ARCHIVES OF GENERAL PSYCHIATRY

Psychiatric Diagnosis in Child and Adolescent Suicide

Background: The age, sex, and ethnic distribution of adolescents who commit suicide is significantly different from that of the general population. The present study was designed to examine psychiatric risk factors and the relationship between them and demographic variables.
Methods: A case-control, psychologic autopsy study of 120 of 170 consecutive subjects (age, <20 years) who committed suicide and 147 community age-, sex-, and ethnic-matched control subjects who had lived in the Greater New York (NY) area.
Results: By using parent informants only, 59% of subjects who committed suicide and 23% of control subjects who met *DSM-III* criteria for a psychiatric diagnosis, 49% and 26%, respectively, had had symptoms for more than 3 years, and 46% and 29%, respectively, had had previous contact with a mental health professional. Best-estimate rates, based on multiple informants for these parameters, for suicides only, were 91%, 52%, and 46%, respectively. Previous attempts and mood disorder were major risk factors for both sexes; substance and/or alcohol abuse was a risk factor for males only. Mood disorder was more common in females, substance and/or alcohol abuse occurred exclusively in males (62% of 18- to 19-year-old suicides). The prevalence of a psychiatric diagnosis and, in particular, substance and/or alcohol abuse increased with age.
Conclusion: A limited range of diagnoses—most commonly a mood disorder alone or in combination with conduct disorder and/or substance abuse—characterizes most suicides among teenagers.

(1996;53:339-348) David Shaffer, MB, BS, FRCP, FRCPsych, et al, 722 W 168th St, New York, NY 10032.

ARCHIVES OF INTERNAL MEDICINE

Fecal Hemoglobin Excretion in Elderly Patients With Atrial Fibrillation: Combined Aspirin and Low-Dose Warfarin vs Conventional Warfarin Therapy

Background: Antithrombotic prophylaxis using combined aspirin and low-dose warfarin is under evaluation in several clinical trials. However, combination therapy may result in increased gastrointestinal blood loss and clinical bleeding vs conventional single-agent antithrombotic therapy.
Methods: To assess differences in gastrointestinal blood loss, we measured quantitative fecal hemoglobin equivalents (HemoQuant, Mayo Medical Laboratory, Rochester, Minn) in 117 patients, mean age 71 years, 1 month after initiation of assigned therapy in the Stroke Prevention in Atrial Fibrillation III Study. Sixty-three of these patients who had characteristics for high risk of stroke were randomly assigned to conventional adjusted-dose warfarin therapy (international normalized ratio, 2.0 to 3.0) or low-dose combined therapy (warfarin [international normalized ratio, <1.5] plus 325 mg/d of enteric-coated aspirin). The remaining 54 patients with low risk of stroke received 325 mg/d of enteric-coated aspirin.
Results: Among the 63 patients at high risk of stroke, abnormal values (>2 mg of hemoglobin per gram of stool) were detected in 11% and values greater than 4 mg of hemoglobin per gram of stool were found in 8%. Mean (±SD) values were more for those randomly assigned to receive combined therapy (1.7±3.3 mg of hemoglobin per gram of stool vs adjusted-dose warfarin therapy, 1.0±1.9 mg/g; P=.003). The 54 nonrandomized patients with low risk of stroke receiving aspirin alone had a mean (±SD) HemoQuant value of 0.8±0.7 mg of hemoglobin per gram of stool 1 month after entry in the study.
Conclusions: Abnormal levels of fecal hemoglobin excretion were common in elderly patients with high risk of atrial fibrillation 1 month after randomization to prophylactic antithrombotic therapy. Combined warfarin and aspirin therapy was associated with greater fecal hemoglobin excretion than standard warfarin therapy, suggesting the potential for increased gastrointestinal hemorrhage.

(1996;156:658-660) Joseph L. Blackshear, MD, et al, Mayo Clinic Jacksonville, 4500 San Pablo Rd, Jacksonville, FL 32224.

Effects of Anatomic Site, Oral Stimulation, and Body Position on Estimates of Body Temperature

Background: A prior investigation characterized the range of body temperature in healthy young adults and established the importance of diurnal variations in defining the febrile state.
Methods: Sequential rectal, oral, and tympanic membrane temperature measurements were performed on 22 healthy subjects to determine the quantitative effects of

anatomic site, oral stimulation, and body position on estimates of body temperature.

Results: Mean rectal temperatures exceeded concurrent oral readings by 0.4°C ± 0.4°C (0.8°F ± 0.7°F), which, in turn, exceeded concurrent tympanic membrane readings (obtained with a digital thermometer [IVAC Corp, San Diego, Calif]) by 0.4°C ± 1.1°C (0.7°F ± 2.0°F). Tympanic membrane readings were significantly more variable (both intrasubject and intersubject) than rectal or oral readings, especially when cerumen was present in the external ear canal being examined ($P<.05$). Mastication and smoking both caused significant increases in oral temperature that persisted for greater than 20 minutes. Drinking ice water caused a significant but more transient decrease in oral temperature. Of these activities, only mastication appeared to influence tympanic membrane readings. Body position exerted a modest effect on rectal temperature readings, but did not significantly affect oral or tympanic membrane readings.

Conclusions: These findings indicate that, in addition to diurnal fluctuations in body temperature, the effects of anatomic site, oral stimulation, and body position should be considered in establishing criteria for the febrile state.

(1996;156:777-780) Ronald P. Rabinowitz, MD, et al, University of Maryland Medical System, R. Adams Crowley Shock Trauma Center, 22 S Greene St, T3R68, Baltimore, MD 21201.