Research

**Transcranial Direct Current Stimulation in Negative Symptoms**

Negative symptoms represent a substantial burden in schizophrenia without an available effective treatment. Valiengo and colleagues conducted a double-blind sham-controlled randomized clinical trial of add-on transcranial direct current stimulation for negative symptoms in 100 stable patients with schizophrenia and found that 10 sessions over the left prefrontal cortex over 5 days led to significantly greater improvement in negative symptom scores at weeks 6 and 12 when compared with the sham procedure. Thus, transcranial direct current stimulation is effective and safe in ameliorating negative symptoms in patients with schizophrenia.

**Stellate Ganglion Block Treatment in PTSD**

Stellate ganglion block treatment has been proposed but not adequately studied for treating posttraumatic stress disorder. Rae Olmsted and colleagues conducted a blinded sham-controlled randomized clinical trial with 113 active-duty service members with posttraumatic stress disorder symptoms and found that right-sided stellate ganglion block at weeks 0 and 2 was significantly more effective for reducing these symptoms from baseline to 8 weeks than sham procedure was. These findings indicate that stellate ganglion block merits further study as a posttraumatic stress disorder treatment.

**Training Models for Implementing Evidence-Based Treatment**

Psychiatry needs scalable models for training clinicians in implementing evidence-based treatments. Wilfley and colleagues conducted a cluster-randomized clinical trial in 24 college counseling centers and trained 184 college counseling center therapists in using interpersonal psychotherapy with either a train-the-trainer or an expert condition model. Both condition groups showed significant within-group improvement for adherence to the model, but the train-the-trainer model showed significantly greater improvement in competence. Given its potential capability to train more therapists over time, train-the-trainer has the potential to facilitate widespread dissemination of evidence-based treatments.

**High School Personality and Dementia 54 Years Later**

Certain personality phenotypes are associated with subsequent dementia in older adults, but these may be reflections of preexisting disease. Chapman and coauthors used personality trait data from a national sample of 82,232 high school students with a mean age 15.8 years collected in 1960 and found that higher levels of vigor were associated with lower risk of dementia at a follow-up mean age of 69.5 years; calm and maturity are protective, increasing with socioeconomic status. Thus, adolescent personality traits may be a true independent risk factor for dementia, preceding it by almost 5 decades.

**Incidence of Mental Disorders in Childhood and Adolescence**

Knowledge about mental disorders in children and adolescents is essential for research and planning of health services, and population-based registers can provide precise estimates of incidence rates. Dalsgaard and colleagues studied all 1.3 million individuals born in Denmark from 1995 to 2016 and found 15% of all individuals were diagnosed with a mental disorder at younger than 18 years, with anxiety disorder being the most common diagnosis in girls and attention-deficit/hyperactivity disorder in boys. The distinct signatures of different mental disorders have important implications for service planning and etiologic research.