

Letters to the Editor

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Smoking, Depression, and Suicide

In my February 1993 editorial, "Suicide: Risk Factors and the Public Health,"¹ in which I commented on papers that appeared in that issue by Garrison² and by Hemenway,³ I stated that it seemed unlikely that smoking plays a direct causal role in suicide. I would like to draw readers' attention to two papers that appeared after I prepared my review.^{4,5} Both were longitudinal studies conducted on unselected samples of young adults. They demonstrated a bidirectional relationship between nicotine dependence and major depression. Heavy smokers were more likely to experience subsequent major depression while depressive smokers were more likely to proceed to nicotine dependence. Although Kendler's twin study found no support for a direct causal link, it may be that my initial statement was too strong. □

David Shaffer, FRCP(Lond),
FRCPsych(Lond)

Requests for reprints should be sent to David Shaffer, FRCP(Lond), FRCPsych(Lond), College of Physicians and Surgeons, Columbia University, 722 W 168th St, New York, NY 10032.

References

1. Shaffer D. Suicide: risk factors and the public health. *Am J Public Health*. 1993;83:171-172.
2. Garrison CZ, McKeown RE, Valois RF, Vincent ML. Aggression, substance abuse, and suicidal behaviors in high school students. *Am J Public Health*. 1993;83:179-184.
3. Hemenway D, Solnick SJ, Colditz GA. Smoking and suicide among nurses. *Am J Public Health*. 1993;83:249-251.
4. Breslau N, Kilbey M, Adreski P. Nicotine dependence and major depression. *Arch Gen Psychiatry*. 1993;50:31-35.
5. Kender KS, Neil MC, MacLean CJ, Heath AC, Eaves LJ, Kessler RC. Smoking and major depression. *Arch Gen Psychiatry*. 1993;50:36-43.

Sudden Infant Death Syndrome and Maternal Smoking Conclusions Questioned

There is a curious discrepancy between the data analyzed and the conclusions reached in the paper by Malloy and colleagues, "Sudden Infant Death Syndrome and Maternal Smoking."¹ Prospectively collected information from Missouri concerning maternal smoking during pregnancy was linked to the sudden infant death syndrome; the data showed a clear dose-response relationship, from the reference value of 1.00 for a nonsmoker to 1.98 for those who smoked less than 1 pack and 2.86 for those who smoked more than 1 pack per day. The authors also quoted the results from the National Institute of Child Health and Human Development (NICHD) SIDS Cooperative Epidemiological Study. Malloy et al.'s

abstract states that this did not support a dose-response relationship. Nevertheless, the results for random controls (after adjustment for maternal age, race, parity, educational status, marital status, and sex of the infant) went from 1.00 for the referent nonsmokers to 2.49 for those smoking fewer than 10 cigarettes per day and 3.24 for those smoking 10 to 19 cigarettes per day (no confidence intervals were given). No such trend was shown for the second set of controls, which were matched on birthweight (i.e., overcontrolled in regard to maternal smoking effects).

No mention is made of the fact that the data from Missouri, by virtue of being prospectively collected on a population base, must be more reliable than the case-control data retrospectively collected by the NICHD study. It is misleading for Malloy et al.'s abstract to claim that the NICHD data does not support a dose-response relationship. The take-home message must be led surely by the Missouri data, with a quadrupling of risk between the nonsmokers and those smoking more than one pack per day. □

Jean Golding, MA, PhD

Requests for reprints should be sent to Jean Golding, MA, PhD, Institute of Child Health, Royal Hospital for Sick Children, St. Michael's Hill, Bristol BS2 8BJ, United Kingdom.

Reference

1. Malloy HM, Hoffman HJ, Peterson DR. Sudden infant death syndrome and maternal smoking. *Am J Public Health*. 1992;82:1380-1382.

Malloy and Colleagues Respond

Dr Golding suggests a discrepancy between the data analyzed and the conclusions reached in our paper on the relationship between sudden infant death syndrome and maternal smoking.¹ She