Allergen-Specific IgE Linked to Depression

BY DOUG BRUNK
From the annual meeting of the American Psychiatric Association

A llergen-specific immunoglobulin E and allergy symptoms are associated with worsening of depression scores in patients with mood disorders who are exposed to seasonal pollen peaks, preliminary results from a novel study suggest.

“We already know that depression is a very common disorder, but allergy is even more common,” Dr. Partam Manalai of the mood and anxiety program in the department of psychiatry at the University of Maryland School of Medicine, Baltimore, said at a press briefing.

“One in every two people might have some kind of sensitivity to some allergen, and one in five people may have allergic rhinitis. During exacerbations of allergic rhinitis, people experience worsening of mood, cognition, and overall well-being.”

Dr. Manalai went on to note that there is a spring peak in pollen count that corresponds with tree pollen, while there is a somewhat smaller fall peak in pollen count, which corresponds with ragweed and grass pollen. At the same time, he said, several previously published studies have found a peak in the rate of completed suicides in the spring, and a somewhat smaller peak in the rate of completed suicides in the fall.

“To our knowledge, this is the first report of a biological marker of allergic sensitization (allergen-specific IgE) predicting worsening in depressive symptoms during the high pollen season,” Dr. Manalai said.

In a group of patients with allergy and depression, prophylactic treatment of these conditions may prevent worsening of mood during peak pollen season. Our findings may be conducive to the management of mood disorders.”

Data Source: A blinded study of 100 patients.

Disclosures: The National Institute of Mental Health funded the study. The researchers had no relevant financial disclosures to make.

Major Finding: IgE levels predict worsening of depressive symptoms during high pollen season in patients with recurrent mood disorders.

Aneurysmal Coiling Often Leads to Acute Headache

BY AMY ROTHMAN SCHONFELD
From the annual meeting of the Society of NeuroInterventional Surgery

C ARLSBAD, CALIF. — Nearly three quarters of patients had an acute headache after endovascular coiling of cerebral aneurysms in a review of a 3-year period at a single center.

The postprocedural headaches occurred significantly more often in women, smokers, and patients with a preprocedural history of headache or anxiety and depression, according to Dr. Eric P. Baron.

“Optimized risk-factor management prior to coiling may help decrease the occurrence of postcoiling headache.”

Data Source: A retrospective chart review of 263 patients who underwent intracranial endovascular aneurysmal coiling.

Disclosures: Dr. Baron had no relevant disclosures.

Major Finding: Postprocedural headaches occurred in 72% of patients who underwent intracranial endovascular aneurysmal coiling.

A significantly greater percentage of patients with headaches were women (41%).

More women overall also developed postcoiling headache than did men (77% vs. 57%).

Smoking was a significant risk factor for postprocedural headache. A majority of patients (56%) with postcoiling headache were smokers, and 85% of all smokers developed postcoiling headache.

The incidence of postcoiling headache was higher in women who smoked than it was in men who smoked (90% vs. 70%, respectively).

Postcoiling headaches also affected 86% of patients with either anxiety or depression.

Postprocedural headaches were significantly more likely to occur among patients who experienced headaches prior to undergoing endovascular coiling, regardless of the length of time they had had them, the review found.

Headache complaints spurred 118 urgent diagnostic procedures, including 69 noncontrast CTs, 7 CT angiograms, 29 MR scans (including angiography and venography), 5 cerebral angiograms, and 8 lumbar punctures. All were negative for an acute process that was felt to be the cause of the headache.

“Excessive diagnostic testing is often obtained in patients with prior intracranial endovascular coiling. Results are frequently low yield and may lead to unnecessary risks and costs,” Dr. Baron said.

Pre- and postcoiled aneurysms often are considered a contraindication for the use of triptans or ergots such as DHE to treat headaches in migraines, according to Dr. Baron. But in this cohort, triptans were used without incident in 30 cases before coiling and in 10 cases after coiling.

DHE was used for one patient after coiling.

Headaches resolved after coiling in a small proportion of patients, including 27% of patients who underwent emergency coiling, 16% of patients who had headaches for less than 1 year before elective coiling, and 11% of patients who had headaches for 1 year or longer before elective coiling.

However, good clinical judgment is needed to adjust for and minimize the masking effects of monaleric inflammation during the duration of the study (such as virus infections, sinus infections, to name a few).