Contents of The American Journal of Psychiatry

MARCH 1999 VOL. 156

EDITORIAL

349 Acute and chronic responses to psychological trauma: where do we go from here? J. Douglas Bremner

IMAGES IN NEUROSCIENCE

352 Brain development, XI: Sexual dimorphism

Essay by Jill M. Goldstein, David N. Kennedy, and Verne S. Caviness, Jr.

REGULAR ARTICLES

353 Posttraumatic stress disorder and identification in disaster workers

Robert J. Ursano, Carol S. Fullerton, Kelley Vance, and Tzu-Cheh Kao

360 Acute stress disorder and posttraumatic stress disorder in victims of violent crime

Chris R. Brewin, Bernice Andrews, Suzanna Rose, and Marilyn Kirk

367 Acute stress response and posttraumatic stress disorder in traffic accident victims: a one-year prospective, follow-up study

Danny Koren, Isaac Arnon, and Ehud Klein

374 Rate of psychiatric illness 1 year after traumatic brain injury

Shoumitro Deb, Ila Lyons, Charis Koutzouki, Imad Ali, and Geraldine McCarthy

379 Childhood trauma and perceived parental dysfunction in the etiology of dissociative symptoms in psychiatric inpatients

Nel Draijer and Willie Langeland

386 Recalling word lists reveals 'cognitive dysmetria' in schizophrenia: a positron emission tomography study


393 Selective speech perception alterations in schizophrenic patients reporting hallucinated ‘voices’

Ralph E. Hoffman, Jul Rapaport, Carolyn M. Mazure, and Donald M. Quinlan

400 Symptoms and cognition as predictors of community functioning: a prospective analysis


406 Empirical validation of primary negative symptoms: independence from effects of medication and psychosis

Mary E. Kelley, Daniel P. van Kammen, and Daniel N. Allen

412 Comparative effectiveness of fluphenazine decanoate injections every 2 weeks versus every 6 weeks

William T. Carpenter, Jr., Robert W. Buchanan, Brian Kirkpatrick, Helen D. Lann, Alan F. Freire, and Ann T. Summerfelt

419 Placebo-controlled study of the D_2/5-HT_1A antagonist fananserin in the treatment of schizophrenia

Philippe Truffinet, Carol A. Tammenga, Louis F. Fabre, Herbert Y. Meltzer, Marie-Emmanuelle Riviere, and Catherine Papillon-Downey

426 Phenomenology of mania: evidence for distinct depressed, dysphoric, and euphoric presentations

Steven C. Dilsaver, Y. Richard Chen, Arif M. Shoaib, and Alan C. Swann

431 Characteristics of depressed patients who report childhood sexual abuse

Gemma Gladstone, Gordon Parker, Kay Wilhelm, Philip Mitchell, and Marie-Paule Austin

438 Neuropsychological functioning and MRI signal hyperintensities in geriatric depression

Elisse Kramer-Ginsberg, Blaine S. Greenwald, K. Ranga Rama Krishnan, Bruce Christiansen, Jian Hu, Manzar Ashtari, Mahendra Patel, and Simcha Pollack

445 Practice patterns of international and US medical graduate psychiatrists

Carlos Blanco, Cletus Carvalho, Mark Olffson, Molly Finnerty, and Harold Alan Pincus

451 Trends in office-based psychiatric practice

Mark Olffson, Steven C. Marcus, and Harold Alan Pincus

CLINICAL CASE CONFERENCE

458 Evaluating and treating violent adolescents in the managed care era

Susan Villani and Steven S. Sharfstein

IMAGES IN PSYCHIATRY

465 George Winokur, MD, 1925–1996

Essay by Ming T. Tsuang

BRIEF REPORTS

467 Improved cognition in Alzheimer’s disease with short-term D-cycloserine treatment

Guochuan E. Tsai, William F. Falk, Jeanette Gunther, and Joseph T. Coyle

470 Association between brain functional failure and dementia severity in Alzheimer’s disease: resting versus stimulation PET study

Pietro Pietrini, Maura L. Furey, Gene E. Alexander, Marc J. Mentis, Alessio Dani, Maria Guazzelli, Stanley L. Rapoport, and Mark B. Schapiro

474 Multiple anxiety disorder comorbidity in patients with mood spectrum disorders with psychotic features

Giovanni B. Cassano, Stefano Pini, Marco Saettoni, and Liliana Dell’Osso

477 Depressive symptoms and health costs in older medical patients

Benjamin G. Druss, Robert M. Rohrbaugh, and Robert A. Rosenheck

480 Gender difference in the prevalence of clinical depression: the role played by depression associated with somatic symptoms

Brett Silverstein

483 Assessing long-term effects of trauma: diagnosing symptoms of avoidance and numbing

Richard G. Honig, Mary C. Grace, Jacob D. Linder, C. Janet Newman, and James L. Titchener

With new Exelon, you can now help treat the symptoms of people with mild to moderately severe Alzheimer’s disease.

While Exelon has not been shown to affect the disease process, six-month trials have established its effectiveness on key areas that Alzheimer’s disease attacks - cognition, global functioning and activities of daily living.1

For carers and family, this could mean some relief from the demands for attention; for the sufferer, it could mean life beyond Alzheimer’s.

**NEW**

**Exelon**

(rivastigmine)

**Beyond cognition: improving functional ability.**

**EXELON Prescribing Information, Indication:** Symptomatic treatment of mild to moderately severe Alzheimer’s dementia. Presentation: Capsules containing: 1.5, 3, 4.5 or 6mg rivastigmine. **Dosage and Administration:** Effective dose is 3 to 6mg twice a day. Maintain patients on their highest well-tolerated dose. Maximum dose 6mg twice daily. Repeated patients regularly. Initial dose 1.5mg twice daily then build up dose at a minimum of two weeks intervals, to 3mg twice daily, 4.5mg twice daily then 6mg twice daily. If tolerated well. If adverse effects or weight decreased occur, these may respond to omitting one or more doses. If persistent, daily dose should be temporarily reduced to previous well tolerated dose. **Contraindications:** Known hypersensitivity to rivastigmine or excipients or any other carboxylate derivatives. Severe liver impairment. **Special Warnings & Precautions:** Therapy should be initiated and supervised by a physician experienced in the diagnosis and treatment of Alzheimer’s disease. A caregiver should be available to monitor compliance. There is no experience of use of EXELON in other types of dementia/memory impairment. Nausea and vomiting may occur, particularly when initiating and/or increasing dose. Monitor any weight loss. Use with care in patients with Sinus Tachycardia syndrome, conduction defects, active gastric or duodenal ulcers, or those predisposed to ischemic conditions. History of asthma or obstructive pulmonary disease, those predisposed to urinary obstruction and seizures. In renal and mild to moderate hepatic impairment, these dose individually. Safety in pregnancy not established. Women should not breastfeed. Use in children not recommended. **Interactions:** May exaggerate effects of succinylcholine-type muscle relaxants during anaesthesia. Do not give with cholinomimetic drugs. May interfere with anticholinergic medications. No interactions were observed with digoxin, warfarin, diazepam, or flurazepam in human volunteers. Metabolic drug interactions unlikely, although it may inhibit butyrylcholinesterase mediated metabolism of other drugs. **Undesirable Effects:** Most commonly: diaphoresis; insomnia; dry mouth; nausea; vomiting; appetite and weight loss. Other common effects: (25% and /or placebo): abdominal pain, accidental trauma, agitation, confusion, depression, diarrhoea, dyspepsia, headache, haemorrhoids, upper respiratory tract and urinary tract infections, increased sweating, malaise, weight loss, tremor. Rarely: angina pectoris, gastric/epithelial haemorrhage and anorexia. No notable abnormalities in laboratory values observed. **Package Quantities and Basic N Infective:** 1.5mg x 28, 631.50; 1.5mg x 56, 563.00; 3mg x 28, 631.50; 3mg x 56, 563.00; 4.5mg x 28, 631.50, 4.5mg x 56, 563.00; 6mg x 28, 631.50; 6mg x 56, 563.00. **Legal Classification:** POM. **Marketing Authorization Number:** Product Information available from: Novartis Pharmaceuticals UK Ltd, Frimley Business Park, Frimley, Camberley, Surrey, GU16 9BQ.


**Date of preparation:** August 1998.

Code No. DXE 98/63
Can start to improve symptoms within seven days

Lustral™ 50 mg
A first choice antidepressant

Abbreviated Prescribing Information:
Lustral (sertraline)
Presentation: Tablets containing 50mg or 100mg sertraline.
Indications: Treatment of symptoms of depressive illness, including accompanying symptoms of anxiety. Prevention of relapse or recurrence of depressive episodes, including accompanying symptoms of anxiety. Dosage: Lustral should be given as a single daily dose. The initial dose is 50mg and the usual therapeutic dose is 100mg daily. Dosage can be further increased, if appropriate, to a maximum of 200mg daily. Patients should be maintained on the lowest effective dose and doses of 150mg or more should not be used for periods exceeding 8 weeks. Use in children: Not recommended. Use in the elderly: Usual adult dose. Contra-indications: Hypersensitivity to Lustral. Henotic insufficiency. Do not use with discontinuation of Lustral. Use during pregnancy: Lustral should be used only if clearly needed. Lactation: Not recommended. Precautions, warnings: Renal insufficiency, unstable epilepsy, ECT, driving. Lustral should be discontinued in a patient who develops seizures. Lustral should not be administered to patients concurrently being treated with tranquillizers who drive or operate machinery. Patients should be closely supervised for the possibility of suicide attempt or activation of mania/hypomania. Bleeding abnormalities. Drug Interactions: Caution with other centrally active medication and with drugs known to affect platelet function. Serotonergic drugs including tryptophan, sumatriptan and fenfluramine should not be used with Lustral. Lithium levels should be monitored. Although Lustral has been shown to have no adverse interaction with alcohol, concomitant use with alcohol is not recommended. Interactions with other highly protein bound drugs should be borne in mind. The potential of Lustral to interact with o monitored when Lustral is initiated or stopped. Side-Effects: Dry mouth, nausea, anorexia, diarrhoea, loose stools, sexual dysfunction (including, ejaculatory delay), tremor, increased sweating, dyspepsia, dizziness, insomnia and somnolence. Vomiting, abdominal pain, abnormal LFTs, jaundice, serious liver events, pancreatitis, arthralgia, myalgia, malaise, rash (including rare reports of erythema multiforme, photosensitivity), angioedema, tachycardia. Seizures (see precautions, warnings). Movement disorders, menstrual irregularities, hyperprolactinaemia and galactorrhoea. Hypotension. Withdrawal reactions such as dizziness, paraesthesia, headache, anxiety and nausea. Abrupt discontinuation should be avoided. Legal Category: POM. Basic NHS Cost: 50mg tablet (PL 570/0308) Calendar pack of 28, £6.65; 100mg tablet (PL 570/0309) Calendar pack of 28, £26.65. Further information on request. Pfizer Ltd., Sandwich, Kent. Date revised: August 1998.

Reference: 1. Lustral 50mg.

Fast Response
Can start to improve symptoms within seven days
1999 Annual General Meeting

AGM Dates: 28 June–2 July 1999

Working together towards the new Millennium: a vision of a shared future.

This year’s meeting will be the first in which the College has concentrated its energies into a single Annual Meeting. The programme has been developed by a truly inter-faculty organising committee and, as a result, this flagship meeting will embrace the whole College community. Every discipline and specialty is represented in the programme, and it is our hope that all members of the College will be able to benefit from sessions which are relevant to their interests and clinical practice and will also form opportunities for interdisciplinary discussion.

27th May  Deadline for conference cancellation at low penalty, and deadline for guaranteed accommodation. After this date hotel bookings will be wait-listed and placed as availability occurs by the Birmingham International Convention Centre.

28th May  Registration and full payment due for conference and social programme.

AGM Venue:  The Birmingham International Convention Centre, Broad Street, Birmingham, tel: +44 0121 644 6011, fax: +44 0121 643 3280

Accommodation:  To arrange accommodation please contact The Birmingham Convention and Visitor Bureau tel: +44 0121 665 6116, fax: +44 0121 643 3280

Correspondence:  The Conference Office, The Royal College of Psychiatrists, 17 Belgrave Square, London, SW1X 8PG, tel: +44 0171 235 2351, fax: +44 0171 259 6507

Forthcoming Council Report

OFFENDERS WITH PERSONALITY DISORDER


Highly charged legislative, economic and public policy debates surround issues concerning offenders with personality disorders. A new report from The Royal College of Psychiatrists places these debates in the context of current knowledge and warns against eye-catching solutions based upon little or no evidence base.

The report contains chapters clarifying the epidemiology of personality disorder and its classification, in which patients often fall into many categories. Guidelines are laid down for assessment and for the teaching of trainees. A strong plea is made for identification of risk factors based on long-term developmental studies, with child and adolescent mental health services equipped to intervene at primary, secondary and tertiary levels. The report emphasises the need for clinical trials that can only be carried out with full government support.

Available from Booksales, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG (Tel. +44 (0) 171 235 2351, extension 146). 9.30 am - 2.00 pm The latest information on College publications is available on the INTERNET at: www.rcpsych.ac.uk

ISBN 1 901242 34 X  Price to be announced  Publication: April 1999
Ethnicity: An Agenda for Mental Health
Edited by Dinesh Bhugra

This book sets the scene for identifying and meeting the mental health needs of black and minority ethnic groups. Clinicians, researchers, academics, hospital managers, commissioners and voluntary organisation workers come together to discuss the problems in health care delivery and the way of moving the agenda forward. In addition to multi-disciplinary working, the key emphasis here is in involving commissioners and voluntary organisations in deciding how best to meet the needs of the communities.

1999 240pp ISBN 1 901242 15 3 £25.00

New in the Books Beyond Words series

Falling in Love
By Sheila Hollins, Wendy Perez and Adam Abdelnoor
Illustrated by Beth Webb

This is a book about two people who are introduced by friends. Mike and Janet get on well and enjoy doing things together. They decide they want to live together, but initially their families try to discourage them.

This love story traces the ups and downs of their relationship, until they are able to make a commitment to each other.

Readers can identify with Mike and Janet, and use the book as a starting point to explore their own relationships, and the role of families, friends and carers in supporting them.


Forthcoming from Gaskell
Imprint of the Royal College of Psychiatrists

Use: Treatment of schizophrenia.

Presentation: Tablets containing 25 mg, 100 mg and 200 mg of quetiapine.

Dosage and Administration: Seroquel should be administered twice daily. The total daily dose for the first 4 days of therapy is 50 mg (Day 1), 100 mg (Day 2), 200 mg (Day 3) and 300 mg (Day 4). From day 4 onwards, titrate to usual effective range of 300 to 450 mg/day. Dose may be adjusted within the range 150 to 750 mg/day according to clinical response and tolerability. Elderly patients: Use with caution, starting with 25 mg/day and increasing daily by 25 to 50 mg to an effective dose. Children and adolescents: Safety and efficacy not evaluated. Renal and hepatic impairment: Start with 25 mg/day and increasing daily by 25 to 50 mg to an effective dose. Use with caution in patients with hepatic impairment.

Contra-indications: Hypersecretion to any component of the product.

Precautions: Caution in patients with cardiovascular disease, cerebrovascular disease or other conditions predisposing to hypotension and patients with a history of seizures. Caution in combination with drugs known to prolong the QTC interval, especially in the elderly. Caution in combination with other centrally acting drugs and alcohol, and on co-administration with thioridazine, phenytoin or other hepatic enzyme inducers, potent inhibitors of CYP3A4 such as systemic ketoconazole or erythromycin. If signs and symptoms of tachycardia appear, consider dosage reduction or discontinuation of 'Seroquel'. In cases of congestive malignant syndrome, discontinue 'Seroquel' and give appropriate medical treatment. 'Seroquel' should only be used during pregnancy if benefits justify the potential risks. Avoid breastfeeding whilst taking 'Seroquel'. Patients should be cautioned about operating hazardous machines, including motor vehicles.

Undesirable events: Somnolence, dizziness, constipation, postural hypotension, dry mouth, anhidrosis, tachycardia, limited weight gain, orthostatic hypotension (associated with dizziness), nausea and vomiting in some patients (nausea and vomiting with or without nausea and occasionally constipation). Asymptomatic, usually reversible elevations in serum transaminase and gamma - GT levels. Small elevations in non-fasting serum triglyceride levels and total cholesterol. Decreases in thyroid hormone levels, particularly total T4 and free T4 usually reversible on cessation. Prolongation of the QTc interval (in clinical trials this was not associated with a persistent increase).

Legal category: POM

Product licence numbers:
25 mg tablet: 12619/0112
100 mg tablet: 12619/0113
200 mg tablet: 12619/0114

Basic NHS cost:
Starter pack £6.59;
60 x 25 mg tablets £28.20;
60 x 100 mg tablets £113.10;
90 x 100 mg tablets £169.65;
60 x 200 mg tablets £113.10;
90 x 200 mg tablets £169.65.

'Seroquel' is a trademark, the property of Zeneca Limited.

Further information is available from: Zeneca Pharma on 0800 200 123 please ask for Medical Information, or write to King's Court, Water Lane, Wilsford, Chesham, Bucks SL4 2AZ.

Email Address: Medical.Information@PharmaUK.Zeneca.com

References:
John has schizophrenia

- Effective in negative and positive symptoms\(^{1,4}\) and mood\(^*\) in patients with schizophrenia
- EPS no different from placebo across the full dose range (150 - 750 mg/day)\(^{1,4}\)
- Plasma prolactin levels no different from placebo across the full dose range (150 - 750 mg/day)\(^6\)
- Low level of sexual dysfunction (3 patients out of 1085) in long term use (3-5 months)\(^6\)

* Defined as the BPRS item score of depressive mood, anxiety, guilt feelings and tension.
**PROZAC**

**ABBREVIATED PRESCRIBING INFORMATION**

**FLUOXETINE HYDROCHLORIDE**

**Presentation** Capsules containing 20mg or 40mg fluoxetine, as the hydrochloride. Liquid containing 20mg fluoxetine, as the hydrochloride, per 5ml drug. Uses **TREATMENT OF DEPRESSIVE DISORDER WITH OR WITHOUT ASSOCIATED ANXIETY SYMPTOMS**.

**Contraindications** Rivastigmine, tacrine, other anticholinergic or antiparkinsonian agents (except Exelon), and lambda flavonoids (including astemizole, terfenadine, cisapride, and ketoconazole). Use with caution in patients with unstable cardiovascular disease or a history of cardiac arrhythmias. Use with caution in patients with a history of drug abuse or alcoholism.

**Dosing** Adults: 20mg daily in the morning. In severe depression, 20mg daily in the morning followed by 10mg daily in the evening. In children and adolescents: 20mg daily in the morning or 10mg daily in the morning followed by 5mg daily in the evening. In elderly patients: 10mg daily in the morning.

**Side Effects** Nausea, vomiting, diarrhea, dry mouth, urinary retention, constipation, dyspepsia, weight loss, anxiety, agitation, insomnia, drowsiness, dizziness, tremor, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, dizziness, headache, 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