



Co-norming of tests in MATRICS Consensus Cognitive Battery suggested need for age and gender correction (Kern et al., p. 214)

New Cognitive Assessment for Schizophrenia Patients

A new neuropsychological test battery for cognitive dysfunction in schizophrenia has been developed. The Measurement and Treatment Research to Improve Cognition in Schizophrenia (MATRICS) Initiative was funded by the National Institute of Mental Health and produced a battery of tests that has been accepted by the Food and Drug Administration (FDA) for evaluations of cognition-enhancing treatments for schizophrenia. Nuechterlein et al. (p. 203) outline the nomination of candidate instruments for the MATRICS Consensus Cognitive Battery and subsequent testing at five U.S. sites. The resulting final battery comprises 10 tests and can be adminis-

tered in about an hour. Kern et al. (p. 214) explain the “co-norming” process. Age and gender had significant effects on the scores, and correction for these variables is recommended. Green et al. (p. 221) relate the search for an additional, co-primary test that would meet the FDA’s requirement for a measure relevant to patient functioning. Two tests of functional capacity and two interview-based measures of cognition were tested. The FDA indicated that any of the four tests would be acceptable in a clinical trial of a new drug to enhance cognitive function in schizophrenia. Philip Harvey and Barbara Cornblatt discuss these articles in an editorial on p. 163.

White Matter Lesions and Treatment Outcome in Late-Life Depression

Depressed elderly patients who remained symptomatic after antidepressant treatment had abnormalities of white matter in several brain regions implicated in

depression. Alexopoulos et al. (p. 238) report a comparison using diffusion tensor imaging, which provides information about the integrity of white matter, the

infrastructure for communication between neurons. Compared to 25 elderly patients whose depression responded to escitalopram, the 23 without remission had lower values in the identified regions. These areas of the prefrontal cortex,

striatum, and limbic system are believed to contribute to a reciprocal network important in the physiology and treatment of depression. Anand Kumar and Olusola Ajilore comment on this report in an editorial on p. 166.

Cross-Cultural Similarity of Obsessive-Compulsive Disorder in Japan

Evidence that biological mechanisms contribute to obsessive-compulsive disorder (OCD) is provided by similarity between the symptoms of Japanese patients and those previously found in Western patients. Matsunaga et al. (CME, p. 251) found that the obsessions and compulsions of 343 Japanese patients fell largely along four dimensions: cleanliness/washing, hoarding, symmetry/ordering and repeating, and aggressive/checking.

The symmetry dimension was associated with earlier onset and greater severity. Both the symmetry and hoarding dimensions were related to worse functioning and poorer response to treatment. These symptom dimensions and relationships to clinical variables are consistent with those reported earlier for Western countries. An editorial by Stefano Pallanti on p. 169 describes cultural influences on symptoms.

Assessment and Treatment of Potentially Violent Patients

Two clinical features in this issue provide expert advice on the assessment and treatment of potentially violent patients. In the first article (p. 190), Nora K. McNamara and Robert L. Findling discuss the assessment and treatment of a 16-year-old boy who is becoming violent. “Guns, Adolescents, and Mental Illness” is part of the *Journal’s* Treatment in Psychiatry series. This series examines the evidence-based treatment for a difficult clinical problem that is outlined in a brief patient vignette. In the second article (p. 195), Dale E. McNeil

et al. present a new method to educate trainees on the assessment of violence in their article entitled “Impact of Clinical Training on Violence Risk Assessment,” the first of a new series, Education in Psychiatry. Like the Treatment series, the Education series begins with a vignette of a clinical problem, in this instance the evaluation of an angry 46-year-old man, but then discusses how to teach psychiatry residents and other trainees to address the problem. The two series are further described in an Editor’s Note, (p. 176).