THE CSTE WASHINGTON REPORT

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EDITOR'S NOTE: An updated clinical practice guideline released by the U.S. Public Health Service has identified new counseling and medication treatments that are effective for helping people quit smoking. In addition, the May 7 issue of *JAMA* includes a commentary that urges clinicians to use the updated guideline to accelerate progress in reducing the use of tobacco -- additional details are provided in this *Washington Report*.

The *CSTE Washington Report* is provided as an information resource for members of the Council of State and Territorial Epidemiologists on federal legislation and regulation affecting public health and epidemiology in the U.S.

FARM BILL SENT TO PRESIDENT WITHOUT LANGUAGE LIFTING BAN ON SALE OF BABY TURTLES, A CSTE WIN – Legislation reauthorizing programs administered by the Department of Agriculture passed the House yesterday on a vote of 318-106 and the Senate today on a vote of 81-15. Both votes are veto-proof margins thereby challenging the President who has promised to veto the bill. Throughout the two

years that the bill has been developed and differing House and Senate versions negotiated, CSTE has weighed in at critical points to prevent efforts to lift the current Food and Drug Administration ban on the sale of small, pet turtles. Citing threats to the health of small children due to unavoidable and untreatable shedding of Salmonella bacteria, CSTE's letter opposing all provisions to lift the ban and provisions was widely cited on Capitol Hill. The President is still expected to veto the legislation, but Congress is very likely to override his action.

NEW NATIONWIDE REPORT ESTIMATES ONE IN EVERY 12 ADOLESCENTS EXPERIENCED MAJOR DEPRESSION IN THE PAST YEAR -- About 2.1 million teens aged 12 to 17 experienced a major depressive episode in the past year, according to a new nationwide report by the Substance Abuse and Mental Health Services Administration. For almost half of the teens, depression drastically reduced their abilities to deal with aspects of their daily lives, the report said.

Overall, 8.5 percent of adolescents, the equivalent of one in every 12, experienced a major depressive episode, but there were striking differences by gender, with 12.7 percent of females and 4.6 percent of males reporting the conditions.

"Fortunately, depression responds very well to early intervention and treatment," said SAMHSA Administrator Terry Cline, Ph.D. "Parents concerned about their child's mental health should seek help with the same urgency as with any other medical condition. Appropriate mental health care can help their child recover and thrive."

The report defines a major depressive episode as a period of two weeks or longer of depressed mood or loss of interest or pleasure, and at least four other symptoms reflecting a change in functioning (for example, problems with sleep, energy, concentration and self-image). This is the definition established by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) of the American Psychiatric Association.

Major Depressive Episode among Youths Aged 12 to 17 in the United States of America: 2006 also reveals the often devastating effect these major depressive episodes can have on adolescents. Nearly half of adolescents experiencing major depression (48.3 percent) report that it severely impaired their ability to function in at least one of four major areas of their everyday lives (home life, school/work, family relationships, and social life). Adolescents reporting the most severe impairment reported that they were unable to carry out normal activities on an average of 58.4 days in the past year.

The report is based on combined data from the 2004 to 2006 National Surveys on Drug Use and Health (NSDUH) involving responses from 67,706 people aged 12 to 17 throughout the United States. The survey is based on a scientific random sample of households throughout the United States, and professional field representatives personally visit each household to conduct the survey.

The full report is available on the Web at http://oas.samhsa.gov/2k8/youthdepress/youthdepress.cfm. For related publications and information, visit http://www.samhsa.gov/.

NEW EVIDENCE PROVIDES CLINICIANS WITH BETTER TOOLS TO HELP SMOKERS QUIT -- An updated clinical practice guideline released by the U.S. Public Health Service has identified new counseling and medication treatments that are effective for helping people quit smoking. In addition, the May 7 issue of *JAMA* includes a commentary that urges clinicians to use the updated guideline to accelerate progress in reducing the use of tobacco.

Treating Tobacco Use and Dependence: 2008 Update was developed by a 24-member, private-sector panel of leading national tobacco treatment experts that reviewed more than 8,700 research articles published between 1975 and 2007. The review found that there are now seven medications approved by the Food and Drug Administration as smoking cessation treatments that dramatically increase the success of quitting. The medications are: bupropion SR, nicotine gum, nicotine inhaler, nicotine lozenge, nicotine nasal spray, nicotine patch, and varenicline.

The 2008 PHS guideline update also found evidence that counseling by itself or especially in conjunction with medication can greatly increase a person's success in quitting. In particular, quitlines were found to be effective and can reach a large number of people; 1-800-QUIT-NOW, a national quitline, is an access number that connects people to their State-based quitline. It also provides broad access to cessation counseling for diverse populations and is easy for clinicians and patients to use.

"Decades after the hazards of smoking first gained national attention, tobacco use remains the leading preventable cause of illness and death in our society," said Rear Admiral Steven K. Galson, M.D., M.P.H., Acting Surgeon General. "The good news is that we now have some of the best evidence-based treatments available for tobacco cessation."

AHRQ Director Carolyn M. Clancy, M.D., added, "Use of tobacco remains discouragingly high among certain populations, such as people with limited education, low income, or who have psychiatric and substance use disorders. The 2008 PHS guideline update reinforces recommendations for making effective treatments available to smokers and other tobacco users," she said.

A consortium of eight federal and private-sector, nonprofit organizations collaborated to sponsor the 2008 PHS guideline update. They are the Agency for Healthcare Research and Quality (AHRQ), which coordinated the update; the Centers for Disease Control and Prevention; National Cancer Institute; the National Heart, Lung, and Blood Institute; the National Institute on Drug Abuse; The Robert Wood Johnson Foundation; the American Legacy Foundation; and the Center for Tobacco Research and Intervention at the University of Wisconsin School of Medicine and Public Health. In addition, more than 40 broad-based organizations have endorsed the guideline.

"Tobacco dependence is a chronic condition that often requires repeated intervention that can lead to long-term abstinence," said Michael C. Fiore, M.D., guideline update panel chair and director of the Center for Tobacco Research and Intervention at the University of Wisconsin School of Medicine and Public Health. "I urge all clinicians to offer these

effective treatments to smokers, no matter what their past success, and health care systems to make treatment a standard of care."

Other recommendations issued in the 2008 PHS guideline update include the following:

- Clinicians, in their offices and in the hospital, should ask their patients if they smoke and offer counseling and other treatments to help them quit. According to AHRQ's 2007 *National Healthcare Quality Report*, the percentage of hospitalized heart attack patients who were counseled to quit smoking has increased from 42.7 percent in 2000-2001 to 90.9 percent in 2005. Moreover, 48 States, Puerto Rico, and the District of Columbia all performed above 80 percent on this measure in 2005.

- If tobacco users are unwilling to make an attempt to quit, clinicians should use the motivational treatments that have been shown effective in promoting future attempts to quit.

- Individual, group and telephone counseling are effective, and their effectiveness increases with treatment intensity. Counseling should include two components: practical counseling and social support.

- Tobacco cessation treatments also are highly cost-effective relative to other clinical interventions. Providing coverage for these treatments increases quit rates. Insurers and purchasers should ensure that all insurance plans include the counseling and medication treatments that have been found to be effective in the 2008 PHS guideline update.

- Counseling treatments have been shown to be effective for adolescent smokers and are now recommended. Additional effective interventions and options for use with children, adolescents, and young adults need to be determined.

American Medical Association President Ronald M. Davis, M.D., who supports the call to action for clinicians, stated: "With nearly half a million Americans dying from tobacco-related illness each year, what we do with today's recommendations can help to dramatically reduce the estimated 5 million smokers who will die over the next decade if we don't help treat them."

The 2008 PHS guideline update and its companion products, which include a consumer guide and a pocket guide for clinicians, are available online at http://www.surgeongeneral.gov/tobacco/default.htm. Copies of the 2008 PHS guideline update products are also available by calling 1-800-358-9295.

STUDY LAUNCHED TO UNCOVER THE MYSTERIES OF CHRONIC FATIGUE SYNDROME-- Researchers from the Centers for Disease Control and Prevention (CDC) and Emory University School of Medicine in Atlanta recently

launched the most comprehensive population-based clinical study to date of patients with chronic fatigue syndrome (CFS). The study includes about 90 patients from Atlanta who will participate in the three-day in-patient clinical trial. Researchers hope results from the study will help them better understand how the syndrome affects people and lead to more successful treatment**.**

"We're learning more about the complexities of the illness that is chronic fatigue syndrome," said William C. Reeves, M.D., Chief of the Chronic Fatigue Syndrome Research Program at CDC. "Launching this research study with Emory will help us draw a clearer picture of how CFS affects people that ultimately could lead to more effective treatment of patients with CFS."

Each designated participant will spend three days at Emory University Hospital General Clinical Research Center (GCRC). Participants will undergo repeated blood draws and salivary sampling in addition to computerized testing and functional Magnetic Resonance Imaging (fMRI) of the brain. The study is planned to be completed within a year.

CFS, a condition characterized by fatigue, memory problems, and pain, may be more widespread than once thought. Experts estimate that between one and four million people in the United States may suffer from CFS. Unfortunately, an estimated 80 percent of all CFS patients have not yet been diagnosed by a medical provider.

The CDC-Emory study is designed to evaluate mechanisms of the illness with an emphasis on alterations in the regulation of hormones and the immune system as well as alterations in the brain circuits involved in cognitive function and mental fatigue. The molecular and genetic aspects of these alterations will also be explored.

"We believe this research will lead us to a better understanding of the causes of CFS, both from a psychological and biological standpoint," says Andrew Miller, M.D., Timmie Professor of Psychiatry and Behavioral Sciences at Emory and Emory principal investigator of the study. "We believe that this study will open doors that may lead us to better ways of diagnosing and treating CFS in the future."

It is estimated that only half of CFS patients have sought medical attention and fewer than one in five have been diagnosed and treated. This is a particular source of concern since early treatment could be associated with a significantly higher rate of recovery. Often, patients may report symptoms like being frequently exhausted, or having difficulty sleeping and concentrating, which may be linked to many other causes.

Dr. Reeves said, "CFS is often difficult to diagnose and physicians rely on patients reporting symptoms to identify the illness. There is no disease specific laboratory test for CFS, and the diagnosis is often made through a process of eliminating other causes that may explain the patients' signs and symptoms."

CFS occurs most frequently in women ages 40-60, but affects all races, sexes, and age groups, and can be as disabling as multiple sclerosis and chronic obstructive pulmonary disease. The condition can also take a tremendous personal and social toll on patients and their families, with a quarter of those affected by CFS either unemployed or on disability assistance.

"Our economic impact studies show that a family in which someone has CFS could forego up to $20,000 a year in annual earnings and wages, and that a quarter of them are either on disability or out of work following the illness," explains Reeves. "It is a serious public health problem."

If you think you or someone you know might be suffering from CFS, consult a health care professional to learn more about options that are available for you. For more information on CFS, visit www.cdc.gov/cfs.