

cator of abnormal ventilatory control. These features identify patients at highest risk for life-threatening, perioperative apnea. Factors shown to stabilize the upper airway include mandibular advancement, neck extension, and lateral positioning.^{4,5} Continuous positive airway pressure is the most effective method of maintaining upper-airway patency and can be expected to prevent most episodes of life-threatening apnea of obstructive origin. Identification of patients at risk, proper preoperative assessment, and perioperative airway management are critical in order to reduce the postoperative risks for patients with sleep apnea.

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Adolescent Depression

TO THE EDITOR: We disagree with the statement made by Brent and Birmaher (Aug. 29 issue)¹ that overdoses of selective serotonin-reuptake inhibitors (SSRIs) are rarely toxic. Although overdoses of an SSRI (as the single ingested agent) are rarely fatal,^{2,3} toxicity sufficient to warrant specific treatment is well recognized, and ingestions of massive quantities may cause seizures and arrhythmias.

In addition, overdoses of a mixture of drugs that includes an SSRI are common. Simultaneous ingestion of an SSRI with other agents that affect serotonin release or reuptake, such as monoamine oxidase inhibitors, even in therapeutic doses, may produce serotonin toxicity.⁴ We believe that the authors' advice in relation to access to toxic medications should apply equally to SSRIs and that patients, especially those at risk for suicide, should be given only small amounts of any medication.

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TO THE EDITOR: The context of adolescents' depression is critical, since they are vulnerable to multiple environmental challenges. For example, undetected learning disorders, particularly attention difficulties and nonverbal learning disorders, result in poor performance in school. Subsequently, the adolescent can present in the doctor's office with trouble concentrating, irritability, and apathy. These symptoms can be mistaken for a mood disorder. A careful diagnostic assessment, including neuropsychological testing, might identify the learning disorder. In these situations, tutorial assistance, rather than medication, is appropriate.

Often, depressive symptoms precede substance abuse by four to five years. In one study,¹ two thirds of adolescents who committed suicide had a history of substance abuse and mental disorder. It should be recognized that depression and substance abuse can be a lethal combination. Other research² suggests that it is the combination of these factors that places gay teenagers at increased risk for suicide.

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THE AUTHORS REPLY: McGettigan and colleagues correctly point out that ingestion of SSRIs, although they are considerably less toxic than tricyclic antidepressants, can result in serious toxic effects and even, rarely, in death. The risk of adverse outcomes is markedly increased if antidepressants are ingested in combination with other medications. Moreover, an overdose of venlafaxine can lead to dangerous increases in blood pressure and arrhythmias. We agree with the suggestion by McGettigan et al. that patients at risk for suicidal behavior should not have access to large amounts of antidepressants. For adolescent patients, it is best if parents maintain control of medications.

Rappaport notes that academic difficulties due to learning disorders could cause difficulty in concentration, poor performance in school, and demoralization and suggests that a careful diagnostic as-

essment, including neuropsychological testing, is needed. A careful history taking that documents difficulties in learning that antedate the onset of depressive symptoms might help to identify patients in whom a more detailed neuropsychological assessment is needed, particularly if their difficulties are not attributable to attention-deficit-hyperactivity disorder.

Rappaport also raises the issue of the frequently simultaneous occurrence of substance abuse and mood disorder and the association of these two co-existing conditions with suicide and suicidal behavior. These issues were raised in our article but bear repeated discussion. It is also true that gay young persons are at increased risk for suicidal behavior and have increased rates of substance abuse and mood disorder, but there may be other issues, such as rejection by family and victimization, that contribute to placing gay, lesbian, and bisexual young persons at risk for suicidal behavior.

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Case 33-2002: A 28-Year-Old Woman with Ocular Inflammation, Fever, and Headache

TO THE EDITOR: A large variety of infectious agents are associated with fever, headache, and ocular inflammation, as discussed by Mushlin et al. in Case 33-2002 (Oct. 24 issue).¹ Whenever lymphadenopathy is involved, cat scratch disease due to *Bartonella henselae*, which is endemic in the United States, Europe, Africa, Australia, and Japan, should be considered. Cats, particularly kittens, are the principal reservoir.² Cat scratch disease generally follows a scratch, bite, or lick from a kitten. However, in a small percentage of patients, there is no history of contact with animals.³ Clinical features of cat scratch disease include lymphadenopathy, local cutaneous lesions, fever, malaise, headache, weight loss, emesis, splenomegaly, sore throat, rash, parotid swelling, and conjunctivitis.⁴ In rare cases, encephalopathy, arthralgias, and erythema nodosum occur.⁵ Patients with Parinaud's oculoglandular syndrome present with an ocular granuloma or conjunctivitis and preauricular lymphadenopathy. Thus, in patients, such as the woman described in Case

33-2002, who have lymphadenopathy and ocular involvement, cat scratch disease should be considered in the differential diagnosis and confirmed by a positive serologic test for *B. henselae*. Histopathological examination of involved tissue is a useful adjunct to serologic testing.⁶

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