Cedars-Sinai Nurses Now Screening All Hospitalized Adult Patients for Depression

In a new initiative believed to be one of the broadest depression screening of patients in a U.S. medical center, Cedars-Sinai nurses are screening each hospitalized patient for signs of the illness and for risk factors that could make recoveries harder and longer.

Although many illnesses are associated with some feelings of anxiety, stress, and fear, the new screening process is designed specifically to help detect symptoms of clinical depression characterized by a severely disheartened mood, lowered activity level, and persistent negative thoughts lasting longer than 2 weeks.

An RN will interview each patient within 24 hours of admission and ask two questions about mood and energy level. If the patient’s answers indicate a possible diagnosis of depression, the nurse will immediately use a standardized, detailed questionnaire to assess concentration, appetite, sleep patterns, and the presence of any thoughts of suicide. Cedars-Sinai social workers, partnering with physicians, will help determine appropriate interventions.

If the questionnaire reveals that a patient is actively suicidal, the nursing department will notify the patient’s physician and institute safeguards designed to protect a patient from self-harm.


Military Moves Take Toll on Kids’ Mental Health

Children in military families who relocate have an increased odds of experiencing mental health problems, according to a study in the Journal of Adolescent Health.


SSRI Use During Pregnancy Could Contribute to Autism & Developmental Delays in Boys

In a study of nearly 1,000 mother-child pairs, researchers from the Bloomberg School of Public health found that prenatal exposure to selective serotonin reuptake inhibitors (SSRIs) was associated with autism spectrum disorder (ASD) and developmental delays (DD) in boys. The study, published online in Pediatrics, analyzed data from large samples of ASD and DD cases, along with population-based controls, where a uniform protocol was implemented to confirm ASD and DD diagnoses by trained clinicians using validated standardized instruments.

The study included 966 mother-child pairs from the Childhood Autism Risks from Genetics and the Environment Study, a population-based case-control study based at the University of California at Davis’ MIND Institute. The researchers divided the data into three groups: those diagnosed with ASD, those with DD, and those with typical development (TD). The children’s ages ranged from 2 to 5. A majority were boys—82.5% in the ASD group, 65.6% in the DD group, and 85.6% in the TD group. Although the study included girls, the substantially stronger effect in boys alone suggests possible gender difference in the effect of prenatal SSRI exposure.

Prenatal SSRI exposure was found to be nearly three times as likely in boys with ASD relative to TD, with the greatest risk when exposure took place during the first trimester. SSRI exposure was also elevated among boys with DD, with the strongest exposure effect in the third trimester.

Exposure during pregnancy to anything that influences serotonin levels can have potential effect on birth and developmental outcomes. This study provides further evidence that in some children, prenatal exposure to SSRIs may influence their risk for developing an ASD. This research also highlights the challenge for women and their physicians to balance the risks versus the benefits of taking these medications, given that a mother’s underlying mental health conditions may also pose a risk, both to herself and her child.


The findings are from a study of medical records from the Military Health System Medical Data Repository of more than half a million children of active duty U.S. service personnel in 2008. The study controlled for factors such as the mental health of the parents and the branch of service and rank of the military parent.

Approximately 25% of the 548,366 children of military parents included in the study moved during the study period. The actual number of children of all military personnel who moved during that year is higher, as the lower age cut-off was 6.

The military children who moved in 2008 were significantly more likely to
The authors also noted the military has support programs for families to help them during a move, programs that are not matched in civilian life. Larger military bases also have social opportunities for children to help them adjust to a new location.

For more information on how parental military involvement affects children, see the Youth in Mind article by McGuinness and McGuinness published in the April issue of JPN.


“Mental Health Disorders are Leading Cause of Hospital Bed Days in the Military”

Mental health disorders are the leading cause of hospital bed days and the second leading cause of medical encounters among active component service members in the military, according to a study published in the Medical Surveillance Monthly Report.

Between 2000 and 2012, 159,107 active component service members experienced 192,317 mental disorder hospitalizations. In 2012, this number declined by 21,360, indicating a slight improvement.

The overall increase in mental health disorder hospitalizations from 2006 to 2012 was largely due to sharp increases in hospitalizations for posttraumatic stress disorder (PTSD; 192%), depression (66%), alcohol abuse/dependence (110%), and adjustment disorder depression (52%).

Similar rates of increase occurred among members of the reserve component. From 2000 to 2012, 22,456 reserve and guard service members experienced a total of 26,925 mental health disorder-related hospitalizations. The number of these hospitalizations approximately doubled from 2002 (n = 961) to 2003 (n = 1,868) and then remained relatively stable through 2006.

As in the active component, annual numbers of mental health disorder-related hospitalizations after 2006 in the reserve component increased each year through 2011; between 2006 (n = 1,919) and 2011 (n = 3,101), mental health disorder-related hospitalizations increased by approximately 62%.

In active component service members, more hospitalizations for adjustment disorders occurred than for any other category of mental health disorders from 2000 to 2003; however, from 2004 to 2012, more hospitalizations for depression occurred than for any other category of mental health disorders.

In general, more than 50% of mental health disorder-related hospitalizations had a co-occurring mental health disorder diagnosis in a secondary diagnostic position in the same hospitalization record. PTSD hospitalizations had the highest percentage of co-occurring mental disorder diagnoses (77.3%); this percentage increased every year between 2006 (70.2%) and 2012 (82.5%). Overall, from 2000 to 2012, PTSD hospitalizations also had the highest percentage (27.8%) of co-occurring diagnoses related to alcohol or substance abuse/dependence; this proportion increased every year between 2004 (16.3%) and 2010 (30.1%) and then slightly declined in 2011 (28.5%).

Among hospitalizations for each of the six most frequent primary diagnoses of mental health disorder, suicidal ideation was listed as one of the top three most frequent co-occurring diagnoses, except for hospitalizations for substance abuse/dependence, for which it was listed as the tenth most frequent co-occurring diagnosis.


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Marital Stress Linked to Depression

Marital stress may make individuals more vulnerable to depression, according to a study published in the Journal of Psychophysiology. The study showed that individuals who experience chronic marital stress are less able to savor positive experiences. In addition, they are more likely to report other depressive symptoms.

For the longitudinal study, which was part of the National Institute on Aging-Funded Midlife in the United States study, researchers recruited married adult participants to complete questionnaires that rated their stress on a 6-point scale. They were asked questions about how often they felt let down by their spouse or how frequently their spouse criticized them. They were also evaluated for depression.

Approximately 9 years later, the questionnaire and depression assessments were repeated.

In Year 11, the participants were invited to the laboratory to undergo emotional response testing as a means of measuring their resilience. Resilience, from an emotional perspective, reflects how quickly a person can recover from a negative experience.

The participants were shown 90 images, which were a mix of negative, neutral, and positive photographs, such as a smiling mother–daughter pair. The electrical activity of the corrugator supercilii (i.e., the frowning muscle) was measured to assess the intensity and duration of participants’ responses. Measuring how activated or relaxed the frowning muscle becomes and how long it takes to reach the muscle’s basal level again is a reliable way to measure emotional response.

Prior studies have shown that depressed individuals have a fleeting response following positive emotional triggers. Researchers were interested not just in how much the muscle relaxed or tensed when an individual looked at an image but also in how long it took the responses to subside. They found the 5 to 8 seconds following exposure to positive images to be the most significant.

Study participants who reported higher marital stress had shorter-lived responses to positive images than those reporting more satisfaction in their unions. The study found no significant difference in the timing of negative responses.

NIH Grant to Further Research on Link Between Prescription Pain Medications and Depression

A Saint Louis University researcher has received a $391,706 grant from the National Institutes of Health to further investigate the link between prescription pain medications and depression and to study which opioid agents lead to depression.

In a previous study published in the Journal of General Internal Medicine, researchers analyzed medical records of approximately 50,000 veterans who had no history of opioid use or depression but who were subsequently prescribed opioid analgesics. They found that the longer patients took these pain medications, the greater their risk of developing depression.

For the grant-funded project, researchers will study the medical records of 1 million patients—500,000 patients who receive care through the Department of Veteran Affairs (VA) and 500,000 patients in the private sector—who take opioid prescriptions for pain. They will examine the patients’ risk levels of developing new depression and having a depression relapse, as well as the risk that patients’ depression will become resistant to treatment.

In addition, researchers will use data from the state of Washington’s prescription monitoring program to identify how many patients had access to opioid agents outside of the VA.