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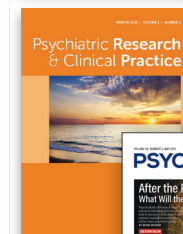
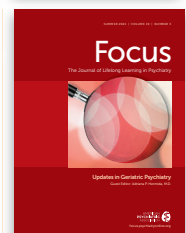
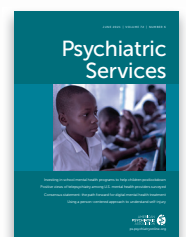
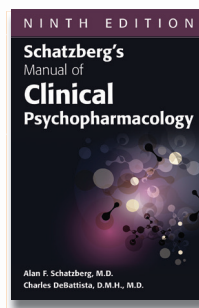
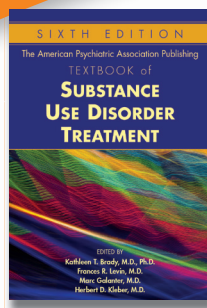
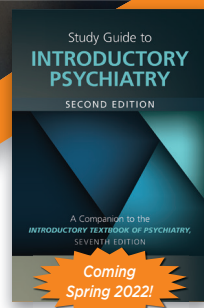
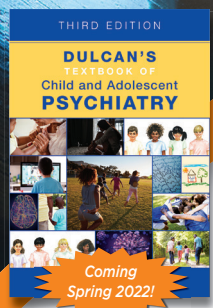
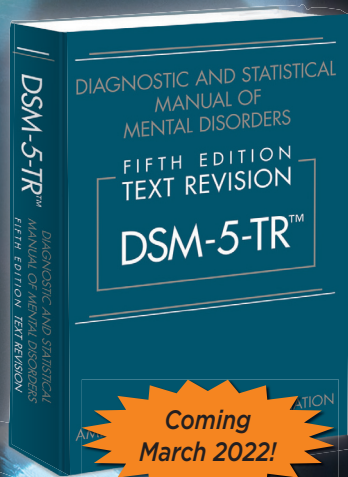
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*Kevin P. Hill, M.D., M.H.S., et al.*

The United States is in the midst of rapid change in cannabis policy. Rising interest in the use of cannabis for medical disorders requires mental health clinicians to be knowledgeable about the available data in order to counsel both patients and colleagues on this topic. In this review, the authors outline the evidence from randomized, double-blind, placebo-controlled trials for therapeutic use of cannabinoids for specific medical conditions and the potential side effects associated with acute and chronic cannabis use.

## NEW RESEARCH

### ARTICLES

#### 110 **Trends in Outpatient Psychotherapy Provision by U.S. Psychiatrists: 1996–2016**

*Daniel Tadmon, M.Phil., Mark Olfson, M.D., M.P.H.* EDITORIAL

Between 1996 and 2016, outpatient psychotherapy delivery by U.S. psychiatrists declined by approximately half. By 2010–2016, 53% of office-based psychiatrists no longer practiced any psychotherapy. Although significant declines in its provision occurred across nearly all groups of patients, older, White, metropolitan patients in the Northeast and West remained the most likely to receive psychotherapy from their psychiatrists.

### Articles, continued

#### 122 REL-1017 (Esmethadone) as Adjunctive Treatment in Patients With Major Depressive Disorder: A Phase 2a Randomized Double-Blind Trial

Maurizio Fava, M.D., et al. EDITORIAL

The effects of esmethadone, a novel *N*-methyl-D-aspartate receptor (NMDAR) channel blocker, were investigated in patients with major depressive disorder, one to three of whom failed standard antidepressant treatments during their current major depressive episode. Favorable safety, tolerability and pharmacokinetic profiles were confirmed. Efficacy measures suggest that esmethadone might have robust, rapid, and sustained antidepressant effects compared to placebo for major depressive episodes for which antidepressant treatments have been inadequate.

#### 132 Stanford Neuromodulation Therapy (SNT): A Double-Blind Randomized Controlled Trial

Eleanor J. Cole, Ph.D., et al. EDITORIALS • CME

Results from a double-blind randomized controlled trial evaluating a novel neuromodulation therapy suggest this approach may be a reproducible, rapid, and highly effective treatment for severe, refractory depression. The aim of the study was to investigate the antidepressant efficacy of Stanford Neuromodulation Therapy (SNT) for treatment-resistant depression. After five days of treatment, 79% of participants in the active SNT group achieved remission from their depressive episodes compared to 13% in the sham group. The short 5-day treatment course and high antidepressant efficacy of SNT present an opportunity to treat patients where rapid-acting treatments are needed, such as in the ER or inpatient settings.

#### 142 Variable Patterns of Remission From ADHD in the Multimodal Treatment Study of ADHD

Margaret H. Sibley, Ph.D., et al. EDITORIAL • CME

New findings from the Multimodal Treatment Study of ADHD challenge the estimate that 50% of children with ADHD recover by adulthood. Most youth with ADHD in the sample (90%) experienced brief periods of remission but only 10% demonstrated true recovery from ADHD by age 25. Most apparent remission was temporary, revealing ADHD as a fluctuating, rather than static, disorder.

#### 152 Adjunctive Ketamine With Relapse Prevention–Based Psychological Therapy in the Treatment of Alcohol Use Disorder

Meryem Grabski, Ph.D., et al.

The utility of ketamine as an adjunctive to relapse prevention efforts for alcohol use disorder was examined in a clinical trial involving 96 patients with a severe alcohol use disorder. Patients were randomly assigned to receive three weekly ketamine or placebo infusions added to either psychological therapy or alcohol education. Findings suggest ketamine might have utility in augmenting psychotherapeutic treatment for alcohol use disorders.

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**Cover:** In a longitudinal ADHD study that provides valuable insights into the trajectory of ADHD symptoms and their patterns of remission from childhood into adulthood, Sibley and colleagues (p. 142) present new findings from the Multimodal Treatment Study of ADHD that challenge an estimate that 50% of children with ADHD recover by adulthood. Most youth with ADHD (90%) experienced periods of remission but only 10% demonstrated true recovery from ADHD by age 25. Cover image is from the authors' Figure 2 depicting a subject's fluctuating remission pattern.

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**Treating tobacco use is an important part of mental health treatment.**

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U.S. Dept. of Health and Human Services, Public Health Service, Treating Tobacco Use and Dependence Clinical Practice Guideline 2008 Update

# Treating Tobacco use is an Important Part of Mental Health Treatment

## Six Things Every Health Care Provider Should Know

Providers who treat people with mental health conditions have an important role to play in their patients' ability to quit using tobacco products. Here are six things that every provider should know:

### 1. Providing smoking cessation treatment is an important part of mental health treatment.

Providers who treat people with mental health conditions are well positioned to help patients successfully quit tobacco use and enjoy the mental, emotional, and physical benefits of a tobacco-free life. Smoking cessation treatments work.

### 2. Medicaid reimburses for counseling and covers FDA-approved smoking cessation medications, including over-the-counter therapies with a fiscal order.

Medicaid will cover repeated treatment and prescriptions because it can take multiple attempts before patients quit successfully. Medicaid covers nicotine replacement therapies (NRT) – patch, gum, lozenge, inhaler and nasal spray; and two non-nicotine oral medications (pills) – bupropion SR (brand names Zyban or Wellbutrin) and varenicline (brand name Chantix).

### 3. People with mental health conditions smoke at rates that are at least two times higher than the general population.<sup>1</sup>

They may also smoke more heavily and frequently, compared to those without mental health conditions. The Centers for Disease Control and Prevention estimates that nearly one third (31%) of all cigarettes consumed in the United States are smoked by people with mental health conditions.<sup>1</sup>

### 4. The high rates of smoking among people with mental health conditions have devastating health consequences.

Smoking-related diseases such as cardiovascular disease, lung disease, and cancer are among the most common causes of death among adults with mental health conditions.<sup>2</sup> Despite the heavy disease burden, a US national survey of mental health treatment facilities found that only about one-quarter provided services to help patients quit smoking.<sup>3</sup>

### 5. Many smokers with mental health conditions want to and are able to quit smoking.<sup>4</sup>

Research has shown that adult smokers with mental health conditions—like other smokers—want to quit, can quit, and benefit from proven smoking cessation treatments.<sup>5</sup>

### 6. Quitting smoking will not interfere with mental health recovery and may have mental health benefits.

Smoking is not an effective mental health treatment strategy. On the contrary, smoking is associated with poor clinical outcomes, such as greater depressive symptoms, greater likelihood of psychiatric hospitalization, and increased suicidal behavior.<sup>4</sup>

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## AJP in Advance *Discover the latest research advances before they appear in print*

### **Interindividual Differences in Cortical Thickness and Their Genomic Underpinnings in Autism Spectrum Disorder**

Autism spectrum disorder (ASD) is accompanied by highly individualized developmental differences in brain anatomy. However, what causes this inter-individual variation, and how neuroanatomical variability translates to clinical heterogeneity in ASD, remains largely unknown. This study demonstrates that brain regions that are neuroanatomically different in ASD express more than expected genes that have previously been implicated in the condition, allowing for distinct clinical ASD subgroups to be linked to specific aspects of neuropathology based on their particular neuroanatomical fingerprint.

### **The Genetic Architecture of Obsessive-Compulsive Disorder: Contribution of Liability to OCD From Alleles Across the Frequency Spectrum**

Obsessive-compulsive disorder (OCD) is known to be substantially heritable, yet the contribution of genetic variation across the allele frequency spectrum to this heritability remains uncertain. An approach examining a large sample of individuals with OCD and control subjects genotyped for >400,000 single-nucleotide polymorphisms for which alleles are common in the population demonstrated that the majority of inherited liability for OCD traces to common genetic variation. Moreover, the distribution of risk as a function of allele frequency was consistent with expectations, indicating that balancing selection, or other more complex evolutionary forces, are not strongly at play in OCD.

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See the table below for the articles in this month's issue that are the subject of a CME quiz.

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