

A New Academic Year at *CNS Spectrums*

By Eric Hollander, MD

I have the distinct pleasure of welcoming our readers back from summer vacation to a new academic year at *CNS Spectrums*, and updating you on some exciting new developments at the journal. I have always found that a much-needed vacation allows me to recharge the batteries, as it were, and approach the challenges of a new year with vim and vigor.

First, the official 2005 ISI Journal Citation impact factor of 2.037 places *CNS Spectrums* in the top 39% of indexed neurology and the top 51% of indexed psychiatry journals worldwide and even above comparable, established publications such as *Psychiatry Research*. Academic readers interested in finding a home for original research and review articles can feel comfortable with the knowledge that publishing in this journal will enhance your academic advancement and help your work become well-cited, in addition to being widely read by a large audience of psychiatrists and neurologists.

In addition to the outstanding column "Pearls in Clinical Neuroscience" by Dan J. Stein, MD, PhD, a new column by Stephen M. Stahl, MD, PhD, "Trends in Psychopharmacology," will soon be launched. We also hope to initiate a new department, "Brain Regions of Interest," which will emphasize how specific brain systems function and influence neuropsychiatric symptoms.

I would like to express my personal thanks to Jack Gorman, MD, who is taking some time off from his outstanding editing duties for health-related issues. During Jack's tenure, *CNS Spectrums* became indexed by *Index Medicus/MEDLINE* and continued its growth in popular appeal and professional stature.

To start off the new academic year, we are pleased to present six articles focusing on diverse topics in the field of neuropsychiatry.

Mae S. Sokol, MD, and colleagues describe the unique case of a 14-year-old girl with anorexia nervosa who was found to have an intracranial

neoplasm. Atypical psychological symptoms prompted further evaluation. The diagnosis of psychiatric disorders in children requires that possible medical etiologies and coexisting medical problems be excluded. Psychiatric disorders in children often do not present in the manner typical of adults, and symptoms often change over time as they progress through different stages of development.

Jeffrey M. Jones, MD, FAAN, and Joni L. Jones, PhD, RN, present an article that describes how as many as 11 of the 43 United States presidents have been affected by stroke, and that in the US, more individuals suffer disability from stroke than from any other disease. They review the cases of the US presidents who have suffered strokes, some of which have occurred while the president was in office, thus having a direct effect on the country. Clearly, fitness to serve for a president has important implications and also impacts world events, as evidenced by Cuban President Fidel Castro's health problems over the summer.

In the first of four original research articles, Donald W. Black, MD, and colleagues examine the presence of borderline personality disorder (BPD) in Gulf War veterans. BPD and traits identified in Gulf War veterans were associated with significant psychiatric morbidity, poorer quality of life, and increased utilization of healthcare resources. This issue is particularly timely given the unfortunate recent events in Iraq, where a serviceman with a diagnosed personality disorder allegedly committed wartime atrocities. While these events are currently under legal trial, they have unfortunately negatively affected the Muslim world's perception of the US' mission in Iraq.

Andrew J. Cutler MD, and colleagues present data from a large double-blind, multicenter study of 367 patients requiring inpatient hospitalization for acute relapse of schizophrenia

Dr. Hollander is the editor of this journal, Klingenstein Professor and Chairman of Psychiatry at Mount Sinai School of Medicine, and director of the Seaver and New York Autism Center of Excellence in New York City.

randomized to one of three fixed doses of aripiprazole (2, 5, or 10 mg/day) or placebo for 6 weeks. This study provides data that the 10-mg dose of aripiprazole seems superior to lower doses of 2- and 5-mg in acute schizophrenia. These findings should impact treatment practices of clinicians in treating schizophrenia and psychosis with higher dose strategies of aripiprazole.

Mark A. Frye, MD, and colleagues examined healthcare utilization in subjects who screened positive for bipolar versus unipolar depression. Subjects with self-reported bipolar depression sought care more often from diverse healthcare resources compared with participants with self-reported unipolar depression. These results highlight the morbidity associated with bipolar depression. Accurate diagnosis of bipolar disorder is essential, since in designing a treatment hierarchy, patients with bipolar disorder should first receive mood stabilizing agents rather than antidepressants. However, this article also suggests that an accurate diagnosis is needed in planning utilization of healthcare resources and morbidity of illness.

Finally, Theodore Spaulding, PhD, and colleagues describe the effects of supplemental psy-

chotropic medications, specifically anxiolytics and sedative/hypnotics, combined with lamotrigine (LTG) on stabilization of symptoms in patients with bipolar I disorder. This involved symptomatic patients participating in two large LTG maintenance trials of monotherapy or adjunctive therapy who received supplemental add-on therapies during an open-label treatment phase. Stabilization rates were compared across initial and supplemental treatment groups. LTG and adjunctive treatment with anxiolytics and sedative/hypnotics may be useful in the treatment of acute mood symptoms in patients with bipolar I disorder. In the real world, patients with bipolar disorder are, as a rule, on combination pharmacotherapy, and naturalistic and controlled studies are helpful in disentangling the additive risk-benefit ratio analysis and guiding clinicians to evidence-based next-step choices.

At *CNS Spectrums*, we have been striving to find the optimal balance of thematically linked manuscripts, submitted original research, reviews, and case studies. This issue has a broad range of topics designed to stimulate curiosity, enhance knowledge base, and help initiate a successful academic year for our readers. **CNS**

Now Available Online at www.cnsspectrums.com

CME-ACCREDITED MONOGRAPH SUPPLEMENT

New Approaches in Managing Chronic Insomnia

An expert review of clinical challenges in psychiatry

by David N. Neubauer, MD
Johns Hopkins University

To request a published supplement, please E-mail ks@mbcommunications.com

Sponsored by The Chatham Institute for 1.5 credits

Supported by sanofi-aventis U.S.

2005 IMPACT FACTOR RANKING ANNOUNCED FOR CNS SPECTRUMS

MBL Communications, Inc., is proud to announce the 2005 ISI Journal Citation Reports' impact factor for *CNS Spectrums*. The current impact factor of 2.037 for *CNS Spectrums* is based on a total of 580 citations. To place this score in context, the impact factor is comparable to those of the *International Journal of Geriatric Psychiatry* (2.160) and the *European Journal of Neurology* (2.244), as well as ranked higher than *Psychiatry Research* (1.957). *CNS Spectrums*' impact factor is ranked 58 out of 148 journals in the ISI Journal Citation Report's Clinical Neurology category and 48 out of 94 journals in the Psychiatry category—**the top half of psychiatry journals worldwide.**

CNS Spectrums is accepting submissions of case reports, review articles, and original research on a variety of neuroscientific and clinical neuropsychiatric topics.

Examples of topics include:

- **Clinical interface of psychiatry and neurology**
- **Neurology and neuropsychiatry in a clinical setting addressing spectrum disorders**
- **Applications of psychopharmacology and pharmacokinetics across the neuropsychiatric spectrum**

Especially encouraged are papers covering comorbidities in neuropsychiatric disorders (eg, epilepsy with schizophrenia). Other crossover manuscripts geared to deepening the clinician's understanding of neuropsychiatric disorders and treatments will be given highest priority. (Please see "Author Guidelines" at www.cnsspectrums.com).

CNS Spectrums has the largest circulation among *Index Medicus*-approved neuropsychiatric publications with a monthly readership of 50,000 neurologists and psychiatrists worldwide.

Submissions should be sent to Eric Hollander, MD, Editor (In Europe, to Joseph Zohar, MD, International Editor), c/o Virginia Jackson, Acquisitions Editor, *CNS Spectrums* c/o MBL Communications, Inc., 333 Hudson Street, 7th Floor, New York, NY 10013, E-mail: vj@mblcommunications.com.

PRIMARY PSYCHIATRY
The Leading Voice of Clinical Psychiatric Medicine

CNS SPECTRUMS
The International Journal of Neuropsychiatric Medicine

Psychiatry Weekly
The Leading News Service From *Primary Psychiatry*® and *Physician's Weekly*®

A Global Commitment to Advancing CNS Science, Clinical Practice, and Evidence-Based Medicine

KNOW THE FACTS



41% of all patients had the metabolic syndrome at baseline in the landmark CATIE schizophrenia study.¹

Be aware.
Screen and monitor your patients.
Make a difference.



Reference: 1. McEvoy JP, Meyer JM, Goff DC, et al. Prevalence of the metabolic syndrome in patients with schizophrenia: baseline results from the Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) schizophrenia trial and comparison with national estimates from NHANES III. *Schizophr Res.* 2005;80:19-32.