

Experience the result of our dedication to data, durability, and efficacy with **NeuroStar® Advanced TMS Therapy**.

INDICATION

NeuroStar Advanced Therapy is indicated for the treatment of Major Depressive Disorder in adult patients who have failed to receive satisfactory improvement from prior antidepressant medication in the current episode. NeuroStar Advanced Therapy is only available by prescription. A doctor can help decide if NeuroStar Advanced Therapy is right for you.

IMPORTANT SAFETY INFORMATION

The most common side effect is pain or discomfort at or near the treatment site. These events are transient; they occur during the TMS treatment course and do not occur for most patients after the first week of treatment. There is a rare risk of seizure associated with the use of NeuroStar TMS (<0.1% per patient).

NeuroStar Advanced Therapy should not be used with patients who have non-removable conductive metal in or near the head. NeuroStar Advanced Therapy has not been studied in patients who have not received prior antidepressant treatment.

Please visit NeuroStar.com for full safety and Prescribing Information.

- 1. Neuronetics Inc. Data on file.
- 2. Carpenter LL, et al. (2012). Depress Anxiety 29(7):587–596.
- **3.** Dunner, D.L., et al. (2014). *J Clin Psych*; 75(12):1394-1401.



Call our Customer Service Center at: **1-877-600-7555** or visit **neurostar.com**

CNS FOCUSED ON THE FUTURE



Supernus Pharmaceuticals is a specialty pharmaceutical company focused on developing and commercializing products for the treatment of central nervous system (CNS) diseases.

25 Years

Our extensive expertise in product development has been built over the past 25 years—fueling the success of more than 10 widely recognized products.

We currently have 2 approved products in market: one focused on the treatment of epilepsy, and the other focused on the treatment of both epilepsy and migraine prevention.

We are dedicated to the goal of improving the treatment of CNS disorders, including epilepsy, migraine, attention deficit hyperactivity disorder (ADHD), impulsive aggression (IA) in ADHD, bipolar disorder, and depression.

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Oklahoma is now home to one of the country's newest and most advanced residential drug and alcohol treatment centers: INTEGRIS Arcadia Trails. At this residential facility, addiction is addressed holistically, along with its co-occurring and compounding issues: **mental illness and trauma.**

Situated among the gently rolling hills and oak forests on the edge of the medical campus of INTEGRIS Health Edmond, this **40-bed facility** offers an unprecedented level of hope for men and women 18 and over who are battling addiction.

And it's a hope that **truly is authentic**, because Arcadia Trails brings together all the tools of addiction recovery – addiction science, medication-assisted treatment (MAT), experiential therapy, rigorous 12-step programs and more – all **in one serene location.**



Center for Addiction Recovery



Discounts Offered Include:

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15% NEW POLICYHOLDER DISCOUNT* (must be claims free for the last 6 months)



Up to 50% New Doctor Discount (for those who qualify)



10% Claims Free Discount (for those practicing 10 years, after completion of training, and remain claims free)



50% Resident-Fellow Member Discount



15% Child and Adolescent Psychiatrist Discount (for those whose patient base is more than 50% children and adolescents)



50% Part-time Discount (for up to 20 client hours a week or less)



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*Where allowable by law and currently not available in AK or NY. (Above Discounts and Coverage Features are subject to individual state approval.)



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AJP in Advance

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Dose-Response Meta-Analysis of Antipsychotic Drugs for Acute Schizophrenia To know the dose-response relationships of antipsychotic drugs for schizophrenia is important for clinicians, but they are not well understood. For this reason we produced a dose-response meta-analysis for 20 second-generation antipsychotic drugs and haloperidol in the acute treatment of schizophrenia. Sixty-eight studies met the inclusion criteria. We identified near-to-maximum effective doses, we explored whether higher or lower doses than the currently licensed ones might be more appropriate, and we derived dose equivalencies.

Distinct Polygenic Score Profiles in Schizophrenia Subgroups With Different Trajectories of Cognitive Development

In this study, 540 individuals with schizophrenia were divided into "cognitive trajectory" subgroups on the basis of patterns of current and premorbid IQ. Analysis of polygenic scores for schizophrenia, ADHD, cognition, and educational attainment showed that these subgroups had distinct genetic profiles and that the profiles converged with developmental and clinical variables.

AJP CME

Earn CME credit: 3 courses per issue

This month's courses appear on pages 275–278.

Each short course is based on one article in this issue and can earn up to $1\,AMA\,PRA$ Category $1\,Credit^{TM}$. CME credit is issued only **online**, and a paid subscription to AJP's CME course program is required.

Visit psychiatryonline.org/cme and click on the "American Journal of Psychiatry" tab.

AJP Multimedia

Access Audio or Video for highlights of each issue

In AJP Audio this month, Executive Editor Michael Roy speaks with Damiaan Denys, M.D., Ph.D., and Ilse Graat, M.D., about their research on assessing the effectiveness and tolerability of deep brain stimulation in patients with refractory obsessive-compulsive disorder (p. 265).

In this month's video, Deputy Editor Daniel S. Pine, M.D., discusses the articles "Reproducible Genetic Risk Loci for Anxiety: Results From ~200,000 Participants in the Million Veteran Program" (p. 223) as well as "Effect of CBT on Biased Semantic Network in Panic Disorder: A Multicenter fMRI Study Using Semantic Priming" (p. 254).

History of Psychiatry

Revisit the field's rich history through the AJP Archive

75 years ago this month: The Reconditioning and Rehabilitating Program in Army Hospitals

While V-E day was still some 75 days away, thoughts were turning toward a postwar world. Walter Barton, who would go on to become President of APA (1961–1962) and then its Medical Director (1963–1974), describes in the March 1945 issue the reconditioning program instituted in all army hospitals in recognition of how increased attention will be given in civilian practice to reconditioning.





