

tunes,” “I [do not] want to confide in someone, when I am worried and unhappy”), we agree that the association between detached behavior and low dopaminergic transmission reported by us and others (Farde et al., 1997; Breier et al., 1998) may relate to similar findings on social phobia (Tiihonen et al., 1997; Schneier et al., 2000). However, we also reported a strong positive correlation between scores on the social desirability subscale of the Karolinska Scales of Personality and dopamine transporter binding, which suggests also that motivational aspects of social behavior play a part in the described phenomenon. It is also worth noting that up to 60% of patients with social phobia also fulfill the DSM-IV criteria for avoidant personality disorder (1). This has not been fully addressed in previous studies examining dopaminergic neurotransmission in social phobia (Tiihonen et al. 1997; Schneier et al., 2000).

We feel that it is unlikely that the association we reported could be caused by subjects in our study group with social phobia. First, any direct comparisons of scores on the Karolinska Scales of Personality between diagnostic groups (healthy versus social phobic) from different populations (European versus United States) without normative transformation of the personality data should be made with caution. Second, although social phobia was not excluded with a structured instrument such as the SCID (a thorough clinical interview for axis I diagnoses), a medical history focused on psychiatric and neurologic illness was obtained from healthy volunteers. In addition, the recruitment procedure did not favor subjects with social anxiety. Considering that the point prevalence of social phobia in the general population is between 5% and 10% (2), the risk for including persons with social phobia in our screened group of 18 healthy subjects was low. However, we certainly agree that a detailed psychiatric examination of the subjects is highly important in studies on temperament and character.

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AKI LAAKSO, M.D.
JARMO HIETALA, M.D.
Turku, Finland

Lack of Seasonal Mood Change in Icelanders

TO THE EDITOR: The finding of a lack of seasonal affective disorders in Iceland, from a study by Magnusson et al. (1), is striking, especially when compared with findings from other countries of similar latitude. One reason for this finding may be the high content of fish in the Icelandic diet (225 lb per person per year) (2). The authors noted a similar and unexpected previous finding of a low prevalence of seasonal affective disorders in Japan, which also has a high per capita intake of fish (147 lb per person per year) (2). Despite a greater exposure to light in winter, most other countries have higher rates of seasonal affective disorder. Per capita fish intake in pounds per person per year is as follows: Canada, 51; Finland, 72; Netherlands, 25; Sweden, 59; Switzerland, 30; United Kingdom, 41; and the United States, 48 (2). We suggest that the difference in the prevalence of seasonal affective disorders between Icelan-

dic descendants and other citizens in Winnipeg may be due to a cultural tradition of fish consumption, rather than differences in genetic predisposition. Our proposition is consistent with the finding in a cross-national analysis that greater seafood consumption predicted lower prevalence rates of major depression ($r=-0.84$, $p<0.005$) (3).

Seafood is rich in the omega-3 essential fatty acids eicosapentaenoic and docosahexaenoic acids. Docosahexaenoic acid is selectively concentrated in synaptic membranes, where it has a crucial role in maintaining the biophysical properties determining receptor conformation (4). Mechanisms through which eicosapentaenoic and docosahexaenoic acids may diminish depressive symptoms have recently been reviewed (5) and include modulation of serotonin turnover, phosphoinositol-mediated signal transduction, and L-type calcium channel regulation. Depletions of docosahexaenoic acid in RBC phospholipid membranes have been reported in depression (6). A placebo-controlled study in bipolar disorder (7) showed that supplementation with docosahexaenoic and eicosapentaenoic acids had marked mood-stabilizing and antidepressant activity. Thus, high levels of fish consumption should be considered a potential etiology for the finding of a lack of seasonal affective disorder among the Icelandic population.

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JERRY COTT, PH.D.
JOSEPH R. HIBBELN, M.D.
Bethesda, Md.

Antidepressant Use Among Elderly Patients

TO THE EDITOR: Muhammad M. Mamdani, Pharm.D., M.A., M.P.H., et al. (1) recently reported that the prevalence of antidepressant use among the elderly population of Ontario increased from 9.3% in 1993 to 11.5% in 1997—a 24% increase from baseline. Annual antidepressant costs in this population increased by 150%, from \$10.8 million in 1993 to \$27 million in 1997. These increases were mainly accounted for by steady growth in the use of selective serotonin reuptake inhibitors (SSRIs). The authors lauded the increased use of antide-