SECTION CONTENTS

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Introduction

Welcome to the Early Career Psychiatrists section of the *Journal of Clinical Psychiatry*! Here, we highlight the work of individuals who are in the early phase of a career in academic psychiatry. This month, we offer 5 articles that address depression prevalence in HIV-infected African women, depression response to electroconvulsive therapy, psychiatric disorders and cognition in 22q11.2 deletion syndrome, prevalence of obesity in posttraumatic stress disorder (PTSD), and pharmacotherapy treatment of PTSD in a postconflict area.

Dr Haq and colleagues pose this question: What predicts nonresponse in the one-third of individuals with a depressive illness who do not respond to electroconvulsive therapy (ECT)? To answer this question, the group reports the results of a meta-analysis of 32 studies. History of medication failure and longer depressive episodes were the 2 strongest predictors, while traditional characteristics such as age, melancholic features, sex, bipolar disorder, and psychosis had either no association or studies with significant heterogeneity and bias. Haq and colleagues' analysis advances the understanding of the clinical population who may respond to ECT.

Sowa et al report results of a systematic review of the rate of perinatal depression in HIV-infected African women. In 22 studies, the weighted mean prevalence of antenatal depression was 23.4% and of suspected antenatal depression was 43.5%. The weighted mean prevalence of postnatal depression was 22.5% and of suspected postnatal depression was 31.1%. The authors provide a nuanced discussion of the validity of certain diagnostic and screening instruments in this population, an issue that complicates the reporting of depression rates. They also speculate on the studies that are needed to improve diagnosis and treatment in this highly vulnerable population.

Yi et al report on the impact of psychiatric comorbidity and cognitive deficit on function in 22q11.2 deletion syndrome (22q11DS). By studying cognitive function in 171 individuals with 22q11DS, the group diagnosed ≥ 2 psychiatric disorders in about 50% of the sample, and psychosis spectrum illnesses were most frequently comorbid with other disorders. While individuals in all diagnostic groups performed poorly on the cognitive testing, there was no difference between groups. However, global functioning was differentially worse with significant burden of psychiatric illness. The authors note that 22q11DS provides a unique genetic model for inquiries into development of psychopathology.

Bartoli and colleagues report a systematic review and meta-analysis of the risk of obesity in PTSD. Through investigation of 13 studies, an increased risk of obesity in people with PTSD was estimated at 1.55 (95% CI, 1.32–1.82). The authors found a large heterogeneity; however, they confirmed the association in a subgroup of the most robust studies. In addition to identifying a group at risk for a serious metabolic complication, this study raises questions about the mechanism for increased risk of obesity with PTSD.

Letica-Crepulja et al report on the use of pharmacotherapy for PTSD in Croatia in 2002 and in 2012. The use of pharmacotherapy increased 7-fold between those 2 timepoints. The use of anxiolytics was highest, followed by antidepressants, hypnotics, and antipsychotics. When the 2 periods were compared, change in use was most prominent for hypnotics, antidepressants, and antipsychotics. The authors commented that while the use of antidepressant therapy rose, the use of anxiolytic pharmacotherapy was not consistent with concurrent guidelines, raising concerns that practice patterns could be improved.

We are pleased to highlight the work of outstanding early career researchers on topics of clinical and scientific relevance.

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