**Research**

**Influence of CRTC1 Polymorphisms on BMI**

Choong and colleagues examined the association between polymorphisms within a new obesity candidate gene (CRTC1) and body mass index or fat mass in 3 psychiatric cohorts (n = 152, n = 174, and n = 118) and in the general population (n = 5338 and n = 123 865). In the psychiatric cohorts, lower body mass index and/or fat mass were observed in rs3746266 G allele carriers compared with noncarriers, the strongest effect being observed in younger women. A smaller, still significant, association was observed in the general population.

**Late-Life Depression and Suicide**

Dombrovski and colleagues examined neural responses to expected reward and unpredictable rewards in depressed elderly individuals with and without a history of suicide attempts. History of suicide attempts (particularly poorly planned ones) and impulsivity were associated with blunted expected reward signals in the paralimbic cortex, which in turn predicted the behavioral insensitivity to contingency change. Depression was associated with disrupted cortico-striato-thalamic encoding of unpredicted rewards.

**Cortical Folding Defects in First-Episode Psychosis**

Palaniyappan and colleagues report that cortical folding patterns measured with a relatively simple structural neuroimaging approach at the start of treatment can differentiate patients with first-episode psychosis who respond to early intervention (responders) from nonresponders after 12 weeks of treatment. Early nonresponders appear to have a higher burden of neurodevelopmental disruption. Stratified treatment plans based on prognostic neuroimaging markers, rather than symptom-based diagnosis, may be feasible in psychosis.

**Depression and Cognitive Decline in Diabetes**

Using data from the ACCORD-MIND trial, Sullivan and colleagues found that participants with baseline 9-item Patient Health Questionnaire scores of 10 or more showed greater cognitive decline than those with scores less than 10 during 40-month follow-up on all cognitive tests. This effect of depression on risk of cognitive decline did not differ according to previous cardiovascular disease, baseline cognition or age, intensive vs standard glucose-lowering treatment, blood pressure treatment, lipid treatment, or insulin use.

**CBT and Cognitive Reappraisal**

Goldin and colleagues found that, compared with a wait-list control group, cognitive behavioral therapy produced (1) greater blood oxygen level–dependent signal magnitude in the dorsolateral and dorsomedial prefrontal cortex, (2) earlier temporal onset of dorsomedial prefrontal cortex activity, and (3) greater dorsomedial prefrontal cortex–amygdala inverse functional connectivity in patients with social anxiety disorder.

**Glutamate Levels in the Associative Striatum**

de la Fuente-Sandoval and colleagues prospectively examined glutamate levels in patients with first-episode psychosis. They found that glutamate levels were elevated in the associative striatum and cerebellum before antipsychotic treatment and decreased only in the associative striatum after clinically effective treatment.

**Opinion**

**Viewpoint**

1007 Firearm Injuries and Death: The Cost of Shooting in the Dark

ML Rosenberg

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1009 What Is the Core of Schizophrenia?

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**LETTERS**

Comment and Response

1115 High Prevalence and Low Fecundity of Mental Disorders May Reflect Recessive Effects

1115 Fertility Rates in Patients With Mood Disorder in Sweden and Sardinia

1008 Correction

**Art and Images in Psychiatry**

1004 Henri Rousseau (1844-1910), The Dream, 1910, French.
Antipsychotics and the Risk of Type 2 Diabetes 1067

Bobo and colleagues compared the risk of new-onset treated type 2 diabetes in children and youth (6-24 years of age) for recent initiators of antipsychotic drugs (n = 28,858) vs propensity score–matched controls who had recently initiated another psychotropic medication (n = 14,429) using data from Tennessee Medicaid. Antipsychotic users had a 3-fold increased risk for type 2 diabetes, which was apparent within the first year of follow-up and increased with cumulative antipsychotic dose.

Familial Transmission of Externalizing Disorders 1076

Hicks and colleagues investigated the family transmission of externalizing disorders (substance use disorders and antisocial behavior) using families with biological (n = 1,590) or adoptive (n = 409) offspring. Biological offspring were similar to their parents (r = 0.27-0.30), but adoptive offspring were not (r = 0.03-0.07), indicating genetic transmission between parents and offspring. Adoptive siblings, however, exhibited significant similarity (r = 0.21), indicating both shared environmental (c² = 0.20) and genetic (a² = 0.61) influences on externalizing disorders.

Geography and Medicaid Mental Health Care 1084

Cummings and colleagues examined the availability of outpatient mental health care facilities that accept Medicaid across US counties. More than one-third of counties do not have one of these facilities. Furthermore, rural counties and counties with a higher percentage of black and Hispanic residents are more likely to lack one of these facilities.

Mortality in Psychopharmacology Clinical Trials 1091

Based on epidemiologic data indicating higher mortality rates among patients with psychiatric illness, Khan and colleagues used data from the US Food and Drug Administration archives to evaluate mortality risk in psychopharmacology clinical trial participants (n = 92,542). Three- to 4-month exposure to psychotropics did not increase the mortality risk compared with placebo.

Symptoms of Depression in Men vs Women 1100

Martin and colleagues examined whether inclusion of alternative symptoms representing male-type depression mitigated or eliminated sex disparities in depression rates. Men reported higher rates of anger attacks/aggression, substance use, and risk taking compared with women. Analyses using a new scale that combined alternative and traditional depression symptoms found that men and women met criteria for depression in equal proportions.