



## EDITORIAL

## Mental Illness in the Real World

In this issue of the Journal, Ben Amor and colleagues report for the first time in Canada the prevalence of combined stimulant and non-stimulant therapy of attention deficit/hyperactivity disorder (ADHD) and of switching from one drug to another during one year of treatment. Their work contributes greatly to our understanding of how drugs are used in actual clinical practice as opposed to the world of practice guidelines. They found that almost one in five children and adolescents with ADHD in Quebec received treatment that combined a stimulant with another psychotropic medication during the one-year study period and about one in five switched stimulants or to another drug. This rate is rather similar to previous reports in European samples. In Quebec, however, about 10% of ADHD patients received a combination of drugs involving atypical antipsychotics, a rate that was higher than in the European Union. The authors demonstrate that combinations and switching are more frequent in patients with a comorbid condition (about 1/3) although they could not probe more deeply into the nature of these comorbidities suggesting that those with a comorbid condition may not receive favorable response with stimulant therapy only. About 15% of patients without a comorbid condition were given a combination treatment including a small group of about 4% of patients who received an atypical antipsychotic despite the absence of a reported comorbidity. The authors carefully articulate the limitations of this study and disclose industry funding and their industry affiliations. Despite these limitations, their work demonstrates the power of public data bases for the study of clinical practice and contributes valuable information that will no doubt impact future training and clinical practice guidelines.

Also featured in this edition is a paper by Easson and colleagues examining how suicide in young persons is

portrayed in Canadian newspapers. This is an extremely important topic: suicide is the leading cause of non-accidental death among youth in Canada; deaths by suicide among Canadian youth outnumber all deaths by diseases of the heart, lungs, kidney, gastrointestinal system and cancer combined. We understand that ultimately suicide is the result of personal choice; nevertheless, genetic, developmental, and environmental factors are recognized as influential risk factors. Effective suicide-prevention strategies must acknowledge that risk is multifactorial; consequently, as much as it is realistically possible, contributing conditions ought to be considered. In this regard, collective societal knowledge, attitudes, and values play a fundamental role in suicide response and prevention.

Easson and colleagues highlight the impact of the press addressing suicides in children and youth and the remarkable influence of media on public awareness and reaction. As mental health practitioners and researchers we must reflect on the importance of honest partnership with responsible media to enhance useful knowledge translation in order to effectively abate youth suicide and other relevant and serious public health threats.

**Russell Schachar**

**Abel Ickowicz**

Co-Editors

## References

- Combination and Switching of Stimulants in Children and Adolescents with Attention Deficit Hyperactivity Disorder in Quebec. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 23(3), 157-166.
- Easson, A., Agarwal, A., Duda, S., & Bennett, K. (2014). Portrayal of Youth Suicide in Canadian News. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 23(3), 167-174.