This Month's Highlights

Focus on Schizophrenia

Several reports in this issue focus on ways to improve outcomes for people with schizophrenia. In a randomized controlled trial, Jean-Pierre Lindenmayer, M.D., and colleagues found that a 12-week cognitive remediation program for intermediate- to long-stay inpatients improved cognitive functioning and participation in the hospital's work program (page 241). A research group in Germany, led by Stefan Watzke, Ph.D., used the Wisconsin Card Sorting Test to assess the learning potential of new enrollees with schizophrenia in a vocational rehabilitation program; they found that those classified as nonlearners derived little benefit from the nine-month program (page 248). Shaun M. Eack, M.S.W., and Matcheri S. Keshavan, M.D., assessed foresight —or the ability to think of the long-term consequences of one's behavior—among patients in the early course of schizophrenia who were participating in cognitive enhancement therapy. They found that poor foresight at baseline was significantly predictive of future functional disability (page 256). A national survey of nearly 750 siblings of people with schizophrenia, conducted by Rose Marie Friedrich, R.N., M.A., and colleagues, found that virtually all respondents wanted service providers to help them plan future care for their ill sibling when their parents were no longer able to provide it (page 261). Baojin Zhu, Ph.D., and coauthors report results from a multisite study indicating that patients initiated on depot formulations of first-generation antipsychotics continued on the medication significantly longer than those on oral formulations of the same drugs (page 315). In a New Zealand study Melanie Amna Abas, M.D., and colleagues found that people with severe mental illness who lived in socioeconomically deprived areas had more disabling symptoms and longer hospital stays (page 322). In the Public-Academic Partnerships column, Laurie A. Lindamer, Ph.D., and coauthors describe a collaboration between the University of California, San Diego, and San Diego County that has improved care for middle-aged and older people with schizophrenia (page 236). In the Focus on Geriatric Psychiatry column, Carl I. Cohen, M.D., and colleagues review recent findings on clinical outcomes and social well-being among older adults with early-onset schizophrenia (page 232). Finally, an item in Frontline Reports describes guided peer support groups for people with schizophrenia (page 326).

Four Reports on Co-occurring Disorders

Four reports in this issue examine samples of individuals with co-occurring psychiatric and substance use disorders. Maria J. O'Connell, Ph.D., and colleagues studied a sample of veterans with mental illness who were successfully housed after having been homeless—some for long periods. They found that drug abuse was a significant predictor of becoming homeless again (page 268). A study conducted in South London by Tom K. J. Craig, Ph.D., F.R.C.Psych., and colleagues found that training case managers to provide integrated care for co-occurring disorders significantly improved clients' symptoms and level of met needs at no additional cost to the providing agency (page 276). A Toronto research group led by Karen A. Urbanoski, M.Sc., examined data from Canadian respondents to a national health survey who reported a mental disorder, a substance use disorder, or both. The researchers found the highest unmet need for care among the group with co-occurring disorders (page 283). Craig S. Rosen, Ph.D., and colleagues examined mortality among 170,000 Vietnam-era veterans who had been treated for psychiatric disorders. The risk-adjusted probability of dying was 55% higher among those with co-occurring disorders (page 290).

Room for Improvement in Trauma Assessment

A 1996 chart review at a New York City psychiatric clinic found that fewer than half of the clinicians screened their clients for exposure to traumatic events and those who did screen rarely asked clients about common symptoms that may follow such exposure. Ten years later, after efforts by the clinic to improve trauma assessment—and after the events of September 11, 2001—Jonathan Posner, M.D., and colleagues thought that they would find substantial improvement when they replicated the 1996 chart review. Although they found some evidence that more clinicians were screening for trauma, their overall finding was that there was much room for improvement (page 318). In a Taking Issue commentary, Robert J. Ursano, M.D., and Charles C. Engel, M.D., M.P.H., emphasize the importance of these findings and note that in an era of heightened research focus on the interaction of genetics and environment in the development of psychiatric illnesses, documentation of the environmental exposures of patients—especially their exposure to trauma—is critical (page 229).