NEURAPRO Trial in People at Ultrahigh Risk for Psychosis

Interventions to prevent the onset of psychotic disorders are highly desirable. McGorry and colleagues conducted a multicenter randomized, double-blind, placebo-controlled trial of ω-3 polyunsaturated fatty acids in 304 patients. Both groups received cognitive behavioral case management. In contrast to an earlier single-center study, the transition to psychosis did not differ between the ω-3 and placebo groups. Kane and Correll discuss the importance of this trial in an editorial.

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Cognitive Processing Therapy for Posttraumatic Stress Disorder

Cognitive processing therapy has not been studied for the treatment of posttraumatic stress disorder in active military personnel. Resick and colleagues compared the effects of cognitive processing therapy administered individually or in a group format in 268 active service members with posttraumatic stress disorder. Both treatments resulted in significant improvements, with greater effects when cognitive processing therapy was administered individually. Remission and severity of posttraumatic stress disorder did not differ at the 6-month follow-up. Hoge discusses the importance of this clinical trial in an editorial.

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Auditory Processing, Psychosocial Function, and Schizophrenia

Early auditory information processing is thought to be important for outcomes in schizophrenia, but how it affects these outcomes is not known. Thomas and colleagues used structural equation modeling to examine the associations between early auditory processing, cognition, negative symptoms, and functional outcome in 1415 patients with schizophrenia and found that early auditory processing had a fully mediated effect on functional outcome, engaging general cognition, with separate pathways that either involved or bypassed negative symptoms. These results support using early auditory processing measures as surrogate endpoints in precognitive intervention studies.

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META-ANALYSIS
Prevalence of Depression in Mild Cognitive Impairment

Depression is common in mild cognitive impairment and may confer a higher likelihood of progression to dementia, but its prevalence is not well-established. Ismail and colleagues carried out a meta-analysis of 57 studies and found that the overall pooled prevalence of depression in mild cognitive impairment was 32% (95% CI, 27% to 37%) and lower in community-based than in clinic-based samples but unrelated to the method used to diagnose depression or to the criteria used to diagnose mild cognitive impairment. These results indicate that the prevalence of depression in mild cognitive impairment is high.

Web-Based Cognitive Behavior Therapy for Insomnia

Cognitive behavior therapy is recommended as a first-line treatment for insomnia, but access to trained clinicians is limited. Ritterband and colleagues compared cognitive behavior therapy for insomnia in a fully automated, interactive, web-based, 6-week randomized clinical trial with internet patient education. Cognitive behavior therapy for insomnia resulted in better outcomes for the 3 primary outcome measures: insomnia severity, sleep-onset latency, and wake after sleep onset. Treatment effects were maintained at the 1-year follow-up, with 57% achieving remission and 70% deemed treatment responders. Krystal and Prather discuss the results in an editorial.

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