Influenza vaccine efficacy

I am writing in response to a recent news article[1] published in *CMAJ*. The lack of efficacy of this year's vaccine preparation is often used as an argument against vaccination. Although the match between the vaccine H3N2 strain and the circulating H3N2 wild-type may not be optimum, we must recognize that influenza seasons often have two strains. In addition to the recent H3N2 epidemic activity in Canada, we will likely see a second (and unpredictable) wave, such as influenza B, this season. Therefore, the efficacy of the 2014–2015 vaccine will only be fully measurable at the end of May, 2015.

Nevio Cimolai MD
Children's & Women's Health Centre of British Columbia, Vancouver, BC

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Better treatment for depression

How can the recent *CMAJ* editorial on depression recognize the grief that followed Robin William's suicide and yet be so despairing by stating that depression deserves better treatment?[1] The tragedy is not just that so many people have depression or that despite good treatments some will lose their battle, but also that our society does not make treatment universally accessible.

During a roundtable discussion of the Canadian Depression Research and Intervention Network in the spring of 2011, then Minister of Labour Lisa Raitt argued for a better strategy on mental health in the workplace. Raitt detailed her experience with depression after the birth of her second child. Her general practitioner convinced her to take antidepressants, and she has recovered well. Hers is but one example.

Large transnational studies show that increased sales of antidepressants are associated with a significant decrease in suicide rates in adults and a lesser one in adolescents.[2,3] The opposite effect occurred when black-box warnings appeared on antidepressants for adolescents: there was an increase in suicide in the following year.[4] There was also a decrease in the treatment of depression by physicians and in the number of prescriptions for antidepressants. If we interpret this through the perspective of the general theory of psychotherapy and apply it to antidepressant treatment, the black-box warnings sent a despairing message to physicians that treatment may be more dangerous than beneficial, and to patients and families, that treatment may not work.

A recent population survey by Statistics Canada on mental health and well-being assessed the perceived needs for care: the need for medication was largely met, but the need for psychotherapy was not.[5] Medication is easily accessible in Canada, with many provinces providing universal coverage. However, this is not the case for psychotherapy. In a publicly managed health care system like Canada's, what is not insured is simply not accessible.

Australia and Great Britain have increased insured access to psychotherapy services. In Australia, psychotherapy prescribed by a general practitioner and delivered by an accredited psychotherapist is reimbursed through the Australian physicians' billing insurance plan. The result has been an increase, from 37% to 47%, in the treatment of common mental disorders.[6] Studies on the effectiveness of psychotherapy in Australia and Britain show that, on average, patients will require five to six sessions and that the effect sizes will be large (circa 1). For instance, 70% of patients at intake will meet criteria for moderate depression, while only 20% will do so after treatment.[7,8]

What message should Canadian physicians give to their patients with depression? First, there are effective treatments for depression and second, what is medically required should be insured to provide improved access.

I invite Canadian physicians to join coalitions to ensure equitable access to treatments, like the Graham Boeckh Foundation (www.grahamboeckhfoundation.org).

Alain Lesage MD MPhil
Institut universitaire en santé mentale de Montréal, Montréal, Que.

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Patrick's recent editorial[1] on the need for more awareness for major depressive disorder forgets to mention the sorry case of major depressive disorder's ugly stepsister, bipolar disorder.

An estimated 40% of people with major depressive disorder actually have bipolar disorder. The typical patient with bipolar disorder waits 10 years or more from first symptoms to correct diagnosis (it is difficult to diagnose a condition that is rarely acknowledged).

Even in the tragic case of Robin Williams, the public conversation was focused entirely on depression and substance abuse. Not a word about bipolar disorder.

The correct diagnosis is important because treatment for the two disorders is entirely different. Antidepressants can actually make bipolar disorder worse.

It is my firm conclusion that every