In This Issue

JAMA Psychiatry
Formerly Archives of General Psychiatry

Research

Functional Outcome Prediction

Carrión et al found that functional impairments, reduced neurocognitive performance, and nonpositive attenuated symptoms at baseline were associated with an increased risk of poor long-term functioning in a prospective, naturalistic, longitudinal follow-up study of individuals at clinical high risk for developing psychosis. Poor functional outcomes were not entirely dependent on emerging psychosis, further highlighting the need for intervention at this early stage of development for those who do and do not convert to a full-blown psychotic disorder.

Corticostriatal Circuitry and Psychosis

Fornito et al used resting-state functional magnetic resonance imaging to demonstrate that both patients with first-episode psychosis and their unaffected relatives show a common dysregulation of corticostriatal systems, characterized by hypoconnectivity of dorsal and hyperconnectivity of ventral frontostriatal circuits.

Depressive Relapse in Cognitive Therapy Responders

Jarrett et al examined the efficacy of continuation phase therapy across 8 months in comparison with pharmacotherapy with fluoxetine or pill placebo in 241 patients with recurrent major depressive disorder at higher risk for relapse/recurrence. Results indicated that both continuation phase therapy and fluoxetine reduced the risk of relapse across 8 months of treatment. There were, however, no significant differences in relapse/recurrence rates across 24 months after treatments were stopped.

Prevention of Depression in At-Risk Adolescents

Beardslee and colleagues report the 33-month follow-up of a randomized prevention trial of 316 offspring of depressed parents. Youth (aged 13-17 years) had a prior depressive episode, current subsyndromal symptoms, or both. Adolescents in the cognitive-behavioral prevention program had significantly fewer onsets of depressive episodes compared with usual care. When parents were not depressed at baseline, cognitive-behavioral prevention was superior to usual care (number needed to treat = 6). The baseline parental depression effect varied across sites.

Irritability/Anger in Unipolar Major Depressive Episodes

A longitudinal cohort of patients with unipolar major depressive episodes (MDEs) was studied by Judd et al. Anger/irritability in 54.5% of participants with a unipolar MDE at study intake was significantly associated with increased depressive severity, longer index MDEs, poor impulse control, greater psychosocial impairment, and more severe long-term course of illness. The presence of irritability/anger during MDEs is a robust clinical marker of a more severe complex depressive illness.

Regulating Negative Emotion and Depressive Symptom Severity

Heller et al examined relationships between changes in circuits involved in regulating negative emotion and depressive symptoms over a 6-month antidepressant trial. Slope trajectories were calculated for rate of change in depression severity as well as rate of change in neural activity. Patients showing the fastest decrease in depression severity also showed the fastest increase in prefrontal cortex activity when regulating negative emotion.

Opinion

Viewpoint

Carrión et al found that functional impairments, reduced neurocognitive performance, and nonpositive attenuated symptoms at baseline were associated with an increased risk of poor long-term functioning in a prospective, naturalistic, longitudinal follow-up study of individuals at clinical high risk for developing psychosis. Poor functional outcomes were not entirely dependent on emerging psychosis, further highlighting the need for intervention at this early stage of development for those who do and do not convert to a full-blown psychotic disorder.

Corticostriatal Circuitry and Psychosis

Fornito et al used resting-state functional magnetic resonance imaging to demonstrate that both patients with first-episode psychosis and their unaffected relatives show a common dysregulation of corticostriatal systems, characterized by hypoconnectivity of dorsal and hyperconnectivity of ventral frontostriatal circuits.

Depressive Relapse in Cognitive Therapy Responders

Jarrett et al examined the efficacy of continuation phase therapy across 8 months in comparison with pharmacotherapy with fluoxetine or pill placebo in 241 patients with recurrent major depressive disorder at higher risk for relapse/recurrence. Results indicated that both continuation phase therapy and fluoxetine reduced the risk of relapse across 8 months of treatment. There were, however, no significant differences in relapse/recurrence rates across 24 months after treatments were stopped.

Prevention of Depression in At-Risk Adolescents

Beardslee and colleagues report the 33-month follow-up of a randomized prevention trial of 316 offspring of depressed parents. Youth (aged 13-17 years) had a prior depressive episode, current subsyndromal symptoms, or both. Adolescents in the cognitive-behavioral prevention program had significantly fewer onsets of depressive episodes compared with usual care. When parents were not depressed at baseline, cognitive-behavioral prevention was superior to usual care (number needed to treat = 6). The baseline parental depression effect varied across sites.

Irritability/Anger in Unipolar Major Depressive Episodes

A longitudinal cohort of patients with unipolar major depressive episodes (MDEs) was studied by Judd et al. Anger/irritability in 54.5% of participants with a unipolar MDE at study intake was significantly associated with increased depressive severity, longer index MDEs, poor impulse control, greater psychosocial impairment, and more severe long-term course of illness. The presence of irritability/anger during MDEs is a robust clinical marker of a more severe complex depressive illness.

Regulating Negative Emotion and Depressive Symptom Severity

Heller et al examined relationships between changes in circuits involved in regulating negative emotion and depressive symptoms over a 6-month antidepressant trial. Slope trajectories were calculated for rate of change in depression severity as well as rate of change in neural activity. Patients showing the fastest decrease in depression severity also showed the fastest increase in prefrontal cortex activity when regulating negative emotion.
In This Issue

JAMA Psychiatry
Formerly Archives of General Psychiatry

Research (continued)

Serotonin Reuptake Inhibitor Augmentation 1190
Simpson et al compared the effects of augmenting serotonin reuptake inhibitors with risperidone, cognitive-behavioral therapy consisting of exposure and ritual prevention (EX/RP), or pill placebo in 100 adults with obsessive-compulsive disorder (OCD). Those receiving EX/RP had significantly greater reduction in OCD severity and significantly higher response rates, indicating that patients with OCD taking serotonin reuptake inhibitors with ongoing symptoms should be offered EX/RP before antipsychotics.

Related Editorial 1129

PTSD and Reduced In Vivo Norepinephrine Transporter 1199
Pietrzak et al examined in vivo norepinephrine transporter availability in the locus coeruleus in adults with posttraumatic stress disorder (PTSD). Results revealed that adults with PTSD had significantly lower norepinephrine transporter availability compared with healthy adults (41% lower) and trauma-exposed adults without PTSD (31% lower). Norepinephrine transporter availability in the locus coeruleus was independently positively associated with severity of anxious arousal (ie, hypervigilance) in adults with PTSD.

Risk Factors for Borderline Personality Disorder 1206
The study by Reichborn-Kjennerud et al explores the structure of etiological factors underlying the symptoms of DSM-IV borderline personality disorder. Results indicate that most of the genetic effects on the individual criteria derive from one highly heritable general factor, while the environmental influences were mostly criterion specific.

Large-Scale Brain Networks in Fragile X Syndrome 1215
Hall et al examined the large-scale brain networks underlying the cognitive and behavioral symptoms of fragile X syndrome, the most common known inherited cause of intellectual disability. Five large-scale networks were identified in which patients with fragile X showed significantly decreased functional connectivity compared with matched controls.

Autism and Celiac Disease 1224
Ludvigsson et al examined the risk of autism among some 43 000 individuals undergoing investigation for celiac disease. Autism was markedly increased among individuals with normal small intestinal mucosa but positive celiac disease serologic test results, while no association was seen with celiac disease with villous atrophy.

Preterm Birth and Mortality and Morbidity 1231
D’Onofrio et al examined the association between early gestational age and numerous indices of mortality and morbidity in a population-based cohort study in Sweden. The analyses, which compared differentially exposed siblings, suggest that the mechanisms responsible for the relations between preterm birth and mortality and morbidity are outcome specific.

Novel Approach for Treatment Moderator Profiles 1241
Wallace et al demonstrate a novel moderator approach using data from a randomized clinical trial comparing pharmacotherapy and psychotherapy as treatments for depression. Eight individual moderators were optimally combined to create a single moderator with a much stronger effect size than any of the individual moderators examined. Unlike when multiple individual moderators are identified, a single optimally combined moderator can provide practitioners with a clear and consistent algorithm for making treatment decisions.

Downloaded From: http://archpsyc.jamanetwork.com/ on 11/04/2016