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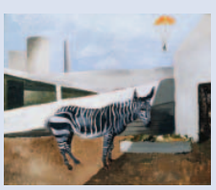

Zebra and Parachute (1930).
Christopher Wood (1901–1930).

John Christopher (Kit) Wood was born on 7 April 1901. The son of a doctor, Wood was a strong, healthy child but developed a severe illness in his early teens that was to change his life. He became weakened and sometimes walked with a stick. Having developed some aptitude for drawing and painting during his long recovery, nursed by his devoted mother, Wood went to university to study architecture but soon left with the expressed intention of becoming a great painter. He went to Paris where he enjoyed the patronage of high society and was also introduced to opium. He came to know influential figures in the arts world including Augustus John, Picasso, Jean Cocteau, Diaghilev and Ben and Winifred Nicholson. At times he worked ceaselessly but at others his existence seems to have been almost disordered. His painting style, being mostly figurative, showed elements of various influences and changed over time but was always his own. He is perhaps most widely known for the pictures of northern France produced towards the end of his life but he was also capable of extraordinary landscapes, still life and portraiture. *Zebra and Parachute*, one of Wood's last paintings, suggests aspects of surrealism but its background is an actual place – the Paris house of the architect Charles-Edouard Jeanneret-Gris, Le Corbusier. Set against this is the exquisitely painted and exotic figure of the zebra and skyward, the descending, apparently dead, parachutist. How Wood's painting might have developed can only be a matter of conjecture. He had continued to use opium, initially as a source of inspiration perhaps but then as a matter of necessity. He developed a paranoid illness possibly related to withdrawal. Kit Wood died at Salisbury railway station on 21 August 1930, the inquest concluding that he had thrown himself in front of a train.

Text by Martin Humphreys. Image © Tate, London 2010.

We are always looking for interesting and visually appealing images for the cover of the *Journal* and would welcome suggestions or pictures, which should be sent to Dr Allan Beveridge, British Journal of Psychiatry, 17 Belgrave Square, London SW1X 8PG, UK or bjp@rcpsych.ac.uk.

The Residents' JOURNAL

Last Issue's

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The Residents' Journal is sent free-of-charge to all psychiatry residents. Anyone interested in being included on the distribution list should contact Angela Moore, the Residents' Journal staff editor at ajp@psych.org with "Subscribe to Residents' Journal" in the subject line.

Upcoming Issue Themes
September: Research
October: Specialists in Psychiatry

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In This Issue

THE AMERICAN JOURNAL OF
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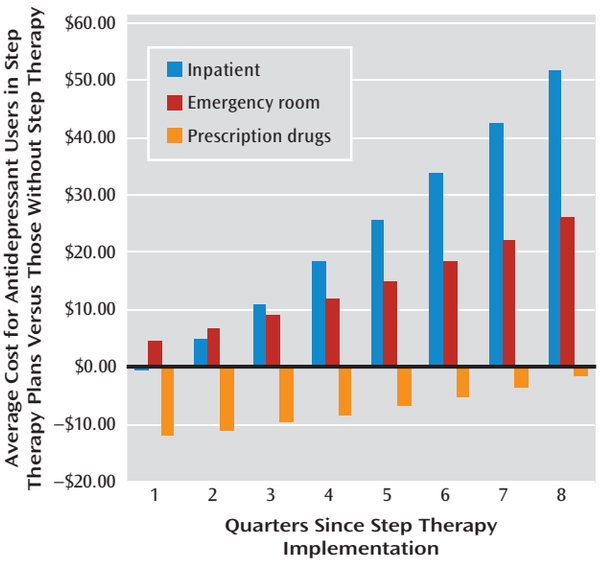

Costs increased both in general and for mental health conditions specifically with step therapy (Mark et al., p. 1202)

Step Therapy Savings on Antidepressants Are Offset by Higher Medical Spending

Requiring initial use of a lower-cost antidepressant before approval of a more expensive one, i.e., "step therapy," decreases the cost of antidepressant drugs initially but is accompanied by increased expenses for inpatient and emergency room treatment. Mark et al. (p. 1202) compared health care expenditures for antidepressant users employed by two large companies using step therapy and by two companies without it. Not only did step therapy result in higher total payments to providers soon after implementation of step therapy, the difference increased over the next 2 years. During the same period, the advantage in prescription drug spending decreased. Dr. John Greden points out in an editorial (p. 1148) that requirements such as step therapy result in lower adherence to prescribed treatments.

Clinical Guidance: Antipsychotic Treatment of Delirium in Severely Ill Children

Children under 5 years of age in the pediatric intensive care unit may develop delirium as a consequence of the presence and treatment of severe medical illnesses. Silver et al. (**CME**, p. 1172) illustrate the evaluation and treatment of delirium in this age group with the case of an 8-month-old girl. Symptoms, which include disorientation, agitated behavior, and failure to respond to parents, can be rated on the Pediatric Anesthesia Emergence Delirium Scale. Intravenous haloperidol (0.05 to 0.15 mg/kg daily in divided doses) can be used if cardiac risk is not present. Second-generation antipsychotics are also recommended.

Clinical Guidance: Suicide in Women With Borderline Personality Disorder and PTSD

Flashbacks from childhood or adult sexual trauma can trigger suicidal and nonsuicidal self-injurious behavior in chronically suicidal women with co-occurring borderline personality disorder and PTSD, according to Harned et al. (p. 1210). Use of the behavior for interpersonal needs, emotional numbing from the PTSD, and comorbid panic disorder possibly contribute to these behaviors. Treatment should be directed toward reducing trauma cue reactivity, as well as developing tolerance skills and substituting alternative, nonharmful behaviors. In an editorial (p. 1152), Dr. Burr Eichelman notes that this study provides evidence that PTSD causes psychopathology that is distinct from borderline personality disorder.

Clinical Guidance: Hypertension and Increased Body Mass Index Affect Cognition in Schizophrenia

Hypertension and increased body mass index, common concomitants of the weight gain induced by antipsychotic medications, are associated with decreased immediate and delayed memory in schizophrenia. Friedman et al. (**CME**, p. 1232) found that these neurocognitive deficits are associated with decreased psychosocial function in patients with schizophrenia. Addressing hypertension and obesity in patients may therefore improve disabling neurocognitive deficits that are not otherwise amenable to treatment. Dr. Henry Nasrallah states in an editorial (p. 1155) that prevention of weight loss is critical for optimal therapeutic response for schizophrenia.

Part A of APA's Major Depressive Disorder Practice Guideline accompanies this issue as a supplement

For free listing of your organization's official annual or regional meeting, please send us the following information: sponsor, location, inclusive dates, type and number of continuing education credits (if available), and the name, address, and telephone number of the person or group to contact for more information. In order for an event to appear in our listing, all notices and changes must be received at least 6 months in advance of the meeting and should be addressed to:

Calendar, American Journal of Psychiatry, 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209-3901, ajp@psych.org (e-mail).

Because of space limitations, only listings of meetings of the greatest interest to Journal readers will be included.

OCTOBER

October 14–17, 62nd Institute on Psychiatric Services, American Psychiatric Association, Boston, MA. Contact: Jill Gruber, APA Annual Meetings Dept., 1000 Wilson Blvd., Ste. 1825, Arlington, VA 22209; (703) 907-7815.

October 22–24, International Conference on Schizophrenia: ICONS IV, Chennai, India. Contact: Dr.R.Thara, Director, SCARF INDIA, scarf@vsnl.com, info@icons-scarf.org (e-mail).

October 26–31, 57th Annual Meeting of the American Academy of Child and Adolescent Psychiatry, New York, NY. Contact: AACAP, 3615 Wisconsin Avenue, N.W., Washington, DC 20016-3007; (202) 966-7300 (tel), (202) 966-2891 (fax), meetings@aacap.org (e-mail), www.aacap.org (web site).

MAY 2011

May 12–14, 55th Annual Meeting of the American Academy of Psychoanalysis and Dynamic Psychiatry. Contact: AAPDP Executive Office, P.O. Box 30, Bloomfield, CT 06002; (888) 691-8281 (tel), (860) 286-0787 (fax), info@aapdp.org (e-mail), www.aapdp.org (web site).

May 14–19, 164th Annual Meeting of the American Psychiatric Association, Honolulu, HI. Contact: Cathy Nash, APA Annual Meetings Dept., 1000 Wilson Blvd., Ste. 1825, Arlington, VA 22209; (703) 907-7822.

May 26–29, 3rd International Congress on ADHD – From Childhood to Adult Disease, Berlin, Germany. Contact: Congress and Exhibition Office: CPO HANSER SERVICE, 011-49-40-670 88 20 (tel), www.adhd-congress.org (web site), adhd2011@cpo-hanser.de (e-mail).

OCTOBER

October 5–8, II International Congress, Dual Disorders, Addictive Behaviors and other Mental Disorders, Barcelona, Spain. Contact: SEPD, www.cipd2011.com (web site).

October 18–23, 58th Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Toronto, Ontario. Contact: AACAP, 3615 Wisconsin Avenue, N.W., Washington, DC 20016-3007; (202) 966-7300 (tel), (202) 966-2891 (fax), meetings@aacap.org (e-mail), www.aacap.org (web site).

October 27–30, 63rd Institute on Psychiatric Services, American Psychiatric Association, San Francisco, CA. Contact: Jill Gruber, APA Annual Meetings Dept., 1000 Wilson Blvd., Ste. 1825, Arlington, VA 22209; (703) 907-7815.

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This month's courses appear on pages 1285–1288.

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Coming in the November 2010 issue*

THE AMERICAN JOURNAL OF
PSYCHIATRY

Problem-Solving Therapy and Supportive Therapy in Older Adults With Major Depression and Executive Dysfunction

P.A. Areán, P. Raue, R.S. Mackin, D. Kanellopoulos, C. McCulloch, and G.S. Alexopoulos

Association Between a High-Risk Autism Locus on 5p14 and Social Communication Spectrum Phenotypes in the General Population

B. St. Pourcain, K. Wang, J.T. Glessner, J. Golding, C. Steer, S.M. Ring, D.H. Skuse, S.F.A. Grant, H. Hakonarson, and G. Davey Smith

Family History of Alzheimer's Disease and Hippocampal Structure in Healthy People

M. Donix, A.C. Burggren, N.A. Suthana, P. Siddarth, A.D. Ekstrom, A.K. Krupa, M. Jones, L. Martin-Harris, L.M. Ercoli, K.J. Miller, G.W. Small, and S.Y. Bookheimer

The Genetics of Autism Spectrum Disorders and Related Neuropsychiatric Disorders in Childhood

P. Lichtenstein, E. Carlström, M. Råstam, C. Gillberg, and H. Anckarsäter

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