As the premier scholarly publication of the osteopathic medical profession, JAOA—The Journal of the American Osteopathic Association encourages osteopathic physicians, faculty members and students at colleges of osteopathic medicine, and others within the healthcare professions to submit comments related to articles published in the JAOA and the mission of the osteopathic medical profession. The JAOA’s editors are particularly interested in letters that discuss recently published original research.

Letters to the editor are considered for publication in the JAOA with the understanding that they have not been published elsewhere and that they are not simultaneously under consideration by any other publication.

All accepted letters to the editor are subject to editing and abridgement. Letter writers may be asked to provide JAOA staff with photocopies of referenced material so that the references themselves and statements cited may be verified.

Readers are encouraged to prepare letters electronically in Microsoft Word (.doc) or in plain (.txt) or rich text (.rtf) format. The JAOA prefers that readers e-mail letters to jaoa@osteopathic.org. Mailed letters should be addressed to Gilbert E. D’Alonzo, Jr, DO, Editor in Chief, American Osteopathic Association, 142 E Ontario St, Chicago, IL 60611-2864.

Letter writers must include their full professional titles and affiliations, complete preferred mailing address, day and evening telephone numbers, fax numbers, and e-mail address. In addition, writers are responsible for disclosing financial associations and other conflicts of interest.

Although the JAOA cannot acknowledge the receipt of letters, a JAOA staff member will notify writers whose letters have been accepted for publication. Mailed submissions and supporting materials will not be returned unless letter writers provide self-addressed, stamped envelopes with their submissions.

All osteopathic physicians who have letters published in the JAOA receive continuing medical education (CME) credit for their contributions. Writers of original letters receive 5 hours of AOA category 1-B CME credit. Authors of published articles who respond to letters about their research receive 3 hours of category 1-B CME credit. Original letters receive 5 hours of AOA category 1-B CME credit. Authors of published articles who respond to letters about their research receive 3 hours of category 1-B CME credit for their responses.

Although the JAOA welcomes letters to the editor, readers should be aware that these contributions have a lower publication priority than other submissions. As a consequence, letters are published only when space allows.

Misinterpreted Neuropsychiatric Presentations of Medical Problems in Demented Patients

To the Editor:

In a recent issue of the JAOA, Peter Tran, DO, and colleagues1 demonstrate significant associations between neuropsychiatric symptoms and degree of medical illness in patients with dementia. We agree with the authors’ conclusion that recognition of comorbid neuropsychiatric and medical problems is necessary for accurate diagnosis and treatment. We wish to voice our support for the work of Tran and coauthors by further underscoring the danger of attributing changes in mental status to a neuropsychiatric origin, especially in patients with dementia. In an ongoing study at our facility, data reveal that as many as 2.5% of patients admitted to a geropsychiatry service for behavioral problems have an unrecognized medical condition that is causing the behavior problems. Such patients require urgent medical intervention.

Many medical conditions have psychiatric symptoms. Patients with cerebrovascular accident, congestive heart failure, diabetic ketoacidosis, drug intoxication or withdrawal, encephalitis, hyperthyroidism, hypoglycemia, systemic and central nervous system infections, lithium and anticonvulsant toxicity, neuroleptic malignant syndrome, prescription drug overdose, subdural hematoma, and uremic and hepatic encephalopathy have been misdiagnosed as having psychiatric illness.2,3

As Tran and colleagues point out, neuropsychiatric symptoms or an altered mental status may be the only symptoms indicative of a medical problem in an elderly patient with dementia. Thus, physicians should not conclude that behavioral problems are due to a behavioral illness without obtaining an adequate history, performing mental status and physical examinations, and obtaining indicated laboratory and radiologic studies.

Roy R. Reeves, DO, PhD
Associate Chief of Staff for Mental Health
G.V. (Sonny) Montgomery Veterans Affairs Medical Center
Professor of Psychiatry and Neurology
University of Mississippi School of Medicine
Jackson

Mark E. Ladner, MD
Staff Psychiatrist
G.V. (Sonny) Montgomery Veterans Affairs Medical Center
Professor of Psychiatry
University of Mississippi School of Medicine

References

Response

We thank Roy R. Reeves, DO, PhD, and Mark E. Ladner, MD, for their comments regarding our July article (J Am...
Our preliminary findings highlight significant associations between neuropsychiatric symptoms and the degree of medical illness in outpatients diagnosed as having dementia. We believe that primary care physicians play an important role in screening for mental status and behavioral change when patients report only physical symptoms. Conversely, physicians also need to be aware that neuropsychiatric symptoms or an altered mental status may be the only symptoms indicative of an underlying medical illness (eg, urinary tract infection). We absolutely agree with Drs Reeves and Ladner that there is a danger in attributing changes in mental status solely to a neuropsychiatric origin, especially in patients with dementia.

Anita Chopra, MD
Kara S. Schmidt, PhD
New Jersey Institute for Successful Aging
University of Medicine and Dentistry of New Jersey–School of Osteopathic Medicine
Stratford

## Corrections

Readers of JAOA—The Journal of the American Osteopathic Association are encouraged to contact the JAOA’s managing editor, Rebecca J. Fiala, MA, by phone at (800) 621-1773, extension 8161, or by e-mail at rfiala@osteopathic.org regarding corrections (ie, errata or corrigenda), retractions, and notices of duplicate publication for materials published in The Journal.

Like most biomedical journals, the JAOA welcomes reader feedback as a natural extension of the peer-review process. Postpublication review is an essential step in ensuring the scientific validity and clinical usefulness of the JAOA, the premier scholarly publication of the osteopathic medical profession.

The JAOA regrets the errors described below. All of the articles noted have been corrected online.

- In Table 2 of the following article, the state continuing medical education requirements for Florida are mistakenly described on page 88 as being for “‘nonlive/participatory’” courses in the table and the sixth footnote (/):


  The continuing medical education requirements for the state of Florida should have appeared as shown below:

  40 hours of category 1 or 2 credit biennially – 20 hours must be category 1 credit (AOA or AMA) related to the practice of osteopathic medicine or under osteopathic auspices; course credits are mandated in each of the following topic areas and require live, participatory course attendance: domestic violence (1 hour), Florida state laws and rules (1 hour), risk management (1 hour), and prevention of medical errors (2 hours). Three alternative topic areas are also available: end-of-life care (1 hour), palliative care (1 hour), or controlled substances (1 hour).

  Similarly, the footnote for this item in Table 2 should have appeared as shown below:

  Florida dropped the requirement for osteopathic physicians to attend face-to-face participatory courses in favor of attendance at live, participatory courses.

- There was an inadvertent transposition in the table that accompanied the following article:


  The column headings under “EPDS Score, ≥13” were accidentally reversed. The Yes column heading should have appeared first, at the top of the second column of data. The corrected table is shown below:

  (continued on the next page)
Two typographic errors appeared on page 601 in Figure 1 for the following original contribution:


Sagittal and Lamboid should have been spelled Sagittal and Lamboid.

There was a typographic error in the spelling of the eighth author’s name in the byline of the following article:


On page 663, the eighth author’s name should have read Melissa A. Nebzydoski, DO, instead of Melissa A. Nebzdoski, DO.