MEDICINE

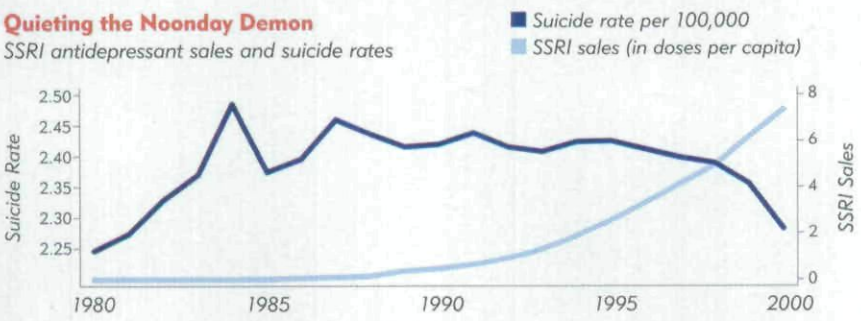
Listening to Prozac

Since 2004, the U.S. Food and Drug Administration has warned that taking antidepressants may *increase* the risk of suicidal thoughts and behavior in children and adolescents. So should Prozac and Zoloft be pulled from the shelves? Not necessarily, suggests a new study published by the National Bureau of Economic Research. The authors examined the effects of selective serotonin reuptake inhibitors (SSRIs), the most commonly taken class of antidepressant, on "completed suicide" rates (as opposed to suicidal tendencies and attempted suicides) over 25 years in 26 countries. They found that an increase in antidepressant sales of one pill per capita (about a 12 percent increase over the sales levels for 2000 in the countries surveyed) correlated with a suicide-mortality *decline* of about 5 percent. The authors argue that randomized clinical trials—the basis for the FDA's findings—are a poor way to examine the relationship between SSRIs and suicide-completion rates, because the samples are too small to yield meaningful results and because such trials "exclude those at highest risk for suicide." (Most clinical trials, for instance, avoid enrolling patients with a history of suicide attempts.) SSRIs, the study contends, are a cost-effective measure against suicide: An additional $20,000 spent on them will avert one suicide death, a cost per life saved far lower than the cost of most other forms of public-health intervention.

—"Anti-Depressants and Suicide," Jens Ludwig, Dave E. Marcotte, and Karen Norberg, NBER

Quieting the Noonday Demon

SSRI antidepressant sales and suicide rates



TECHNOLOGY

Nurse, Joystick!

There's not much difference between zapping zombies and blasting blood clots, according to a study on doctors at Beth Israel Medical Center in New York City. Following up on previous research suggesting that young doctors are quicker than older ones to pick up "laparoscopic" skills (which allow them to control tiny instruments inside a patient's body while watching the action on a big TV screen), the study set out to test whether this edge was explained by all the time that younger doctors had spent playing Nintendo as kids. The authors polled 33 surgeons on their video-gaming histories before putting them through a set of laparoscopic challenges—timed and scored surgical drills with nicknames like the "Cobra Rope," the "Cup Drop," and the "Terrible Triangle"; they also asked the surgeons to play a video game, such as Super Monkey Ball 2 or Star Wars Racer Revenge. They then sorted the data to see if joystick twiddling makes you a better surgeon. Indeed it does, by a wide margin. Doctors who'd once played for more than three hours a week did the lap-skills course in an average of 64 minutes with 197 errors; doctors who'd never played took 87 minutes and made 314 errors. Overall, the study found that a surgeon's video-game skills, or lack thereof, explained 31 percent of the variance in laparoscopy performance. Less than 2 percent of the variance was attributed to the number of laparoscopies surgeons had performed. Video games can lower grades and promote obesity, the authors allow, but they can also make for damn fine doctors.

—"The Impact of Video Games on Training Surgeons in the 21st Century," James C. Rosser et al., Archives of Surgery

SHE'S PLAYING in a boy's world.

SOCIETY

Searching for Bobbie Ann Fischer

Memo to Larry Summers: It's not just math and science; women are also hugely underrepresented in elite chess. No woman has ever won an official world championship; no major country can boat a female champion; and as of 2004, only 1 percent of grand masters were women. A recent paper on sex discrepancies in competitive chess found scant evidence that either cognitive differences or "old boys' networks" are to blame for the dearth of women at the top. The authors note that males and females who play chess with the same frequency and have the same rating also improve—and drop out of the game—at the same pace, and that when groups of children start playing, if at least half are girls, the boys' and girls' ratings aren't markedly different. The most consistent explanation for the game's gender gap is that girls take up chess and enter competitions in much smaller numbers than boys. Why? The authors suggest that girls (or their parents) may be discouraged by the absence of female role models and by the prospect of playing with so many boys.

—"Sex Differences in Intellectual Performance: Analysis of a Large Cohort of Competitive Chess Players," Christopher F. Chabris (Harvard University) and Mark E. Glickman (Boston University)

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