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Editorial. Three years of Current Psychopharmacology: an overview

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EDITORIAL

The present issue is the first one of the fourth year of Current Psychopharmacology. I am really proud of this achievement: it has certainly been a difficult task to design a new journal in the field of preclinical and clinical research in Psychopharmacology that can receive the interest of investigators and clinicians and collect a good number of articles proposing new stimulating data or exhaustive reviews of hot topics in this area.

If I could get these goals, the main credit belongs to the very good team of Bentham Science Publisher and to many authoritative colleagues that have accepted to take part to the Editorial Board and to actively cooperate to review manuscripts and propose special issue on relevant scientific topics. A particular gratitude is due to the increasing number of researchers that choose Current Psychopharmacology to publish their data.

One of the main targets of our work in these years has been to maintain in each issue of Current Psychopharmacology the balance of the different components that were indicated in the original aims of the journal: preclinical and clinical contributions, research studies and updated reviews of significant topics. I was particularly careful to obtain these result. I am aware that clinicians need to be informed on the new frontiers of preclinical research to understand the implications of this findings for a better comprehension of psychopathology and at last for the improvement of diagnostic and treatment instruments. On the other side, researchers need to design their investigations on neurobiological and pathophysiological mechanisms with an adequate and updated knowledge of clinical studies and practice in psychiatry and neurology.

This balance of different, but complementary contributions is also present in this issue of Current Psychopharmacology. Let us have a look at the main contents of the articles presented, that have in my opinion a very good scientific quality and focus on truly significant and stimulating topics of research and clinical practice.

Non-adherence to oral medication is a well-known problem which is recognized as a strong predictor of relapse in patients treated after their First Episode Psychosis (FEP). The use of Long Acting Injectable (LAI) antipsychotics in the treatment of schizophrenia is recommended in all phases of the disease and it is considered to improve outcomes (Malla A

et al. Long-acting injectable antipsychotics: recommendations for clinicians. *Can J Psychiatry* 2013). Nevertheless previous studies on efficacy of LAIs versus oral antipsychotics produced heterogeneous results. The Editor's choice of this issue, the research article by Privat et al (p...), is aimed to clarify this emergent, core clinical issue. It is a naturalistic study of 188 FEP patients followed up for six months, indicating a favorable effects of LAIs versus oral antipsychotics in terms of decreased readmission rate and number of emergencies.

Another significant clinical topic, which needs greater attention from investigators, is the use of new generation antipsychotics in the treatment of postpartum depression in women with bipolar disorders. This issue of *Current Psychopharmacology* proposes a contribution in this research field presenting the article by Misri et al. (p...). It is a pioneering open-label study conducted on 26 women with a diagnosis of bipolar II depressive disorder in postpartum treated with quetiapine Extended-Release. The results appear encouraging for the positive effects in reducing depression and anxiety symptoms and restoring quality of life in this population.

The number of psychotropic drugs associated to QTc prolongation in ECG is ever growing, including particularly antipsychotics that are widely used in psychiatric population, often in combination with antidepressants. Patients who suffer from cardiovascular diseases and metabolic syndrome are mostly at risk of developing this cardiac side effect. De Risio et al (p...) hypothesized predictive factors (female gender, old age, cardiovascular risk factors) for QTc elongation in patients with severe mental illness in treatment with at least one antipsychotic drug. The results obtained substantially confirmed the initial hypothesis.

The review performed by Singh and Garg (p...) is focused on side effects of psychotropic drugs, too. Psychotropic agents induced sexual dysfunction is a common, troublesome complication that patients often fail to report, which can have major consequences, including non-adherence to treatment with resultant relapse of psychiatric disorder. The aim of this useful paper is to review the extent, causation and management of drugs-induced sexual dysfunction to provide better information to clinical practitioners.

Stimulatory treatments such as Deep Brain Stimulation (DBS) have received increasing attention as alternative treatment options for severely ill patients with resistant depression. This procedure is a relatively new, invasive method of stimulating larger and, presumably, deeper brain regions. Aiyer and Joffe (p...) conducted a systematic review of the literature

describing and critically evaluating data published on this treatment modality. Ten studies were identified on the use of DBS as a therapeutic strategy for treatment resistant depression (TRD). Preliminary evidence suggests that patients with TRD may have a clinical benefit after treatment with DBS. However, the studies reviewed have several limitations in methods, like small sample size, clinically heterogeneous samples and open label design.

N-Methyl-d-Aspartate receptor (NMDAR) hypofunction has been postulated to contribute to the cognitive deficit of schizophrenia and other psychoses. Consequently there is rising interest in NMDAR as a target for psychotropic drugs. On the other side, there is some evidence that antipsychotics may change functionality of these receptors and this mechanism can be considered a mediator of pharmacological actions. The results of the molecular pharmacological study conducted by Dean et al. (p...) on animal models confirm that the treatment with an antipsychotic drug and a mood stabilizer, as is often used in clinical practice, has actually the effect to change the NMDAR levels in the rat striatum.

The negative symptoms of schizophrenia contribute more to disability and poor quality of life for individuals with schizophrenia than do positive symptoms, and improvement in negative symptoms is associated with a variety of improved functional outcomes. Shafti (p...) puts into evidence in his paper that the classification of negative symptoms of schizophrenia is a remarkable question in psychiatry and that negative symptoms recovery in schizophrenia represent a prior challenge for research and clinics.

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