

Measurement-based care has been shown to enhance patient outcome in the management of depression in real-world settings.<sup>5</sup> We would encourage the routine use of validated symptom measurement tools (e.g., HAMD-7, PHQ-9) that have been validated in multiple settings.

**Roger S. McIntyre**  
University Health Network  
Department of Psychiatry  
University of Toronto  
**Jakub Z. Konarski**  
Department of Psychiatry  
Institute of Medical Science  
**Sidney H. Kennedy**  
University Health Network  
Department of Psychiatry  
University of Toronto  
Institute of Medical Science  
Toronto, Ont.

#### REFERENCES

1. McIntyre RS, Konarski JZ, Mancini DA, et al. Measuring the severity of depression and remission in primary care: validation of the HAMD-7 Scale [published erratum in *CMAJ* 2006;174(2):207]. *CMAJ* 2005;173(11):1327-34.
2. McIntyre R, Kennedy S, Bagby RM, et al. Assessing full remission. *J Psychiatry Neurosci* 2002;27(4):235-9.
3. Spitzer RL, Kroenke K, Williams JB. Validation and utility of a self-report version of PRIME-MD: the PHQ primary care study. Primary Care Evaluation of Mental Disorders. Patient Health Questionnaire. *JAMA* 1999;282(18):1737-44.
4. Zimmerman M, McGlinchey JB, Posternak MA, et al. How should remission from depression be defined? The depressed patient's perspective. *Am J Psychiatry* 2006;163(1):148-50.
5. Trivedi MH, Rush AJ, Wisniewski SR, et al. Evaluation of outcomes with citalopram for depression using measurement-based care in STAR\*D: implications for clinical practice. *Am J Psychiatry* 2006;163(1):28-40.

DOI:10.1503/cmaj.1060025

## Ginseng enhances the effectiveness of DHEA

I appreciated the RCT on the efficacy of ginseng for preventing upper respiratory tract infections.<sup>1</sup> I suggest cortisol evolved as the natural antagonist of dehydroepiandrosterone (DHEA) activity

and is the basis of the “fight or flight mechanism.” This is derived from my hypothesis that the major pathway of adrenal hormone production is the “dehydroepiandrosterone pathway,” which consists of DHEA and cortisol. Increased cortisol may affect many tissues.<sup>2</sup> Ginseng reduces cortisol production.<sup>3</sup> By reducing the amount of cortisol, and hence the cortisol to DHEA ratio, ginseng increases the relative effectiveness of available DHEA. DHEA is known to exert protection from many infectious agents, including viruses. I suggest ginseng lowers the incidence of upper respiratory tract infections because it decreases the cortisol to DHEA ratio.

**James M. Howard**  
Independent Biologist  
Fayetteville, Ark.

#### REFERENCES

1. Predy GN, Goel V, Lovlin R, et al. Efficacy of an extract of North American ginseng containing polyfuranosyl-pyranosyl-saccharides for preventing upper respiratory tract infections: a randomized controlled trial. *CMAJ* 2005;173(9):1043-8.
2. Butcher SK, Killampalli V, Lascelles D, et al. Raised cortisol:DHEAS ratios in the elderly after injury: potential impact upon neutrophil function and immunity. *Aging Cell* 2005;4(6):319-24.
3. Tode T, Kikuchi Y, Hirata J, et al. Effect of Korean red ginseng on psychological functions in patients with severe climacteric syndromes. *Int J Gynaecol Obstet* 1999;67(3):169-74.

DOI:10.1503/cmaj.105025

## Personal conviction: What role should it play?

I enjoyed the humour in the article by Barbara W. very much.<sup>1</sup> I agree that it is unfair to humiliate people, and that humiliation is particularly reprehensible when people are in vulnerable situations. I have, however, a question about the implication that the pharmacy assistant was being unprofessional because he let his personal conviction affect the provision of care.

I would like to assume for the sake

of argument that his personal conviction was that Plan B is unethical because it induces abortion and he is of the opinion that abortion ends a person's life. By providing Plan B he would be doing something that he genuinely believes is in the best interest of neither his adult client nor her embryo. Wouldn't it be unprofessional to ignore this conviction and provide the drug anyway? What should a professional do when he is asked to do something by a client that he genuinely believes is not in the client's best interest? What would a lawyer do?

**Sandra E. Brickell**  
Kitchener-Waterloo, Ont.

#### REFERENCE

1. W.B. Counter attack. *CMAJ* 2006;174(2):211-2.

DOI:10.1503/cmaj.1060027

## Corrections

There was a clerical error in the date of death of Dr. Brian Williams as listed in a recent issue.<sup>1</sup> Dr. Williams died on Nov. 17, 2005, not Nov. 18, 2005, as indicated. We apologize for the error.

#### REFERENCE

1. Deaths. *CMAJ* 2006;174(3):323.

DOI:10.1503/cmaj.060363

An error was made in the news article, “SSRI ads questioned.”<sup>1</sup> Dr. Wayne Goodman, Chair of the US Food and Drug Administration Psychopharmacologic Drugs Advisory Committee does not support prohibiting advertisements making certain claims for selective serotonin reuptake inhibitors.

#### REFERENCE

1. Meek C. SSRI ads questioned. *CMAJ* 2006;174(6):754.

DOI:10.1503/cmaj.060371