BEHAVIOR

Robert J. Trotter reports from New Orleans at the meeting of the American Psychiatric Association

DST: Pinpointing depression

The least depressing thing about depression in recent years has been its characterization as a biological condition. There is now clear evidence for the existence of a biologically based, or endogenous, as opposed to environmentally caused, form of depression, and researchers have developed biological methods of diagnosing and treating this type of depression. At the APA meeting, one of the most talked-about and reported-on tools for diagnosing depression was the DST, dexamethasone suppression test (SN: 4/28/79, p. 285): When dexamethasone is given to a nondepressed person, the body's glandular response is a lowering, or suppression, of the blood level of cortisol; a similar suppression is not seen in endogenously depressed persons. The DST has been reported to be at least 30 percent and perhaps 80 percent accurate in diagnosing endogenous depression in adults. Now there are two preliminary studies that suggest that the test may be just as useful in diagnosing depressed children and adolescents.

A research team headed by Elva O. Poznanski of the University of Illinois at Chicago reports the DST to be 67 percent accurate in diagnosing depression in children between 6 and 12 years of age. A team headed by Douglas R. Robbins of the University of Michigan Hospital in Ann Arbor reports the DST to be 50 percent accurate in diagnosing depression in adolescents between 12 and 18 years of age. If these preliminary results are confirmed, psychiatrists should be much more effective in diagnosing and treating childhood depression — a clinical entity that is receiving "belated and reluctant recognition," according to Andre P. Derdeyn of the University of Virginia Medical Center in Charlottesville, and that "can be quite disastrous due to the critical developmental nature of the early years of life"—and adolescent depression — a condition that is difficult to diagnose because it often is masked by the turmoil of adolescence. Furthermore, the DST shows promise of predicting response to biological treatment, of demonstrating when treatment can be discontinued without relapse and possibility of anticipating which patients are most likely to attempt suicide.

ECT: Shocking depression

Once a biologically based depression is diagnosed, a decision has to be made about treatment. Antidepressant and antipsychotic drugs are available, and for most patients this is the therapy of choice. Many of these medications, however, bring with them undesirable side effects. The alternative is electroconvulsive, or shock, therapy, which has been around for at least 40 years and which has been shown to be effective in treating endogenous depression. But because ECT seems a drastic therapy and because there are claims that it causes memory loss, many clinicians have been reluctant to use it. Even so, Stuart C. Yudofsky of the New York Psychiatric Institute predicts a "major resurgence in the utilization of ECT in the 80s." He offers three reasons: The first is that new technologies are increasing the efficacy, precision and safety of ECT treatment (SN: 10/25/80, p. 266). The second has to do with the prohibitive side effects of currently available medications. And the third, he says, is that research on depression and ECT is expected to further refine our understanding of the causes of the illness as well as the mode of action of ECT.

Not all researchers are so sanguine about the future of ECT. Eve C. Johnstone and her colleagues at the Clinical Research Centre in Harrow, England, compared real versus simulated ECT in depressed patients. Some evaluators found significant improvement in the group that received ECT, but the researchers report that this advantage did not persist. At follow up after one and six months there were no significant differences between the two groups. Memory deficits were clearly demonstrated in the group that received ECT, but there was no evidence of persisting memory impairment at the six-month follow up.

Lofexidine: Son of clonidine

Kicking the heroin habit will never be a day at the beach, but clonidine can ease the pain. This nonaddictive drug, which was used primarily to treat high blood pressure, made news several years ago when it was reported that it could successfully "block and reverse the effects of opiate withdrawal" (SN: 8/5/79, p. 85). Now clonidine is being tested as a potential treatment for a variety of problems including Gilles de la Tourette's syndrome, performance anxiety, phobic anxiety, psychophysical pain, depression and schizophrenia. As good as this may sound, clonidine does have some drawbacks. It has marked sedative and antihypertensive effects, for instance, that limit its usefulness for outpatient detoxification, explains Mark S. Gold of the Psychiatric Institute of America and the Fair Oaks Hospital in Summit, N.J. Realizing this, he and his colleagues suggested that lofexidine, a structurally related analog of clonidine, might be an ideal nonopiate anti-withdrawal agent. Lofexidine is a weak antihypertensive agent that has substantial affinity for clonidine binding sites in the brain.

Gold and his colleagues recently studied the effects of lofexidine on nine chronic methadone addicts, and the results indicate that their suggestion may be correct. The patients, who had objective signs of opiate withdrawal, had been addicted to opiates for between 1 and 10 years and to methadone for between 6 and 80 months. All felt that they were in withdrawal, or "kicking," prior to oral administration of lofexidine, but none stated that he was "kicking" by 120 minutes after lofexidine. After two weeks of inpatient lofexidine treatment, all patients were successfully detoxified and switched to naltrexone, the long-lasting opiate antagonist. The researchers caution that additional dose-response studies are necessary but conclude that "an additional new treatment may soon become available for opiate detoxification and in the transition from opiate dependence to drug-free or naltrexone maintenance."

Stress: A sign of the times

Worried about crime, violence, drug addiction, sexual permissiveness, changing social and sexual roles, the erosion of authority and the decline of the work ethic? If so, don't feel alone. A survey of 1,008 persons, representing a nationwide probability sample, suggests that our society in transition, with its changes in traditional values, is affecting seriously most of the population: It is producing stress, anxiety and depression. The survey, conducted by a team led by George Serban of the New York University Medical Center, attempted to "document the degree of anxiety and depression affecting the nation."

Sexual permissiveness was found to be the most significant predictor of stress — 53.8 percent of men and 81.8 percent of women were upset about sexual permissiveness. Also high on the list were "interactions with other people" and "the new social roles of the sexes" — 51.3 percent of single women and 44.5 percent of single men are moderately to severely under stress due to the "superficiality of their emotional relationships" and the insecurity created by such relationships. Among married persons only 23 percent of women and 37.9 percent of men reported being content with their marriages, with loss of interest in and resentment of spouses being the contributing factors. These and other results of the survey, says Serban, "are demonstrating unquestionably that the new social and political attitudes and values are inducing serious stress in the majority of our population."