

the peripheral blood serum can lead to change the function of the immune system of the body.

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Psychosocial Distress and Suicidal Risk Behavior among Chinese and Philippine Adolescents

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Objective: To determine the association of psychosocial distress and suicidal risk behavior among Chinese and Philippine adolescents.

Method: Global School-based Student Health Surveys conducted in China and the Philippines were used to identify the association of psychosocial distress indicators (sad/hopeless, loneliness, worry) and also health behaviors (substance use, physical fighting, being bullied, overweight, physical activity, sedentary activity) with suicidal risk behavior (contemplating attempting suicide or suicidal ideation, making a plan to attempt suicide). Subjects included 9,015 Chinese adolescents and 7,338 Philippine adolescents who participated in the GSHS. Logistic regression was used to determine these associations and identify specific psychosocial distress indicator and health behaviors correlates of adolescent suicidal behavior. Weighted percentages were calculated to determine the frequency of the suicidal risk behaviors. **Results:** Chinese girls were more likely to report suicidal risk behavior than Chinese boys, while among Filipinos, boys were more likely than girls to have made a plan to attempt suicide and there was no difference in suicidal ideation. The logistic regression results showed that the strongest correlate (predictor) of suicidal risk behavior in both the Chinese and Filipino adolescents was having sad/hopeless feelings almost every day for two weeks or more in a row that an adolescent stopped doing their usual activities during the past 12 months. Several other psychosocial indicators and health behaviors were found to be significant correlates with suicidal risk behavior. **Conclusion:** Public health professionals in China and the Philippines need to understand the risk factors associated with youth suicide contemplation.

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City Health Indicator: Awareness of the Suicide Death Rate in the Middle Age and the Aged Population within Wanhua District, Taipei

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The suicide death rate of the middle aged and the aged population is one of the 35 local health indices in Wanhua, Taipei. Indeed, suicide officially joined the top 10 causes of death in Taiwan in 1997. Suicide did not relinquish its position in the past decade, in which it ranked seventh and sixth respectively in Taipei and Wanhua in 2006. Clearly, suicide has gradually become a silent killer of the district residents. Surprisingly, the

suicide rate of the aged population (above the age of 44) in Wanhua was as high as 60% in 2004 to 2006 compared to other age groups. Furthermore, the suicide death rate of the middle age and aged population in Taipei from 2004 to 2006 was 26.53(per 100,000), 27.43(per 100,000), and 26.23(per 100,000), while that of Wanhua was 14.21(per 100,000), 28.06(per 100,000), and 17.36(per 100,000), respectively. As a result, greater intervention into the mental health of the aged population is essential and necessary in Wanhua. There are two valid preventive strategies that are commonly recognized for suicide, early detection and treatment of depression and the control of the suicide intent. Consequently, mental health seminars and treatment related to depression are the major directions needed for health professionals and government to pursue.

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Factors Associated with the Prescription of Methylphenidate for Newly Diagnosed Attention Deficit Hyperactivity Disorder (ADHD) in Taiwan

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Objectives: Methylphenidate is one of psychostimulants commonly used to treat Attention-Deficit Hyperactivity Disorder (ADHD). Concerning a gradual increase of incident ADHD and higher abuse liability of methylphenidate, the purpose of this study is to estimate the proportion of incident ADHD who received methylphenidate and associated predictors among young people in Taiwan.

Methods: On the basis of the National Health Insurance Research Database, we identified 10,153 incident ADHD cases (ICD-9: 314) with ages younger than 17 years in 2000. Chi-square test and Cox proportional-hazard regression were performed to compare the distribution and estimate the hazard ratio linking individual- and service provider-predictors for receiving Methylphenidate prescription, with stratified by prior history of mental disorders, defined by ICD-9 290-313 and 315-319.

Results: An estimated 17% of newly diagnosed ADHD had previously suffered from at least one mental disorders. Only 11% of non-comorbid incident ADHD received Methylphenidate prescription upon diagnoses, slightly lower than 15% in their comorbid counterparts. Individual-(e.g., age; aHR=3.1~7.0) and service provider- (e.g., level of medical institution; aHR=1.4~1.7) were significantly associated with methylphenidate prescription with the year of diagnosis. Adjusted hazard ratios of predictors in non-comorbid ADHD were generally greater than those in the comorbid peers. **Conclusions:** Our findings revealed individual- and service provider-characteristics both influence the receiving of methylphenidate soon after ADHD was diagnosed, and possible comorbidity-related differences appear in the strength of association. This empirical