BEHAVIOR

Dexamethasone and depression

Diagnosing depression is a tricky business for psychiatrists. Genetic, biochemical and environmental factors may be involved, separately or in combination, in producing various types of depression. The first sign that diagnostic help was on the way occurred when researchers reported that the "dexamethasone suppression test" could be used to distinguish clinically depressed from non-depressed persons (SN: 4/28/79, p. 285). The drug dexamethasone lowers, or suppresses, the body's cortisol level in the non-depressed person. The depressed person shows no such suppression. The same test was then used by University of Iowa researchers to distinguish between two types of depression, primary and secondary (SN: 8/9/80, p. 86). The primary patients, suffering from depression or manic-depression with no other psychiatric diagnosis, had a nearly 50 percent rate of nonsuppression. But of 151 persons with either secondary or no depression, not one case of nonsuppression was found. Nonsuppression was also found to be a good indicator of those who had a first-degree relative with depression and no related disorder such as alcoholism, mania or antisocial behavior.

The most recent application of dexamethasone with depressed patients is reported by University of Michigan psychiatrist Bernard J. Carroll in the January ARCHIVES OF GENERAL PSYCHIATRY. He used the suppression test to identify a type of depression known as "melancholia." It is marked by a disturbance in the limbic system, which controls neuroendocrine function and has been associated with stress adaptiveness and depression. Nine trials of the test on 1,000 inpatients and outpatients in five countries have shown that it is about 96 percent specific for melancholia. Although an abnormal response to the dexamethasone suppression test is a highly reliable indication that melancholia is present, a normal result does not rule out it or any other forms of depression. Thus, its use as a diagnostic tool must be approached cautiously.

On the 'write' track

The results are in. A nationwide survey conducted by the National Assessment of Educational Progress shows that the writing skills of black children and children from low-income urban areas have improved significantly over the past decade. The overall performance levels of those surveyed are about the same as they were in 1970, but the gaps between black and poor students and their peers have been reduced or eliminated in several areas. Three age groups were surveyed: 9-, 13- and 17-year-olds. Black pupils showed improvement in almost all of the writing tests administered to the two older groups.

Despite this good news, from 10 to 25 percent of the children in the three age groups had serious problems with writing. Nearly one-fourth of the students surveyed felt that they had poor writing skills, and a steady decline in students' enjoyment of writing as they moved through the school system was reported. The 13- and 17-year-old groups indicated that they had not received a great deal of writing instruction in school.

The assessment findings were based on thousands of writing samples analyzed for coherence, grammar, fluency, persuasiveness and other factors. The report drew no conclusions about what might have caused improved test scores by black and urban poor children.

The national assessment is financed by the National Institute of Education, which is responsible to Congress for the measurement of educational progress in the United States. In 1979, the national assessment reported that in the previous five years the ability of children to solve relatively simple mathematical problems had significantly decreased. An evaluation of the reading ability of children across the nation will be released later.

Doctors' wives feel the pressure, too

The pressures of practicing medicine have been demonstrated to play a role in increasing addiction and suicide rates among doctors. Now research indicates that it is not just the doctors who are at risk; their wives may also be affected.

Isaac Sakinofsky, professor of psychiatry at McMaster University in Ontario, Canada, compiled the latest figures from England and Wales, from 1970 to 1972, and reports that doctors' wives aged 15 to 64 commit suicide at a rate 4.5 times higher than do other married women. The report appears in the January CANADIAN FAMILY PHYSICIAN. This is not to say that suicide is rampant among doctors' wives. Of 37,000 medical marriages during the reported three-year period, 31 wives committed suicide, as did two others who were over 65 years of age. Another six wives died of cirrhosis of the liver due to alcoholism. Statistics on married women physicians were not available in England, but the researcher found that the suicide rate among single women doctors was 2.5 times that of the single women in the general population. U.S. studies suggest that the suicide rate of women doctors is at least as high as that of male doctors, and three to four times higher than for the rest of the female population.

Sakinofsky says that depression, drug and alcohol abuse and suicide are highly linked. Doctors' wives admitted to hospitals for such problems are often depressed, angry and hostile because they feel neglected by their husbands and emotionally unfulfilled. As a preventive method, Sakinofsky advocates more thorough career counseling for prospective medical students, and medical school training in marriage management, human sexuality, depression and suicide. He adds that a greater sharing of workloads among doctors would give them more time to spend with their families.

Income, illness and the health gap

Health has become a national obsession. The government is pumping more money into social programs than ever before. We should be experiencing some positive health effects, right? Well, not exactly. A study by two researchers at the University of California at San Francisco concludes that despite large increases in medical and social spending since the mid-1960s, the health gap between the poor and others has not changed over the past 15 years. Lewis H. Butler and Paul W. Newacheck, summarizing their findings in the December MEDICAL CARE, report that the 34 million Americans in the poorest families, with incomes below $6,000 a year, average about twice as many days sick in bed or otherwise restricted in their normal routines as does the rest of the population. They say that most of this health gap is due to greater levels of chronic illness, such as heart disease, arthritis and hypertension, among the poor. The researchers used data from the 1977 Health Interview Survey conducted by the Department of Health, Education and Welfare. Their findings show that government spending for social programs since the mid-1960s has more than doubled after adjusting for inflation. Governmental health policy, the researchers say, fails to recognize the severity of chronic illness among the poor and will continue to do so unless major changes are made in distribution and organization of services. They cite four specific health policy needs: greater emphasis on social and psychological, as well as biological, aspects of chronic illness treatment in social programs, better long-term management of chronic illnesses outside of hospitals, a federal payment system that encourages good continuing care for the chronically ill and a coordination of services and programs for the low income chronically ill population. "The problem," say the researchers, "is not one of fine-tuning policy, but rather of having the band play a different tune altogether."