

ARCHIVES OF GENERAL PSYCHIATRY

Six-Month Follow-up of Naltrexone and Psychotherapy for Alcohol Dependence

Background: The goal of this study was to examine the persistence of naltrexone's effects on drinking outcomes among alcoholics following discontinuation of treatment and to determine whether coping skills therapy improves long-term outcomes compared with supportive therapy.

Methods: Eighty of 97 alcohol-dependent subjects randomized to receive naltrexone or placebo and either coping skills therapy or supportive therapy for 12 weeks were assessed at a 6-month off-treatment follow-up.

Results: Subjects who received naltrexone were less likely to drink heavily or to meet criteria for alcohol abuse or dependence than subjects who received placebo. The effect of naltrexone therapy on abstinence rates persisted only through the first month of follow-up. Coping skills therapy was associated with decreased levels of drinking among subjects who received placebo. Psychotherapy condition, however, did not predict alcohol diagnosis at follow-up.

Conclusions: Some but not all of the benefits resulting from short-term naltrexone treatment persist after discontinuation of treatment. The findings suggest that continued treatment with naltrexone may be beneficial for some patients.

(1996;53:217-224) *Stephanie S. O'Malley, PhD, et al, Substance Abuse Treatment Unit, Yale University School of Medicine, Box 18, 1 Long Wharf, New Haven, CT 06511.*

ARCHIVES OF INTERNAL MEDICINE

A Prospective Study of Coffee Drinking and Suicide in Women

Background: Among the many reported central nervous system effects of long-term caffeine use is improvement in mood.

Objective: To examine prospectively the relationship of coffee and caffeine intake to risk of death from suicide.

Methods: We conducted a 10-year follow-up study (1980 to 1990) in an ongoing cohort of 86 626 US female registered nurses aged 34 to 59 years in 1980, who were free

of diagnosed coronary heart disease, stroke, or cancer. Information on coffee and caffeine intake was collected by a semiquantitative food frequency questionnaire in 1980. Deaths from suicide were determined by physician review of death certificates.

Results: Fifty-six cases of suicide occurred during 832 704 person-years of observation. Compared with non-drinkers of coffee, the age-adjusted relative risk of suicide in women who consumed two to three cups per day was 0.34 (95% confidence interval [CI], 0.17 to 0.68) and 0.42 (95% CI, 0.21 to 0.86) in women who consumed four or more cups per day (*P* for linear trend=.002). These findings remained essentially unchanged after adjusting for a broad range of potential confounding factors, including smoking habit, alcohol intake, medication use (diazepam and phenothiazine), history of comorbid disease (hypertension, hypercholesterolemia, or diabetes), marital status, and self-reported stress. A strong inverse relationship was similarly found for caffeine intake from all sources and risk of suicide.

Conclusions: The data suggest a strong inverse association between coffee intake and risk of suicide. Whether regular intake of coffee or caffeine has clinically significant effects on the maintenance of affect or the prevention of depression merits further investigation in clinical trials and population-based prospective studies.

(1996;156:521-525) *Ichiro Kawachi, MD, et al, Channing Laboratory, 180 Longwood Ave, Boston, MA 02115.*

ARCHIVES OF OTOLARYNGOLOGY-HEAD & NECK SURGERY

Central Auditory Dysfunction, Cognitive Dysfunction, and Dementia in Older People

Objectives: To determine in older people the relation between auditory dysfunction and cognitive dysfunction, and if central auditory test abnormalities predict the onset of clinical dementia or cognitive decline.

Design: Prospective population-based cohort study.

Setting: Framingham Heart Study outpatient biennial examinations 18 and 21.

Participants: Members of the Framingham Heart Study cohort with normal findings from cognitive screening tests at biennial examination 18.

Measurements: Peripheral audiometric thresholds and word recognition in quiet; Synthetic Sentence Identification with Ipsilateral Competing Message (SSI-ICM); Mini-Mental State examination; and detailed neuropsychological testing of subjects with abnormal findings from

the Mini-Mental State examination. Relative risk of dementia was determined using age-adjusted Cox proportional hazards regression models.

Results: Hearing loss significantly lowered performance on the verbal parts of the Mini-Mental State examination. The relative risk of subsequent clinical dementia or cognitive decline was 6 in subjects with very poor scores (<50%) in one ear on the Synthetic Sentence Identification with Ipsilateral Competing Message ($P=.02$); the relative risk was 12.5 if the poor scores were present in both ears ($P=.001$).

Conclusions: Central auditory dysfunction precedes senile dementia in a significant number of cases and may be an early marker for senile dementia. Hearing tests should be included in the evaluation of persons older than 60 years and in those suspected of having cognitive dysfunction.

(1996;122:161-167) George A. Gates, MD, et al, Virginia Merrill Bloedel Hearing Research Center, University of Washington, Box 357923, 1959 NE Pacific, Seattle, WA 98195.

Water Precautions in Children With Tympanostomy Tubes

Objective: To compare the effectiveness of antibiotic ear drops (suspension of polymyxin B sulfate, neomycin sulfate, and hydrocortisone [Pediotic]), prefabricated ear molds, or no precautions in decreasing the incidence of posttympanostomy water-related otorrhea.

Design: Five-year prospective controlled study.

Setting: University referral center.

Patients: Five hundred thirty-three pediatric patients who were undergoing tympanostomy tube placement (including those who were undergoing tonsillectomy, adenoidectomy, or both) were self-selected into four groups.

Interventions: The use of antibiotic ear drops that contained polymyxin B, neomycin, and hydrocortisone and the use of prefabricated ear molds. Group 1 comprised patients who were not given any water precautions with swimming regardless of the depth or type of water; group 2 comprised patients in whom antibiotic ear drops were applied after all forms of swimming; group 3 comprised patients who used ear molds with all forms of swimming (all children were advised against diving and swimming more than 180 cm below the surface, and parents were cautioned to avoid the entrance of soapy water into their child's ears during bathing); and group 4 comprised patients who were selected not to swim at all (they served as a control group).

Results: No statistically significant difference was observed in the incidence of posttympanostomy swimming-related otorrhea among the three swimming groups (11%, 14%, and 20% of children in groups 1, 2, and 3, respectively, reported swimming-related otorrhea [$P=.26$, $df=2$, $\chi^2=2.66$]). Children who did not swim at all (group 4) did not differ significantly in their overall incidence of otorrhea (59%) from the three swimming groups com-

bined (68%) during the follow-up period ($P=.11$, $df=1$, $\chi^2=2.54$).

Conclusion: Young children with tympanostomy tubes who surface swim and do not dive receive no additional benefit from the taking of water precautions in the form of earplugs or antibiotic ear drops.

(1996;122:276-280) James A Salata, MD, and Craig S. Derkay, MD. Reprint requests to Dr Derkay, Department of Otolaryngology-Head and Neck Surgery, Eastern Virginia Medical School, 825 Fairfax Ave, Suite 510, Norfolk, VA 23507-1912.

ARCHIVES OF PEDIATRICS & ADOLESCENT MEDICINE

Gun Storage Patterns in US Homes With Children: A Pediatric Practice-Based Survey

Objectives: To describe gun storage patterns in gun-owning families with children.

Design: Survey of parents attending participating offices.

Setting: Twenty-nine urban, suburban, and rural pediatric practices in Chicago, Ill; New Jersey; Houston, Tex; Utah, Georgia, Iowa, and South Carolina.

Subjects: Parents of children attending offices for well- or sick-child care.

Selection Procedure: Consecutive sample of families seen during the 1-week study period.

Measurements and Analyses: Logistic regression models were constructed to identify sociodemographic factors associated with keeping guns loaded.

Results: Of 5233 surveys, 1682 (32%) indicated ownership of at least one powder firearm. Of the gun-owning families, 61% reported at least one gun unloaded, and 15% reported at least one gun loaded. Rifles were more often stored unloaded (62% rifles vs 52% handguns, $P<.001$, $z=4.60$; two proportion z -test), but handguns were more likely to be kept loaded (3% rifles vs 27% handguns, $P<.001$). Seven percent of gun-owning families reported at least one gun unlocked and loaded (handguns 12 times more likely than rifles). Only 30% of households reported all guns stored unloaded and locked up. The best-fit logistic regression model for keeping a gun loaded identified four predictor variables: owning a gun for self-protection, work-related gun ownership, owning a handgun, and no men in the home.

Conclusions: Because most gun-owning families store guns loaded, unlocked, or both, anticipatory guidance should address gun storage in all such families. Interventions designed to alter the way work guns are dealt with after work, and to provide safe and effective means of self-protection might affect these storage patterns.

(1996;150:265-269) Yvonne D. Senturia, MD, MSc, et al, Children's Memorial Hospital, 2300 Children's Plaza, Box 208, Chicago, IL 60614.

Postconceptional Age of Surviving Preterm Low-Birth-Weight Infants at Hospital Discharge

Background: Prediction of the duration of hospital stay of preterm, low-birth-weight infants currently requires inconvenient referral to published tables.

Objective: To determine whether postconceptional age (gestational age plus chronologic age) could serve as a useful clinical marker for the more convenient prediction of individual durations of hospital stay.

Design: Case series.

Setting: Regional military teaching medical center with level III obstetric and neonatal services.

Patients: Nine hundred sixty surviving preterm, low-birth-weight infants in the neonatal intensive care unit.

Main Outcome Measure: The strength of the relationship of birth weight to postconceptional age at the time of discharge was tested by analysis of variance.

Results: Postconceptional age at the time of hospital discharge varied in a highly predictable manner with birth weight ($P < .001$). The mean and variance were greatest for infants with very low birth weights and decreased with increasing birth weight. Postconceptional age at the time of discharge reached a minimum of 36.0 ± 1.4 weeks (mean \pm SD) for infants with birth weights of 1750 to 2240 g.

Conclusions: Most preterm, low-birth-weight infants meet current eligibility criteria for hospital discharge at a postconceptional age of 35 to 37 weeks. This level of maturity is sufficiently predictive to serve as a convenient, easy to remember clinical marker for expected durations of hospital stay. For infants with birth weights of less than 1000 g, discharge at a postconceptional age of 37 to 42 weeks is a more realistic expectation.

(1996;150:260-262) James S. Rawlings, MD, and John S. Scott, MD. Reprint requests to Dr Rawlings, Newborn Medical Services, Department of Pediatrics, Madigan Army Medical Center, Tacoma, WA 98431.

Clinical Pearl

Routine episiotomy (vs intact perineum or tears) is associated with higher morbidity: more pain, worse sexual functioning, more third- and fourth-degree tears, and weaker musculature at 3 months. (*Am J Obstet Gynecol.* 1994;171:797-798.)