ARCHIVES OF GENERAL PSYCHIATRY

A Multifaceted Intervention to Improve Treatment of Depression in Primary Care

Background: This research study evaluates the effectiveness of a multifaceted intervention program to improve the management of depression in primary care.
Methods: One hundred fifty-three primary care patients with current depression were entered into a randomized controlled trial. Intervention patients received a structured depression treatment program in the primary care setting that included both behavioral treatment to increase use of adaptive coping strategies and counseling to improve medication adherence. Control patients received "usual" care by their primary care physicians. Outcome measures included adherence to antidepressant medication, satisfaction with care of depression and with antidepressant treatment, and reduction of depressive symptoms over time.
Results: At 4-month follow-up, significantly more intervention patients with major and minor depression than usual care patients adhered to antidepressant medication and rated the quality of care they received for depression as good to excellent. Intervention patients with major depression demonstrated a significantly greater decrease in depression severity over time compared with usual care patients on all 4 outcome analyses. Intervention patients with minor depression were found to have a significant decrease over time in depression severity on only 1 of 4 study outcome analyses compared with usual care patients.
Conclusion: A multifaceted primary care intervention improved adherence to antidepressant regimens and satisfaction with care in patients with major and minor depression. The intervention consistently resulted in more favorable depression outcomes among patients with major depression, while outcome effects were ambiguous among patients with minor depression.

(1996;53:924-932) Wayne Katon, MD, et al, Department of Psychiatry and Behavioral Sciences, Box 356560, University of Washington Medical School, Seattle, WA 98195-6560.

Comorbidity Between Depressive Disorders and Nicotine Dependence in a Cohort of 16-Year-Olds

Background: There has been growing interest in the associations between cigarette smoking and symptoms of depression. This study documents the comorbidity between depression and nicotine dependence in a birth cohort of 16-year-olds and examines the extent to which comorbidity between depression and nicotine dependence could be explained by risk factors associated with both outcomes.
Methods: Data were gathered during the course of a 16-year longitudinal study of a birth cohort of 947 New Zealand children for (1) depressive disorders and nicotine dependence at age 16 years; and (2) prospectively measured risk factors including family social position, family history of criminality, parental smoking, life events, parental attachment, conduct problems, self-esteem, and affiliations with delinquent peers.
Results: There was evidence of moderate to strong comorbidity between depression and nicotine dependence at age 16 years; teenagers with a depressive disorder had odds of nicotine dependence that were 4.6 times those of teenagers without depressive disorder. Analyses using logistic regression and log-linear modeling methods revealed that a substantial component of the comorbidity between depression and nicotine dependence was explained by common or correlated risk factors associated with both outcomes. After adjustment for common or correlated risk factors, the adjusted odds ratio between depression and nicotine dependence was 2.3.
Conclusions: Comorbidities between depression and nicotine dependence seem to be well established by the age of 16 years. Much of this comorbidity can be explained by common or correlated risk factors associated with depression or nicotine dependence.

(1996;53:1043-1047) David M. Fergusson, PhD, et al, Christchurch Health and Development Study, Christchurch School of Medicine, PO Box 4345, Christchurch, New Zealand.

ARCHIVES OF NEUROLOGY

Early Treatment of a Single Generalized Tonic-Clonic Seizure to Prevent Recurrence

Background: The question of whether to start antiepileptic treatment after a single unprovoked seizure remains controversial and has been the subject of much debate in the relevant literature.
Objectives: To determine the rate of recurrence of a second attack after a single unprovoked epileptic seizure by using 2 study groups of treated and untreated patients and, thus, to establish a treatment policy for these patients.
Patients and Methods: A group of 91 patients with a single generalized tonic-clonic seizure were prospectively studied; 87 of these patients completed the study. The end point of the study was 36 months after the single attack or the occurrence of a subsequent epileptic attack. The patients were randomly divided into 2 groups: 45 patients who immediately received anticonvulsive treatment and 42 who remained untreated for the follow-up period. Patients in the treated group were given monotherapy with carbamaz-

epine. The results of recurrences were statistically analyzed by using the Kaplan-Meier method.
Results: Results indicated a significantly higher percentage of seizure-free patients in the treated group compared with that in the untreated group ($P=.001$). The treated men were proved to be less at risk for recurrent seizures compared with treated women ($P<.001$ vs $P=.03$, respectively).
Conclusion: Treatment after a single unprovoked seizure leads to a significant reduction in the risk of relapse of generalized tonic-clonic epilepsy.

(1996;53:1149-1152) Ronit Gilad, MD, et al, Department of Neurology, The Edith Wolfson Medical Center, Holon 58100, Israel.

ARCHIVES OF PEDIATRICS & ADOLESCENT MEDICINE

Young Adolescents' Comfort With Discussion About Sexual Problems With Their Physician

Objective: To identify factors associated with young adolescents' sense of comfort about discussing sexual problems with their physician.
Design: Confidential, assisted self-report questionnaires on physician-adolescent communication developed by the investigators and completed by participants at visits for general health examinations.
Setting: Five primary care pediatric practices at health maintenance organizations in Washington, DC.
Patients: A consecutive sample of all adolescents 12 to 15 years old who received a general health examination. Of 412 eligible patients, 221 received parental consent and participated.
Main Outcome Measure: Adolescents' sense of comfort about talking to their physician about a sexually transmitted disease or some other sexual problem. This outcome was chosen for a substudy of a larger longitudinal prevention trial.
Results: Most adolescents valued their physicians' opinions about sex (89%) and said it was easy to talk to the physician during their visit (99%), but about half said they would be uncomfortable talking to the physician if they had a sexually transmitted disease or some other sexual problem (57%). Adolescents' sense of comfort was greater when physicians discussed sexual issues in the general health examination, adolescents perceived their personal risk of sexually transmitted disease to be high, adolescents had high self-esteem, and physicians were adolescents' usual physicians.
Conclusions: This study emphasizes the need for physicians to discuss sexual risks with young adolescents and suggests ways physicians can help young adolescents feel more comfortable talking with them about sexual concerns.

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Efficacy of Bronchodilator Therapy in Bronchiolitis: A Meta-analysis

Objective: To determine if bronchodilators are efficacious in treating bronchiolitis.
Data Sources: A search of bibliographic databases (MEDLINE, Excerpta Medica, and Reference Update) for bronchiolitis and albuterol or ipratropium bromide, or adrenergic agents or bronchodilator agents. Reference lists were also used.
Study Selection: Randomized, placebo-controlled trials of bronchodilator treatment in bronchiolitis were selected by 2 investigators. Fifteen of 89 identified publications met the selection criteria.
Data Extraction: Investigators independently abstracted data for 3 outcomes: clinical score, oxygen saturation, and hospitalization. Clinical score was measured as a dichotomous variable (score±improved) or continuous variable (average score).
Data Synthesis: For primary analysis, data were pooled from 8 trials of children with first-time wheezing. The effect size for average score was −0.32 (95% confidence interval [CI], −0.54 to −0.11; $P<.01$), favoring treatment; the relative risk for score±improved was 0.76 (95% CI, 0.60 to 0.95; $P=.02$), favoring treatment. Bronchodilators had no effect on hospitalization (relative risk, 0.85; 95% CI, 0.47 to 1.53; $P=.58$), but co-interventions may have been administered prior to this outcome. The results for oxygen saturation were too varied to allow pooling of the results. Secondary analyses were performed on 4 outpatient trials of children with first-time wheezing, 7 trials in which only nebulized β-agonists were used, and on all 15 trials identified. The results were similar, but the data varied more.
Conclusion: Bronchodilators produce modest short-term improvement in clinical features of mild or moderately severe bronchiolitis.

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