What Is the Long-Term Outcome of Adolescent Onset Anorexia Nervosa?

Adolescent-Onset Anorexia Nervosa: 18-Year Outcome.
Wentz E, Gillberg IC, et al:
Br J Psychiatry; 194 (February): 168-174

In a Swedish community sample of adolescent-onset anorexia nervosa, the rate of chronic eating disorder was 12% and no deaths occurred at 18-year follow-up.

Background: Previous published studies on long-term outcome of anorexia nervosa document significant chronicity (20%) and a high mortality rate (16% to 18%), but are based on severe cases of anorexia nervosa sampled from tertiary referral centers and/or inpatients. The long-term outcome of community-based treatment of anorexia nervosa is not well described.

Objective: To study the long-term outcome and prognostic factors in a representative sample of cases of adolescent-onset anorexia nervosa.

Design: Prospective case-control study.

Participants: 51 adolescents with anorexia nervosa, with 51 matched comparison controls.

Methods: Individuals born in 1970 in the Swedish city of Goteborg were screened for anorexia nervosa in the eighth grade and identified cases were followed up. The sample was enriched by additional screened cases born from 1971 to 1974. Cases with a mean age at onset of 14 years with DSM-III-R/IV defined anorexia nervosa were compared with controls 18 years after disorder onset (at mean age of 32 years). Subjects were interviewed with the SCID to determine Axis I disorders, the Morgan-Russell scales, and the GAF.

Results: At follow-up, 6 subjects (12%) had a persisting eating disorder, including 3 subjects (6%) meeting DSM-IV criteria for anorexia nervosa-restrictive subtype. There were no deaths, and 61% of cases had received psychotherapy at some point. Twenty subjects (39%) in the anorexia nervosa group met the criteria for at least 1 psychiatric disorder at follow-up compared with 16% of controls (P =0.004). Overall, 76% of the anorexia nervosa group exhibited bulimic behavior at some point. The average duration of anorexia nervosa was 3.4 years; of eating disorders generally, 7.5 years. In the cases as a whole, the general outcome was poor in 12%. Premorbid obsessive-compulsive personality disorder, a younger age at onset of anorexia nervosa, autistic traits, and a longer duration of illness are predictors of poor outcome.

Conclusions: The 18-year outcome of adolescent-onset anorexia nervosa derived from community samples is less serious in respect to mortality and persisting eating disorder than previous estimates.

Reviewer's Comments: This is the first long-term follow-up study of anorexia nervosa using a community-based sample and had excellent sampling methodology and subject retention. No deaths occurred and the rate of chronic eating disorder was less than in previous reports. Treatment did not appear to influence outcome, but more severe cases tended to receive psychotherapy (and for longer durations). Twenty percent of the sample with anorexia never consulted anyone for eating disorder or other psychiatric disorder. Of interest also is the finding that 1 in 4 adolescents with anorexia had no paid employment at follow-up due to eating disorder and other psychiatric symptoms. It should be noted that these data may not generalize outside of Sweden.

Additional Keywords: Long-Term Outcomes

print tag: () Refer to original journal article.
Responsiveness to Natural and Drug Cues Predictor of Opiate Relapse

Responsiveness to Drug Cues and Natural Rewards in Opiate Addiction: Associations With Later Heroin Use.

Lubman DI, Ycel M, et al:
Arch Gen Psychiatry; 66 (February): 205-213

In this study, opiate addicts responded less favorably overall than controls to natural pleasant cues, and this response predicted later relapse risk.

Objective: Diminished ability to experience pleasure, anhedonia, is a common feature of drug addiction. This altered trigger point of reward affects the way pleasure and novelty-seeking, and their impact by environmental cues, might drive drug-craving relapse. What all this might mean is that opiate-dependent individuals, for example, might be expected to show reduced reward-responsiveness to normally occurring natural reinforcers but have increased responsivity to drug cues, and that abstinent addicts in treatment who show this pattern would be at greater risk of relapse than those with more responsiveness to natural rewards.

Methods: Subjects were screened for the presence of opiate dependence and for the absence of significant other disorders through a structured DSM-IV diagnostic interview. Several assessments of the nature and severity of their addiction and addiction-related behaviors, craving, etc, were also rated with standard scales and assessments. Subjects were also already enrolled in opiate substitution pharmacotherapy treatment, ie, methadone or buprenorphine. A control group of matched healthy volunteers was recruited as well. Both subjects and controls participated in an exercise of viewing 120 photographic images including images of opiate-related materials (heroin preparation and use), unpleasant material (ie, distressed interventions, snakes), naturally pleasant objects (erotic nudes), and neutral pictures (household and inanimate objects). Their level of pleasurable response to these images were measured objectively through well-established methods of EMG and EEG monitoring of facial and P300 signal changes that relate to pleasure, as well as subjectively reported responses to these images. Subjects were assessed at a median 6 months later to determine interim heroin use.

Results: Compared to controls, opiate-dependent patients rated pleasant pictures as less arousing and the drug-related images as more pleasing. The greater pleasurable response to pleasant photos significantly, but inversely, predicted regular heroin use (at least once per week) at follow-up. While the different physiological measures of degree of response showed these significant differences and predictive power, subjective report actually proved to be the most robust predictor of later heroin use.

Conclusions: Subjective response ratings of pictures of natural, common pleasurable images were more limited among opiate maintenance treatment patients than controls, and degree of pleasurable response predicted subsequent risk of relapse.

Reviewer’s Comments: These findings underscore the importance that clinicians attach to understanding and tracking with addicted patients the extent of anhedonia and awareness of attention to pleasurable cues so as to better ready patients to manage countervailing impact of drug-related cues.

Additional Keywords: Cue Responsiveness

print tag: () Refer to original journal article.
Stepped Care Interventions in the Elderly Help Reduce Risk of Depression, Anxiety

Stepped-Care Prevention of Anxiety and Depression in Late Life: A Randomized Controlled Trial.
van't Veer-Tazelaar PJ, van Marwijk HW, et al:
Arch Gen Psychiatry; 66 (March): 297-304

In this study, a stepped care intervention was shown to effectively reduce the risk of onset of anxiety and depressive disorder among elderly with subsyndromal symptoms.

**Background:** Indicated prevention involves targeting those with subsyndromal symptoms that could herald the onset of a full disorder. Indicated prevention could impact the severity of illness or likelihood of onset altogether. Indeed, indicated interventions for subclinical depression have reduced the stepped-care community-based intervention approach as a strategy for the indicated prevention of anxiety and depressive disorders in the elderly.

**Objective:** To determine the effectiveness of an indicated stepped-care prevention program for depression and anxiety disorders in the elderly.

**Methods:** Participants were screened from a community sample. Eligible subjects scored 16 on the Center for Epidemiologic Studies Depression Scale (CES-D) screening instrument, but did not have a full disorder based on a subsequent DSM-IV structured clinical interview. Subjects were randomized to the stepped care intervention or to usual care. The intervention involved 4 steps, each lasting 3 months. Subjects were treated according to the subsequent stage if they did not improve. Improvement after a given stage, or a CES-D score of 16 at study onset, placed subjects at Stage 1, watchful waiting. Stage 2, or initial treatment for further elevated CES-D score, was a cognitive-behavioral therapy (CBT) approach that relied upon community nurse-supported home visit review of written information and education about coping, nature of symptoms, self-help skills education, etc, for mild-to-moderate anxiety and depressive symptoms. Stage 3 involved receipt of a visiting nurse, who provided problem-solving treatment intervention as well as a CBT-derived approach that involved more intense focus on skill building and rehearsal of problem-solving strategies. Stage 4 involved referral to primary care with written advice to discuss pharmacotherapy options. CES-D was performed on subjects every 3 months irrespective of stage to re-stage if necessary. At 6 and 12 months, all subjects received a MINI-structured interview to assess for DSM-IV disorder. The primary outcomes of interest was the different risk (if any) of new cases of anxiety and depressive disorders when comparing intervention and treatment as usual subjects.

**Results:** 170 patients met the inclusion criteria and were randomized. Ten of 86 intervention (11.6%) and 20 of 84 control subjects (23.8%) developed a major disorder, a statistically significant difference. This represents a reduced odds attributable to the intervention of developing a disorder by 57.9%.

**Conclusions:** A stepped care intervention aimed at reducing the risk of onset of major DSM-IV anxiety or depressive disorder among elderly patients with subsyndromal symptoms achieved a greater than 50% reduction in such risk.

**Reviewer's Comments:** This study highlights a neglected feature of our treatment system—investment in and adoption of earlier intervention approaches. But with or without a layered, systematic approach, this study also underscores the importance of clinicians to attend to subsyndromal symptoms.

**Additional Keywords:** Anxiety & Depression

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IPT-B Treats Prenatal Depression, Prevents Relapse for Up to 6 Months Postpartum

A Randomized Controlled Trial of Culturally Relevant, Brief Interpersonal Psychotherapy for Perinatal Depression.

Grote NK, Swartz HA, et al:
Psychiatr Serv; 60 (March): 313-321

Prenatal depression has been estimated to occur in 7% to 15% of all pregnancies.

Background: Depression during pregnancy has been found to be the most important indicator of postpartum depression. However, barriers to prenatal care in poor populations, such as child care and transportation, make the provision of adequate mental health care difficult. In addition, many women wish to avoid medications during pregnancy. There are a number of psychotherapies that have been explored for this purpose, including Interpersonal Psychotherapy (IPT) and brief IPT (IPT-B). IPT-B differs from standard IPT in that there are half the number of sessions, less emphasis on long-term interpersonal deficits, and more focus on between-session activities. Culturally relevant IPT-B takes into close consideration the unique barriers, stressors, and interpersonal deficits that accompany different cultural and economic situations.

Objective: To test the hypothesis that prenatal treatment with IPT-B, followed by maintenance IPT, will improve prenatal and postpartum depressive symptoms and functioning more than usual care.

Methods: 113 pregnant women recruited from a public outpatient Ob/Gyn clinic in Pittsburgh consented to screening. Sixty-six women were included based on weeks of gestation (10 to 32) and Edinburgh Postnatal Depression Scale score (EDPS [cut-off >12, indicating moderate depression severity]). Twenty-five women were ultimately randomized to receive the IPT-B protocol (IPT-B during pregnancy followed by maintenance IPT for 6 months postpartum) and 28 were randomized to usual care. In both cases, women received enhanced social services and assistance. Depressive and anxious symptoms, as well as social functioning and diagnosis were assessed during pregnancy, 3 months later, and 6 months postpartum. The EPDS score was the primary outcome measure.

Results: The IPT-B group was significantly more engaged in treatment than the usual care group (68% vs 7%). In total, 95% of women in the IPT group were no longer depressed before childbirth, while 42% of women in usual care remained depressed. At 6 months postpartum, none of the IPT group and 70% of the usual care group had major depression. Based on a 50% improvement in the EPDS, 80% of the IPT group and 29% of the usual care group responded to treatment.

Conclusions: Culturally relevant IPT-B, enhanced with social services and supports, treats prenatal depression and prevents relapse up to 6 months postpartum in a public sector population.

Reviewer's Comments: As I was reading this article, I was thinking how absolutely wonderful it would be if all underserved pregnant women got this kind of care. Even the usual care group received reminders about treatment, referrals to programs, and increased benefits. Importantly, this study highlights what can happen when resources are used where they are really needed. It also highlights the unfortunate reality that only in a grant-supported research environment could this kind of care be predictably expected in the public sector.

Additional Keywords: IPT-B

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Obsessions, Compulsions in Children Predict Later Risk for Full OCD

**Obsessions and Compulsions in the Community: Prevalence, Interference, Help-Seeking, Developmental Stability, and Co-Occurring Psychiatric Conditions.**

Fullana MA, Mataix-Cols D, et al.

*Am J Psychiatry;* 166 (March): 329-336

Intrusive and impairing obsessions and compulsions are common and appear stable over time, and childhood appearance predicts later adult risk for the full disorder.

**Objective:** Obsessions and compulsions are usually assessed, treated, and described in the context of the diagnosis or treatment of obsessive-compulsive disorder (OCD). However, these symptoms are features of a range of disorders and occur as well in the absence of a disorder. However, there is actually a consequence of such symptoms in the community.

**Design/Methods:** The Dunedin Multidisciplinary Health and Development Study is a longitudinal cohort of residents of Dunedin, New Zealand, who were born between 1972 and 1973. Enrolled members of this birth cohort were assessed on a range of health and social features at different ages. At age 11 years, participants received a NIMH diagnostic interview for children that established, among other things, specific baseline dimensions of obsessive and compulsive symptoms. At ages 26 and 32 years, this interview assessment was repeated.

**Results:** Obsessions and compulsions were common among individuals with mental disorders other than OCD, 31% at age 26 years, and 49% at age 32 years, and among those without OCD or any other disorder—13% and 17%, respectively. Obsessions about being hurt and shameful thoughts were most common; compulsions were most commonly checking to avoid harm. Overall, 45% of those reporting compulsions reported they were emotionally difficult to manage, and the same held true for 20% of those with compulsions. At age 26 years, 21 of those with symptoms (2%) sought help. Of those, most had major depression. A similar pattern held at age 32 years. Having obsessions, but not compulsions, predicted seeking clinical help, specifically obsessions of hurting/killing someone beloved without wanting to, accidentally harming someone, and shameful thoughts. The pattern of types of obsessions/compulsions remained stable over time between the age groups. At age 11 years, 61 subjects (8%) had at least 1 obsession or compulsion and were significantly more likely to have OCD as an adult (odds ratio, 5.90).

**Conclusions:** Obsessions and compulsions are common, impairing, not usually treated, perhaps show different patterns of stability over time, and context-dependence by type of content, and when appearing in children can identify people at risk as adults for development of full OCD.

**Reviewer's Comments:** By identifying the relatively common appearance of such symptoms in the community and their potential emotionally impairing impact, this study underscores the need for clinicians to inquire about them outside of clinical suspicion for OCD, and to detect them early. This is especially so given the evidence that brief cognitive-behavioral therapy interventions can reduce subclinical OCD symptoms over time.

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Excessive TV Watching in Adolescence Can Lead to Depression, Especially in Men

Association Between Media Use in Adolescence and Depression in Young Adulthood: A Longitudinal Study.

Primack BA, Swanier B, et al:
Arch Gen Psychiatry; 66 (February): 181-188

Watching more TV in adolescence is associated with increased rates of depression 7 years later, but a causal relationship has not been established.

Background: It is hypothesized that excessive media consumption may predispose to depression, possibly as a result of reduced social contact, less physical exercise, impaired sleep, or because of the messages transmitted by popular media. However, studies have often not examined the effect of media use longitudinally leading to difficulties in establishing causality.

Objective: To study the association between media exposure in adolescence and depression in young adulthood in a nationally representative sample.

Design: Longitudinal cohort study.

Participants: 4142 adolescents from the National Longitudinal Survey of Adolescent Health.

Methods: In 1995, baseline data were collected about media use. Participants were asked to report hours of exposure during the last week to each of 4 types of electronic media: television, videos, computer games, and the radio. Subjects who were not depressed at baseline were followed up after 7 years using the 9-item Centers for Epidemiologic Studies-Depression Scale (CES-D). Depression was defined as a cut-off score of 10 for males and 11 for females.

Results: Baseline mean daily media use was 5.7 hours, (TV, 2.3 hours; videos, 0.6 hours; computer games, 0.4 hours; and radio, 2.3 hours). In total, 308 (7.4%) of the cohort reported significant symptoms of depression at follow-up. Subjects who watched more television showed a significantly increased risk of developing depression, and for each additional hour of daily television use the risk of depression increased by 8% (OR, 1.08; 95% CI, 1.01 to 1.16) even after controlling for all covariates including baseline CES-D score. Total media exposure had a significant association with later depression (OR, 1.05; 95% CI, 1.0004 to 1.10). There were no consistent associations between development of depressive symptoms and exposure to videocassettes, computer games, or radio. Females were less likely to develop depression given the same total media exposure (OR, 0.93; 95% CI, 0.88 to 0.99) than males.

Conclusions: Television exposure and total media exposure in adolescence are associated with increased odds of depressive symptoms in young adulthood, especially in young men.

Reviewer's Comments: The study found that watching videos, playing video games, and listening to the radio were not associated with development of depression. However, since 1995 media exposure has changed considerably and thus the results may not be similar today (a stronger or weaker association is possible). While longitudinal, the study does not prove causality. Vulnerability to depression may lead to greater television viewing. Also, while adjusted analyses attempted to control for maternal education and educational attainment, the study did not include a large number of other potential confounders (eg, attention-deficit hyperactivity disorder) that may explain the observed association.

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Lack of Efficacy and Patient Request Among Reasons for Discontinuing Injectable Risperidone

Risperidone Long-Acting Injection: A Prospective 3-Year Analysis of its Use in Clinical Practice.
Taylor DM, Fischetti C, et al:
J Clin Psychiatry; 70 (February): 196-200

84% of patients enrolled in this study discontinued risperidone long-acting injection within 3 years of starting it, primarily due to lack of efficacy and patient request.

Background: Although risperidone long-acting injection (Risperdal Consta) has been shown to be effective in clinical trials, the results of the Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) trial indicate that, along with other atypical neuroleptics, risperidone suffered from high discontinuation rates and may therefore be less practically effective. Naturalistic studies have shown high dropout rates for the risperidone depot injection at 6-month and 1-year follow-ups. The injection is typically dosed in ranges from 25 to 75 mg every 2 weeks.

Objective: To identify any relationships between patient demographic and clinical characteristics and continuation with treatment with risperidone long-acting injection.

Participants/Methods: 211 out of a possible 277 patients all started on risperidone long-acting injection for schizophrenia or schizoaffective disorder through a nationalized health service in England and were included in this naturalistic study. The criteria for prescribing the drug were non-compliance with oral medications or intolerance of conventional depot drugs. A starting dose of 25 mg/2 weeks was recommended; however, it was not required. Case notes and patient profiles were reviewed in order to collect data about demographics, medication history, and diagnoses. All patients started on the medication were followed for 3 years.

Results: 16% of patients completed 3 years of treatment with risperidone long-acting injection and 84% discontinued prior to study completion. The average time to discontinuation was 154 days (5 months). The main reasons for discontinuation were patient choice and lack of efficacy. There was no significant difference in dose between those who continued the medication and those who didn't. The variables found to be most associated with discontinuing treatment were younger age, dose of medication <25 mg/2 weeks, longer illness duration, and being an inpatient during initiation of treatment.

Conclusions: 84% of patients enrolled in this study discontinued risperidone long-acting injection within 3 years of starting it, primarily due to lack of efficacy and patient request.

Reviewer's Comments: The big deal here is that even though the majority of patients did not have adverse side effects to the risperidone, 84% of them still stopped the medication. This did not seem to be directly related to the dose, although the authors spend a lot of time talking about how providers need to make sure to dose it at 25 mg/2 weeks. It is quite a challenge to figure out how to help patients take medications, especially those with schizophrenia-spectrum illnesses for whom antipsychotic medications are reliably known to work. Long-acting injectables were designed to target those who will not take pills, but in my experience, compliance with any long-acting injectable, including risperidone, is not very good.

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Few Differences Between CBT, Fluoxetine, or Combination Tx for Adolescent Depression

Remission and Recovery in the Treatment for Adolescents With Depression Study (TADS): Acute and Long-Term Outcomes.
Kennard B, Silva S, et al:
J Am Acad Child Adolesc Psychiatry; January 2 (epub ahead of print):

In the treatment of pediatric major depression, expected recovery rates are around 60% at 36 weeks, with few differences seen between CBT, fluoxetine, or their combination.

**Background:** Although there are considerable data on the response rates with acute treatment of pediatric major depression, longer term follow-up and data on full remission (which is associated with better long-term prognosis) are less well studied.

**Objective:** To study remission, recovery, and residual symptoms across 36 weeks in the Treatment for Adolescents with Depression Study (TADS).

**Design:** Multisite randomized clinical trial.

**Participants/Methods:** 439 adolescents with major depressive disorder entered the 12-week acute treatment phase. Those initially randomized to a non-pill placebo condition (n=327) continued 24 weeks of open treatment.

**Intervention:** Fluoxetine (FLX), cognitive-behavioral therapy (CBT), their combination (COMB), or pill placebo (PBO). Participants were assessed by a blinded independent evaluator at baseline, as well as at weeks 6, 12, 18, 24, 30, and 36. The pill placebo group, treated openly after week 12, was not included in the subsequent analyses. Remission was defined as CDRS-R score of 28. Recovery was defined as retaining remission through week 36 in acute phase (week 12) and/or continuation phase (week 18) remitters.

**Results:** The remission rates at the end of acute treatment were as follows: COMB, 39%; FLX, 24%; CBT, 19%; and PBO, 19%. At week 36, the overall remission rate for all subjects was 60%. Remission rates at weeks 24 and 36 were similar for all 3 treatments groups (COMB, 60%; FLX, 55%; CBT, 64%). Overall, 65% of acute phase remitters and 71% of continuation phase remitters achieved recovery through week 36; this was with no significant between-treatment differences in recovery rates. Residual depressive symptoms at 12 weeks predicted failure to achieve remission at weeks 18 and 36.

**Conclusions:** Most depressed adolescents in all 3 treatment modalities achieved remission at the end of 9 months of treatment.

**Reviewer's Comments:** Combination treatment and FLX monotherapy achieved significantly higher rates of remission early in treatment (week 6) compared with CBT (only 4%). The combination of FLX and CBT was superior to both monotherapies at weeks 12 and 18. Remission rates converged between the 3 treatment groups by 24 weeks. This may be explained by the fact that, in the continuation phase, those initially assigned to monotherapy frequently added the monotherapy that they were not already receiving (FLX added psychosocial treatment, and CBT added an antidepressant medication). The absence of a continued no-treatment or placebo group in the continuation phase also makes it impossible to determine whether the depressive episode had naturally remitted.

**Additional Keywords:** Adolescents

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Modafinil Increases Dopamine Levels in the Brain, May Reflect Risk for Abuse

Effects of Modafinil on Dopamine and Dopamine Transporters in the Male Human Brain: Clinical Implications.

Volkow ND, Fowler JS, et al: JAMA; 301 (March 18): 1148-1154

Modafinil appears to block dopamine transporters and increases levels of dopamine in the brain.

Objective: Modafinil is a wake-promoting medication primarily used to treat sleep disorders including narcolepsy. It also has been shown to enhance cognition, and has been used for that objective in a range of conditions including schizophrenia as well as attention-deficit hyperactivity disorder (ADHD). Despite its growing use, its specific mechanism of action and effects are still uncertain. Among the uncertainties that need clarification is the actual degree to which modafinil affects dopamine levels in the human brain. Understanding these effects could be important for considering the possibility for abuse potential.

Objective: To use imaging studies with radiolabeled dopamine to assess the impact on brain dopamine of modafinil doses used to treat ADHD (200 mg and 400 mg) in healthy volunteer subjects.

Methods: 10 men who responded to an advertisement were included as subjects. Subjects were ruled out for significant medical, neurological, or psychiatric disorders, and completed a urine screen for psychoactive substances. Radiolabeled tracers were administered and imaged so as to identify dopamine transporter and receptor activity. These measures were obtained after placebo and oral doses of modafinil, and were scanned 4 different times over a 4-day period. In addition, measures of physiological effects and self-reports of drug effects on mood were obtained.

Results: Modafinil significantly increased heart rate and systolic blood pressure measures. No changes in behavioral measures were identified. Modafinil significantly reduced raclopride tracer binding potential in the caudate, putamen, and nucleus accumbens. This reflects other increases in extracellular dopamine resulting from medication administration. With modafinil, there was also significantly reduced binding of cocaine tracer in the same regions. This indicates greater occupancy of dopamine transporters in those regions.

Conclusions: Modafinil significantly increases brain dopamine levels presumably through blocking transporters, which may reflect a risk for abuse, brain reward, and euphoric effects.

Reviewer's Comments: While this is a small pilot, and the impact on dopamine as a risk for abuse and dependence is real but not measured here, the growing use of this medication should make clinicians alert to asking questions of those prescribed or using it regarding patterns of use, dependence, mood effects, etc, until the abuse potential is better understood.

Additional Keywords: Modafinil

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First Month Postpartum Has High Risk for Readmission, Especially in Bipolar Mothers

Risks and Predictors of Readmission for a Mental Disorder During the Postpartum Period.
Munk-Olsen T, Laursen TM, et al:
Arch Gen Psychiatry; 66 (February): 189-195

Admission rates for postpartum bipolar recurrence in the first 3 months have been reported to be between 22% and 50%.

Background: The risk of a new-onset mental disorder or a recurrence of an already existing disorder has been hypothesized to increase during the postpartum period. Bipolar and major depressive disorders are considered the most risky illnesses. About one fourth of women with bipolar-spectrum illnesses experience postpartum relapse. Questions remain about whether increased admissions are directly related to childbirth or are a function of a heightened vulnerability amongst women with mental illness.

Objective: To find out whether childbirth is an independent risk factor for psychiatric readmission by comparing mothers and non-mothers and to identify predictors of readmission in the postpartum period.

Design/Methods: This was a cohort study that used the Danish Civil Registration System and the Danish Psychiatric Central Register as sources of information. The study period was 1973 through 2005, and the study examined all women who had had at least 1 psychiatric hospital admission during that time and were at least 15 years old. All women with 1 psychiatric admission (28,124) were compared based on whether they had a child during the study period. In addition, mothers with at least 1 admission prior to the birth of their first child (10,218) were compared based on whether they were re-admitted in the 12 month postpartum.

Results: There was an elevated risk of readmission for women without children. For mothers, there was a decreased risk of readmission during pregnancy and a higher risk of readmission during the first month postpartum. There was a much higher risk of readmission for those with bipolar disorder, especially 10 to 19 days postpartum. In general, a higher number of previous admissions and a shorter time since last admission predicted a greater risk of postpartum readmission. Of mothers with bipolar disorder, 26.9% were admitted within 12 months postpartum compared to 15.7% of mothers with schizophrenia-spectrum disorders.

Conclusions: Mothers with mental disorders have lower readmission rates than non-mothers with mental disorders; however, for mothers, the first month postpartum is particularly vulnerable, especially for those with bipolar disorder.

Reviewer’s Comments: Any issues related to pregnancy and the postpartum period are clearly important. There continues to be a debate about perinatal medication, especially given that many medications, including those for bipolar disorder, can be teratogenic. Pregnancy can be protective from relapse, but childbirth and the postpartum period, when a new mother is significantly physically and mentally stressed, are particularly vulnerable times. Unfortunately, this study did not assess medication, so it is impossible to tell if the postpartum episodes were a result of going off medication during pregnancy. I would certainly advise anyone treating a pregnant woman to consult both with the patient and colleagues about medications and the risks of postpartum relapse.

Additional Keywords: Readmission Risks
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Patients With High Degree of Religious Coping Have More Intensive End-of-Life Tx

Religious Coping and Use of Intensive Life-Prolonging Care Near Death in Patients With Advanced Cancer.
Phelps AC, Maciejewski PK, et al: JAMA; 301 (March 18): 1140-1147

Patients in this study who reported relying more on religious beliefs to help cope with terminal cancer were more likely to have more intensive life-prolonging care near death.

Background: Patients with advanced cancer often report that they rely on religious beliefs and spiritual feelings to cope with the realities of life with the disease, and with the heightened prospect of mortality. Religious coping has been associated with reported attitudes in favor of receiving cardiopulmonary resuscitation, mechanical ventilation, and hospitalization near death. But despite evidence of such associations between religious coping and preferences, it remains unclear if such coping indeed results in actual intensity of care differences at the end of life.

Objective: To follow very sick cancer patients prospectively and to report feelings of religious coping with actual care received.

Design: Multisite study.

Methods: The Coping With Cancer Study followed patients with advanced cancer and their informal caregivers. Patients and their respective caregivers participated in baseline assessment interviews and the caregiver was contacted again within 2 to 3 weeks of death. Medical records were reviewed. A structured clinical interview to assess DSM-IV disorders was also completed as was a questionnaire that identified patient preferences with respect to aggressiveness and preferred type of treatment approach at the end of life. Actual care experiences were determined through review of the medical record and caregiver interview follow-up.

Results: Data on 385 deceased subjects were studied; 78.8% reported that religion helped them cope at least to a moderate degree, and 31.6% endorsed religion as the most important thing that kept them going. A high level of endorsed religious coping at baseline was associated with a significantly greater likelihood of receiving mechanical ventilation compared to those with a low level (11.3% vs 3.6%). Receipt of CPR (7.4% vs 1.8%), and death in an intensive care unit (10.7% vs 4.2%) were also significantly more likely among those endorsing a high degree of religious coping. The relationship between positive religious coping and these outcomes held after controlling for a range of psychosocial variables associated with receiving more intensive end-of-life care. Those with greater religious coping were also less likely to participate in advanced care planning or the completion of living wills, potentially mediating the relationship between coping and outcomes.

Conclusions: Religious coping styles in patients with advanced cancer significantly predict more intensive end-of-life medical care; however, the psychological, attitudinal, or other mechanisms that explain this relationship are not clear.

Reviewer’s Comments: In working with terminally ill patients, exploration of how they cope, adapt to, and seek meaning from their illness could also perhaps be useful to anticipate and counsel care planning and expectations for end-of-life care.

Additional Keywords: Intensive End-of-Life Care

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Parental Distrust of Medical Research Greater in African-American vs White Parents

Racial Differences in Parents' Distrust of Medicine and Research.
Rajakumar K, Thomas SB, et al:
Arch Pediatr Adolesc Med; 163 (February): 108-114

African-American parents are twice as likely as white parents to distrust medical research, which possibly affects minority enrollment and adherence.

Background: African-Americans are frequently underrepresented in clinical research. Poverty, lack of awareness, and access to medical care, transportation, and parking, as well as distrust of medical research have been suggested as reasons for their lack of participation.

Objective: To examine levels of distrust in African-American and white parents toward their children participating in research.

Design: Cross-sectional survey

Participants: 190 parents (140 African-American and 50 white parents).

Methods: A convenience sample of parents was obtained from a hospital-based pediatric primary care center. Parental distrust of medical research was measured by a self-administered 8-item questionnaire assessing trust in research.

Results: African-American parents were more likely than white parents to believe that medical research involves too much risk to the participant (46.8% vs 26.0%; \( P = 0.01 \)), that physicians will not make full disclosure regarding their child's participation (24.6% vs 10.0%; \( P = 0.04 \)), and that participants in medical research will be favored and receive better medical care (48.6% vs 28.0%; \( P = 0.01 \)). Based on a total score, African-American parents had significantly greater distrust than white parents (67% vs 50%; \( P = 0.04 \)). Parents with less than a high school education showed significantly higher distrust compared with college graduates (74% vs 44%; \( P = 0.03 \)). Controlling for level of education, African-American parents showed a 2-fold increase in rates of distrust than whites (AOR, 2.25; 95% CI, 1.01 to 5.01).

Conclusions: Parental distrust toward medical research was significantly greater among African American parents and may be a barrier to enrollment of African-American children in clinical research.

Reviewer's Comments: This study was cross-sectional and based at a single site. Since participants had to consent to be in this research, they may be more trusting than the general population. Previous positive experiences in research participation may lead to greater levels of trust. The use of culturally appropriate recruitment materials as well as using research assistants with similar racial and cultural backgrounds as the subject population can help provide accurate information and potentially reduce parental distrust toward clinical research.

Additional Keywords: Medicine & Research

print tag: () Refer to original journal article.
Can OROS-Methylphenidate Improve OTMP Behaviors of Children With ADHD?

Effects of MPH-OROS on the Organizational, Time Management, and Planning Behaviors of Children With ADHD.


Methylphenidate can produce medium-sized effects on organizational, time management, and planning behaviors in children with ADHD, but a significant proportion are still impaired post-treatment.

Background: An associated feature of attention-deficit/hyperactivity disorder (ADHD) is poor organization, time management, and planning (OTMP). Compared with typical peers, children with ADHD have difficulties carrying out complex planning actions to complete assignments, managing materials needed for assignments, developing a schedule to complete tasks in a timely fashion, remembering tasks and materials, and setting priorities.

Objective: To study the efficacy of stimulant medication on OTMP in children with ADHD.

Design: Double blind placebo-controlled crossover trial.

Participants: 19 stimulant-nave children with ADHD (aged 8 to 13 years) and impaired OTMP functioning.

Methods: Parents and teachers rated OTMP using the Children's Organizational Skills Scale (COSS) and ADHD symptoms with the Swanson, Nolan, and Pelham, Version IV, (SNAP-IV) rating scales at baseline and at the end of each phase. Children were placed on 4 weeks of methylphenidate-osmotic-release oral system (MPH-OROS) or placebo. The first 2 weeks of each treatment phase involved a flexible dosing schedule with the goal of titrating each child to a maximum of 54 mg/day of medication.

Results: MPH-OROS resulted in significant improvements relative to placebo in children's overall OTMP behaviors at home and school, based on Total scores on the COSS-P (parent) \[d =0.68, P =0.015\] and the COSS-T (teacher) \[d =0.86, P =0.006\]. Improvements in COSS-T scores were significantly correlated with reductions in ADHD symptoms \(r=-0.73\), though the correlation between parent-rated OTMP and ADHD scores was smaller \(r=-0.39\) and non-significant. Controlling for change in ADHD symptoms on the parent and teacher SNAP-IV, children's COSS-P and COSS-T Total scores were no longer significantly better on MPH-OROS relative to placebo, suggesting that changes in ADHD mediated the effects of treatment on OTMP. With regard to normalization, 39% (7 of 18) of children no longer met the cut-off scores for study entry on the COSS-P and the COSS-T at the end of the MPH-OROS phase.

Conclusions: The MPH-OROS reduced children's OTMP deficits, and these improvements were associated with improvements in ADHD symptoms. Some children remained impaired in OTMP even after effective stimulant treatment of ADHD symptoms.

Reviewer's Comments: Although underpowered to look at subscales on the COSS, the magnitude of the treatment effect for Materials Management \(d =0.85\) was more than twice that of Task Planning \(d =0.39\). Effects on managing materials may have been mediated by improvements in attention, impulsivity, and in working memory. In contrast, medication may have less impact on cognitive processes involved in complex behavioral sequences (organized actions/task planning). Although superior to placebo with a medium effect size, most of the children (61%) continued to show significant OTMP impairments on MPH-OROS, suggesting the need for other treatments that target OTMP deficits.

Additional Keywords: OTMP/ADHD

print tag: () Refer to original journal article.
Depression Risk Associated With Responses to Fearful Facial Expressions

Risk for Depression and Neural Responses to Fearful Facial Expressions of Emotion.
Chan SWY, Norbury R, et al:
Br J Psychiatry; 194 (February): 139-145

Enhanced neural response to fearful facial expression appears to be associated with the risk of developing depression, not just with the illness itself.

Background: It has been observed in prior studies that patients with major depression have a bias in processing and responding to the sight of facial expressions of others who display fear and sadness. Neuroimaging studies have shown that there is an elevated response in the amygdala, insula, and ventral striatum regions of the brain when depressed individuals, but not non-depressed comparison subjects, are exposed to viewing fearful or sad expressions.

Objective: To determine whether such a pattern of reactivity is a feature of the disorder or a pre-existing phenomenon that might separate those at risk for, and those at less or no risk for, the illness.

Participants/Methods: Investigators identified a group of individuals free of diagnosed mental illness according to structured DSM-IV diagnostic interview, but who had increased vulnerability to depression. Vulnerability was identified by scoring high on the neuroticism scale (high-N) of the Eysenck Personality Questionnaire (EPQ). EPQ and high-N responses have apparently been separately shown to be some of the best predictors of vulnerability to depression. Mood was assessed through use of the Beck Depression Inventory (BDI) and the State-Trait Anxiety Inventory. Subjects participated in a validated, standardized protocol of viewing faces with expressions of fear or happiness of both high intensity and graded intensities in-between.

Results: The high-N group showed higher trait anxiety, but BDI scores were not significantly different among high- and low-N groups. High-N versus low-N groups showed significantly greater activity viewing of fearful as opposed to happy face conditions. Increasing intensity of fear was seen to correspond to a linear trend of activation in the right fusiform gyrus, the left middle temporal gyrus, in the high-N as opposed to the low-N group. These patterns of activation are similar to those seen in fearful and sad face responsiveness of individuals with acute depression conditions.

Conclusions: Individuals at risk for depression on a neuroticism scale, but without active depressive symptoms, demonstrated unusual activation responses to fearful faces in anatomical patterns that are similar to those seen in acute depression, suggesting that this activation response to sad mood of others represents part of a vulnerability to, rather than a feature of, the acute condition.

Reviewer's Comments: While the clinical usefulness of such findings of this study, and other neuroimaging studies, is not immediately clear, the increasing use of neuroimaging across all major disorders to identify the sorts of behaviors, markers, and experiences of patients that seem to herald, rather than characterize, disease could inform more proactive screening practices. In this case, some shift in the concern and response of individuals, for example in therapy with trait anxiety, might keep both clinician and patient more alert to onset of a depressive syndrome.

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DCPR Identifies More Patients With Somatization Symptoms Than DSM-IV

Assessing Somatization With Various Diagnostic Criteria.
Mangelli L, Bravi A, et al:
Psychosomatics; 50 (January-February): 38-41

When applied to gastroenterology, the Diagnostic Criteria for Psychosomatic Research identified 2 to 3 times more patients with somatization and hypochondriacal symptoms than did the DSM-IV.

**Background:** Classification of somatoform disorders remains problematic. DSM-IV classifies somatoform disorders into 6 categories, from somatization disorder to body dysmorphic disorder. Somatization in general has been defined as experiencing psychological distress in terms of physical symptoms and then seeking medical treatment for those symptoms. There is much discussion in general about the upcoming DSM-V, and some have suggested that the category of somatoform disorders should be removed, placing each individual disorder under Axis I or Axis II and reporting somatic symptoms on Axis III. Some of the support for this comes from the disconnect between how the patient experiences a somatic symptom (real) and how medical personnel view it (not real). Instead, symptom-based classifications have been proposed, such as the Diagnostic Criteria for Psychosomatic Research (DCPR).

**Objective:** To compare the DSM-IV and the DCPR in terms of classifying somatoform disorders and symptoms, using 2 different medical settings.

**Participants/Methods:** 200 patients were recruited from an outpatient gastroenterology clinic, and 170 patients with a recent myocardial infarction were recruited from a cardiac rehabilitation program. Both sites were in Italy. A total of 190 gastroenterology and 153 cardiology patients ultimately participated. All subjects were administered the Italian version of the Structured Clinical Interview for DSM-IV and the Structured Interview for DCPR.

**Results:** 120 gastroenterology patients and 26 cardiology patients met criteria for the Somatization cluster according to the DCPR. Of the total patients, 30.9% (52 gastroenterology patients and 54 cardiology patients) met DCPR criteria for Abnormal Illness Behavior, the DCPR analog to hypochondriasis. Of all patients, 15.5% (53, all in the gastroenterology group) met criteria for a somatoform disorder according to the DSM-IV. Half of those patients meeting DSM-IV criteria for somatoform disorder were not classified as having any DCPR somatization syndrome, and 82% with DCPR somatization syndromes did not qualify for any DSM-IV somatoform disorder.

**Conclusions:** When applied to gastroenterology, the DCPR identified 2 to 3 times more patients with somatization and hypochondriacal symptoms than did the DSM-IV.

**Reviewer’s Comments:** Classification of disorders may not seem like the "coolest" thing to think about in psychiatry, but it is certainly important. Significant revisions to the DSM will almost certainly show up with DSM-V, and somatoform disorders may be one area that will change. I do like the idea of treating somatization more as a symptom than a disorder, especially as it is seen across the range of other Axis I and II disorders. It reminds me of attention disorders, which might be better served as symptoms across disorders rather than disorders on their own.
Network Provides Effective Support to Physicians Using Email

A Novel Network for Mentoring Family Physicians on Mental Health Issues Using E-Mail.

Hunter JJ, Rockman P, et al:
Acad Psychiatry; 32 (November-December): 510-514

The Collaborative Mental Health Care Network provides effective clinical mental health care support to family practitioners, even via email.

**Background:** A large percentage of patients in treatment with a family practitioner have mental health issues and no access to a psychiatrist or psychotherapist. In Ontario, Canada, where services are not closely linked, the Collaborative Mental Health Care Network was organized to establish mentoring groups between 10 and 25 family doctors and a psychiatrist and psychotherapist. This was designed to facilitate communication and consultation via phone, email, small-group meetings, and an annual conference.

**Objective:** To better understand how the email component of this program worked in terms of communication between mentor and mentee, and to come up with ideas for future research.

**Methods:** Two methods were used to assess the program. First, a survey was sent out to all mentees asking questions about the content and efficacy of the program; 53% responded. Second, a qualitative analysis was done on a sample of emails that were forwarded to researchers from 8 mentors and 26 mentees. This represented 16% of participants who used email as their primary form of communication. The qualitative analysis was conducted to answer questions about the most important issues for participants, relationships that develop between mentors and mentees, and evaluation of the functioning of the program.

**Results:** 70% of questions raised regarded non-emergency clinical issues such as pharmacological management, treatment, and diagnosis. Questions about how to conduct psychotherapy also arose. In the qualitative analysis of emails, it appeared that both specific instructions and suggestions for looking to other resources were used to help guide mentees. Relationships where mentees were deferential to mentors and valued their credibility were evident. Overall, 88% of family practitioners surveyed reported that their mental health care skills had improved.

**Conclusions:** It appears from this preliminary study that the Collaborative Mental Health Care Network provides effective clinical mental health care support to family practitioners, even via email.

**Reviewer's Comments:** I liked this article, not because it was so scientifically rigorous, but because it really made me think about ways to improve communication, and therefore patient care, across disciplines. I was initially concerned about liability, but the authors write that communications were considered equivalent to hallway discussions among colleagues. In terms of email itself, it represents a quick, convenient, and written means with which to communicate, but it is also less personal and potentially less confidential. I can see how one might be hesitant to encourage family practitioners to see themselves as psychiatrists, but in a time when there is such limited care to begin with, some is better than none at all.

**Additional Keywords:** Email Consultation

**print tag:** () Refer to original journal article.
Are Difficult Tx Regimens in CF Associated With Increased Child Psychopathology?

Adherence and Psychopathology in Children and Adolescents With Cystic Fibrosis.

White T, Miller J, et al: 

Eur Child Adolesc Psychiatry; 18 (February): 96-104

**Adherence to cystic fibrosis treatment is associated with increased rates of anxiety disorders.**

**Background:** Cystic fibrosis (CF) is the most common lethal inherited disease in subjects of Northern European origin, with an incidence of 1 in 2500 live births. Improvements in the efficacy of treatment regimens for CF have led to an increase in the lifespan of affected individuals. Treatments include multiple oral medications, dietary interventions, nebulizer treatments, chest physical therapy, and postural drainage or use of a positive end-expiratory pressure or vibratory mask. Regimens are very complex, tedious, and time-intensive and thus may be associated with increased rates of child psychopathology and/or impairment in family functioning.

**Objective:** To assess the rates of psychiatric disorders in children and adolescents with CF and to explore the relationship between psychopathology and family function on adherence rates.

**Design:** Cross-sectional survey.

**Participants:** 52 patients aged 9 to 17 years with CF.

**Methods:** Structured psychiatric interviews with youth and parents assessed adherence to treatment, family functioning, and child psychopathology.

**Results:** More than three fourths of families reported being adherent to treatment recommendations. Lower treatment adherence was seen with males and in those with less severe disorder. Of children, 57% met DSM criteria for at least 1 psychiatric diagnosis (most commonly an anxiety disorder). Children with anxiety disorders and families that were more cohesive showed significantly higher rates of adherence to CF treatments. In contrast, families that had either overly rigid or overly flexible patterns of family functioning tended to have lower rates of adherence.

**Conclusions:** Anxiety disorders in children with CF may be associated with increased adherence to the numerous CF treatment regimens. In addition, families that are cohesive and balanced may be better able to incorporate CF treatments into family life.

**Reviewer's Comments:** In contrast to hypotheses of the investigators, poor adherence to very complex treatments for CF was not associated with increased rates of child psychopathology, rather child anxiety (and possibly parental worry) was associated with better adherence. In previous research, having more severe disorder and therefore more complex treatment regimens has been shown to be associated with lower adherence; this was not found here where the more intrusive and complex interventions were linked to better adherence. The association between family patterns and better adherence is expected, but it remains to be seen whether therapy to improve family functioning can improve CF treatment adherence.

**Additional Keywords:** Psychopathology & Adherence

**print tag:** () Refer to original journal article.
Is Group Psychoeducation Effective for Bipolar Disorder?

Group Psychoeducation for Stabilised Bipolar Disorders: 5-Year Outcome of a Randomised Clinical Trial.

Colom F, Vieta E, et al:
Br J Psychiatry; 194 (March): 260-265

A 6-month group psychoeducation intervention has longstanding impact on a 5-year course and stability of bipolar illness.

Background: Psychoeducation and other supports, especially inclusion of family in educational and supportive therapies, have shown themselves effective in keeping stabilized bipolar patients stable. The authors here had previously completed a randomized controlled trial of the effect of group psychoeducation on preventing recurrence of mood episodes, reducing hospitalization, and improving adherence to medication treatment. However, their work, as well as studies of similar psychological and support approaches, has generally looked at outcomes over the short term.

Objective: To extend the observation of participants and controls in the prior study of effectiveness, which was over 2 years, thus allowing here the opportunity to look at the maintenance and sustainability of these outcomes 5 years after intervention.

Participants/Methods: Originally, subjects were identified within a bipolar disorders clinic in Barcelona. All subjects first received standard treatment over a 21-week period. Stabilized patients, as defined by euthymic scores on the Young Mania Rating Scale (YMRS) and <6 on the Hamilton Rating Scale for Depression (HAM-D-17), could then be randomized to the intervention group of psychoeducation sessions or to an unstructured group meeting. Time to recurrence, with recurrence defined by YMRS/HAMD-17 cut-offs, number of recurrences, days spent ill, and frequency and length of hospitalizations, were outcome measures. The group intervention focused on illness awareness, treatment adherence, early identification and acknowledgment of symptoms, and recurrences and related issues of regular lifestyle routines.

Results: 99 patients completed the 5-year follow-up. Those in the intervention group had significantly fewer recurrences (3.86 vs 8.37) overall and, by type, longer times to recurrence, as compared to controls. They also spent significantly less time ill overall (153.72 vs 586.45 days), and by mood type, the least difference among groups was in time spent manic (26.1 vs 61.27). Days in hospital were also significantly less in the treatment arm (30 vs 45), but the number of overall hospitalizations were the same. Finally, poor adherence was found in 14.3% and 14.0% of controls and cases, respectively.

Conclusions: The benefit in terms of reduced illness episodes and related morbidity from a group psychoeducation intervention was sustained over 5 years, with effects that seem independent of compliance with medication.

Reviewer's Comments: Basic illness awareness and lifestyle self-management appear to have sustained effects on illness course, impairment, and severity, and, in the absence of access to formal group offerings, are elements that should be emphasized, standard features of ongoing management of patients with these disorders.

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GAD, the Amygdala, Anticipatory Anxiety for Predicting Treatment Response

Anticipatory Activation in the Amygdala and Anterior Cingulate in Generalized Anxiety Disorder and Prediction of Treatment Response.

Nitschke JB, Sarinopoulos I, et al:
Am J Psychiatry; 166 (March): 302-310

Heightened responses by the amygdala to anxiety cues are unique among patients with generalized anxiety disorder and predict treatment response.

**Background:** Generalized anxiety disorder (GAD) is common and disabling. However, compared to other anxiety disorders, such as obsessive-compulsive disorder, it has been less studied with respect to neuroimaging and pathophysiology. As a key behavioral and emotional feature of this disorder is the focus on, and heightened anticipation of, negative events or outcomes, better understanding of the neurocircuitry of that experience has become a focus of research. Studies of the anticipation of aversive stimuli has focused especially on the amygdala, through studies that look at brain regional activity in response to subjects viewing a warning “cue” (i.e., minus sign figure), followed by a negative or aversive image, a positive sign by positive images, etc., to the point that reviewing a minus sign or cue would lead one to expect or anticipate a negative image to follow. Thus, the neurology of anticipation of aversive outcomes can be imaged and studied.

**Objective:** To test the hypothesis that patients with GAD as opposed to controls would show higher amygdala sensitivity and thus activity in anticipation of negative events, and that the magnitude of this heightened sensitivity would predict response to treatment.

**Participants/Methods:** Subjects included patients who screened for GAD, verified by structured clinical interview, and unaffected controls. Patients with recent depression or cutoff depression scores were not included. All subjects participated in the imaging session using the cue and image exercise briefly described above. Those subjects with GAD then entered an 8-week trial of extended-release venlafaxine treatment during which time treatment response was assessed using standardized symptom scale measures.

**Results:** Patients with GAD showed greater anticipatory brain activity for negative and neutral stimuli anticipation in the bilateral dorsal amygdala compared to controls. Response to positive stimuli was similar among controls and GAD subjects. Anterior cingulate cortex activity magnitude to negative and neutral stimuli predicted symptom response to venlafaxine treatment at 8 weeks.

**Conclusions:** Pretreatment anterior cingulate cortex response to anticipation, be it to neutral or aversive stimuli, predicts later response to treatment for GAD.

**Reviewer’s Comments:** The lesson from this paper is 2-fold with respect to future practice and possible treatments: the lateral dorsal amygdala hypersensitivity to anticipation may reflect a unique processing among GAD patients, but anterior cingulate activity may mediate that response or the degree that it can be modulated or adaptable to change with the treatment used here.

**Additional Keywords:** Amygdala & Anticipatory Anxiety

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Paranoid delusions involve both cognitive, sense-making features and emotional processes that can be clarified as targets of treatment.

**Background:** Fixing the etiology of psychosis for the purposes of targeting better therapies has been a slippery task. The wide range of psychotic experience (the range of symptoms and thinking which that label includes) has similarly fostered a range of genetic, behavioral, cognitive, and diagnostic features deemed central to the etiology, treatment, and diagnosis of the range of disorders and conditions that might include "psychosis." The authors suggest that some order to this chaos could come from more careful and uniform categorization of phenotypic features of psychotic experience that might drive how conditions are characterized so as to see more over-arching "structure" to these sorts of symptoms that could guide study of etiologies and treatment approaches that might transcend specific diagnostic categories within which psychotic experience occurs.

**Objective:** To attempt to look at which among a range of psychological mechanisms and features used to describe or explain psychosis are most robust through examining those with paranoid delusions, which is a good example of the transdiagnostic and transcultural phenomenon of psychosis that the authors hope to try to identify some unifying features.

**Participants/Methods:** Subjects were recruited from outpatient clinics in England who had evidence of persecutory delusions, confirmed by structured interview. These subjects and healthy controls participated in a range of assessments with validated rating scales or interview tools that rated different features of cognitive or emotional processing often attributed to this condition, such as, on the cognitive side: information processing biases ("jumping to conclusions"), inflating estimates of future threats, and extent of explaining negative events via external causes; or on the emotions side: difficulty inferring the reasoning of other people ("theory of mind deficits") or dysfunctional strategies to deal with feelings of low self-esteem.

**Results:** The best-fit explanatory model of identified characteristics that distinguished individuals with psychotic paranoia from controls were a combination of emotional features--pessimistic thinking style (poor esteem, pessimistic explanations) and features of cognitive performance--processing biases, executive function differences, and theory-of-mind difficulties. Each cluster was significantly associated with paranoia when controlling for the other cluster.

**Conclusions:** Both cognitive and emotional processes, but certain testable features of each, identify potentially unique and common sets of characteristics of paranoia across disorders.

**Reviewer's Comments:** Attempts such as this to find reproducible, basic phenotypes of emotional psychology of cognitive capacity common across specific disorders could be tools to reliably identify different constellations of symptoms other than disorder upon which to base etiological research in psychiatry.

**Additional Keywords:** Cognition & Affect

**print tag:** () Refer to original journal article.
Vilazodone Appears Effective for Depression

Evidence for Efficacy and Tolerability of Vilazodone in the Treatment of Major Depressive Disorder: A Randomized, Double-Blind, Placebo-Controlled Trial.

Rickels K, Athanasiou M, et al:

J Clin Psychiatry; 70 (March): 326-333

Vilazodone appears to be effective in the treatment of major depressive disorder, as compared to placebo.

**Background:** There is no need to remind clinicians that major depression is both common and still often not completely or successfully treated. Variability of response among individual patients, side effects, maintenance of remission, and delayed onset of effects are all challenges for treatment. The prominent and widely published STAR*D series of studies comparing common treatments and clinical decision scenarios essentially identified no superiority among agents, which tended to mostly differ according to tolerability; thus, the potential opening for considering new agents with novel mechanisms of action. Vilazodone is one of a new class of antidepressants known affectionately as the indolalkylamines, which combine SSRI's with 5-HT1A partial agonist activity, which has shown to have anti-anxiety and antidepressant effects.

**Objective:** To determine the efficacy of vilazodone for treatment of major depressive disorder.

**Design:** 8-week initial randomized placebo-controlled trial.

**Participants/Methods:** Patients were identified who met criteria for the disorder through structured interviewing and had evidence of threshold severity as evidenced by a Hamilton Rating Scale for Depression (HAM-D-17) score of 22. Subjects were randomized to treatment with placebo or vilazodone titrated within a 20-mg to 40-mg dosing range. Treatment response was assessed with symptom rating scales (Montgomery-Asberg Depression Rating Scale [MADRS] and HAM-D-17) at weeks 1, 2, 4, 6, and 8.

**Results:** 410 patients were randomized. Mean changes in MADRS and HAM-D-17 scores and response rates as measured by those scores were significantly greater for vilazodone beginning at week 1 of assessment. However, discontinuation due to adverse events was greater in the vilazodone group (9.3%) versus placebo (4.9%). These most prominently included diarrhea and nausea, although only a small number of events in either group were rated severe (8.8% vs 5.4%, respectively).

**Conclusions:** Vilazodone, with an SSRI as well as partial agonist activity at 5-HT1A receptors, appears to be effective in terms of measured clinical response for major depressive disorder compared to placebo.

**Reviewer's Comments:** Whether or not vilazodone and indolalkylamines are the next big thing in antidepressant treatment, the importance to the field will be studies yet to come to look at the efficacy of this medication relative to others, rather than placebo, and the degree to which we advance more generally the predictive capability to identify characteristics, if any, that differentiate which patients may respond to which medication.

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CBT May Reduce Occurrence of Violence in Schizophrenic Patients

Cognitive-Behavioural Therapy V. Social Activity Therapy for People With Psychosis and a History of Violence: Randomised Controlled Trial.
Haddock G, Barrowclough C, et al:
Br J Psychiatry; 194 (February): 152-157

CBT for patients with schizophrenia that targets psychotic symptoms and anger may reduce occurrence of violence.

Background: The risk-assessment, treatment, and treatment planning of aggressive and violent behavior with schizophrenic patients are frequent management challenges. Studies suggest that the risk of violence in these patients is elevated in the context of delusional symptoms and anger. Cognitive-behavioral therapy (CBT) interventions have now been widely studied with patients with schizophrenia. These patients are often among chronic, treatment-resistant groups, and it appears that CBT can be effective in helping to reduce psychotic symptoms. Anger has also often been a target of CBT treatments. However, there has been little examination of CBT targeted precisely to patients with complex presentations of aggression and/or violence risk.

Objective: To investigate the effectiveness of CBT on violence, anger, psychosis, and risk outcomes with people who had a diagnosis of schizophrenia and a history of violence.

Methods: Patients were recruited from National Health Service trusts in Northwest England. Patients had DSM-IV confirmed diagnosis of schizophrenia and history of violence defined by specific criteria regarding recorded incidents within specified timeframes. Patients also experienced and had PANSS scores consistent with hallucinations and/or delusions. Patients were randomized to CBT intervention with motivational strategies to engage distress of psychotic symptoms as well as manage anger, or a social activity therapy program (SAT) to serve as a control experience of being in a defined, therapist-driven activity. Subjects were followed at baseline, at 6 weeks, after treatment (6 months), and at later follow-up (12 months) with a range of objective inventories and scales of both subjective experience of anger and aggression, as well as outward occurrences of same as obtained through both individuals, reports, case records, and collaterals.

Results: 68 subjects completed follow-up. Over the follow-up period, significantly more people who were in the SAT program were physically (although not verbally) aggressive as compared to those in the CBT intervention. Those receiving CBT had no difference in change of overall symptom scores, but did have significantly reduced severity of delusions at the end of treatment, though not at follow-up, and also had significantly less time needed to be devoted to risk-management work by treatment teams.

Conclusions: A CBT program appeared to have some impact on severity of symptoms often related to violence, actual incidents of aggression, and time needed to address or plan around concerns of violence, in patients with schizophrenia.

Reviewer’s Comments: Such a program of targeted CBT might be a cost-effective and useful intervention for programs working with a significant group of such patients, particularly in residential settings, and as a potential referral option for clinicians who have heightened concerns about violence risk in their patients, and/or treatment-resistant delusions and angry behavior and thought-content.

Additional Keywords: CBT vs Social Activity Tx

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