

# JAMA Psychiatry

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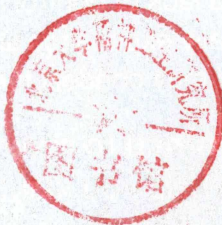
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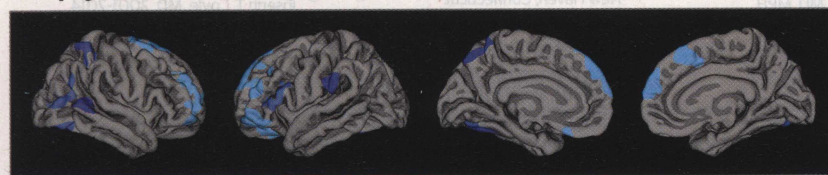
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## Research

**PTSD and Incidence of Type 2 Diabetes Mellitus** 203

Roberts and colleagues examined whether posttraumatic stress disorder (PTSD) symptoms increased type 2 diabetes mellitus incidence using prospective data from the Nurses' Health Study II. Women with high levels of PTSD symptoms had twice the type 2 diabetes mellitus incidence compared with women with no trauma exposure. Antidepressants related to PTSD and elevated body mass index accounted for half this increased risk. Comprehensive PTSD treatment should be expanded to address the health behaviors that contribute to chronic disease risk in affected populations.

**Antipsychotics in First-Episode Schizophrenia** 226

While there are clear benefits of antipsychotic treatment for reducing psychotic symptoms and relapse in schizophrenia, concerns have emerged about antipsychotic effects on brain structure and function. Lesh and colleagues examined the effects of antipsychotic medication on cortical thickness and brain activity during a cognitive control task (AX-CPT). Although short-term treatment with antipsychotics was associated with prefrontal cortical thinning, treatment was also associated with better cognitive control and increased prefrontal functional activity.

**Lisdexamfetamine Treatment for Binge-Eating Disorder** 235

Binge-eating disorder, recently established as a recognized diagnosis, is defined by recurrent distressing binge eating without inappropriate compensatory behavior. In a multicenter, randomized, double-blind, and forced-dose titration study, participants received lisdexamfetamine (30 mg, 50 mg, or 70 mg; 3-week titration and 8-week maintenance) or a placebo. McElroy et al reported significantly greater decreases in log-transformed binge eating in days per week (primary outcome) vs the placebo with 50 mg and 70 mg of lisdexamfetamine. Adverse events were consistent with reports in adults with attention-deficit/hyperactivity disorder.

**PTSD in Patients With a Psychotic Disorder** 259

Van den Berg and colleagues performed a multisite randomized controlled trial for posttraumatic stress disorder (PTSD) in patients with severe psychotic disorders receiving treatment as usual for psychosis. Individuals receiving 8 sessions of standard evidence-based prolonged exposure or eye movement desensitization and reprocessing showed significant reduction in PTSD compared with those with a waiting list condition. Psychotherapeutic stabilization was not applied. Treating PTSD in psychosis was found to be feasible and safe.

**Amyloid- $\beta$ , Anxiety, and Cognitive Decline** 284

Pietrzak and colleagues conducted a prospective cohort study to examine the relation between amyloid- $\beta$ , anxiety, and depressive symptoms and cognitive decline in preclinical Alzheimer disease. Results revealed that anxiety symptoms significantly moderated the effect of high amyloid- $\beta$  on decline in global cognition (Cohen  $d = 0.78$ ), verbal memory ( $d = 0.54$ ), language ( $d = 0.51$ ), and executive function ( $d = 0.39$ ). These effects were independent of age, education, IQ, apolipoprotein E genotype, subjective memory complaints, vascular risk factors, and depressive symptoms.

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