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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
October: Specialists in Psychiatry
November: Art in the Realm of Psychiatry

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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.

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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Coming in the December 2010 issue*

THE AMERICAN JOURNAL OF PSYCHIATRY

Personalized Medicine for Depression: Can We Match Patients With Treatments?

G.E. Simon and R.H. Perlis

Hurtful Words: Association of Exposure to Peer Verbal Abuse With Elevated Psychiatric Symptom Scores and Corpus Callosum Abnormalities

M.H. Teicher, J.A. Samson, Y.-S. Sheu, A. Polcari, and C.E. McGreenery

National Trends in Outpatient Psychotherapy

M. Olfson and S.C. Marcus

Altering the Trajectory of Anxiety in At-Risk Young Children

R.M. Rapee, S.J. Kennedy, M. Ingram, S.L. Edwards, and L. Sweeney

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Cover picture

The Gang (2010). Lisa Biles (b. 1977)

Lisa has been drawing and painting for most of her life, but started taking it seriously when she studied art at school. She went on to achieve a Fine Art degree at Buckinghamshire Chilterns University College. Lisa writes: 'For me, my art is the only form of communication I feel comfortable with. Having suffered from anorexia nervosa, I have constantly found it difficult to communicate with society. I chose to isolate myself and created my own world where I became powerful, victorious and in control: a place where no one can hurt or poison my mind. The only way I can become indestructible is through painting. Painting is my life and my escape. I'd be extremely lost and frightened without it. This painting is to do with feelings of isolation and not having many friends, so I create my own fantasy world with figures and dolls that are from cartoons, films and popular culture. I often tackle issues of identity and image within my work. I use masks to disguise the characters in my paintings in order to represent that we all use something to hide behind. There is a tension between the playful characters and the threatening ones. The playful ones represent a sense of freedom, like being a kid again and not being judged by anyone, and the threatening ones represent a sense of power and entrapment'.

Image supplied by the Bethlem Gallery, London (www.bethlemgallery.com). With thanks to Beth Elliott.

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.



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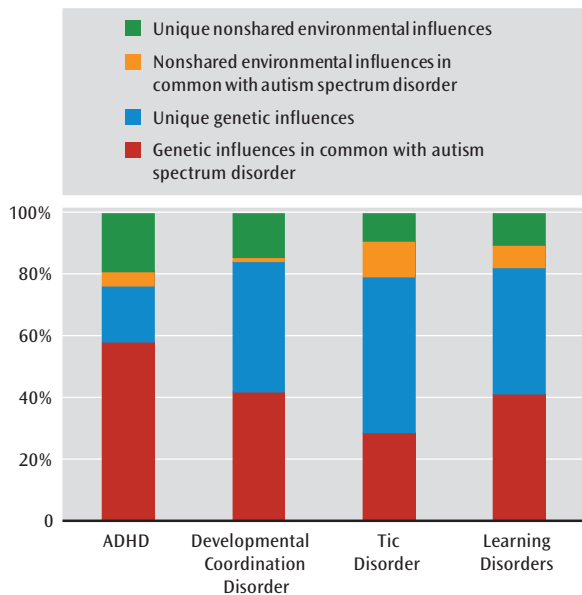
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Autism spectrum disorder shares much of its genetic influence with other disorders (Lichtenstein et al., p. 1357)

The Genetics of Autism

Traits and genetic factors associated with autism spectrum disorders are common in the general population and siblings of patients and are not limited to individuals with the actual diagnosis. Nor is the genetic influence limited to the autism spectrum. St. Pourcain et al. (CME, p. 1364) found that a genetic variant previously linked to the diagnosis influences the trait of social communication in the general population. Among 7,313 children ages 3–12 years, the variant was also associated with a profile including subthreshold impairments in social, communicative, and cognitive abilities. In 1,235 families with an autistic child, Constantino et al. (p. 1349) discovered that 20% of siblings classified as unaffected had language delays plus autistic speech. Such siblings were more common in families having multiple children diagnosed with autism spectrum disorders. The twin study by Lichtenstein et al. (p. 1357) showed that concordance rates for autism spectrum disorders, ADHD, developmental coordination disorder, and tic disorder were greater in monozygotic than dizygotic pairs. Cross-disorder effects were also greater in monozygotic pairs, and a substantial proportion of the genetic variance for autism spectrum disorders was shared with the other disorders (figure). The editorial by Kendler (p. 1291) points out that these findings have emerged because studies of the heritability of autism have encompassed larger numbers of families.

Changing Views of Mental Illness?

Public awareness of the neurobiology of mental illness increased between 1996 and 2006, yet the stigma associated with several major mental disorders did not decline. Pescosolido et al. (p. 1321) found that persons who have a neurobiological conception of schizophrenia or depression

actually had increased likelihood of aversion or fear in their rating of vignettes of individuals with these illnesses. The perception of alcohol dependence as reflecting “bad character” rose from 49% to 65% of survey respondents. Support for treatment increased, however, and in an editorial, Goldman (p. 1289) suggests that the outcome of the study would have been different if the vignettes had included individuals who have recovered from mental illness.

Clinical Guidance: Attachment to the Newborn Infant in Postpartum Depression

Maternal attachment to the newborn infant is often decreased in women who have postpartum depression. Moses-Kolko et al. (p. 1373) used functional magnetic resonance imaging to determine how these mothers perceive angry and sad faces. The left dorsolateral prefrontal cortex, which supports approach behaviors, was underactivated, and its normal connectivity to the left amygdala was not functional. Decreased activation of the left amygdala correlated with severity of depression, and decreased right amygdala activity correlated with the possibility of hostility to the infant. Brain activity in nonemotional tasks was intact. These findings might be of use to clinicians caring for these women to help patients and their families understand that lack of positive emotional reaction to the newborn’s needs has a neurobiological basis. Leibenluft and Yonkers in an editorial (p. 1294) point out that these problems do not necessarily abate when the depression is treated with medication and suggest that clinicians pay specific attention to the mother’s ability to respond emotionally to her baby.

Clinical Guidance: Therapeutic Approach to Geriatric Depression With Executive Dysfunction

Geriatric patients with comorbid major depression and executive dysfunction have psychomotor retardation, apathy, lack of insight into their illness, and behavioral disability disproportionate to the level of their depression, according to Areán et al. (CME, p. 1391). Patients received 12 sessions of psychotherapy that taught steps in problem solving: identifying a difficult problem, setting goals, discussing and then evaluating different strategies to reach goals, creating action plans, and evaluating their effectiveness. This treatment produced a 47% remission rate, compared to 29% with supportive therapy alone. Time to remission correlated with attainment in problem-solving proficiency, generally after 9 to 12 weeks of therapy. Wetherell’s editorial (p. 1297) points out the increased effectiveness of psychotherapy that is targeted to the patient’s identified problem.