conclude that factors other than a higher serum urea nitrogen and a lower PCO₂ are unimportant in the pathogenesis of cerebral edema. Rutledge and Couch⁴ emphasized that their patient numbers were too small to enable any conclusions to be drawn regarding fluid administration in DKA and its outcome, because cerebral edema occurs in only 1% to 3% of children with DKA.

Furthermore, Rutledge and Couch⁴ emphasized the need for conservative fluid replacement in children with DKA and stated quite clearly that these children should not be given a fluid bolus as initial therapy unless they are in shock.

This is in agreement with our approach. The plan suggested in our article, if applied to a child of average weight, would result in the child’s receiving about 5.5 mL/kg of saline hourly during transport. A child who is admitted to an emergency department with fully established DKA and without previous treatment, who is 10% dehydrated but not in shock, should not receive more than about 8 mL/kg of saline hourly on a full DKA treatment regimen.

It is impossible in this letter to deal with the place of celiac disease screening in type 1 diabetes. I refer Dr Kroeker to a recent review of the subject.⁵

—Joseph A. Curtis, MB, FRCPC

References

Looking beyond a diagnosis

In clinical practice, the sensitivity of the Mood Disorders Questionnaire, which was published with my recent paper¹ on bipolar spectrum disorders, can be much improved by asking some questions about how patients function in their daily lives.

For example, a 22-year-old unemployed, part-time college student answers “yes” to 11 of 13 items in the questionnaire, suggesting hypomania. The symptoms tend to co-occur; however, she considers them only a minor problem. When asked whether they would present a more serious problem if she were a single parent with a toddler at home full time, she affirms that her symptoms would indeed be a serious problem.

Furthermore, because the episodes of hypomania tend to last only 1 to 2 days, she is able to get her school work done. She would have more difficulty if they lasted longer.

The tendency of patients to adapt their lifestyles to their illnesses should not cloud our ability to discern and judge the diagnostic significance of their symptoms.

—Andre Piver, MD, CCFP

Nelson, BC
by e-mail

Reference

Correction

In the article “Bipolar spectrum disorders. New perspectives” by Dr Andre Piver et al (Can Fam Physician 2002;48: 896-904), there was an error in the e-mail address in the correspondence address. The correct e-mail address is steele_piver@netidea.com. Also, in Figure 1, the citation should be Hirschfeld et al.²⁰

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