

JAMA Psychiatry

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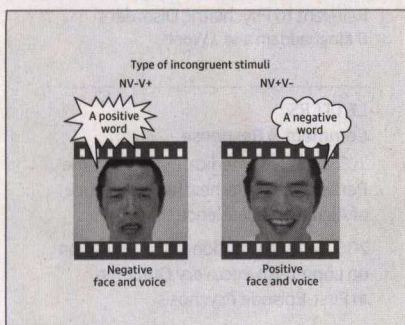
Plasma Inflammatory Processes and Aggression

158

Coccaro and colleagues examined plasma levels of C-reactive protein and interleukin 6, markers of inflammation, in participants with intermittent explosive disorder and in healthy and psychiatric controls. Participants with intermittent explosive disorder demonstrated higher levels of both markers, which, in turn, were positively correlated with measures of aggression. These findings were not due to other confounding factors and suggest that chronic, low-level inflammation is a characteristic of human aggression.

Oxytocin and Autism Sociocommunicational Deficits

166



Watanabe and colleagues, in a randomized, double-blind, placebo-controlled, within-subject crossover trial, demonstrate behavioral and neural effects of single-dose intranasal oxytocin on sociocommunicational deficits of autism spectrum disorders. Brain activities were examined with functional magnetic resonance imaging while 40 individuals with autism spectrum disorders were assessing others' hostility based on integration of their facial expression, prosody, and word content. Oxytocin mitigates sociocommunicational deficits through recovering originally diminished brain activity in the medial prefrontal cortex.

ody, and word content. Oxytocin mitigates sociocommunicational deficits through recovering originally diminished brain activity in the medial prefrontal cortex.

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Acceptance of Insurance by Psychiatrists

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Bishop and colleagues analyzed data from a national survey of office-based physicians to describe recent trends in the acceptance of insurance by psychiatrists compared with physicians of other specialties. They found that acceptance rates of all types of insurance were significantly lower for psychiatrists than for physicians of other specialties.

Risk Factors for Obsessive-Compulsive Disorders

182

Using the twin design, Monzani and colleagues examine the extent to which obsessive-compulsive and related disorders conditions are etiologically related. Results suggest obsessive-compulsive and related disorders may be influenced by 2 distinct liability factors: one factor was common to all disorders and another was exclusive to trichotillomania and excoriation. The results offer a plausible explanation for both the similarities and differences between the disorders included in the new *DSM-5* chapter.

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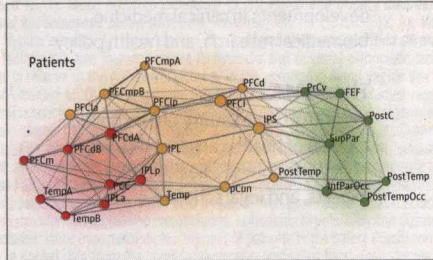
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Research

Disruption of Cortical Association Networks



Baker and colleagues used functional magnetic resonance imaging to examine functional connectivity of large-scale cortical networks in 100 patients with a history of psychosis, the majority of whom were experiencing psychotic symptoms at the time of assessment. They report reduced functional connectivity preferentially in the frontoparietal

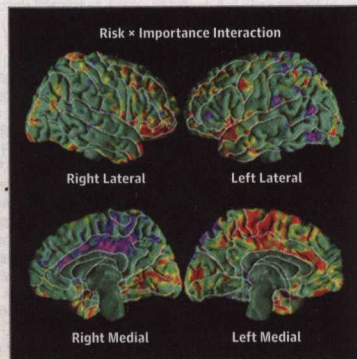
control network, regardless of whether patients carried diagnoses of schizophrenia, schizoaffective disorder, or bipolar disorder with psychosis.

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Suicide Attempt in Young People

Using longitudinal data from a representative birth cohort, Goldman-Mellor and colleagues report that young suicide attempters, compared with nonattempters, were at substantially increased risk for mental and physical ill health, violent behavior, and economic dependency. Risk continued into their late 30s. Suicide attempt signaled treatment need beyond psychiatric diagnoses.

Religiosity and Spirituality Correlates



Miller and colleagues used magnetic resonance imaging to show that adults with relatively high personal importance of religion or spirituality have thicker cortices in parietal and occipital regions bilaterally, left cuneus and precuneus, and right mesial frontal lobe, areas where thinning has been shown to constitute an endophenotype for risk of depression. The association was greatest in adults at high familial risk, suggesting religion or spirituality is associated with improved neural resilience that protects against depression.

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Familial Major Depressive Disorder

Peterson and colleagues studied brain functioning in persons who were either at high or low familial risk for developing depression. A risk endophenotype included greater activation of cortical attention circuits, a resilience endophenotype included greater activation of the dorsal anterior cingulate cortex, and the effects of prior lifetime illness included greater deactivation of default-mode circuits.

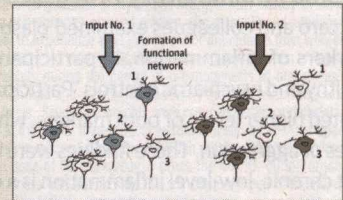
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Traumatic Brain Injury and PTSD in Active-Duty Marines

Using a prospective, longitudinal design, Yurgil and colleagues examined whether deployment-related traumatic brain injury predicted severity of posttraumatic stress symptoms experienced 3 months after a combat deployment. Deployment-related brain injury was a significant predictor of posttraumatic stress symptom severity, even when controlling for predeployment psychiatric symptoms, prior brain injuries, combat intensity, and other demographic factors.

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