

News From the JAMA Network

Pediatric Depression and Anxiety Doubled During the Pandemic

A [meta-analysis](#) has suggested that childhood and adolescent depression and anxiety doubled during the first year of the COVID-19 pandemic.

The report in *JAMA Pediatrics* included 29 studies involving 80 879 participants with an average age of 13 years. More than half of the studies were from East Asia, and the remainder were from North America, Europe, Central and South America, and the Middle East.

The pooled prevalence estimate was 25.2% for depression symptoms and 20.5% for generalized anxiety symptoms. Prior to the pandemic, an estimated 12.9% of youth had depression symptoms and 11.6% had generalized anxiety symptoms.

Girls had higher rates of depression and anxiety symptoms than boys in the new analysis. Depression symptoms also were higher in studies from later in the pandemic and among older adolescents.

The authors advised family physicians and pediatricians to screen children for mental health issues. They also recommended that families observe consistent routines for schoolwork, sleep, screen use, and physical activity during the pandemic. Closingschools and recreational activities should be a strategy of "last resort," they wrote.

Interventions such as group and individual telemedicine mental health services are needed for children and adolescents struggling with depression and anxiety during the pandemic, according to the authors.

Cycling May Lower Mortality Risk in People Who Have Diabetes

Riding a bike could help people with diabetes stave off an early death. In a [study](#) conducted in 10 countries in Europe, cyclists with diabetes had a lower risk of all-cause and cardiovascular disease (CVD) mortality than noncyclists with the condition.

The analysis included 7459 adults with type 1 or type 2 diabetes from the European Prospective Investigation into Cancer and Nutrition study. The participants reported their physical activities

on a questionnaire at baseline and then 5 years later.

During an average follow-up of 14.9 years, cyclists had at least a 24% lower all-cause mortality rate than noncyclists, independent of their other physical activity, risk factors, educational level, and diabetes duration. Those who started riding a bike during the 5-year period had a 35% lower risk of all-cause death. The results were similar for CVD mortality.



The study documents "that cycling and taking up cycling may offer specific health benefits in people with diabetes over and above other physical activities, including walking," the authors wrote in *JAMA Internal Medicine*.

Oral Upadacitinib Beats Subcutaneous Dupilumab for Atopic Dermatitis

Fewer than half of patients with atopic dermatitis achieved clear or almost clear skin after 16-week monotherapy with dupilumab, a monoclonal antibody injection. In a head-to-head [trial](#), oral upadacitinib, a Janus kinase inhibitor currently approved for rheumatoid arthritis, worked faster and more effectively than subcutaneous dupilumab for moderate-to-severe atopic dermatitis.

The trial, reported in *JAMA Dermatology*, randomly assigned 692 adults in 22 countries to 30 mg of oral upadacitinib once daily for 24 weeks or to 300 mg of dupilumab injected every other week from week 2 to week 22 after an initial 600-mg loading dose. The primary end point was 75%

improvement in the Eczema Area and Severity Index at week 16.

In the upadacitinib group, 71% of patients achieved the primary end point compared with 61.1% of the dupilumab group. What's more, about 70% of patients who received upadacitinib reached the primary end point as soon as week 4, compared with about 36% of those who received dupilumab. More than half of the upadacitinib group but only about a third of the dupilumab group had a clinically meaningful improvement in itch.

Upadacitinib was well-tolerated, with no new safety concerns.

Study Projects Lifetime Benefits of Dapagliflozin in HFrEF

A new [analysis](#) of clinical trial data suggested that adding dapagliflozin to standard therapy prolongs event-free and overall survival for patients with heart failure and reduced ejection fraction (HFrEF).

The study was an exploratory analysis of the phase 3 Dapagliflozin and Prevention of Adverse Outcomes in Heart Failure (DAPA-HF) trial, which randomly assigned 4744 patients with HFrEF in 20 countries to 10 mg of dapagliflozin once daily or to placebo, in addition to standard therapy. The report, published in *JAMA Cardiology*, extrapolates the DAPA-HF results over patients' lifetimes.

Dapagliflozin reduced the risk of worsening heart failure by 26% and death from any cause by 17% compared with placebo. The researchers estimated that a 65-year-old patient could expect to live an average of 8.3 years free of worsening heart failure events when dapagliflozin was added to standard therapy—about 2 years more than with placebo and standard therapy. The estimated average life expectancy for a patient of the same age was 10.9 years with dapagliflozin and 9.1 years with placebo.

The authors noted "the addition of dapagliflozin to standard therapy was estimated to provide clinically meaningful gains in extrapolated long-term, event-free, and overall survival." — **Anita Slomski**

Note: Source references are available through embedded hyperlinks in the article text online.