

sively trained clinicians and specialists can recognize hypomania with some accuracy, and the authors' group, having the benefit of association with a world expert (Dr. Akiskal) might also be quite adept at diagnosing hypomania, we were reluctant to discuss this diagnosis in detail without also providing a simple diagnostic algorithm for hypomania, analogous to the one provided for panic. We don't think a simple algorithm exists. We believe there is a simple take-home message from the authors' letter: if your panic patient experiences either anxiety or agitation or a cyclic pattern of symptomatic remission and relapse in response to antidepressants, consider the possibility of an underlying bipolar disorder. Indeed, such conditions might be initially missed, even when carefully inquired about, because of the diagnostic problems noted above.

We also believe that the high rate of bipolar illness noted in the authors' cited study remains controversial and depends in part of the interpretation of subtle forms of mood instability and lability as bipolar. Furthermore, some bipolar patients with very brief and subtle hypomanias might be safely and effectively maintained on selective serotonin reuptake inhibitor antidepressants, which appear to produce a lower switch rate (ie, provocation of mania) than tricyclic antidepressants,^{2,3} although this remains controversial. Thus, we hope this letter does not discourage clinicians from the use of selective serotonin reuptake inhibitor antidepressants in patients with panic disorder.

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Primary Care Physicians and Complementary-Alternative Medicine

To the Editor: The article by Berman and colleagues¹ makes some assumptions in its analysis of a survey sent out to physicians that might not be warranted. I am very busy, as are most physicians, and do not respond to most of the surveys I receive. If the survey is related to an area in which I have a special interest, however, then I do take the time to fill it out and return it. Likewise, I would expect that those physicians who have an interest in complementary and alternative medicine would be far more likely to respond to a survey on alternative medicine than the average physician. This effect would bias the results toward a higher percentage of physicians appearing to embrace these practices than actually do. Because the percentage of surveys returned was so low (10.6 percent from family physicians and general practitioners, 13.7 percent from internists, and 31.7 percent from pediatricians after three mailings), this response bias could have a large effect on the reported results.

One article used to justify their generalizations² was based on a survey of physicians regarding "issues of everyday concern to physicians in the practice of medicine" and had an overall response rate of 64 percent after three mailings. For this type of survey, one might be justified in regarding physicians as a homogenous group. For a survey on alternative medicine, however, a highly controversial topic, physicians opinions are far from homogeneous.

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