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Psychiatry

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PSYCHIATRY

COMMENTARY

It was initially suggested that aripiprazole may be more effective than other atypical antipsychotics for treatment of schizophrenia, except clozapine. El-Sayeh et al's systematic review challenges that claim and shows that even though aripiprazole was more efficacious than placebo, it was no more efficacious than other antipsychotics. While it does produce less elevation of prolactin and less prolongation of QTc interval (QT interval, corrected for heart rate) than risperidone, it is not very different from other antipsychotic agents in terms of tolerability and global outcomes.

Severe mental illness, particularly schizophrenia, has always carried the stigma that mental illness equates violence. This assumption has been used to justify incarceration of the mentally ill over centuries. The study by Fazel and Grann challenges that assumption and shows that in Sweden only 5.2% of violent crime was attributable to people with severe mental illness. The remaining 95% violent crimes were committed by people who did not suffer from severe mental illness.

Although few randomized controlled trials have been conducted to assess the safety of antidepressants in pregnant women, tricyclic antidepressants (TCAs) and specific serotonin reuptake inhibitors (SSRIs) are generally thought to be safe in pregnancy. However, the study by Oberlander et al shows that there was an increased risk of low birth weight and respiratory distress in infants of depressed mothers treated with SSRIs compared to infants of depressed mothers not treated with SSRIs, even after maternal illness severity was accounted for.

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ARIPIPRAZOLE FOR SCHIZOPHRENIA: SYSTEMATIC REVIEW

BACKGROUND: Aripiprazole is an atypical antipsychotic that is reported to be effective in the treatment of schizophrenia. **AIMS:** To investigate the effects of aripiprazole on patients with schizophrenia and schizophrenia-like psychoses by conducting a systematic review of randomized controlled trials (RCTs). **METHOD:** Database and manual searches, and direct contact were used to identify relevant RCTs. **RESULTS:** We included 10 randomized controlled studies (involving a total of 4125 patients), but study attrition was large and the standard of data reporting was poor. Compared with placebo, aripiprazole treatment was associated with a significant decrease in relapse rates, increased compliance with the study protocol, and a decrease in prolactin levels below the expected values. Compared with risperidone, aripiprazole caused less elevation of prolactin levels and less prolongation of the average QTc interval. **CONCLUSIONS:** Aripiprazole has been licensed despite the fact that few reliable data on this drug are publicly available. It may be effective for treatment of schizophrenia, but in terms of tolerability and global outcomes it shows little difference from existing antipsychotics.

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THE POPULATION IMPACT OF SEVERE MENTAL ILLNESS ON VIOLENT CRIME

OBJECTIVE: This study aimed to determine the population impact of patients with severe mental illness on violent crime. **METHOD:** Sweden possesses high-quality national registers for all hospital admissions and criminal convictions. All individuals discharged from the hospital with ICD diagnoses of schizophrenia and other psychoses (N=98,082) were linked to the crime register to determine the population-attributable risk of patients with severe mental illness to violent crime. The attributable risk was calculated by gender, three age bands (15-24, 25-39, and 40 years and over), and offense type. **RESULTS:** Over a 13-year period, there were 45 violent crimes committed per 1,000 inhabitants. Of these, 2.4 were attributable to patients with severe mental illness. This corresponds to a population-attributable risk fraction of 5.2%. This attributable risk fraction was higher in women than men across all age bands. In women ages 25-39, it was 14.0%, and in women over 40, it was 19.0%. The attributable risk fractions were lowest in those aged 15-24 (2.3% for male patients and 2.9% for female patients). **CONCLUSIONS:** The population impact of patients with severe mental illness on violent crime, estimated by calculating the population-attributable risk, varies by gender and age. Overall, the population-attributable risk fraction of patients was 5%, suggesting that patients with severe mental illness commit one in 20 violent crimes.reliable data on this drug are publicly available. It may be effective for treatment of schizophrenia, but in terms of tolerability and global outcomes it shows little difference from existing antipsychotics.

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NEONATAL OUTCOMES AFTER PRENATAL EXPOSURE TO SELECTIVE SEROTONIN REUPTAKE INHIBITOR ANTIDEPRESSANTS AND MATERNAL DEPRESSION USING POPULATION BASED HEALTH DATA

CONTEXT: Prenatal exposure to selective serotonin reuptake inhibitor (SSRI) antidepressants and maternal depression both alter neonatal health, and distinguishing the effects of each influence remains challenging. **OBJECTIVE:** To determine whether exposure to SSRIs and depression differs from exposure to maternal depression alone. **DESIGN:** Using population health data, records of neonatal birth outcomes were linked to records of maternal health and prenatal maternal prescriptions for SSRIs. **SETTING:** Population of British Columbia, Canada. **PARTICIPANTS:** Mothers and their infants, representing all live births during a 39-month period (N = 119,547) (1998-2001). **MAIN OUTCOME MEASURES:** Outcomes from infants of depressed mothers treated with SSRIs (SE-D) were compared with outcomes from infants of depressed mothers not treated with medication (DE) and non-exposed controls. To control for maternal mental illness severity, propensity score matching was used to identify a comparison group of DE mothers who were similar to the SE-D mothers in characteristics in the year preceding and during pregnancy. **RESULTS:** Fourteen percent of mothers were diagnosed as having depression during their pregnancy, and the incidence of prenatal SSRI exposure increased from 2.3% to 5.0% during a 39-month period. Birth weight and gestational age for SE-D infants were significantly less than for DE infants, as was the proportion of infants born at less than 37 weeks (95% confidence interval [CI], -1 to -64, -0.25 to -0.45, and -0.009 to -0.04, respectively), although differences in the incidence of birth weight less than the 10th percentile for gestational age were not significant. An increased proportion of SE-D infants had neonatal respiratory distress (13.9% vs. 7.8%), jaundice (9.4% vs. 7.5%), and feeding problems (3.9% vs. 2.4%) compared with DE infants (95% CI of difference, 0.042-0.079, 0.003-0.334, and 0.005-0.025, respectively). When outcomes were compared between SE-D and propensity score-matched DE neonates, SE-D was associated with increased incidence of birth weight below the 10th percentile and rates of respiratory distress. **CONCLUSION:** With linked population health data and propensity score matching, prenatal SE-D exposure was associated with an increased risk of low birth weight and respiratory distress, even when maternal illness severity was accounted for.