchers analyzed data on 8937 pregnant women who repeatedly completed a self-report depression scale at prenatal weeks 18 and 32, at postnatal week 8 and month 8, and at six later time points until their children were age 12. Fathers provided self-reports of depression at prenatal week 18 and postnatal month 8.

Interview-based assessments for depression were conducted on 4566 offspring at age 18. Full data on 3335 mothers were available; analyses imputed the missing data. Analyses controlled for numerous relevant variables (e.g., number of maternal depressive episodes), but a major limitation was that maternal depression was not measured when offspring were age 18.

Pre- and postnatal maternal depressions were each associated with major depression in adolescents. Among mothers with postnatal depression, adolescent depression was more prevalent when maternal education levels were low. Postnatal paternal depression was associated with adolescent depression when paternal education levels were low.

(http://dx.doi.org/10.1001/jamapsychiatry.2013.2163)

EFFECTIVENESS OF NATIONAL IMPLEMENTATION OF PROLONGED EXPOSURE THERAPY IN VETERANS AFFAIRS CARE

Eftekhari A et al. . JAMA Psychiatry

This evidence-based treatment can be effectively disseminated throughout a large and often unwieldy system.

These researchers aimed to determine whether prolonged exposure (PE), the most evidence-based treatment for post-traumatic stress disorder (PTSD), could be implemented effectively on a large scale for military veterans. The 804 participating clinicians, from Veterans Affairs medical facilities throughout the U.S., underwent a 4-day workshop and then treated 1931 veterans of the Vietnam and Gulf wars with a primary diagnosis of PTSD (mean age, 47); treatment implementation occurred with telephone supervision. PE consisted of imaginal and in vivo exposure to traumatic stimuli in a safe setting, education, and breathing retraining in an average of 9 sessions.

Mean PTSD symptom scores decreased significantly to a clinically important degree (effect size [ES], 0.87, considered a large ES). The percentage of patients whose scores fell below the threshold for PTSD decreased from 88% to 46% by the end of treatment. The 72% of patients who completed the entire course of treatment (average, 11 sessions) showed even more impressive gains (ES, 1.21). Depression scores also decreased to a clinically and statistically significant degree (ES, 0.66).

FOCAL PSYCHODYNAMIC THERAPY, COGNITIVE BEHAVIOUR THERAPY, AND OPTIMISED TREATMENT AS USUAL IN OUTPATIENTS WITH ANOREXIA NERVOSA (ANTOP STUDY): RANDOMISED CONTROLLED TRIAL

Zipfel S et al. . Lancet 2013 Oct 14

Outpatient care — when well supported — can promote clinical improvement.

Large randomized, controlled trials of outpatient psychotherapy for adults with anorexia nervosa are rare. In this multisite, German study, researchers randomized 242 female outpatients (mean age, 28; illness duration of >6 years, 39%) to 10 months of focal psychodynamic therapy (FPT), enhanced cognitive-behavioral therapy (CBT-E), or optimized treatment as usual (TAU). Overall, 71% of participants had initial body-mass index (BMI) of 17.5 or under, 46% had binge-purge subtype, and 40% had at least one comorbid Axis I diagnosis, primarily mood and anxiety disorders. TAU helped patients gain access to experienced community therapists, educated their primary care physicians about eating disorders, and instructed them to conduct monthly weighing, blood tests, and monitoring.

At 10 months, with 22% lost to follow-up, the three groups averaged equivalent outpatient psychotherapy sessions (mean, 40–45) and similar weight gains (mean, 0.69–0.93 BMI points). Twelve months after treatment, with 30% lost to follow-up, all groups showed similar weight gains (1.22–1.64 BMI points) and improved eating-disorder psychopathology. However, global recovery was higher with FPT than with TAU (35% vs. 13%). Treatment responses were similar in binge-purge and restricting patients. Twice as many drop-outs occurred from TAU than from CBT-E. From study entry to end of follow-up, significantly more TAU than FPT patients required inpatient treatment (FPT, 23%; TAU, 41%; CBT-E, 34%).

A NATIONWIDE STUDY ON THE RISK OF AUTOIMMUNE DISEASES IN INDIVIDUALS WITH A PERSONAL OR A FAMILY HISTORY OF SCHIZOPHRENIA AND RELATED PSYCHOSIS

Benrós ME et al. . Am J Psychiatry

Both schizophrenia-like and bipolar psychoses are associated with increased risks.

Considerable literature suggests that autoimmune diseases confer risk for schizophrenia and related psychoses, partly attributed to inflammatory processes and infections causing neuropsychiatric difficulties (NEJM JW Psychiatry Jan 9 2012). In a first-of-its-kind, partly industry-supported study, the current researchers used large Danish registries to ascertain whether the reverse might be true — i.e., whether schizophrenia or related psychoses confer risk for subsequent autoimmune disorders; 30 types of autoimmune disorders were examined (39,364 patients with schizophrenia-like psychoses from 1987 [or age 10 years] through 2010; 142,328 patients with autoimmune disease). Having a schizophrenia-like psychosis increased the risk for one or more new autoimmune diagnoses (incident rate ratio, 1.53; 1401 people); nine disorders were identified. The highest risk was associated with brain-reactive antibodies (IRR, 1.91) — specifically, autoimmune hepatitis, Guillain-Barré syndrome, multiple sclerosis, and type 1 diabetes. Risk was also elevated for primary adrenocortical deficiency, pernicious anemia, primary biliary cirrhosis, Crohn disease, and psoriasis. Having a history of hospital contact for infection further increased the risk (IRR, 2.70; 793 individuals with later autoimmune disorders). Family histories of schizophrenia were associated with slightly elevated risks for autoimmune disease. In a comparison study, bipolar disorder with psychosis also showed elevated risks for autoimmune disease (IRR, 1.71).

(http://dx.doi.org/10.1176/appi.ajp.2013.13010086)

SHIFT WORK AND COGNITION IN THE NURSES' HEALTH STUDY

Devore EE et al. . Am J Epidemiol

Among nurses in their mid-70s, rotating nightshift work in previous decades did not correlate with cognitive decline.

Rotating nightshift work has been correlated with increased risks for numerous physical disorders including obesity, type 2 diabetes, and cardiovascular disease, leading to concerns that shift work might also contribute to the risk for cognitive decline. These researchers analyzed data on 16,190 nurses participating in the Nurses' Health Study, who at ages 58 to 68 reported the number of years in their careers during which they had participated in rotating shift work and who had cognitive data starting 7 years later (mean age, 74). Rotating shift work was defined as at least 3 nights per month in addition to day or evening shifts; exposure ranged from none to more than 30 years. Participants underwent three rounds of biannual cognitive testing (outcomes included 2 measures of global cognition plus verbal memory).

After factoring in age, education, living alone, hypertension, sleep duration, use of tranquilizers, depression, alcohol use, smoking, and exercise, the researchers found no consistent correlations between the number of years of nightshift work and later cognitive decline. On one measure only, lower cognition was associated with rotating shift work, but only for women reporting more than 20 years of such work.

THE LONG-TERM EFFECTS OF CONVENTIONAL AND ATYPICAL ANTIPSYCHOTICS IN PATIENTS WITH PROBABLE ALZHEIMER'S DISEASE

Lopez OL et al. . Am J Psychiatry

Psychotic symptoms and agitation, not antipsychotic medications per se, were associated with earlier nursing home admission and death

Both conventional and atypical antipsychotic medications have been cited as having adverse effects and worsening outcomes in patients with Alzheimer disease (AD). In this NIH-funded study, researchers ascertained the impact of these medications on time to nursing home admission and time to death in 957 patients with mild-to-moderate probable AD between 1983 and 2005.

During follow-up (mean, 4.3 years), 241 patients received antipsychotics (conventional, 138; atypical, 95; both, 8). In analyses that adjusted for demographics, dementia severity, diabetes, hypertension, cardiovascular disease, stroke, extrapyramidal symptoms, and medications for dementia, conventional antipsychotics were associated with earlier nursing home admission than no antipsychotic. After adjustment for psychiatric symptoms (depression, aggression, agitation, psychosis), neither conventional nor atypical antipsychotics were associated with time to admission or with time to death. However, psychosis and agitation were strongly associated with both outcomes.

THE EFFICACY OF COGNITIVE-BEHAVIORAL THERAPY AND PSYCHODYNAMIC THERAPY IN THE OUTPATIENT TREATMENT OF MAJOR DEPRESSION: A RANDOMIZED CLINICAL TRIAL

Driessen E et al. . Am J Psychiatry

After 16 sessions, depression in less than one fourth of patients remitted, and no differences were seen between treatments.

Debate about the relative merits of cognitive-behavioral therapy (CBT) and psychodynamic psychotherapy for major depression is ongoing, but few studies have compared the therapies directly. In an industry-supported study, investigators randomized 341 unmedicated adults with unipolar major depression seen in Dutch psychiatric clinics to CBT or short-term psychodynamic supportive psychotherapy (16 sessions within 22 weeks).

Participants were not currently misusing substances. Approximately half of the group had experienced two or more previous episodes of depression, nearly half had immigrant backgrounds, and many had low socioeconomic status. Psychodynamic psychotherapy used supportive and insight-oriented techniques to explore emotional issues, current relationships, internalized past relationships, and intrapersonal patterns. In all, 142 patients with severe depression at baseline or during treatment also received antidepressant medications, starting with a venlafaxine protocol.

No significant differences between treatments were found. Dropouts occurred in 31% and 26% of the CBT and psychodynamic psychotherapy groups, respectively. Remission was seen in 24% of CBT patients and 21% of those receiving psychodynamic psychotherapy (response: 39% and 37%, respectively). Medication did not improve outcomes. During the 1-year follow-up, 45% of CBT and 33% of psychodynamic psychotherapy patients received additional treatment; remission was seen in 35% of CBT patients and 27% of psychodynamic psychotherapy patients.

NOCTURNAL LIGHT EXPOSURE IMPAIRS AFFECTIVE RESPONSES IN A WAVELENGTH-DEPENDENT MANNER

Bedrosian TA et al. . J Neurosci

Depressive and anhedonic behaviors and altered neuronal structures are found in animals exposed to blue or white light at night.

As light is the most potent zeitgeber, could nighttime exposure to light alter circadian rhythms and mood that are entrained to environmental light-dark cycles? For 1 month at night, female hamsters were exposed to darkness, dim blue light (wavelength peak, ~480 nm), dim white light (broad spectrum, including blue), or dim red light (wavelength, >600 nm).

Blue or white light exposure, compared with darkness, led to more depressive and anhedonic behaviors (e.g., immobility in the forced swim test, decreased preference for sucrose) and lower spine density on hippocampal neurons. In a separate experiment, brief nighttime exposure to blue or white light induced more c-Fos activity in the suprachiasmatic nucleus than red light or darkness.

PARALIMBIC CORTICAL THICKNESS IN FIRST-EPISODE DEPRESSION: EVIDENCE FOR TRAIT-RELATED DIFFERENCES IN MOOD REGULATION

Van Eijndhoven P et al. . Am J Psychiatry

Thinner medial orbitofrontal cortices are associated with first-episode depression and greater trait anxiety.

Preliminary studies have shown that several areas of the paralimbic cortex are thinner in depressed patients, but these patients were often taking antidepressants. These investigators examined paralimbic cortical thickness in 20 medication-naive, acutely ill, first-episode depressed patients; 20 medication-free patients recovered from a first episode of depression; and 31 healthy comparison subjects.

Examined areas encompassed orbitofrontal, cingulate, insular, parahippocampal, and temporopolar cortices. Tests included clinical ratings of mood, state anxiety, and trait anxiety and tests of intelligence, verbal and nonverbal memory, and executive function. Maps derived from magnetic resonance imaging were used to calculate cortical thickness of sulci and gyri.

These medication-free, first-episode patients showed no neuropsychological impairments. Both patient groups showed significantly thinner cortices than the healthy comparison group in left medial orbitofrontal cortex and greater thickness in left posterior cingulate cortex, left caudal anterior cingulate, and left temporal pole. No differences were seen between the two patient groups, suggesting that the findings were related to the trait of major depression and not the acutely depressed state. In analyses that controlled for depression ratings, trait anxiety scores (a proxy for mood regulation) were inversely associated with thickness of left medial orbitofrontal cortex, but only in the healthy comparison group.

*(*http://dx.doi.org/10.1176/appi.ajp.2013.12121504*)*

A MULTISITE ANALYSIS OF THE FLUCTUATING COURSE OF POSTTRAUMATIC STRESS DISORDER

Bryant RA et al. . JAMA Psychiatry

Diagnosis of post-traumatic stress disorder fluctuates in individual patients during the first year after the trauma.

What is the course of delayed-onset post-traumatic stress disorder (PTSD)? For 2 years, Australian investigators prospectively followed 705 patients who were injured mainly in automobile accidents and treated in a level I trauma center (437 with mild traumatic brain injury; original sample, 1084 patients).

Very few patients had PTSD (without the duration requirement) immediately after the accident. PTSD incidence at 3, 12, and 24 months was 8.5%, 9.5%, and 6.8%, respectively. About 37% of patients with PTSD at 12 months had not had PTSD at 3 months; still, only 6% of patients with PTSD at 2 years had not had PTSD at 12 months.

Particularly in the first year, diagnoses fluctuated between no PTSD, subsyndromal PTSD (2 of the 3 required symptom clusters), and full PTSD. For example, of 60 patients with PTSD at 3 months, 11 no longer had the disorder at 12 months, whereas 25 of 575 patients with no PTSD at 3 months had PTSD at 12 months; of 70 patients with subsyndromal PTSD at 3 months, 40 had no PTSD at 12 months, but 8 developed full PTSD. In patients without PTSD at 3 months, severity of PTSD at 24 months was predicted by mild traumatic brain injury, inter current adverse events, and severity of initial PTSD.

DISCOVERY AND VALIDATION OF BLOOD BIOMARKERS FOR SUICIDALITY

Le-Niculescu H et al. . Mol Psychiatry

Four blood biomarkers of gene expression predict hospitalizations for suicide in patients with bipolar disorder or schizophrenia.

Suicidal ideation only weakly predicts attempted and completed suicide, and some patients never voice ideation before they attempt suicide. These investigators used a multistage research protocol to identify suicide risk biomarkers.

First, the researchers identified 246 genes differentially expressed during suicidal and nonsuicidal states in 9 bipolar patients participating in a longitudinal study. They next cross-matched these data with extant postmortem brain and genetic data from studies on suicide. The 41 identified genes involved stress, inflammation, and apoptosis pathways in the brain, and some were sensitive to clozapine, the only FDA-approved drug for suicidality. The biomarkers were reduced to 6 after an examination of blood samples from a coroner's cohort of nine people who completed suicide. Four biomarkers predicted past and future hospitalizations for suicidality in 42 bipolar and 46 schizophrenia patients. One gene, SAT1, showed substantial predictive power. SAT1, when combined with simple analog ratings of anxiety and depression, predicted suicide hospitalization with 81% accuracy.

(http://dx.doi.org/10.1038/mp.2013.95)

PSYCHOLOGICAL PROCESSES AND REPEAT SUICIDAL BEHAVIOR: A FOUR-YEAR PROSPECTIVE STUDY

O'Connor RC et al.. J Consult Clin Psychol 2013 Jul 15

Only feelings of entrapment and frequency of previous attempts predicted repeat suicidal behavior.

Clinicians hunger for additional ways to improve their ability to predict suicide in their patients. Demographic and clinical characteristics, used in most standardized assessments for judging suicide risk, are statistically predictive of subsequent suicidal behaviors, but they are less accurate in forecasting suicidal behavior in individual circumstances. Investigators in Scotland studied whether feelings of defeat and entrapment (i.e., inability to escape from defeating circumstances) might contribute to suicidal behavior beyond conventional clinical predictors.

Seventy patients seen in a hospital's psychiatric consultation after an initial medically serious suicide attempt (59% female; mean age, 36 years; 93% by overdose) were assessed usually within 24 hours of admission for depression, suicidal ideation, hopelessness, feelings of defeat, and feelings of entrapment. The investigators examined national registry medical records for readmissions for intentional self-harm in 61 subjects (87%). From the index incident through the following 48 months, 20 (25% of this subgroup) were rehospitalized for another suicide attempt; one completed suicide. In a univariate model, frequency of previous suicide attempts and baseline ratings of suicidal ideation, depression, hopelessness, defeat, and entrapment individually predicted subsequent suicidal behavior. In the multivariate model, only entrapment and frequency of past suicide attempts predicted suicidal behavior, and entrapment was the more potent predictor.

(http://dx.doi.org/10.1037/a0033751)

PSYCHOTIC SYMPTOMS AND POPULATION RISK FOR SUICIDE ATTEMPT: A PROSPECTIVE COHORT STUDY

Kelleher I et al. . JAMA Psychiatry

Even "benign" hallucinations may be associated with suicide attempts.

An estimated 9% of teenagers experience suicidality and 7.5% report psychotic phenomena, but the relationship between such phenomena and suicidality has been unknown. Investigators addressed this gap in knowledge by analyzing data collected during a longitudinal, questionnaire-based study of suicide prevention in high school students (ages, 13–16).

The students reported whether in the preceding 2 weeks they heard voices/sounds that no one else could hear, experienced suicidality, or had symptoms in three domains (emotional, conduct, and hyperkinesis difficulties). Questionnaires were completed at baseline (n=1112) and at 3 months (n=1006) and 12 months (n=973).

At baseline, auditory hallucinations were reported by 7% of students overall, but by 23% of those with psychopathology versus 4% of those without. Suicide attempts at follow-up progressively increased with more severe psychopathology: Attempts were reported by 31% of adolescents with symptoms in all three domains versus 2% of those without symptoms. Attempts at follow-up were reported by 34% of students with both psychopathology and hallucinations.

ABNORMAL RICH CLUB ORGANIZATION AND FUNCTIONAL BRAIN DYNAMICS IN SCHIZOPHRENIA

Van den Heuvel MP et al. . JAMA Psychiatry

In patients vulnerable to psychosis, this primary defect may elicit rigid psychotic **explanations of a difficult-to-understand world.**

Researchers have recently been examining the altered connections between neural networks in complex disorders. To study this phenomenon in schizophrenia, Dutch investigators compared structural and functional connections in the central "rich club" of highly interconnected nodes between white matter tracts in 48 schizophrenia patients and 45 healthy controls. Resting-state functional magnetic resonance imaging and diffusion tension imaging were performed.

In both controls and patients, rich club nodes (hubs) were noted in the bilateral precuneus, superior frontal cortex, superior parietal cortex, and insula. However, patients had significantly fewer network connections (but not fewer local connections). Although patients had an overall lower level of structural connections, correlations between structural and functional connectivity were increased. Most results were replicated in a second group of 41 patients and 51 controls.

EVIDENCE-BASED GUIDELINE: TREATMENT OF TARDIVE SYNDROMES — REPORT OF THE GUIDELINE DEVELOPMENT SUBCOMMITTEE OF THE AMERICAN ACADEMY OF NEUROLOGY

Bhidayasiri R et al. . Neurology

New guidelines from the American Academy of Neurology are based on limited evidence.

The American Academy of Neurology (AAN) has published a new guideline offering several evidence-based recommendations for addressing tardive syndromes that result from use of a dopamine receptor blocker. Using standard AAN guideline methodology, the authors made the following recommendations:

- Evidence is insufficient to support withdrawal of dopamine receptor blocking agents as an effective treatment for tardive syndromes or to support switching from typical to atypical dopamine receptor blockers to improve symptoms.
- The highest level of existing evidence favored clonazepam and ginkgo biloba (Level B).
- Although some studies cite risperidone as a treatment, others identify it as a cause.
- Amantadine and tetrabenazine reached a Level C recommendation for treatment.
- Diltiazem was not an adequate treatment (Level B), nor was galantamine or eicosapentaenoic acid (Level C).
- All other therapies failed to reach an evidence-based recommendation. Information was insufficient for a recommendation about botulinum toxin or surgical therapies (e.g., deep brain stimulation or pallidotomy).

FREQUENCY AND CHARACTERISTICS OF ISOLATED PSYCHIATRIC EPISODES IN ANTI–N-METHYL-D-ASPARTATE RECEPTOR ENCEPHALITIS

KAYSER MS ET AL. . JAMA NEUROL

Clinicians need to be aware of this unusual presentation.

Anti-N-methyl-D-aspartate receptor (NMDAR) encephalitis, which can present as a schizophrenic or depressive disorder, is rare and is diagnosed by the presence of immunoglobulin G antibodies to the NR1 subunit of the NMDAR. These researchers examined the occurrence of pure psychiatric syndromes at disease onset or relapse in 571 patients diagnosed with NMDAR encephalitis.

In this group, 23 (4%; median age, 20) presented with isolated psychiatric syndromes — 5 at the first episode of NMDAR encephalitis, and 18 during a relapse. Twenty-one patients were women, 10 of whom had an underlying ovarian teratoma. Magnetic resonance imaging of the brain was abnormal in 10 patients, and 17 had elevated lymphocytic pleocytosis in cerebrospinal fluid. The predominant clinical picture was psychosis with a mood disorder: 17 patients were delusional, 10 had hallucinations, 13 were aggressive, and 11 were manic. Of the 23 patients, 19 had full or substantial recovery after treatment with immunotherapy and, where appropriate, removal of the teratoma. Psychiatric medications were utilized as necessary to control symptoms.

EFFECTS OF MEDICAL COMORBIDITY ON ANXIETY TREATMENT OUTCOMES IN PRIMARY CARE

Campbell-Sills L et al. . Psychosom Med

Anxious patients with multiple comorbidities did as well as others in a primary care treatment, but those with migraine had poorer outcomes.

Anxiety disorders are often accompanied by medical comorbidities that complicate treatment and might worsen outcomes. Researchers reviewed data from a multisite, randomized study of collaborative care ("Coordinated Anxiety Learning and Management") for treating anxiety disorders (generalized anxiety, post-traumatic stress, panic, and social anxiety disorders) in primary-care settings (NEJM JW General Medicine May 27 2010) to examine outcomes of 422 patients with zero or one chronic medical disorders and 582 with two or more comorbidities.

All patients received usual care from their primary-care physicians. Those receiving the intervention also met with a clinical specialist who provided computer-assisted cognitive-behavioral therapy and/or medication management for up to 12 months and who consulted a study psychiatrist as needed.

Higher levels of anxiety symptoms and anxiety-related disability occurred among those with greater medical comorbidities, who were also older and had more depression, post-traumatic stress disorder, pain, and pain treatment. Even so, high-comorbidity patients improved as much as low-comorbidity patients. Researchers then focused on three comorbidities associated with anxiety/stress: migraine, asthma, and gastrointestinal diseases, reported by 29%, 21%, and 17% of the sample, respectively. Only migraine was associated with significantly less improvement, regardless of treatment.

(http://dx.doi.org/10.1097/PSY.0b013e31829def54)

EARLY BRAIN ENLARGEMENT AND ELEVATED EXTRA-AXIAL FLUID IN INFANTS WHO DEVELOP AUTISM SPECTRUM DISORDER

Shen MD et al. . Brain

Researchers find that divergent brain development in autism spectrum disorder includes elevated levels of extra-axial cerebrospinal fluid from age 6 months.

Patients with autistic spectrum disorder (ASD) have larger mean head circumference and enlarged brain gray and white matter than healthy controls in cross-sectional studies (e.g., J Neurosci 2010; 30:4419). Do brain-growth trajectories from age 6 months to 2 years also differ? To address this question prospectively, investigators analyzed repeated magnetic resonance imaging (MRI) scans and comprehensive behavioral assessments in very young children — 33 high-risk participants (siblings of children diagnosed with ASD) and 23 low-risk children. Scans and assessments occurred at ages 6 or 9 months, 12 to 15 months, and 18 to 24 months.

Ten high-risk participants (33%), but no low-risk participants, developed ASD by age 36 months. Eight high-risk children (24%) and three low-risk children (14%) had other developmental delays. At each MRI, the ASD group had significantly greater extra-axial cerebrospinal fluid than the typical or developmental-delay group; amounts were 20% to 33% greater in ASD children than in low-risk typical children (see Figure 1 and Figure 2). Total cerebral volume among ASD cases progressively increased to 7% higher than low-risk typical children at the second scan and 8% higher at the third scan.

MATERNAL AND EARLY POSTNATAL NUTRITION AND MENTAL HEALTH OF OFFSPRING BY AGE 5: A PROSPECTIVE COHORT STUDY

Jacka FN et al. . J Am Acad Child Adolesc Psychiatry

More items added to the list of early-life environmental factors that increase the risk for mental illness.

Nutritional control is one of the more intractable problems of treating patients with antipsychotics and is particularly salient for pregnant women taking antipsychotics. Thus, knowledge of how gestational diets affect offspring is important for psychiatrists.

These researchers analyzed data from a study that invited participation by all mothers who gave birth in Norway during 1999–2008. In this substudy, 23,020 mothers (21% of those in the larger study) completed questionnaires about their diet in pregnancy and their children's diets at ages 6, 18, 36, and 60 months. Beginning when the children were 18 months, mothers completed the Child Behavior Checklist. Dietary patterns were scored as healthy (e.g., emphasizing fruits and vegetables) or unhealthy (emphasizing snacks and processed foods).

Children's externalizing psychopathology was significantly associated with their mothers' or the children's own unhealthy diets, even when analyses controlled for multiple socioeconomic and gestational variables. Internalizing psychopathology was associated with children's unhealthy diets.

(http://dx.doi.org/10.1016/j.jaac.2013.07.002)

DETERMINATION OF GENOTYPE COMBINATIONS THAT CAN PREDICT THE OUTCOME OF THE TREATMENT OF ALCOHOL DEPENDENCE USING THE 5-HT3 ANTAGONIST ONDANSETRON

Johnson BA et al. . Am J Psychiatry

Approximately 34% of these alcohol-dependent patients carried a genotype combination predictive of treatment response to ondansetron.

Personalized medicine promises clinicians the tools to tailor-make treatments for patients based on their genetic profiles. In a previous randomized, placebo-controlled, double-blind study of the specific serotonin-3 (5-HT3) antagonist ondansetron in 283 alcohol-dependent individuals without comorbid axis I diagnoses, ondansetron recipients who carried a combination of two genetic variants on the 5-HT transporter gene drank less and had a higher percentage of abstinent days than noncarriers (NEJM JW Psychiatry Feb 18 2011).

Extending this work, researchers examined treatment effects of 5-HT receptor polymorphisms in these patients. After examining 19 polymorphism variants in genes that influence ondansetron's actions (HTR3A and HTR3B, which encode A and B subunits of postsynaptic 5-HT3 receptors), they found three to be associated with ondansetron treatment response; carriers of any one of these three predicted better response with ondansetron than placebo. Overall, 34% of the patients possessed one or more of these HTR3 genotypes plus the two previously identified 5-HT transporter genotypes. Overall, compared with the group of noncarriers, the group of patients who had any combination of these five genotypes had improvement on fewer drinks per drinking day, percentage of heavy drinking days, and percentage of days abstinent, with medium-to-high effect sizes.

LITHIUM-ASSOCIATED HYPERPARATHYROIDISM AND HYPERCALCAEMIA: A CASE-CONTROL CROSS-SECTIONAL STUDY

Albert U et al. . J Affect Disord

Calcium should be added to routine laboratory test monitoring of patients taking lithium.

Hypothyroidism and impaired renal function are well-known adverse effects of long-term lithium treatment. Lithium has also been associated with hypercalcemia, although its exact prevalence and its relationship to duration of lithium exposure are uncertain.

In a cross-sectional study, investigators examined calcium and parathyroid hormone (PTH) levels in 112 adult patients (mean age, 49; 37% men) with bipolar I or II disorder. Fifty-eight patients had been taking lithium for at least 1 month (median, 36 months; mean daily dose, 731.9 mg), and 54 had no lifetime exposure to lithium.

Lithium-exposed patients had significantly higher levels of ionized calcium and PTH than nonexposed patients and had higher rates of hypercalcemia (defined as ionized calcium >1.32 mmol/L; 24.1% vs. 5.6%) and hyperparathyroidism (8.6% vs. 0%). Higher ionized calcium levels, but not PTH levels, were significantly related to greater duration of lithium exposure. Hyperparathyroidism was seen after as little as 3 months of lithium exposure. Consistent with prior findings, lithium-exposed patients had higher rates of hypothyroidism (29.3% vs. 11.1%).

(http://dx.doi.org/10.1016/j.jad.2013.06.046)

ADD-ON TREATMENT OF BENZOATE FOR SCHIZOPHRENIA: A RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED TRIAL OF D-AMINO ACID OXIDASE INHIBITOR

Lane H-Y et al. . JAMA Psychiatry

A commonly used food preservative is put to an early test.

Antipsychotic drugs can improve psychosis, but they do not have an impressive impact on the cognitive and negative dimensions of schizophrenia. With data accumulating on reduced signaling of the N-methyl-D-aspartate receptor (NMDAR) in schizophrenia, investigators in Taiwan conducted a 6-week, placebo-controlled study of sodium benzoate, a food preservative that inhibits the enzyme D-amino acid oxidase (DAAO). Because DAAO metabolizes the NMDA co-agonist D-serine, sodium benzoate facilitates NMDA activity. One author has commercial interests in the treatment.

Sodium benzoate (1 g/day) or placebo was given to 52 participants with schizophrenia, who were on stable doses of antipsychotic drugs (mostly haloperidol and risperidone); 47 patients completed the trial. Add-on benzoate was superior to placebo at 6 weeks in decreasing total scores on the primary outcome measure, the Positive and Negative Syndrome Scale (PANSS), by 21%, with a large effect size (1.53). Negative symptoms, global assessment, and quality of life also improved more with benzoate, with large effect sizes (1.56, 1.20–1.21, and 1.50, respectively). Depression, speed of cognitive processing, and visual learning and memory also improved significantly more with benzoate than with placebo, with medium-to-large effect sizes (0.74, 0.65, and 0.70, respectively).

(http://dx.doi.org/10.1001/jamapsychiatry.2013.2159)

CLINICAL AND COST-EFFECTIVENESS OF COGNITIVE BEHAVIOUR THERAPY FOR HEALTH ANXIETY IN MEDICAL PATIENTS: A MULTICENTRE RANDOMISED CONTROLLED TRIAL

Tyrer P et al. . Lancet

Significant improvements occurred, even with novice therapists providing cognitive-behavioral therapy, although remission levels were disappointingly low for this severe condition.

Health anxiety is common and leads to persistent suffering and costly medical evaluations. In this pragmatic, randomized, controlled treatment trial, researchers identified 444 patients visiting specialty clinics in six U.K. hospitals who had high health anxiety and who met diagnostic criteria for hypochondriasis.

The patients were randomized to modified cognitive-behavioral therapy (CBT; 5−10 sessions) or standard care. Novice therapists were trained to deliver the CBT program, which was developed by some study authors. CBT patients had significantly lower levels of health anxiety than usual-care patients at 12 months, the primary outcome, and corresponding improvements in self-rated depression and anxiety symptoms. Health anxiety also improved at 3, 6, and 24 months. At 1 year, twice more CBT patients than usual-care patients had normal levels of health anxiety (14% vs. 7%). Social function, quality of life, and costs did not differ between the two groups.

THE CLINICAL AND TREATMENT IMPLICATIONS OF CO-OCCURRING MANIA AND ADHD IN YOUTHS

Janet Wozniak, MD - Psychiatry Times

The relationship between bipolar disorder and ADHD remains unclear; however, this combined condition may represent an important genetic and clinical subtype with distinct psychopathology, familiality, and treatment response.

Is bipolar disorder over diagnosed in youths? Public and scientific debates have focused on the controversial topic of whether some children with emotional and behavioral problems are receiving an incorrect diagnosis of bipolar disorder and are being exposed unnecessarily to the adverse effects of mood stabilizing medications. On the other hand, it may be that because of skepticism and diagnostic confusion, bipolar disorder has been, and continues to be, under diagnosed in youths, with many children left untreated despite FDA approval of potentially useful medications for children as young as 10 years. Thus, efforts to better understand the issues of diagnostic confusion are of extremely high clinical, scientific, and public health importance.

A major component of the debate regarding the validity of the diagnosis of bipolar disorder in youths rests with its high overlap with ADHD. Distractibility, physical hyperactivity, and talkativeness are symptoms of both ADHD and mania. Arguably, all the symptoms of ADHD, including inattention, impatience, disorganization, and restlessness, could be part of the mania component of bipolar disorder.

By the same token, many of the symptoms of mania, such as euphoria (giddy, silly) or irritability (low frustration tolerance), reckless impulsivity, and racing thoughts, could be construed to occur at least some of the time as part of ADHD. ADHD also can include a component of emotional dysregulation, which further complicates the diagnosis.

Epidemiology of ADHD and bipolar disorder

While not all training programs include education in pediatric bipolar disorder, all child and adolescent psychiatry residents and most pediatricians are well acquainted with the diagnosis of ADHD, which is one

of the most common reasons for psychiatric treatment in pediatric patients. ADHD is a highly morbid, well-characterized, and valid disorder with onset in childhood; it affects more than 5% of youths.

While bipolar disorder in adults has long been considered to be one of the most disabling conditions seen in psychiatric practice, the condition in children has only recently been the focus of research to establish its validity. Because of a lack of accurate epidemiological reports, researchers had estimated, based on indirect evidence, that bipolar disorder affects approximately 1% of children and adolescents. However, a recent epidemiological study of more than 10,000 US adolescents reports a rate of 2.9% (2.6% are severely impaired).

A recent meta-analysis performed by Van Meter and colleagues of international epidemiological studies of pediatric bipolar disorder from 1985 through 2007 showed an overall prevalence of 1.8%. The researchers noted that there was no significant difference in the rates between US and non-US studies, and there was no evidence of an increase in the community over time.

Distinguishing symptoms

While mania can present as either euphoria or extreme irritability, findings suggest that irritability may be the more common manic mood symptom in youths. While a case can be made that the irritability of mania is distinctly and qualitatively different from other forms of irritability, when present in a child with ADHD, irritability or angry outbursts may be misattributed to the frustration of living with ADHD and attendant impulsivity rather than to co-occurring mania. Conversely, inattention, distractibility, and talkative-ness in a child or adolescent with bipolar disorder may erroneously be attributed to residual mania rather than ADHD.

According to diagnostic criteria, episodicity is a definitional feature of bipolar disorder and can be a useful marker of mania, just as chronicity or cross-situationality is a diagnostic feature of ADHD. However, the documented chronicity and complex/rapid cycling of bipolar disorder in youths often renders the notion of classic episodicity as a distinguishing feature of mania functionally impracticable.[9] While many adults with bipolar disorder present with chronicity, mixed states, and irritability as the clinical picture, this presentation has been the subject of debate when it occurs in children. Whether this presentation is valid for bipolar disorder for some patients remains a scientific and clinical question.

In clinical practice, the question of whether mood-dysregulated, hyperactive, and inattentive youths have bipolar disorder, ADHD, or both has critical clinical and therapeutic implications. Medications for ADHD may worsen mania, and medications for mania are fraught with adverse effects and may not be effective for the treatment of ADHD. Because ADHD and mania exhibit similar symptoms, there is a risk of unintentional overdiagnosis or underdiagnosis of one or the other. Milberger and colleagues demonstrated that most of the children in their study with the combined disorders continued to meet criteria for both mania and ADHD after overlapping symptoms were discounted. This suggests that bipolar disorder and ADHD comorbidity is not a methodological artifact that results from shared diagnostic criteria.

The co-occurrence of bipolar disorder and ADHD has long been an “orphan” condition, neglected in adults because of past skepticism regarding the continuity of ADHD into adulthood and neglected in children because of the now debunked concept that bipolar disorder does not occur in the young.

The case for a unique subtype

A bidirectional overlap is well documented between ADHD and bipolar disorder. Among children with bipolar disorder, rates of co-occurring ADHD range from 57% to 98%, with higher, almost universal rates among prepubertal children. ADHD has also been reported in samples of adults with bipolar disorder. In a longitudinal study of boys with ADHD, 17% were found to have co-occurring bipolar disorder at baseline. Other studies of ADHD, such as the Multimodal Treatment of ADHD (MTA) study, found rates of any mood disorder, depression or bipolar, to be too low for hypothesis testing, possibly an outcome related to exclusionary criteria for bipolar disorder (as well as psychosis, suicidality, and homocidality).

Faraone and colleagues found higher rates of ADHD in persons with childhood-onset bipolar disorder than in persons with adolescent-onset bipolar disorder. Those findings were consistent with a report from West and colleagues that 57% of adolescents with bipolar disorder also had ADHD. The prevalence reported in preadolescent samples is much higher and ranges from 70% to 98%. These results suggest that co-

occurrence with ADHD is a marker of preadolescent-onset mania. This form of very early–onset mania may represent a developmental subtype of the disorder.

The clinical features of mania in children with comorbid ADHD and bipolar disorder provide further evidence that this subtype represents a developmentally distinct variant. Mania in these children is more often characterized by violent irritability and prolonged and aggressive temper outbursts, rather than euphoric mood. The type of irritability observed in manic children is very severe, persistent, and often violent. It is distinctly different in quality and severity from other forms of irritability, such as the low frustration tolerance of ADHD or the "mad, cranky" irritability of childhood depression.

The natural course of bipolar disorder in pediatric cases tends to be chronic, complex/rapid cycling, and continuous (and mixed with depression) rather than episodic and acute. This is due in part to the complex and continuous cycling of mania and depression (with switches in polarity and the melancholy and lower level irritability of depression and the euphoria and extreme irritability of mania) as well as the interplay of bipolar disorder with its comorbid conditions, notably ADHD. Thus, children with comorbid bipolar disorder and ADHD are rarely "well."

In a review of 10 years of research on pediatric mania, Geller and Luby[18] concluded that childhood-onset mania is a nonepisodic, chronic, rapid cycling, mixed manic state. Similar findings also suggest that in the overwhelming majority of bipolar children, the disorder is chronic (they are seldom well) and the presentation is mixed.[15] A follow-up study showed that the youths (N = 78) continued to experience persistent disorder, including depression and subthreshold states of mania. Only 6.4% were euthymic without treatment at 4 years.

The Course and Outcome of Bipolar Illness in Youth (COBY) study demonstrated an episodic course with spontaneous improvements and deteriorations in mood and energy. On average, patients were ill for 60% of the follow-up time. Most patients (81.4%) recovered from their index episode, but time to recovery was a median of nearly 2.5 years. Of those who recovered, 62.5% had a full syndromal recurrence a median of 1.4 years following symptom remission.

Because of overlapping features, comorbid bipolar disorder and ADHD is difficult to diagnose. In addition to the full symptom profiles of both mania and ADHD, the comorbid condition has correlates of both disorders. Children who meet the criteria for ADHD show high rates of conduct and oppositional defiant disorders and of learning disorders and need for academic support. Depression and psychosis as well as poor functioning—all common correlates of bipolar disorder—are also usually present.

While ADHD and mania have been found to co-occur in pediatric populations, the National Comorbidity Survey Replication epidemiological study also has documented high bidirectional comorbidity between bipolar disorder and ADHD in adults. Study results showed significantly higher rates of bipolar disorder in adults with ADHD than in those without ADHD (19.4% vs 3.1%). Equally high rates of ADHD were seen in adults with bipolar disorder compared with those without bipolar disorder (21.2% vs 3.5%).

The familial connection

Although the mechanisms that mediate the association between bipolar disorder and ADHD are not entirely clear, ADHD and bipolar disorder individually and together are known to have strong familial links. Children of bipolar parents have an elevated risk of ADHD, and relatives of children with ADHD are at increased risk for bipolar disorder. However, the combined condition appears to be common in these families. In children of bipolar parents, the risk of ADHD is higher in children with bipolar disorder.

Consistent with the notion of a subtype, relatives of patients who have comorbid bipolar disorder and ADHD are at increased risk for the combined condition. This suggests that the disorders are transmitted together and not independently. Faraone and colleaguesstudied the familial transmission of these disorders in children with ADHD. The pattern of transmission seen in the studies supported the hypothesis that the comorbid condition could represent a distinct condition.

Studies of adults with bipolar disorder suggest that comorbid ADHD may be a marker for an early-onset subtype. Winokur and colleagues found that bipolar adults were more likely to have shown traits of hyperactivity in childhood. Sachs and colleagues reported that among adults with bipolar disorder, a

history of comorbid ADHD was only evident in those with onset of bipolar disorder before 19 years of age. The mean onset of bipolar disorder in those with a history of childhood ADHD was 12.1 years.

Nierenberg and colleagues reported that adults with comorbid bipolar disorder and ADHD had distinct features of bipolar disorder, including early onset, shorter periods of wellness (chronicity), greater comorbidity, and a worse course overall. These features are frequently characteristic of the bipolar disorder seen in children.

Consistent with the documented association of comorbid ADHD almost exclusively with early-onset bipolar disorder, a relatively low lifetime prevalence (9.5%) of comorbid ADHD has been reported in adults with bipolar disorder with heterogeneous age at onset. Perlis and colleagues[31] found that 65% of adults with bipolar disorder in a large sample (N = 1000) had early onset of the disorder (younger than 18 years). In the adults who had early onset, there were greater rates of comorbid anxiety disorders and substance abuse, more recurrences, shorter periods of euthymia, and a greater likelihood of suicide attempts and violence. The rate of ADHD was 20.7% among the earliest-onset group (younger than 13 years), 7.6% in the intermediate-onset group (13 to 18 years), and 5.7% in those with onset after 18 years. The age at bipolar onset appears to modify the risk of comorbid ADHD. The researchers concluded that age of onset may cleave a distinct form of bipolar disorder, which is more likely to be comorbid with ADHD.

The study by Chang and colleagues[32] of children of parents with bipolar disorder supports this notion. The findings suggest that bipolar disorder in high-risk children is associated with early-onset bipolar disorder in the parent and a parental history of ADHD. The age at onset of mania in adults with bipolar disorder and a history of ADHD was 11.3 years. The study by Geller and coworkers showed similar results—bipolar disorder comorbid with ADHD was a proxy for early onset.

Further highlighting the importance of age at onset are the findings of Lin and colleagues. The results of their study showed that relatives of patients with early-onset bipolar disorder were more likely to also have early-onset bipolar disorder. The pattern of transmission seen in families suggests that early-onset mania, which is largely associated with ADHD, might be a familially distinct subtype of bipolar disorder.

Faraone and colleaguesused familial risk analysis to examine the association between ADHD and mania. They found that relatives of children with comorbid ADHD and bipolar disorder were at high risk for ADHD that was indistinguishable from the risk in relatives of children with ADHD and no bipolar disorder. However, comorbid bipolar disorder and ADHD and bi-polar disorder alone selectively aggregated among relatives of youths with bipolar disorder compared with those with ADHD but without bipolar disorder.

Almost identical findings were obtained in the family study by Wozniak and colleagues. Bipolar parents of children with comorbid ADHD and bipolar disorder had a childhood history of ADHD, a mixed manic presentation, and juvenile-onset bipolar disorder.

Psychopharmacology

Emerging neurobiological correlates are the focus of recent research, and a wide array of FDA-approved treatments is available for ADHD. While the recognition and treatment of ADHD in adults has lagged, research documenting the continuity of ADHD into adulthood has established ADHD as a disorder with lifelong implications.

Pediatric bipolar disorder, a long-neglected diagnosis, is gaining acceptance in the clinical and research community as a valid clinical entity. The FDA has approved 5 medications (risperidone, aripiprazole, quetiapine, olanzapine, and lithium) for treatment of bipolar disorder in youths—with some medications approved for children as young as 10 years. Findings from clinical practice indicate that the use of atypical antipsychotics for the treatment of mania and mixed states is common in pediatric patients.

Although empirical evidence for the psychopharmacological response in comorbid bipolar disorder and ADHD is limited, many youths with bipolar disorder also receive treatment for comorbid ADHD. In a recent chart review of psychopharmacological interventions in clinically referred youths with bipolar disorder, 60% were treated for ADHD with stimulants and atomoxetine. ADHD symptom improvement was seen in 56% of the patients.

Stimulant medications may increase the risk of exacerbating mania; thus, clinical good sense dictates that the treatment of ADHD be addressed only after the symptoms of bipolar disorder are stabilized. In mood-

stabilized youths who have bipolar disorder, ADHD symptoms often become the second most severe presenting complaint. The decision to treat comorbid ADHD following stabilization of mania should be guided by clinically determining the level of impairment associated with ADHD.

Lamotrigine and divalproex are FDA-approved for use in bipolar adults, but they do not have a psychiatric indication for youths. However, emerging research suggests that lamotrigine may be useful in youths with bipolar disorder. Carbamazepine (used off-label) has been evaluated, with positive results. Divalproex, on the other hand, has not shown therapeutic efficacy in youths with bipolar disorder. The efficacy of antimanic medication for bipolar disorder has been confirmed in more than 2500 pediatric patients.

Antimanic and mood stabilizing agents on their own may have anti-ADHD effects. Carbamazepine and risperidone improve ADHD symptoms in youths with bipolar disorder, although this improvement may be attributable to the overlapping symptoms of ADHD and mania. In a recent controlled trial of youths with bipolar disorder, aripiprazole was not found to be superior to placebo in improving ADHD symptoms. The response to lithium and divalproex is greater in youths with comorbid bipolar disorder and ADHD than in those without comorbid ADHD. The subtype of comorbid bipolar disorder and ADHD may have unique treatment requirements.

While concern exists regarding the mood destabilizing effects of stimulant medication in bipolar disorder, a controlled trial found adjunctive mixed amphetamine salts to be safe and efficacious for the treatment of ADHD in patients with bipolar disorder whose symptoms have been stabilized with divalproex. Findling and colleagues reported that concomitant treatment with methylphenidate (MPH) improved symptoms of ADHD without destabilization of mood in youths with bipolar disorder.

MPH adjunctive therapy for ADHD in bipolar youths who have been stabilized with aripiprazole was not superior to placebo, and in 1 patient who received MPH and aripiprazole, severe mood destabilization developed. Chang and colleaguesreported that atomoxetine added to antimanic agents was well tolerated and efficacious in the treatment of ADHD in a small sample (N = 12) of youths with comorbid bipolar disorder. ADHD symptoms in adults with comorbid bipolar disorder and ADHD improved with bupropion treatment, without activation of mania. These aggregate data suggest that ADHD can be safely and effectively treated in patients with stabilized bipolar disorder, although caution is always indicated.

Conclusion

The relationship between bipolar disorder and ADHD remains unclear; however, this combined condition may represent an important genetic and clinical subtype with distinct psychopathology, familiality, and treatment response. Further research to examine the distinct nature of comorbid bipolar disorder and ADHD is needed.

Using DSM-IV criteria, comorbid bipolar disorder and ADHD has been identified in pediatric and adult samples, despite overlapping symptoms. Clinical trials point to the safety and efficacy of using combined pharmacotherapy to address both disorders. Heterogeneity in bipolar disorder is well accepted; stratifying by comorbidity with ADHD may mark an early-onset subtype of bipolar disorder worthy of independent study.

Educational Objectives

After reading this article, readers should be able to:

- Better appreciate the familial role in ADHD
- Recognize the implications of ADHD and bipolar comorbidity
- Understand the overlapping psychopathology and diagnostic issues associated with ADHD and bipolar comorbidity
- Comprehend the psychopharmacological response in comorbid ADHD and bipolar disorder
- Initiate a treatment strategy that may include mood stabilizers and stimulant medications

Who will benefit from reading this article?

Psychiatrists, child and adolescent psychiatrists, psychologists, primary care physicians, nurse practitioners, and other health care professionals.

FIFTY PERCENT OF PHYSICIANS LOOK UP CONDITIONS ON THE SITE, AND SOME ARE EDITING ARTICLES THEMSELVES TO IMPROVE THE QUALITY OF AVAILABLE INFORMATION

In spite of all of our teachers' and bosses' warnings that it's not a trustworthy source of information, we all rely on Wikipedia. Not only when we can't remember the name of that guy from that movie, which is a fairly low-risk use, but also when we find a weird rash or are just feeling a little off and we're not sure why. One in three Americans have tried to diagnose a medical condition with the help of the Internet, and a new report says doctors are just as drawn to Wikipedia's flickering flame.

According to the IMS Institute for Healthcare Informatics' "Engaging patients through social media" report, Wikipedia is the top source of healthcare information for both doctors and patients. Fifty percent of physicians use Wikipedia for information, especially for specific conditions.

Generally, more people turn to Wikipedia for rare diseases than common conditions. The top five conditions looked up on the site over the past year were: tuberculosis, Crohn's disease, pneumonia, multiple sclerosis, and diabetes. Patients tend to use Wikipedia as a "starting point for their online self education," the report says. It also found a "direct correlation between Wikipedia page visits and prescription volumes."

We already knew that more and more people were turning to the Internet in general and Wikipedia specifically for health information, and we could hardly stop them if we tried.

Related Story

Should I Be Getting Health Information From Wikipedia?

"Wikipedia entries often appear highest in the results pages of various search engines and the public perception of Wikipedia being a legitimate source of information has increased dramatically in recent years," the report reads. "For healthcare in particular, patients are concerned about the validity and neutrality of the information they seek out, and Wikipedia increasingly meets this need, providing supplemental information to that which they receive from clinicians."

Being crowd-sourced, the information may well be neutral, but is it accurate? Knowing that doctors, too, are using these resources raises old concerns about the quality of information that comes up when you type your condition into Google.

But doctors are aware of this, and an effort called Wikiproject Medicine is dedicated to improving the quality of medical information on Wikipedia. The IMS report looked at changes to five articles—diabetes, multiple sclerosis, rheumatoid arthritis, breast cancer and prostate cancer—and found them to be in a state of constant flux. Those articles were changed, on average, between 16 and 46 times a month. But one of the major contributors to those articles was Dr. James Heilman, the founder of Wikiproject Medicine's Medicine Translation task force.

"This task force's goal is getting 200 medical articles to a good or featured status (only 0.1 percent of articles on Wikipedia have this status), simplifying the English and then translating this content to as many languages as possible," the report says. "The aim is to improve the quality of the most read medical articles on Wikipedia and ensure that this quality will reach non-English speakers."

A class offered at the University of California, San Francisco last fall also had medical students editing Wikipedia for class credit. I spoke with Dr. Amin Azzam, the professor teaching the course, in October, about the importance of getting doctors to put their medical knowledge online.

"I do feel we have a moral obligation, as members of the profession to be reaching out to the people we intend to serve, where they are—and they are on the Internet," he told me. And now it seems that not only doctors' patients are finding medical information online—so are their colleagues.

---

http://www.theatlantic.com/health/archive/2014/03/doctors-1-source-for-healthcare-information-wikipedia/284206/

KILLING PAIN: BENZO 'BOOST' CAN BE DEADLY

By John Fauber, Reporter, Milwaukee Journal Sentinel/MedPage Today;
Kristina Fiore , Staff Writer, MedPage Today

Only Michael Moore knew the combination to the safe in his bedroom closet. He had locked up his prescriptions for chronic pain and insomnia so his two young children could not get into them.

As it turned out, it was Moore, 49, who needed the protection.

On Nov. 3, 2012, Moore, a computer analyst from Milwaukee who had suffered a serious knee injury years earlier, died of an accidental overdose. When police opened the safe they found hundreds of two types of prescription pills: opioids and benzodiazepines.

Double Trouble

Prescription records show that as use of opioids like OxyContin and Vicodin soared in the 2000s, so did the use of "benzos" such as Xanax, Klonopin, and Ativan, as opioid users discovered tranquilizers could enhance "the high."

Data provided to the Journal Sentinel and MedPage Today show the drugs are on the upswing again, increasing from 80 million prescriptions in 2006 to 94 million in 2013, according to IMS Health, a drug market research firm.

Now, thousands of Americans are dying each year after mixing opioids and benzodiazepines.

The combination turned up in 30% of the 16,651 overdose deaths involving narcotic painkillers in 2010, the most recent year for which data were available, according to the U.S. Centers for Disease Control and Prevention.

Moore's death was one of 41 accidental overdose fatalities in Milwaukee County in 2012 in which the person had taken both a benzodiazepine and a prescription opioid, according to records supplied by the Medical Examiner's office. That's more than half of 71 accidental overdose deaths involving opioids.

When police used a special factory code to open Moore's safe 3 days after he died, they found hundreds of pills inside, including 82 oxycodone pills and more than 400 benzodiazepines. The Medical Examiner's report said he had taken the opioid oxycodone, three different benzodiazepines, and had been drinking as well.

Moore's injury from the fall required eight surgeries and he suffered chronic pain, according to his mother Jackie Lentz. He also suffered from insomnia and had heart disease. She noted all the medications were prescribed.

"Things just kept getting worse and worse," Lentz said. "He attempted to live a somewhat normal life through the medication."

Repeating Past Mistakes

The U.S. has long loved its tranquilizers, and the recent growth in the use of newer drugs parallels that of old staples like Miltown (meprobamate) in the late 1950s and early 1960s and Librium and Valium in the 1960s and 1970s.

In those cases, the increase was fueled, not by good science, but by drug company marketing -- and now American medicine may be repeating the cycle.

"We are headed in the same direction we did before," said Jerome Wakefield, PhD, a professor of social work and psychiatry at New York University and co-author of "All We Have to Fear: Psychiatry's Transformation of Natural Anxieties into Mental Disorders."

Wakefield said he is especially concerned about primary care practice doctors writing prescriptions for the drugs without having the time to properly monitor patients.

He said Americans increasingly are being put on opioids for pain, hypnotics such as Ambien for sleep disorders, antidepressants, and benzodiazepines.

Over the last few years, several medical journal articles have warned of the heightened danger from co-use of opioids and benzodiazepines:

A 2013 paper in Drug and Alcohol Dependence found that between 2005 and 2009 the combination was the most common cause of overdose deaths involving multiple drugs.

Also in 2013, a paper in Journal of Forensic Sciences found substantial co-use of opioids and benzodiazepines among pregnant or recently pregnant mothers in Florida between 1999 and 2005.

Though benzodiazepines are not intended for long-term use, many pain patients find themselves on opioid/benzodiazepine regimens that last for years, doctors say.

"They are prominent fellow travelers with opioids," said Len Paulozzi, MD, a medical epidemiologist with the CDC. "The problem is, people get on them and they stay on them forever."

How Lethal Is it?

Last month, the state of Ohio turned to an opioid/benzo mix when it could not obtain drugs traditionally used in death row executions. They have been in short supply because European manufacturers have blocked exportation as a protest against capital punishment.

The mixture used to execute Dennis McGuire included midazolam, a benzodiazepine, and hydromorphone, a powerful opioid. The previously untested combination led to a 25-minute, gasping death.

Behind the surge in opioid prescribing that escalated throughout the 2000s was money from drug companies that went to various medical societies and doctors who, in turn, pushed for more liberalized use of the drugs for treating chronic, noncancer pain.

There is little to no evidence demonstrating the efficacy of opioids for chronic pain -- and even less to support the use of opioids plus benzodiazepines, yet as far back as the late 1950s, drug companies ramped up large-scale marketing efforts. The cornerstone of that marketing blitz was a series of advertisements in prominent medical journals directed at doctors -- a campaign that continued through the 1980s.

A Journal Sentinel/MedPage Today review of the ads found they often made questionable claims that tranquilizers were good for ailments including menopause, gastrointestinal problems, ulcers, and cardiovascular symptoms.

In the case of benzodiazepines, institutionalized dispensing of the drugs over the years also is linked to promotional activities of drug companies, a Journal Sentinel/MedPage Today investigation found.

Xanax for the Heart

A 1985 Xanax ad in JAMA claimed the drug relieved cardiovascular symptoms -- a claim for which there was no evidence.

Even today there is no rigorous research indicating that Xanax or other benzodiazepines reduce the risk of heart attacks, strokes, or heart disease, said James Stein, MD, professor of medicine and director of preventive cardiology at the University of Wisconsin School of Medicine and Public Health.

Stein noted that doctors who were in medical school in 1985 may have seen those ads and formed lasting beliefs that benzodiazepines are beneficial for the heart.

"If you learned early in your career, even subliminally, that these drugs were good for the heart or blood vessels, there's an inclination to reach for them," he said.

Pfizer, which sells Xanax, declined to provide a comment on the ad.

Librium for Ulcers

In the 1970s, ads for the benzodiazepine Librium claimed it was beneficial for ulcers.

One such ad in the New England Journal of Medicine said the drug was suitable for extended therapy.

However, a search of the medical literature turned up no rigorous research showing that Librium cured or reduced the severity of ulcers.

"There is no study that shows ulcer healing with anti-anxiolytics (tranquilizers)," said Mitch Roslin, MD, a bariatric surgeon at Lenox Hill Hospital in New York.

He said benzodiazepines were used for ulcers based on the theory that anxious people with type A personalities could benefit by reducing their anxiety.

Tara Iannuccillo, a spokesperson for Roche USA, the manufacturer of the drug, said the company couldn't provide a source to give historical perspective on the marketing of its drugs during that time.

Addiction and Benzos

For years, companies that made tranquilizers said the drugs were safe and nonaddicting.

But in 1975, after widespread reports of abuse, the federal government moved to put Valium, Librium, and some other tranquilizers under the Controlled Substances Act.

By 1978, the U.S. Food and Drug Administration was telling doctors that long-term use of the drugs was unwise because there were no clinical studies indicating the drugs are effective when given over a period of months.

Still, as late as 1980, officials with Hoffman-La Roche argued that their drug Valium was safe and nonaddictive, according to news accounts at the time

They were wrong. The package insert for the drug today clearly states:

"Abuse and dependence of benzodiazepines has been reported. Chronic use (even at therapeutic doses) may lead to the development of physical dependence."

By the Book

The prescribing of the drugs also is deeply rooted in another document, the main guide that psychiatrists and other doctors use in diagnosing mental illness -- the Diagnostic and Statistical Manual of Mental Disorders.

With the 1980 manual, psychiatrists introduced the diagnosis of generalized anxiety disorder.

Revisions to the manual, including an update last year, expanded that diagnosis, which, in turn, meant more people could be treated with tranquilizers, said Allen Frances, MD, the former chair of psychiatry at Duke University. Frances also chaired the panels that developed the 1994 manual.

"Even small changes could mean an additional 10 million patients (getting treatment)," Frances said.

Following the Money

The benzodiazepine marketing campaign unfolded against a background of industry influence in medical practice and medical research. For example, a 2006 paper found significant financial ties between drug companies and panel members who produced the DSM-IV. The manuals are put out by the American Psychiatric Association.

Among 170 panel members, 56% had financial links to drug companies, according to the paper.

In the field of anxiety disorders, 81% of the panel members had financial connections to drug companies.

For the paper, the researchers included any financial affiliations panel members had with the drug industry between the years of 1989 and 2004.

Separately, benzodiazepines are mentioned favorably in a 2009 national practice guideline for treating panic disorder that also was issued by the American Psychiatric Association.

Five of the seven doctors on that panel, including its chairman, worked as speakers or consultants to drug companies that sold benzodiazepines in the 3 years prior to the publishing of the guideline, according to disclosure statements issued with the document.

This included work for Pfizer, whose drug Xanax XR, won FDA approval for the condition 3 years earlier, according to disclosure statements issued with the guideline.

In an emailed statement, Darrel Regier, a physician and official with the association, said that when the guideline was issued the association required conflicts of interest to be managed by disclosure, extensive reviews of drafts, and oversight by a steering committee that had no members with financial ties to drug companies.

Regier said the diagnostic criteria for anxiety disorders did not change much from the 1980 and 1994 manuals and "would have no appreciable impact on prevalence rates."

He said conflicts of interest standards have toughened since the 1990s. Since 2010, the association only has allowed experts without financial ties to drug companies to serve on its panels, he said.

According to the CDC, 10% of Americans in any given year will be diagnosed with an anxiety disorder, but other estimates put that figure as high as 25%.

Mother's Little Helper

Tranquilizers have long been marketed to women, and data obtained by the Journal Sentinel/MedPage Today indicate the drugs are prescribed twice as often for women.

For example, last year 61 million benzodiazepine prescriptions were written for women, compared with 29 million for men, according to data from IMS Health.

That rate may be a testament to marketing: throughout much of the later half of the 20th century, tranquilizer ads in medical journals urged clinicians to think of their female patients.

The ads portrayed women as needing the drugs to deal with menopause or everyday problems like caring for rowdy children and managing a demanding career.

One ad for a tranquilizer from the late 1950s shows a woman anxiously swatting away a moth, pushing use of the drug for "when she over-reacts to any situation." Another from the 1960s shows a tense mother with several children to represent "the battered parent syndrome."

Ads like those are long gone, but women are still unevenly consuming tranquilizers, said Carolyn Alfieri, who speaks from experience.

Like Mother, Like Daughter

Alfieri is a second-generation prescription drug abuser.

Though she's now been clean 6 years, she waged a long battle with opioid painkillers, and her mother was "hooked on Xanax until the day she died," said Alfieri who lives in California.

Her mother's tranquilizer habit started in the 1960s, when she married young and had two children by age 19.

"My mother started with Miltown and moved to Xanax," Alfieri says. "She was like the stereotypical suburban housewife of the 1960s, reaching for 'mother's little helper,'" a reference to the nickname for Miltown.

Alfieri says that she, too, used benzodiazepines with opioids, mainly as a bridge to hold her over in between opioid doses to diminish symptoms of withdrawal.

Now a resident adviser at a drug-treatment program, Alfieri said benzo use is rampant among the addicted women treated at her center.

"Middle-age women my age are mixing their prescription pain meds with Valium and Xanax," she says. "It's alarming."

For Mary Kate Legacy, her first benzodiazepine prescription came at the age of 11.

The Massachusetts woman, now 20, was first prescribed Ativan for anxiety that was so severe that she could not leave the house to go to school.

Over the years, she was prescribed other benzodiazepines, including Xanax, Valium and Klonopin.

Eventually, Legacy said she began abusing alcohol and narcotic painkillers.

"It (Ativan) was like a gateway for me," she said.

For the last 3 years, Legacy said, she has not used any drugs or alcohol.

She now is an advocate for Heroes in Recovery, a grass roots organization aimed at breaking the stigma of addiction. Heroes was started by the Foundations Recovery Network, which operates treatment centers around the country.

End Game

A 48-year-old Milwaukee woman was not so lucky.

In 2012, she died of an accidental overdose that included the narcotic painkiller oxycodone and alprazolam, the generic version of Xanax, according to the Milwaukee County Medical Examiner's Office.

Because her husband said that he wanted to put her death behind him and not discuss her case, her name is not being used.

She had a history of abusing pain medications to combat back pain after undergoing disc surgery years earlier, the Medical Examiner's report said.

She was one of 18 women to die of an accidental opioid/benzo combination that year in Milwaukee County, according to records.

Medical Examiner records show that in the month prior to her death she got four prescriptions for alprazolam totaling 240 pills.

On the day she died, all the bottles were empty.

PARTNER BEREAVEMENT IS ASSOCIATED WITH EXCESS RISK FOR MYOCARDIAL INFARCTION AND STROKE

Thomas L. Schwenk, MD reviewing Carey IM et al. JAMA Intern Med

Risk is greatest in the first 30 days after a partner's death.

Many clinicians know of cases in which a patient dies, and then the patient's spouse or partner dies shortly thereafter. Various studies have shown associations between bereavement and early mortality, particularly from cardiovascular (CV) disease, but researchers haven't assessed risk for adverse CV events following loss of a partner in large population studies. In this study from the U.K., investigators used a national primary care database to compare adverse CV event rates among 31,000 older adults (mean age, 76) whose partners died, with those among 84,000 age- and sex-matched controls whose partners were alive on the same day.

During the first 30 days after loss of a partner, 50 participants in the bereavement group (0.16%) versus 67 in the control group (0.08%) had fatal or nonfatal myocardial infarctions or strokes (relative risk adjusted for CV disease and risk factors, 2.2). Risk was lower during the following 60 days (RR, 1.35) and was no different during the remainder of the year.

COMMENT

These results are consistent with those of other studies. Although elevated risk for death or adverse cardiovascular events within the first few months after the death of a partner or spouse accounts for only 1% to 2% of such events, the particularly tragic nature of these events suggests that exploring risk-reduction strategies would be worthwhile.

(http://dx.doi.org/10.1001/jamainternmed.2013.14558)

ANTIOXIDANT SUPPLEMENTS: MORE BAD NEWS

Jonathan Silver, MD reviewing Paulsen G et al. J Physiol

Vitamins C and E adversely affect muscle mitochondria response to exercise.

Several studies have shown that vitamins C and E impair glucose regulation (NEJM JW Psychiatry Jun 8 2009) and raise risk for Alzheimer disease (NEJM JW Psychiatry Apr 23 2012). Here is another study to relate to our patients who believe that these antioxidant vitamins “can't hurt.”

In a double-blind study partially funded by supplement manufacturers, 54 individuals (28 women; mean age, 24) were randomized to receive placebo or vitamin C (1000 mg/day) plus vitamin E (DL-alpha-tocopherol acetate, 235 mg/day) while they participated in an 11-week endurance training program. The two groups did not differ in change in performance over time (VO_{2max}, submaximal running, and a shuttle run test). However, only the placebo group showed improvement at 11 weeks in mitochondrial markers (obtained via muscle biopsy). Only the placebo group had significantly improved fat oxidation and reduced heart rates at submaximal workloads.

COMMENT

During exercise, mitochondrial biogenesis increases in a normal sign of cellular adaptation. This adaptation is blocked by vitamins C and E. There is, appropriately, concern about the adverse effects of statins on mitochondrial function, which may be responsible for muscle pain. Patients often neglect the potential downside to supplements — with little published research demonstrating benefit (Ann Intern Med 2014 Feb 25; [online ahead of print]). Antioxidants can hurt, and we clinicians need to discuss this with our patients.

Note to Readers: At the time that NEJM JW reviewed this paper, its publisher noted that it was not in final form and that subsequent corrections might be made.

(http://dx.doi.org/10.1113/jphysiol.2013.267419)

WHEN CAN A CUP OF COFFEE HELP YOU STUDY?

Steven Dubovsky, MD reviewing Borota D et al. Nat Neurosci

Caffeine intake after studying helps to improve memory consolidation.
When caffeine is administered before the start of a learning task, the chemical does not appear to promote learning. In this series of experiments, researchers examined how later administration of caffeine at various doses affected memory in healthy subjects (mean age, 20) who reported caffeine intake of 500 mg/week or less.
The participants took placebo or caffeine (100, 200, or 300 mg) after studying a series of pictures and were tested 24 hours later for the ability to discriminate among previously seen pictures, similar pictures, and completely new pictures. At 200 mg, caffeine improved consolidation of memory of the original pictures, but not basic overall recognition memory. Benefits decreased at the highest dose. Administration of caffeine before memory testing had no effect on recognition performance.

COMMENT
The authors speculate that through effects on adenosine receptors in the hippocampus or other areas involved in memory, caffeine promotes the consolidation of new memories, but only after the information is encoded. Before the start of a learning task, however, caffeine-induced arousal may interfere with learning. Drinking coffee (estimated caffeine, ≤200 mg/cup) after studying something and limiting the actual amount of coffee ingested may be the best way to keep the information in one's memory.

(http://dx.doi.org/10.1038/nn.3623)

NEW U.S. DIETARY GUIDELINES RECOMMEND LIMITING EXCESS SALT, FAT, SUGAR

The U.S. Department of Health and Human Services and the Department of Agriculture have updated their 2005 nutritional guidelines, taking aim at sodium, refined sugars, fats, and refined grains.
Among the 23 recommendations:

- Limit daily sodium consumption to less than 2300 mg. High-risk groups (e.g., those who are over 50, are black, or who have hypertension, diabetes, or chronic kidney diseases) should consume less than 1500 mg.
- Restrict the percentage of calories coming from saturated fats to less than 10%.
- Consume less than 300 mg of dietary cholesterol daily.
- Replace refined grains with whole grains.
- Restrict consumption of solid fats and added sugars.
- Limit alcohol to one drink per day for women and two for men.
- Eat a variety of fruits and vegetables and more of them.
- Replace some meat and poultry with seafood.

The guidelines also offer specific recommendations for people ages 50 and up and women who may become pregnant or who are pregnant or breast-feeding.

---

http://www.jwatch.org/fw201102010000001/2011/02/01/new-us-dietary-guidelines

CAN MIXED FEELINGS ABOUT YOUR SPOUSE HARDEN YOUR ARTERIES?

Joel Yager, MD reviewing Uchino BN et al. Psychol Sci

In long-term married couples, mutual perceptions of each other as "helpful and upsetting" are associated with elevated coronary artery calcification scores.

Studies linking measures of marital satisfaction with health outcomes have yielded variable results. Recognizing that real-life marital relationships are often characterized by perceptions of one's spouse as both helpful and upsetting (i.e., ambivalence), investigators examined spouses' ratings of social relationship and marital adjustment and used standard scans to assess coronary artery calcification.

The 136 couples were married for a mean of 36 years (97% non-Hispanic white; mean age, 63; median household income, $50,000–$75,000); none had cardiovascular disease histories. Overall, 30% of spouses were viewed as primarily positive, and 70% were viewed ambivalently.

Studied variables included gender, age, body mass, blood glucose, plasma lipids, and self-reported smoking, alcohol use, and activity level. In analyses adjusting for age, sex, and body mass, coronary artery calcification scores were highest in individuals who both viewed and in turn were viewed by their spouses as both helpful and upsetting. In an ancillary analysis, this finding was not accounted for by marital dissatisfaction per se.

COMMENT

These intriguing preliminary findings invite studies that have larger samples, use more-precise delineations of interpersonal interactions, and explore additional factors such as inflammatory markers, other illness conditions, medications, diet, and exercise. Reciprocally ambivalent states, not just unidirectional negative mood states, might generate specific physiological distress phenomena that contribute to cardiovascular pathology. Ambivalent relationships may generate interpersonal stress and decrease mutual support. Also meriting study is the question of how much these attitudes result from individuals' pre-existing personality traits or attachment styles or from evolving transactional marital processes. Overall, these findings suggest that individual and couples therapies may have value in helping individuals prone to cardiovascular disease (or other diseases) deal with ambivalent feelings about their spouses.

(http://dx.doi.org/10.1177/0956797613520015)

TASIMELTEON FOR NON-24-HOUR SLEEP–WAKE DISORDER

Amy Orciari Herman, Physician's First Watch

The FDA has approved the first treatment for a circadian rhythm disorder seen in totally blind individuals.

The melatonin receptor agonist tasimelteon has been approved to treat non-24 sleep–wake disorder in totally blind individuals, the FDA has announced. The drug should be taken each night before bedtime. In two placebo-controlled clinical trials comprising roughly 100 totally blind patients with non-24 disorder, tasimelteon significantly increased the duration of nighttime sleep and decreased the duration of daytime sleep (NEJM JW Emerg Med Mar 6 2009). The most frequent side effects included headache, elevated alanine aminotransferase levels, nightmares, and disrupted sleep. Tasimelteon can impair mental alertness; accordingly, patients should limit their activities after taking the drug.

COMMENT — NEUROLOGY

Jaime Toro, MD

Non-24 was first described 60 years ago. It is a chronic circadian rhythm disorder resulting from misalignment of the endogenous master body clock to the 24-hour day, affecting the sleep–wake cycle. Non-24 affects totally blind individuals, who number approximately 100,000 in the U.S. Two of the most significant symptoms of this condition are a profound inability to fall asleep or stay asleep at night and an overwhelming urge to sleep during the day. With the approval of tasimelteon, a melatonin agonist, these patients have access to an approved, safe, effective treatment for this debilitating disorder.

(http://www.fda.gov/newsevents/newsroom/pressannouncements/ucm384092.htm)

ARE THERE REALLY TWO KINDS OF FEMALE ORGASM? SCIENCE WEIGHS IN

By Seriously Science

There is a long-standing and heated debate in the scientific literature about whether or not there are two kinds of female orgasm. One side argues that orgasms stemming from penetration are fundamentally different from those arising from clitoral stimulation. The other side insists that they are really the same thing, and the only difference is how the clitoris is stimulated. Here, two scientists set out to test these two hypotheses by using ultrasound to track blood flow patterns and determine how the clitoris moves during different types of sex. Their results support the hypothesis that there are, in fact, different kinds of female orgasm. We're just glad they didn't use the acronyms from this study.
Pilot Echographic Study of the Differences in Clitoral Involvement following Clitoral or Vaginal Sexual Stimulation.

"INTRODUCTION: Women describe at least two types of orgasms: clitoral and vaginal. However, the differences, if any, are a matter of controversy. In order to clarify the functional anatomy of this sexual pleasure, most frequently achieved through clitoral stimulation, we used sonography with the aim of visualizing the movements of the clitorourethrovaginal (CUV) complex both during external, direct stimulation of the clitoris and during vaginal stimulation.

METHOD: The ultrasounds were performed in three healthy volunteers with the General Electric® Voluson® sonography system (General Electric Healthcare, Vélizy, France), using a 12-MHz flat probe and a vaginal probe. We used functional sonography of the stimulated clitoris either during manual self-stimulation of the external clitoris or during vaginal penetration with a wet tampon.

MAIN OUTCOME MEASURES: Functional and anatomic description, based on bidimensional ultrasounds, of the clitoris and CUV complex, as well as color Doppler signal indicating speed of venous blood flow, during arousal obtained by external or internal stimulation.

RESULTS: The sagittal scans obtained during external stimulation and vaginal penetration demonstrated that the root of the clitoris is not involved with external clitoral stimulation. In contrast, during vaginal stimulation, because of the movements and displacements, the whole CUV complex and the clitoral roots in particular are involved, showing functional differences depending on the type of stimulation. The color signal indicating flow speed in the veins mirrored the anatomical changes.

CONCLUSIONS: Despite a common assumption that there is only one type of female orgasm, we may infer, on the basis of our findings, that the different reported perceptions from these two types of stimulation can be explained by the different parts of the clitoris (external and internal) and CUV complex that are involved. Buisson O and Jannini EA. Pilot echographic study of the differences in clitoral involvement following clitoral or vaginal sexual stimulation."

---

http://blogs.discovermagazine.com/seriouslyscience/2014/03/12/really-two-kinds-female-orgasm-science-weighs/#.UyHBfyhTJL8.email

DISCUSSIONS ABOUT PUBLIC FIGURES: CLINICIAN, COMMENTATOR, OR EDUCATOR?

Richard A. Friedman, MD

As psychiatrists, we have a potentially unique—and powerful—influence in the discussion of public figures. But what professional and ethical obligations should we follow in this role?

Psychiatrists and other mental health professionals are frequently called on by the media to give their expert opinion about public figures whose behavior raises a question about their mental health or fitness. Often, this involves colorful, eccentric, or flagrant misbehavior in the sexual or financial realm.

Consider, for example, former Congressman Anthony Weiner who resigned his seat June 16, 2011, amid revelations of his repeated lewd online behavior: Mr Weiner admitted to having texted pictures of his penis to at least one woman.1 In the summer of 2013, while running as a mayoral candidate in the Democratic primary in New York City, it was revealed that he had continued to post lewd images of himself online, and he was pressured (unsuccessfully) to quit the race.2

Understandably, the media sought commentary from mental health experts. How, they asked, was the public to understand such apparently self-destructive behavior?

Some mental health professionals suggested Mr Weiner's indiscretions might be an addiction. Others theorized that he might be driven by sexual needs that were unmet in his marriage and by feelings of inadequacy about his masculinity. Still others raised the possibility of a mood disorder.3

As psychiatrists, we have expert knowledge about human behavior and mental illness. Thus, we have a potentially unique—and powerful—influence in the discussion of public figures. But what professional and ethical obligations should we follow in this role? Are we to relate to the public as expert clinicians, commentators, or educators—or some mix of these roles?

Background

To answer the question, a bit of historical perspective is instructive. Just before the 1964 presidential election, a muckraking and now defunct magazine called Fact decided to survey members of the American Psychiatric Association (APA) for their professional assessment of Senator Barry Goldwater of Arizona, the Republican nominee running against President Lyndon B. Johnson.4 Ralph Ginzburg, the magazine's notoriously provocative publisher, had heavily advertised the issue in advance, saying it would call into question Mr Goldwater's character.

APA members were asked whether they thought Mr Goldwater was fit to be president and what their psychiatric impressions of him were. It was not American psychiatry's finest hour. The survey, highly unscientific even by the standards of the time, was sent to 12,356 psychiatrists, of whom 2417 responded. The results were published as a special issue: "The Unconscious of a Conservative: A Special Issue on the Mind of Barry Goldwater."

The psychiatrists' assessment was very harsh. Half of the respondents judged Mr Goldwater psychologically unfit to be president. They used terms like "megalomaniac," "paranoid," and "grossly psychotic." Some offered specific diagnoses, including schizophrenia and narcissistic personality disorder. Only 27% of the respondents said Mr Goldwater was mentally fit, and 23% said they did not know enough about him to make a judgment.

There were several attempts at a psychodynamic formulation of Mr Goldwater's character. One unsigned comment called the candidate "inwardly a frightened person who sees himself as weak and threatened by strong virile power around him," and added that "his call for aggressiveness and the need for individual strength and prerogatives is an attempt to defend himself against and to deny his feelings of weakness."

Whatever their motivation, these physicians had given very specific and damaging psychiatric opinions, using the language and art of their profession, about a man whom they had not examined and who surely would never have consented to such damaging statements. The remarks were immediately condemned by both the American Medical Association and the APA, and Mr Goldwater brought a $2 million libel suit against Fact and Mr Ginzburg. The Supreme Court awarded the senator $1 in compensatory damages and $75,000 in punitive damages—and, more importantly, set a legal precedent that helped change medical ethics.5

The APA had the Goldwater debacle in mind when, in 1973, it first drafted its Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry.6 These Principles, in particular

sections 5 and 7, delineate a set of ethical requirements for communicating with the media. Section 7.3 has come to be known as the Goldwater Rule:

On occasion psychiatrists are asked for an opinion about an individual who is in the light of public attention or who has disclosed information about himself/herself through public media. In such circumstances, a psychiatrist may share with the public his or her expertise about psychiatric issues in general. However, it is unethical for a psychiatrist to offer a professional opinion unless he or she has conducted an examination and has been granted proper authorization for such a statement.

Likewise, the American Psychological Association's code of ethics stipulates that psychologists provide expert opinion only for individuals they have directly examined.7

In short, since 1973 the ethical standard has been very clear: psychiatrists and psychologists can comment on mental health issues in general, but it is unethical for them to offer a professional opinion about an individual without directly examining that person and getting his or her permission to comment.

The Goldwater Rule in real life

The guidelines are clear enough, but what, exactly, is the ethical reasoning behind them? Other than to avoid another professional embarrassment such as the critique of Barry Goldwater, why must psychiatrists and psychologists avoid offering their medical opinions of public figures?

For a mental health professional—or any physician—to publicly offer a diagnosis of a nonpatient at a distance not only invites public distrust of these professionals, but also is intellectually dishonest and is damaging to the profession. After all, a professional opinion should reflect a thorough and rigorous examination of a patient, the clinical history, and all relevant clinical data under the protection of strict confidentiality, none of which is possible by casual observation of a public figure. To do otherwise is unethical because it violates this fundamental principle and thereby misleads the public about what constitutes accepted medical and nonmedical professional practice.

This does not mean, however, that mental health professionals must remain silent. For example, the APA's Principles clearly enjoin psychiatrists to share their knowledge and expertise with the public6:

A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated (section 5).

Psychiatrists may interpret and share with the public their expertise in the various psychosocial issues that may affect mental health and illness (section 7.2).

Thus, mental health professionals have a potentially important role in educating the public about mental health issues—and a great opportunity to dispel the stigma of mental illness by doing so. The critical distinction is between offering general information about a condition as it pertains to a public figure and rendering a professional opinion about an individual, involving a specific diagnosis, prognosis, or both.

So a psychiatrist who commented on Mr Weiner's actions would be well within ethical bounds to speak generally about psychological principles that help the public understand his behavior. Consider what Dr Richard C. Friedman (no relation), a clinical professor of psychiatry at Weill Cornell Medical College in New York, said about Mr Weiner in an interview with the New York Times.3 "It's almost as if a little child were playing at being a politician and trying to hide something. . . .The level of denial is so great, and it's so incompatible with major responsibility, that the psychological puzzle is not only to find out why he's doing the particular behavior, but why somebody would be functioning at such an uneven level."

Regarding Mr Weiner's habit of texting women pictures of his penis, Dr Friedman said that this suggested someone with a deep insecurity about his body image and his masculinity. "There's a different type of narcissism that's based on self-esteem problems, in which the person then defensively covers up by saying: 'Aren't I wonderful? Look at my wonderful organ. Isn't it beautiful?'"

Dr Friedman used general psychological terms (eg, denial, body image, self-esteem, narcissism) to speculate about Mr Weiner's psychology, which served to educate the public about the symptoms and psychology of narcissism in general. The public is then free to decide whether this information applies to Mr Weiner. This commentary was clearly within the ethical bounds of the Goldwater Rule. If, on the other hand, Dr Friedman had said that Mr Weiner had narcissistic personality disorder, he would have moved beyond educating the public to rendering a diagnosis from afar and, as such, he would have clearly violated this ethical principle.

One can expect that some public figures, including politicians, will be psychiatrically or cognitively impaired, given the high prevalence of psychiatric and substance abuse disorders. An estimated 46% of American adults will experience a mental or substance abuse disorder in their lifetime, according to the National Comorbidity Survey Replication.8

Should a question arise about the cognitive functioning of a politician, it would be perfectly within ethical guidelines for a psychiatrist to suggest neurocognitive testing, as long as the suggestion was free of diagnostic speculation. After President Reagan left office, he revealed that he had Alzheimer disease.9 Given his well-known reputation for absentmindedness, it was speculated that he might have been cognitively impaired while in office. We do not know if he had neurocognitive testing as president, but it would have been reasonable and ethically permissible for a mental health professional to suggest neurocognitive assessment of a sitting president whose cognitive functioning was in question.

Are there instances in which the Goldwater Rule can be violated? In 1991, Dr Jerrold M. Post, a psychiatrist, provided a psychological profile of Saddam Hussein during a public Congressional testimony.10 On the basis of several biographies and interviews with persons who knew Hussein, Dr Post diagnosed him with malignant narcissism, a severe personality disorder marked by grandiosity, cruelty, and paranoid behavior.

Although Dr Post was criticized for breaking the Goldwater Rule, he invoked a Tarasoff-like principle stating that he had a duty to warn because this psychiatric knowledge could be instrumental in shaping policy decisions that could save many lives, just as a psychiatrist has a duty, under the Tarasoff ruling, to break confidentiality if a patient is an imminent threat to a third party and to warn that person of the risk.11 While the predictive validity of psychiatric analysis of an individual at a distance is debatable, if it is deemed vital to public safety or national security, one could reasonably defend it even if it violates the profession's code of ethics and is personally damaging to that individual.

What about biographies and other scholarly works in which public figures are subjected to psychiatric scrutiny? For example, consider the psychobiography of President George W. Bush by Dr Justin A. Frank, a psychiatrist, who characterized the president as a "paranoid megalomaniac" and an "untreated alcoholic."12 These are clearly diagnostic assessments that seem to violate the Goldwater Rule, but Dr Frank's view is that his book is a scholarly psychobiography, not expert opinion, and is thus outside the purview of the APA ethics guideline.

Perhaps, but the line between a scholarly psychiatric profile and a casual off-the-cuff diagnosis of a public figure is not so clear. Even if the intent of the mental health professional in both scenarios is very different—understanding the psychology of the person (psychobiography) or attacking the character of a reviled political candidate (the Goldwater case)—both share a similar ethical problem: unauthorized psychiatric assessment of a person who is not examined by the professional.

Conclusion

Psychiatrists have unique knowledge and expertise and can play an important role in the discussion about the mental health of public figures. Our comments should be geared toward general information about the nature and course of psychiatric illnesses and their treatments. We should always remember that our role is not to provide unsolicited or unauthorized professional opinions, but rather to educate the public.

WHICH PARENTERAL TREATMENT IS BEST FOR ACUTE MIGRAINE?

Amy R. Tso, MD reviewing Friedman BW et al. Neurology

A randomized, double-blind, comparative-efficacy trial suggests that intravenous valproate is inferior to both metoclopramide and ketorolac for treatment of acute migraine.

Treatment for acute migraine is a common reason for emergency department (ED) visits, where adequate therapy can prevent admission for symptom control. In this study, researchers randomized 330 patients presenting to a single ED with acute migraine to receive one of three parenteral therapies: valproate (1 g), metoclopramide (10 mg), or ketorolac (30 mg). Baseline pain severity on a verbal 0-to-10 scale was ≥7 in all enrolled patients. The primary outcome was improvement in pain severity 1 hour after treatment, with a

between-group difference of 1.3 points representing a minimum clinically significant change. The authors performed an intention-to-treat analysis for each of the three pairwise comparisons.
Valproate recipients improved by 2.8 points, compared with 4.7 points for metoclopramide and 3.9 points for ketorolac. More valproate recipients required additional rescue medications (69%) compared with metoclopramide (33%) and ketorolac recipients (52%). Despite a 6% incidence of feeling "very restless" in the metoclopramide group (vs. 1% each in the valproate and ketorolac groups), a greater proportion of metoclopramide recipients would want to receive the same medication at a future ED visit for migraine compared with the other two groups (61%,vs. 26% valproate and 40% ketorolac).

COMMENT

Several small, open-label series have shown intravenous valproate to be an effective acute migraine therapy. In most of the small, randomized trials, valproate was similarly or more efficacious compared with other commonly used acute migraine treatments, including two trials with metoclopramide as part of the comparator group. This trial is by far the largest and showed valproate to be inferior to metoclopramide. Metoclopramide also trended toward being superior to ketorolac on most outcomes. Almost all patients enrolled in this study were not taking a migraine preventive, and the generalizability of these results to a more severe or refractory population is not known. Even with the use of additional rescue medications, few patients in all groups experienced sustained headache freedom for 24 hours (valproate 4%; metoclopramide 11%; ketorolac 16%), highlighting an unmet need in the acute treatment of severe migraine.

(http://dx.doi.org/10.1212/WNL.0000000000000223)

SMOKING CESSATION IS ASSOCIATED WITH IMPROVEMENTS IN MENTAL HEALTH

Paul S. Mueller, MD, MPH, FACP reviewing Taylor G et al. BMJ

The effect size is similar to that of antidepressant treatment.
Many smokers cite relief of psychological symptoms as a reason for continued smoking. However, the relation between smoking and mental health is unclear. In this meta-analysis of 26 prospective, observational studies conducted in various countries worldwide, investigators compared changes in mental health (anxiety, depression, mixed anxiety and depression, quality of life, positive affect, and stress) at ≥6 weeks' post–smoking cessation with changes after the same amount of time among people who continued to smoke.
After a median follow-up of 6 to 12 months, smoking cessation, compared with continued smoking, was associated with significant decreases in anxiety, depression, mixed anxiety and depression, and stress and significant increases in psychological quality of life and positive affect (all measured via questionnaires). The effect size was similar between participants from general populations and those with physical or psychiatric illnesses.

COMMENT

In this study, smoking cessation was associated with improved mental health outcomes. Although these observational associations do not prove causality, they do challenge widely held beliefs that smoking relieves psychological symptoms and that trying to quit smoking aggravates such symptoms. As the authors note, if the associations are causal, the effect size of smoking cessation is similar to that of drug treatment for depression or generalized anxiety disorder. At least, these results should inspire us to be more proactive in encouraging smoking cessation among patients with anxiety and depression.

(http://dx.doi.org/10.1136/bmj.g1151)

پورے ملک میں امیر اور مڈل کلاس نے ان سکولوں کا رخ کیا تو سرکاری اردو میڈیم سکول ریڑھی والوں، مزدوروں، کلرکوں، خوانچہ فروشوں اور مفلوک الحال انسانوں کے بچوں کے لیے رہ گئے۔ یہ سکول پھر ایسے اجڑے کہ ان کی ویرانی پر جتنا بھی ماتم کیا جائے کم ہے۔ ان کا نصاب جدا، ان کے ہاتھ میں کتاب علیحدہ، ان سے علم حاصل کرنے والوں کے پاس ڈگریاں اور سرٹیفکیٹ مختلف۔ یوں تباہی کی وہ داستان لکھی گئی جس کا نتیجہ یونیسکو کی یہ رپورٹ ہے۔

یہ حملہ اس خطے پر دوسری دفعہ ہوا ہے۔ پہلی دفعہ جب 1857ء میں انگریز نے اپنی حکومت کو پورے ہندوستان پر وسعت دی تو برصغیر میں موجود تعلیمی نظام کی کمر توڑنے کے لیے اپنا مغربی نظام تعلیم رائج کیا۔ 1879ء میں ہر ضلع کے گزیٹر لکھے گئے۔ یہ تمام گزیٹر پنجاب آرکائیوز میں موجود ہیں۔ ان کے مطابق اس وقت ہندوستان کی شرح خواندگی 90 فیصد سے اوپر تھی اور پھر جب انگریز 1947ء میں یہ ملک چھوڑ کر گیا تو اس کی شرح خواندگی پندرہ فیصد تھی۔ پہلے اس ملک کی تعلیم کو گورے انگریز نے تباہ کیا اور اب کالے انگریز کر رہے ہیں۔

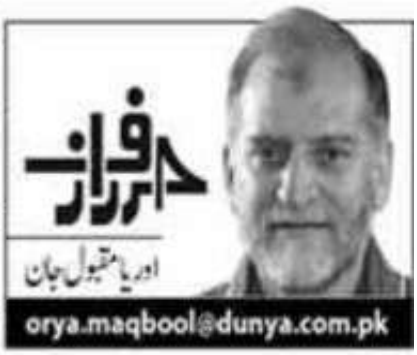
زیورِ تعلیم سے اس طرح آراستہ کیا جائے کہ وہ انہی کے رنگ ڈھنگ سیکھ کر اس ملک کے عام لوگوں پر حکمرانی کریں۔ یہ تھی اس ملک کی تعلیمی صورت حال، یہ تھی وہ نسل جس کی عمر آج 55 سے 64 سال کے درمیان ہے اور اس میں شرح خواندگی 62 فیصد ہے اور اس میں ان پڑھ لوگ صرف 38 فیصد ہیں۔

اب اس نسل کی طرف آئیں جو موجودہ نظامِ تعلیم اور اس کے معیار کا پھل کھا کر جوان ہوئی ہے۔ وہ جن کی عمریں 15 سے 24 سال کے درمیان ہیں۔ 24 سال قبل یعنی 1989ء میں اس ملک میں انگلش میڈیم سکولوں کا فیشن عام ہو چکا تھا۔ چند بڑے سکول سسٹم قائم ہوئے جن میں ایک خاص طبقے نے اپنے بچے داخل کروانا شروع کیے۔ اس کے بعد ہر گلی کے کونے پر ایک گھر کرائے پر لے کر' اس کی دیواروں پر مغرب زدہ کارٹونوں کی تصویریں بناتے ہوئے ایک مشکل سا انگریزی نام رکھ کر سکول کھولا گیا۔ نصاب کی جو کتاب کسی پبلشر یا کتابوں کے تاجر نے کسی بھی ملک سے منگوائی اسے بغیر سوچے سمجھے نصاب کا حصہ بنایا گیا۔ بدترین حد تک نقالی کی گئی کہ بچوں کو السلامُ علیکم کی جگہ گڈ مارننگ اور گڈ آفٹرنون جیسے آداب سکھائے گئے۔ اسّی کی دہائی وہ عرصہ تھا جس میں اس ملک میں تعلیم ایک کاروبار بن گئی۔ غریب والدین' جو اپنے بچوں کو زیورِ تعلیم سے آراستہ کرنا چاہتے تھے' کی جیبوں پر ڈاکے ڈالے گئے۔ ذوالفقار علی بھٹو کی طرف سے تعلیم کو قومیانے کی پالیسی سے پہلے اس ملک میں ہزاروں پرائیویٹ سکول تھے لیکن نہ ان میں نصاب مختلف ہوتا تھا اور نہ ہی ان کی فیسیں سرکاری مدرسوں سے زیادہ ہوتی تھیں۔ ہر قصبے اور قریے میں مخیّر حضرات نے سکول کھولے ہوئے تھے، جن کے پاس کہیں سے چند لاکھ روپے آ جاتے اور انہیں کوئی کاروبار نہ سوجھتا تو وہ ایک سکول کھول لیتا۔ ان سکولوں میں اساتذہ کی تعلیم اور تربیت کا یہ عالم تھا کہ جس گھر میں کوئی بچی یا بچہ میٹرک یا ایف اے کا امتحان دے کر نتیجے کا انتظار کر رہا ہوتا اسے بھی استاد بنا دیا جاتا اور بڑے بڑے سکولوں میں تو اعلیٰ سول اور فوجی افسران کی بیویاں بغیر کسی تربیت کے استاد کی کرسی پر جا بیٹھیں۔

لوگ عمر میں جتنے زیادہ ہیں ان میں ناخواندہ یا ان پڑھ لوگوں کی تعداد اتنی ہی کم ہے۔ 25 سال سے 44 سال تک کی عمر کے لوگوں میں ان پڑھ افراد کی تعداد 57 فیصد ہے اور 45 سال سے 54 سال کی عمر کے لوگوں میں ان کی تعداد 46 فیصد ہے۔ وہ لوگ جو اس دور میں پیدا ہوئے جب اس ملک میں صرف چند ایک انگلش میڈیم سکول تھے' جب ٹاٹ یا چٹائی پر بیٹھ کر پڑھنے والے محنتی اور مخلص استاد سے فرسودہ سے اردو میڈیم سکول میں پڑھتے تھے اور اس وقت جن کی عمریں 55 سال سے 64 سال کے درمیان ہیں' ان میں ان پڑھ لوگوں کی تعداد صرف 38 فیصد ہے۔ حیران کن بات یہ ہے کہ ان میں 62 فیصد لوگ پڑھے لکھے ہیں یعنی آج کے نظامِ تعلیم میں جتنے لوگ ان پڑھ ہیں اس دور میں پیدا ہونے والے افراد اتنے ہی پڑھے لکھے تھے۔ اس وقت 55 سال کی عمر کو پہنچنے والا شخص 1958ء میں پیدا ہوا ہوگا۔ اس دور میں چند ایک عیسائی مشنری سکولوں کے سوا کوئی اور انگلش میڈیم سکول نہ تھا۔ پورے ملک میں آکسفورڈ اور کیمرج کے ''او'' اور ''اے'' لیول کے امتحانات کا بھی کوئی رواج نہیں تھا۔ پورے ملک میں شاید ہی چند سکول ہوں جہاں لڑکے اور لڑکیاں اکٹھے پڑھتے تھے، یہاں تک کہ مشنری سکولوں میں بھی لڑکیوں اور لڑکوں کے علیحدہ سکول ہوا کرتے تھے۔ چند انگلش میڈیم سکولوں کے طالب علم اور اردو میڈیم کے لاکھوں طلبہ' سب کے سب ایک ہی بورڈ سے امتحان دیتے تھے۔ فرق صرف یہ تھا کہ وہ دونوں اپنا پرچہ الگ الگ زبانوں میں حل کرتے تھے۔ دونوں کے ہاتھوں میں سرکاری محکمہ تعلیم کی سند ہوتی تھی اور یہ سلسلہ یونیورسٹی کی تعلیم تک جاری رہتا تھا۔ اس دور میں ملک کے کونے کونے میں ایسے سکول تھے جن کی چٹائیوں اور ٹاٹ پر ایک ڈپٹی کمشنر' بریگیڈئر' ایم این اے یا بڑے جاگیردار کے بچے عام گلی کوچوں میں رہنے والے انسانوں کے بچوں کے ساتھ پڑھتے تھے۔ پورے ملک میں چند لوگ ایسے تھے جو اپنے سرمائے کے بل بوتے پر بچوں کو ملک سے باہر بھیجتے تھے۔ ایچی سن جیسے اداروں میں خاندانی وجاہت اور نسلی تفاخر کی بنیاد پر بچوں کو داخلہ دیا جاتا تھا۔ اس کا مقصد بھی یہی تھا کہ انگریز کے بنائے ہوئے حکمران طبقوں کی اولادوں کو

روزنامہ دنیا

گورے انگریز سے کالے انگریز تک



یہ اس خطے کے لوگوں کے مستقبل سے کھیلنے اور انہیں زیور تعلیم سے محروم رکھنے کا دوسرا مجرمانہ کھیل تھا جو انگلش میڈیم سکولوں کی چکاچوند، خوبصورت یونیفارم اور نرسری گیتوں کی صورت میں ایک میٹھے زہر کی صورت میں گزشتہ تیس برسوں سے اس قوم کی رگوں میں اتارا جا رہا تھا۔ آج اس کے خوفناک نتائج سامنے آنا شروع ہو گئے ہیں۔ مجھ جیسے دقیانوسی، فرسودہ اور قدیم خیالات والے شخص کی باتوں پر یقین نہ کریں، لیکن ایک عالمی ادارے کی رپورٹ تو آپ کی آنکھیں کھولنے کے لیے کافی ہونی چاہیے۔ یہ عالمی ادارہ یونیسکو ہے، جس میں مدرسے کے پڑھے ہوئے، عرف عام میں جاہل ملا یا پھر مجھ جیسے ماضی پرست شخص کا کوئی گزر نہیں ہو سکتا۔ اس میں سب کے سب اس ''مہذب'' دنیا کے عالمی معیارِ تعلیم سے آراستہ درس گاہوں سے پڑھے ہوئے لوگ موجود ہیں۔ ان کے نزدیک تعلیم، شرح خواندگی، تخلیقی صلاحیت اور فنی استعداد سب کے وہی معیارات ہیں جو مغرب زدہ لوگوں کے ذہنوں اور ان کی تحریروں میں نظر آتے ہیں۔ اس عالمی ادارے نے پاکستان کی تعلیمی حالت پر اپنی 2012ء کی رپورٹ شائع کی ہے جس کے مندرجات خوفناک حد تک دہلا دینے والے ہیں۔ یہ رپورٹ ایک ایسا آئینہ ہے جس میں اس ملک کی تعلیم کے زوال کی تصویر نظر آتی ہے۔ رپورٹ کے مطابق 2012ء میں پاکستان میں سب سے زیادہ ناخواندہ یعنی ان پڑھ افراد نوجوان ہیں جن کی عمریں 15 سال سے 24 سال کے درمیان ہیں۔ ان میں سے 72 فیصد نوجوان مکمل طور پر ان پڑھ ہیں۔ اس کے بعد اگر آپ آگے بڑھتے جائیں تو جو

شادی کے پیدا ہوتے ہیں اور ان میں اکثریت خیراتی اداروں کے سپرد ہو جاتی ہے۔ ایک ہولناک اور بھیانک تصویر ہے جو دفتروں میں جنسی طور پر ہراساں کرنے سے شروع ہوتی ہے اور پُرتشدد قتل وغارت تک جاتی ہے۔ لیکن ان سب سے کئی سو ارب روپے کی انڈسٹری چلتی ہے۔ اسی لیے جو عورت حجاب پہننے کا اعلان کرتی ہے وہ اس اربوں ڈالر کی آمدنی کے سامنے کھڑی ہو جاتی ہے۔ وہ نمائش نہیں بننا چاہتی جو اس سرمایہ کمانے کے چکر کا آغاز ہے۔ ایسی مخالفت کو آغاز میں ہی کچلنے کے لیے یہ اخلاقیات سے محروم سرمایہ دار حقوقِ نسواں، جمہوری اقدار اور معاشرتی ترقی کے تیر ہاتھوں میں لیے حملہ آور ہوتے ہیں۔ ایسی آواز کو دبانے کے لیے جو ان کے پیٹ پر لات مارنا چاہتی ہے۔

(عالمی یوم حجاب کے لیے خصوصی تحریر)

مواد کی ایک بہت بڑی انڈسٹری وجود میں لائی گئی۔ جس سے ہر سال 70 ارب ڈالر کی آمدنی ہوتی ہے۔ ان میں سے 15 ارب ڈالر صرف امریکہ سے کمائے جاتے ہیں۔ سالانہ 20 ارب ڈالر صرف فحش فلموں کی فروخت سے حاصل ہوتے ہیں، آٹھ ارب ڈالر فحش رسالے اور میگزین بیچ کر حاصل کیے جاتے ہیں۔ انٹرنیٹ پر فحش سائٹس سے تین ارب ڈالر کمائے جاتے ہیں۔ ان میں سب سے مکروہ دھندہ 13 سال سے کم عمر بچیوں کی تصاویر اور فلموں کا ہے جس سے تین ارب ڈالر کمائے جاتے ہیں اور اس وقت انٹرنیٹ پر ان کی ایک لاکھ کے قریب ویب سائٹس ہیں جبکہ باقی فحش سائٹس کی تعداد 45 لاکھ اور فحش انٹرنیٹ پیجز کی تعداد تین کروڑ 75 لاکھ ہے۔ دنیا بھر سے تین ارب کے قریب افراد یہ تصویریں اور فلمیں اپنے کمپیوٹروں میں محفوظ کرتے ہیں۔ صرف امریکہ کی تین لاکھ 25 ہزار بچیاں ان فحش تصویریں اور فلموں کے لیے اپنے جسم کی نمائش کرتی ہیں۔ اس دھندے سے جو ہیجان پیدا ہوتا ہے اور عورت کی ہر مقام پر عریاں موجودگی جس طرح ان معاشروں کے بھیڑیوں کو ہوس کے بازار میں لا کھڑی کرتی ہے، وہیں سے جسم فروشی کا دھندہ کبھی مساج پالروں کی شکل اور پھر کہیں (Escort) سروس کے نام پر پوری دنیا میں عام ہوتا ہے۔ پوری دنیا کے غریب ممالک سے لاکھوں کی تعداد میں کمسن بچیوں اور عورتوں کو ان مساج پارلروں اور طوائف گھروں میں لا بٹھایا جاتا ہے جن کی نگرانی تنومند غنڈے اور تربیت یافتہ کتے کر رہے ہوتے ہیں۔ جنگ، بھوک، بیماری اور افلاس زدہ علاقوں کی لڑکیاں بھی اس کاروبار میں جھونکی جاتی ہیں۔ جہاں کہیں ورلڈ کپ یا کسی اور طرح کا عالمی اکٹھ ہوتا ہے ایسی عورتوں کا ایک سیلاب وہاں پہنچا دیا جاتا ہے۔ اس ساری صورت حال سے جو معاشرہ جنم لیتا ہے اس میں ہر ایک سیکنڈ میں دو خواتین جنسی تشدد کا شکار ہوتی ہیں، پوری دنیا میں ہزاروں سیریل کلر یعنی جنونی قاتل جنم لیتے ہیں جو عورتوں کو اغوا کر کے جنسی تشدد کے بعد قتل کرتے ہیں۔ ہر سال دس لاکھ بچے صرف امریکہ میں کم سن لڑکیاں جنم دیتی ہیں جو بغیر

کو جاذبِ نظر بنانے کے لیے طرح طرح کی ادویات اور لوشن بنا رہی ہیں۔ اگر ٹانگیں اور بازو دکھانا مقصود ہوں تو ان کی خوبصورتی اور دلکشی کے لیے علیحدہ ساز و سامان بنانے والی کمپنیاں اپنا کاروبار پھیلائے ہوئے ہیں۔ غرض پاؤں کے ناخن سے لے کر سر کے بالوں تک کوئی مقام ایسا نہیں جسے کاروبار کا موضوع نہ بنایا گیا ہو اور اسے بازار میں لا کر نہ کھڑا کیا گیا ہو۔ اس سارے کاروبار کو میڈیا کی چکا چوند اور فیشن شوز کی بھرمار اور ماڈلز کی جسمانی ہیت اور اُن کے خدوخال کو دنیا بھر کی عورتوں کے لیے ایک آئیڈیل بنا کر پیش کرنے سے مضبوط اور مستحکم کیا جاتا ہے۔ کبھی سائز زیرو آئیڈیل ہوتا ہے اور چند سالوں بعد بھرے ہوئے جسم کی تعریفوں میں اخبارات کے صفحے کالے ہوتے ہیں۔ ان سب کی معراج عالمی مقابلۂ حسن ہے۔ حیرت کی بات ہے کہ جس سال مغربی ممالک میں عورتوں کو ووٹ دینے کا حق حاصل ہوا، اس کے اگلے سال یعنی 1921ء میں امریکہ کے اٹلانٹک سٹی میں یکم مئی کے ساتھ دو ہفتہ وار چھٹیاں بھی مل گئیں۔ لوگوں کو مصروف رکھنے کے لیے ہوٹل کے مالکان نے تیراکی کے لباس میں ملبوس خواتین کا مقابلہ کروایا اور ایک خاتون کے سر پر ملکۂ حسن کا تاج پہنا دیا گیا۔ اس دن سے لے کر آج تک جنگ ہو، بدحالی ہو، سیلاب یا زلزلہ ہو، مقابلۂ حسن نہیں رُکا۔ 1951ء میں برطانیہ کے ایرک مورلے نے اسے قواعد و ضوابط والا مقابلہ بنایا۔ دنیا کے ہر خطے سے مخصوص مفادات کے تحت ملکۂ حسن منتخب کی گئی اور پھر ہر خطے کی خواتین کو اس نمائش کی دوڑ میں مدہوش کر دیا گیا۔ بھارت میں جس سال ایشوریا رائے اور سشمیتا سین ملکۂ عالم اور ملکۂ دنیا کا اعزاز جیتیں، پورے بھارت میں صرف تین پلاسٹک سرجن تھے، صرف دو سال بعد ان کی تعداد پانچ سو ہو گئی اور آج ان کی تعداد پچاس ہزار کے لگ بھگ ہے۔

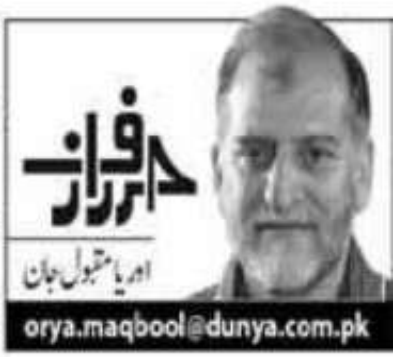
ایک دفعہ خواتین کو زینتِ بازار بنانے کے بعد پورے معاشرے میں جو ہیجان پیدا ہوتا ہے، مردوں میں جو جنسی محرکات پیدا ہوتے ہیں ان کو آگ دکھانے اور اس کاروبار کو وسیع تر کرنے کے لیے فحش

گا کہ آپ نمازیں پڑھیں، روزے رکھیں، حج کریں، زکوٰۃ دیں، داڑھی رکھیں، ٹخنوں سے اونچی شلوار پہنیں، دن رات قرآن کی تلاوت کریں..... لیکن جونہی کوئی خاتون اپنی اولاد کی تربیت اور گھر جیسے بنیادی ادارے کی دیکھ بھال کے لیے اپنے آپ کو وقف کرتی ہے تو انگلیاں اٹھنا شروع ہو جاتی ہیں۔ پڑھ لکھ کر برباد کر رہی ہے، فرسودہ، دقیانوس، ترقی کی دشمن! لیکن سب سے زیادہ غصہ اُس خاتون پر آتا ہے جو باہر تو آ جاتی ہے لیکن چہرہ اور جسم ڈھانپ کر نکلتی ہے۔

کیا یہ ایک مذہبی مسئلہ ہے؟ اگر یہ مذہبی مسئلہ ہوتا تو سب سے پہلے عیسائی راہبائیں (Nuns) اس نفرت کا شکار بنتیں۔ لیکن چونکہ انہوں نے حجاب کے لیے ترکِ دنیا کی شرط رکھ دی ہے اور باقی معاشرے کو کھلی چھوٹ دے دی ہے اس لیے گوارا ہے کہ چلو کتنی عورتیں راہبائیں بن جائیں گی۔ لیکن اگر حجاب معاشرے میں عام ہو جائے تو بڑا طوفان آئے گا' اس لیے کہ حجاب کے مقبول ہونے کی ایک بنیادی نفسیاتی وجہ ہوتی ہے۔ دنیا میں تمام نفسیاتی ماہرین اور معاشرتی محقق اس بات پر متفق ہیں کہ عورت سب سے زیادہ نفرت اور حقارت کسی غیر مرد کی آنکھوں کی ہوسناکی اور بے حیائی سے کرتی ہے۔ عریاں ترین لباس والی عورت بھی' اگر وہ جنسی کاروبار کے لیے بازار میں نہ کھڑی ہو تو اسے بھی مردوں کی غلیظ نظروں سے نفرت ہوتی ہے۔ مردوں کی نظروں کی ہوسناکی اور عورتوں کی بے حجابی کے درمیان جو رشتہ قائم ہوتا ہے اس سے دنیا میں کئی سو بلین ڈالرز کا کاروبار چلتا ہے۔ عریانی کا تحفظ اسی کاروبار کی بقا کی جنگ ہے۔ یہ کاروبار آرائشِ حسن کے ساز و سامان سے شروع ہو کر فیشن انڈسٹری، میڈیا، ایڈورٹائزنگ اور لباس کی مخصوص تراش خراش کے فن سے ہوتا ہوا مکروہ ترین فحش فلموں اور بدن فروشی کے عالمی مافیا تک جا نکلتا ہے۔ آپ ذرا اس پوری انڈسٹری کا جائزہ لیں تو آپ کی آنکھیں حیرت سے پھٹی کی پھٹی رہ جائیں۔ صرف سر کے بالوں کو سنوارنے کے لیے سیکڑوں ملٹی نیشنل کمپنیاں شیمپو سے لے کر بال سیدھا کرنے، رنگ کرنے، گھنگھریالے بنانے اور ان

روزنامہ دنیا

حجاب اور کارپوریٹ اخلاقیات



دنیا بھر میں کسی بھی روشن خیال مفکر، جمہوریت پسند دانشور، حقوقِ انسانیت کے علمبردار سماجی کارکن یا سیکولر سیاسی رہنما کو انسانی ترقی، معاشی خوشحالی اور تہذیبی ارتقاء پر گفتگو کرتے دیکھیں تو ان سب کی نفرت کا نشانہ صرف ایسی عورت بنتی ہے جو لوگوں کی ہوسناک نظروں اور لاشعور میں مچلتے غلیظ خیالات کی زد سے بچنے کے لیے اپنے چہرے اور جسم کو ڈھانپ کر باہر نکلتی ہے۔ میں ایک مرد ہوں اور میں ان تمام ''مردانِ حر'' کی نظروں میں چھپی ہوس کو بخوبی جانتا ہوں جو کسی کم لباس خاتون کو بازار میں، کسی ماڈل کو فیشن شو میں، کسی گلوکارہ کو سٹیج پر یا کسی جاذبِ نظر خاتون کو دفتر کے استقبالیہ کاؤنٹر پر دیکھ کر پیدا ہوتی ہے۔ میں ان کے غلیظ جملے اور فقرے بھی تحریر کر سکتا ہوں لیکن میں سعادت حسن منٹو نہیں کہ مجھے آزادیٔ اظہار کے نام پر معاشرے میں صرف جنس ہی نظر آئے۔ مردوں کی نظروں کی یہ ہوسناکی، ان کی فقرے بازی اور اس کے نتیجے میں جنم لینے والے سنگین جرائم میرے ملک تک محدود نہیں بلکہ دنیا کے ہر ترقی یافتہ ملک میں یہ خطرناک حد تک پائے جاتے ہیں۔ فرق صرف اتنا ہے کہ یہاں دوپٹہ گلے سے سرکنے پر آنکھیں پھسلتی ہیں اور مغرب میں مختصر ترین لباس مردوں کی گردنیں موڑتا ہے۔ کبھی کسی نے سوچا ہے کہ حقوق کی کہانی کی ساری تان عورت کو گھر کی چاردیواری سے باہر لا کر محفل کی زینت بنانے پر کیوں ٹوٹتی ہے؟ آپ کسی بھی مفکر، دانشور، جمہوریت پسند انسانی حقوق کے ترجمان سے مل لیں، اسے اس بات پر کبھی اعتراض نہیں ہو

عورت کی آزادی کے علم بردار مغرب میں عصمت فروشی کو باقاعدہ پیشہ قرار دے کر عورت کی کس طرح تذلیل کی جارہی ہے، اس کا اندازہ اس بات سے لگایا جاسکتا ہے کہ امریکہ میں 3 لاکھ 25 ہزار سے زیادہ خواتین جن میں 17 سال سے کم عمر بچیاں بھی بڑی تعداد میں شامل ہیں، عصمت فروشی اور عریاں ویڈیو سازی کی صنعت سے وابستہ ہیں۔ یہ یقیناً عورت کا استحصال ہے اور اسے ایک تجارتی جنس بنانے کے مترادف ہے۔

مغرب میں فرد کی آزادی کا احترام کرتے ہوئے ہم جنسیت کے حق کا بھی احترام کیا جاتا ہے اور اسے اب قانونی تحفظ بھی فراہم کیا جارہا ہے۔ اس کے نتیجے میں جو اخلاقی انحطاط اور معاشرتی انتشار پیدا ہوگا، اس سے آنکھیں بند کر رکھی ہیں۔ یہی وجہ ہے کہ مغرب میں ہم جنسیت جیسا گھناؤنا فعل عام ہوتا جارہا ہے اور باقاعدہ شادیاں رچائی جارہی ہیں۔ مہذب مغرب کے مقابلے میں مسلم ممالک میں ہم جنس پرستوں کی باہمی شادی کا تصور بھی نہیں کیا جاسکتا۔

شراب جوام الخبائث ہے، فساد کی جڑ، بہت سی بیماریوں، حادثات اور جرائم کا ایک بڑا سبب ہے، مگر مغرب نے اسے اپنی معاشرتی روایت قرار دے رکھا ہے۔ دنیا میں تقریباً ایک کروڑ 40 لاکھ سے زائد افراد شراب نوشی کے نتیجے میں مختلف امراض سے دوچار ہوکر ہلاک ہوجاتے ہیں۔ صرف امریکہ میں اس بنا پر ہلاک ہونے والوں کی تعداد ایک لاکھ سے زائد ہے۔ مسلم دنیا میں شراب نوشی کا تناسب بہت کم ہے۔ دنیا کے 30 ایسے ممالک جہاں شراب نوشی عام ہے، اس فہرست میں صرف ایک مسلم ملک ترکی کا نام ہے اور وہ بھی سب سے آخر میں۔ اس لحاظ سے بھی مسلم ممالک مغرب سے زیادہ مہذب ہیں۔ اسی طرح جوا اور قمار بازی کا معاملہ ہے۔ دنیا کے 10 ممالک جہاں جوا عام ہے، وہ مغربی ممالک ہیں، جب کہ مسلم ممالک میں اس کا رواج بہت کم ہے۔

مسلم ممالک میں اگر شرح خواندگی کا جائزہ لیا جائے تو قازقستان، ترکمانستان اور آذربائیجان میں 99 فی صد شرح خواندگی ہے اور یہ امریکہ اور برطانیہ کے ہم پلہ ہیں۔ ازبکستان، بوسنیا، برونائی دارالسلام، کویت، فلسطین، قطر، انڈونشیا، ملائیشیا، اردن، عرب امارات میں شرح خواندگی 90 فی صد سے زیادہ ہے۔ جب کہ لبنان، بحرین، ترکی، لیبیا، سعودی عرب، شام، ایران اور عمان میں یہ شرح 80 فی صد سے زائد ہے۔ سائنسی میدان میں ترقی کے حوالے سے بھی مسلم دنیا میں پیش رفت ہورہی ہے۔ 2010 کے ایک مطالعے کے مطابق جنوبی کوریا کے مقابلے میں ایران سائنسی ترقی کے حوالے سے سرفہرست ہے۔ فی کس آمدنی کے حوالے سے بھی مسلم ممالک قطر اور متحدہ عرب امارات دنیا کے پانچ سرفہرست ممالک میں سے ہیں، جن کی فی کس آمدنی امریکہ، برطانیہ، آسٹریلیا اور فرانس سے بھی کافی زیادہ ہے۔ مہذب دنیا کو جاننے کا ایک پیمانہ خودکشی کا رجحان بھی ہے۔ دنیا کے 17 ممالک جن میں خودکشی کا رجحان سب سے زیادہ ہے، ان کا تعلق مغربی ممالک سے ہے، جب کہ مسلم ممالک میں اس کی شرح تقریباً نہ ہونے کے برابر ہے۔

متمدن دنیا کے اس مختصر جائزے سے یہ بات واضح ہوتی ہے کہ مغرب اپنی تمام تر ترقی کے باوجود سماجی انتشار اور اخلاقی انحطاط کے لحاظ سے خود کہاں کھڑا ہے اور دنیا کو کس ترقی کی راہ پر ڈال رہا ہے! اپنے توسیع پسندانہ عزائم کی تکمیل اور ناجائز مفادات کے حصول کے لیے جس طرح سے صرف موجودہ صدی میں عراق اور افغانستان میں لاکھوں انسانوں کا خون کیا گیا اور دنیا کے امن کو پامال کیا گیا، وہ مغرب کی امن دوستی اور انصاف پسندی کا کھلا ثبوت ہے۔ دوسری طرف مسلم ممالک اپنی تمام تر سیاسی، سماجی، معاشی خامیوں کے باوجود معاشرتی اور اخلاقی لحاظ سے یقیناً مغرب سے زیادہ مہذب ہیں۔ تمام تر رکاوٹوں کے باوجود ترقی کی دوڑ میں بھی پیچھے نہیں ہیں اور اس کے لیے تگ و دو جاری ہے۔ ضرورت اس امر کی ہے کہ مغرب کی بالادستی کے جادو سے نکلا جائے۔ بلاشبہ مسلمانوں کو اہلِ مغرب کے مقابلے میں تمدنی لحاظ سے اخلاقی برتری حاصل ہے لیکن مغربی تہذیب اور مادیت کے نتیجے میں معاشرتی انتشار اور اخلاقی بگاڑ میں بھی اضافہ ہورہا ہے جس کا سدباب کرنے اور اسلام کی آفاقی تعلیمات کو عام کرنے کی ضرورت ہے۔ اسلام کی تعلیمات کو شعوری طور پر قبول کرنے سے جہاں موجودہ تمدنی برتری کو مزید مستحکم بنیادوں پر قائم رکھا جاسکتا ہے، وہاں اسلام کی مثبت تصویر بھی سامنے آسکے گی۔ اس سے جہاں اسلام مخالف مغربی پروپیگنڈے کی قلعی کھل جائے گی وہاں فی الواقع ایک مہذب دنیا کے قیام کے لیے راہ بھی ہموار ہوگی۔ تاہم، اس حوالے سے ابھی بہت کچھ کرنے کی ضرورت ہے۔

(ماخوذ: ریڈیئنس ویوز ویکلی، دہلی، جون 2013ء)

مسلمان مغرب سے زیادہ مہذب ہیں ایک تمدنی جائزہ

تحریر: محمد نوشاد خان، ترجمہ: امجد عباسی

اہلِ مغرب اپنے آپ کو مہذب، متمدن، باشعور، امن دوست، انسانی حقوق اور فرد کی آزادی کا احترام کرنے والے اور ترقی یافتہ کہتے ہیں، جب کہ مسلمانوں کو غیر مہذب، پس ماندہ، رجعت پسند، انسانی حقوق بالخصوص خواتین کی آزادی پر قدغن عائد کرنے والے، متشدد، دہشت گرد اور اسلام کو تشدد پر ابھارنے والا مذہب قرار دیتے ہیں۔ بالعموم مغربی ذرائع ابلاغ مسلمانوں کی منفی تصویر ہی پیش کرتے ہیں۔ گویا مغرب مہذب ہے اور مسلمان غیر مہذب اور جدید تہذیب و ترقی کی راہ میں رکاوٹ ہیں۔

اہلِ مغرب اپنے اس دعوے میں کس حد تک سچے ہیں کتنے متمدن، مہذب، امن دوست اور تہذیب یافتہ ہیں اس کی حقیقت کا تمدنی جائزہ ڈاکٹر جاوید جمیل نے اپنی کتاب:

Muslim Most Civilised, Yet Not Enough: Sartia Vihar

(مشن پبلی کیشنز، K-214، نئی دہلی۔ بھارت)

میں لیا ہے۔ مصنف نے مسلمانوں کے خلاف مغربی پروپیگنڈے کا مختلف سماجی حوالوں اور اعداد و شمار سے جائزہ لیتے ہوئے اس بات کو واضح کیا ہے کہ مسلمان اپنی تمام تر کمزوریوں کے باوجود آج بھی مغرب سے زیادہ مہذب ہیں۔ آج بھی قتل و غارت، تشدد، جنسی تشدد، اسقاطِ حمل، شراب نوشی، جوا، عصمت فروشی، فحاشی و عریانی، خودکشی، طلاق، ہم جنس پرستی، بچوں کے جنسی استحصال، والدین اور بزرگوں کے مسائل، تعلیم، اقتصادی ترقی اور دیگر حوالوں سے اسلامی ممالک کی تمدنی صورتِ حال سماجی پیمانوں اور اعداد و شمار کے لحاظ سے بحیثیتِ مجموعی مغرب سے بہتر ہے۔

مغرب میں انسانی جان کا کس قدر احترام کیا جاتا ہے، اس کا اندازہ لگانے کے لیے اگر دنیا کے 50 ممالک میں شرح قتل کا جائزہ لیا جائے تو ان میں مغربی ممالک سرفہرست ہیں، جب کہ مسلم ممالک میں قتل کی شرح مقابلتاً بہت کم ہے۔ امریکہ میں شرحِ قتل مسلم ممالک کے مقابلے میں 10 گنا زیادہ ہے۔ اسی طرح زنا بالجبر کے واقعات کے لحاظ سے امریکہ، جنوبی افریقہ، فرانس، جرمنی اور آسٹریلیا دنیا کے 50 ممالک میں سے 10 سرفہرست ممالک میں شامل ہیں۔ دنیا میں قتل کیے جانے والے ایک کروڑ 60 لاکھ افراد میں سے ایک کروڑ 35 لاکھ افراد کا تعلق ان ممالک سے ہے جنھیں ترقی یافتہ اور طاقت ور ترین شمار کیا جاتا ہے، یعنی چین، امریکہ، برطانیہ، فرانس اور روس۔ ان کے مقابلے میں مسلم ممالک میں جو دنیا کی آبادی کے 20 فیصد سے زیادہ پر مشتمل ہیں، شرح قتل مقابلتاً بہت کم ہے۔

خاندان جو کسی بھی تہذیب و تمدن کی بنیادی اکائی ہے، اس کی تشویش ناک صورت حال کا اندازہ اس بات سے لگایا جاسکتا ہے کہ مغربی ممالک میں بغیر شادی کے (سنگل پیرنٹ) جنم لینے والے بچوں کی تعداد میں تیزی سے اضافہ ہو رہا ہے۔ 2008 میں بن باپ کے جنم لینے والے بچوں کا تناسب 40.6 فی صد تھا۔ اسی طرح یونان میں یہ شرح 5 فی صد، سائپرس میں 9 فی صد، ایسٹونیا میں 58 فی صد اور آئس لینڈ میں 64 فی صد ہے۔ یورپ میں اس شرح میں تشویش ناک حد تک 46 فی صد تک اضافہ ہو چکا ہے۔ اس کے مقابلے میں مسلم ممالک میں یہ شرح تقریباً نظر انداز کیے جانے کے مترادف ہے۔ اسی طرح نام نہاد مہذب مغربی دنیا میں 5 سے 7 کروڑ بچے ہر سال اسقاطِ حمل کی نذر کر دیے جاتے ہیں، جب کہ مسلم ممالک میں اس کی شرح بہت کم ہے۔ نوجوان بچیوں میں شرح حمل کے حوالے سے مغرب کی انتہائی زیادہ شرح کے حامل ممالک کے مقابلے میں مسلم ممالک اس فہرست میں کہیں نظر نہیں آتے۔

الفاظ کی تشریح کریں۔" مذکورہ فرمائش بھی کچھ اسی قسم کی ہے۔ ہماری رائے یہ ہے کہ بعض لوگ رعب ڈالنے کے لیے اس قسم کی تراکیب اور مترادفات استعمال کرتے ہیں۔ ہم خود بھی ایسا کرتے ہیں۔ جہاں تک مذکورہ جملے کا تعلق ہے تو "آمیز" فارسی آمیختن سے ہے۔ ملنے ملانے والا مثلاً کم آمیز' اسی سے ایک لفظ آمیزہ بنایا گیا ہے جو لغوی اعتبار سے تو غلط ہے لیکن اب غلط العام ہو گیا ہے اور عام استعمال میں ہے مطلب مرکب' محلول' مکسچر وغیرہ۔ ڈاکٹر امجد ثاقب نے بھی اپنے جملے میں آمیز اور آموز کا آمیزہ پیش کیا ہے۔ زندگی آمیز ادب کا مطلب ہے جس سے زندگی ملے۔ اور آموز فارسی لاحقہ ہے۔ یعنی کسی لفظ کے آخر میں آکر اسے معنیٰ دیتا ہے۔ اس کا مصدر آموختن ہے۔ آموز کسی اسم کے بعد آکر اسے اسم فاعل بنا دیتا ہے۔ مطلب ہے سیکھنے' سکھانے والا۔ سبق آموز کی ترکیب بہت عام ہے۔ اسی سے آموزش ہے یعنی پڑھائی' سکھائی وغیرہ۔ فارسی میں آموزش گاہ مکتب' مدرسہ' درس گاہ کو کہتے ہیں اور آموز گار استاد' مدرس وغیرہ کو۔ چنانچہ زندگی آموز ادب کا مطلب یہ نکلا کہ وہ ادب جو زندگی کے رموز بھی سکھائے۔ یعنی ایسا ادب جو زندگی بخش بھی ہو اور اس سے زندگی برتنے' سیکھنے کا موقع بھی ملے۔ مگر اب ایسا ادب کہاں ہے؟

چلتے چلتے ایک عمومی اخباری غلطی کی طرف توجہ۔ اسامی اور ائمہ ان دونوں میں الف پر مد نہیں آتا یعنی یہ آسامی اور آئمہ نہیں ہیں۔ آسامی آسام کا رہنے والا ہو سکتا ہے لیکن موٹی اسامی نہیں۔ ائمہ امام کی جمع ہے۔ ہم بار بار توجہ دلا چکے ہیں کہ "بربریت" کا استعمال کم از کم مسلمانوں کو زیب نہیں دیتا۔ مجاہد اعظم طارق بن زیاد' جن سے کشتیاں ع بلا دینے والا مشہور واقعہ منسوب ہے وہ خود بھی بربر تھے اور اسپین میں پورے یورپ کی متحدہ افواج کو شکست دینے میں ان کے ساتھ بربر قبیلے کے مجاہدین تھے۔ اہل یورپ نے اس شرمناک شکست کے بعد مسلمانوں کو بدنام کرنے کے لیے بربرازم BARBARISM کی اصطلاح گھڑلی اور پروپیگنڈا کیا کہ یہ بربر مسلمان انتہائی ظالم اور وحشی ہیں۔ ان کا مقصد تو یورپ بھر میں مسلمانوں کے خلاف نفرت پھیلا کر اپنی قوم کو مجتمع کرنا تھا مگر ہم نے بھی سوچے سمجھے بغیر "بربریت" کہنا شروع کر دیا۔ یورپ کے ملک سربیا کے سربوں نے جس طرح بوسنیا کے مسلمانوں کا قتل عام کیا ہے اس کے پیش نظر ہونا تو یہ چاہیے تھا کہ مسلمان بربریت کی جگہ "سربیت" کی ترکیب استعمال کرتے مگر "زبردست کا ٹھینگا سر پر۔" تہذیب و ثقافت ہی نہیں زبان بھی ان اقوام سے مغلوب ہو جاتی ہے جو دنیا میں غالب ہوں۔ جب اہل عرب غالب تھے تو عربی کے بے شمار الفاظ انگریزی' فرانسیسی اور ہسپانوی زبان میں داخل ہو گئے اور اب بھی ہیں۔ ہماری درخواست ہے کہ اپنے ہیروز اور مجاہدین کو بدنام کرنے کے لیے بربریت کا لفظ استعمال نہ کیا جائے' سربیت پسند نہیں چنگیزیت کہہ لیں امریکیت کہنے میں تو شاید تامل ہو۔

آئین کی شق 31 کے تحت ریاست اسلامی اقدار کی محافظ ہے. لیکن پنجاب گورنمنٹ نے3 مارچ کو یوتھ فیسٹول میں خواتین کبڈی میچ کرا کر خواتین کے تقدس کے ساتھ ساتھ اسلامی اقدار و آئین کی دھجیاں بکھیر دی. میچ کے دوران پورا اسٹیڈیم مردوں سے بھرا ہوا تھا اور میڈیا Live دکھا رہا تھا. جمعیت علما پاکستان اس بے غیرتی کے فیسٹول کی شدید الفاظ میں مذمت کرتی ہے۔

بیرون ممالک

اطہر ہاشمی

چلیے، آغاز اپنی غلطی سے کرتے ہیں اور اس یقین کے ساتھ کہ آئندہ بھی کریں گے۔ پچھلے شمارے میں سرزد ہونے والے سہو کی نشاندہی روات سے ایک ذہین شخص ذہین احمد نے کی ہے۔ ہمیں تو خوشی اس بات کی ہے کہ روات میں بھی فرائیڈے اسپیشل پڑھا جارہا ہے۔ روات اسلام آباد کے قریب ایک چھوٹا سا قصبہ تھا، ممکن ہے اب بڑا شہر ہو گیا ہو، اسلام آباد کی قربت کا فائدہ ضرور ہوا ہو گا۔

پچھلے شمارے میں ہم نے ''بانگ دہل'' استاد دامن کے دامن میں ڈال دی تھی۔ یہ معرکتہ الآرا مجموعہ استاد امام دین گجراتی کا ہے جن کا ایک شعر یہ ہے:

تیری اماں نے پکائے مٹر مام دینا
تُو کوٹھے پہ چڑھ کے اکڑ مام دینا

مٹر پکنے پر اکڑنا اور وہ بھی کوٹھے پر چڑھ کر، استاد ہی کو زیب دیتا تھا۔ ذہین احمد کے متوجہ کرنے سے استاد امام دین کی مقبولیت کا بھی اندازہ ہوا۔ ہم ان سمیت استاد کے تمام چاہنے والوں سے معذرت خواہ ہیں۔ ذہین احمد نے اس پر بھی متوجہ کیا ہے کہ شمس الرحمن فاروقی ابھی زندہ ہیں۔ یہی اطلاع حمید شاہد صاحب نے بھی اسلام آباد سے دی ہے کہ ''وہ سلامت ہیں، الحمدللہ''۔ اللہ ان کی عمر میں برکت دے۔ اس طرح ہم اپنے ہی برخوردار کے اس اعتراض سے بچ گئے کہ جو انتقال کر گیا ہو اُس پر اعتراض اس لیے مناسب نہیں کہ وہ جواب نہیں دے سکتا۔

ایک غلطی جو جسارت میں بھی ہوتی ہے اور دیگر اخبارات میں بھی نظر آتی ہے، وہ ہے ''بیرون ممالک''۔ یہ بالکل مہمل ہے۔ اگر ہمارے صحافی بھائی الفاظ استعمال کرتے ہوئے ان کے معانی پر بھی غور کر لیا کریں تو بہت سی غلطیوں سے بچ نکلیں گے۔ بیرون کا مطلب ہے باہر۔ یہ اندرون کی ضد ہے... اور یہ ضد وہ نہیں جو بچوں، خواتین اور حکمرانوں کی مشہور ہے۔ اس ضمن میں ایک شعر بھی سن یا پڑھ لیجیے۔

مرے نشیمن کے چار تنکے بھی اپنی زد پر اڑے ہوئے ہیں
کئی بار برق گر چکی ہے ، کئی بار خود جلا چکا ہوں

لگتا ہے یہ شعر پاکستان کی معیشت کے حوالے سے کہا گیا ہے۔

بہرحال، بیرون ممالک کا مطلب ہوا ''ممالک کے باہر''... جب کہ مقصد ہوتا ہے ''بیرونی ممالک''۔ اگر پاکستان سے کوئی چیز برآمد ہو رہی ہے تو وہ دوسرے ممالک کو بھیجی جارہی ہے۔ چنانچہ یا تو بیرونی ممالک لکھا جائے یا بیرون ملک۔

ایک اور قاری نے لکھا ہے کہ اطراف و جوانب کی جگہ اطراف و اکناف بھی پڑھا ہے۔ بالکل درست پڑھا ہے۔ اکناف بھی عربی ہے اور کنف کی جمع ہے۔ اس کا مطلب بھی ''جانب، طرف، سمت، کنارہ، ساحل اور پرندے کا بازو ہے۔ اب مرضی ہے کہ اطراف و جوانب کہیں یا اطراف و اکناف۔ لیکن ہم پھر کہیں گے کہ دونوں اطراف بالکل غلط ہے۔ گزشتہ دنوں ایک تقریب میں شعبہ صحافت کے ایک پی ایچ ڈی استاد اور بہت اچھے کالم نگار نے صدرِ مملکت سے مذاکرات کے حوالے سے کسی کی بات دوہرائی کہ ''میز کے دونوں اطراف طالبان ہیں۔'' اُن کے منہ سے دونوں اطراف سن کر اچھا نہیں لگا، مگر کیا کہیں ہم خود غلطیاں کرتے رہتے ہیں۔ مثلاً آج تک عَشر عَشیر ہی بولا (دونوں عینوں پر زبر) معلوم ہوا کہ صحیح لفظ عُشر عشیر ہے، یعنی پہلی عین پر پیش ہے اور اس کا مطلب ہے دسویں حصہ کا دسواں (1/100)۔

اسی طرح طُول عُمرہ کا تلفظ ہم اپنے طور پر ایسے ہی کرتے رہے جیسے آپ لکھا ہوا دیکھ رہے ہیں اور ممکن ہے خود بھی اسی طرح بولتے ہوں۔ معلوم ہوا کہ یہ طُوّلَ عُمرہٗ ہے یعنی عمر دراز ہو۔ اس پر ایک استاد نے یہ تجویز دی ہے کہ بھئی اگر عربی تلفظ نہیں آتا تو اردو میں دعا دے دیا کرو۔ صحیح تلفظ مزید واضح کریں ''طُوّلَ عُم رُہٗ''۔

ہماری ایک بہن نے 3 فروری کے جسارت میں شائع ہونے والے ڈاکٹر امجد ثاقب کے مضمون کے حوالے سے ایک جملے کی طرف توجہ دلائی ہے ''زندگی آمیز اور زندگی آموز ادب۔'' اور کہا ہے کہ ہو سکتا ہے بہت سوں کو اس کا مطلب معلوم نہ ہو۔ اس کی وضاحت کر دیں۔ اسکول میں امتحانی پرچے میں ایک سوال ہوتا تھا ''خط کشیدہ