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This Month's ECP Selections

We are pleased to present another issue of our Early Career Psychiatrists section. Dr. Alan J. Gelenberg begins the section with an insightful editorial on the use of e-mail in formal professional communications. The topic of his editorial is key for early career psychiatrists, and senior colleagues as well, as e-mail correspondence has become ubiquitous in our professional and personal lives. As we are increasingly online, with easy and immediate access to communication, Dr. Gelenberg discusses some of the limitations of electronic communication in our professional lives.

We are also pleased to include a piece from Dr. Mark Rapaport about opportunities at the upcoming NCDEU meeting.

In this issue, Saavedra-Velez et al. contribute a critical review of modafinil in the treatment of negative symptoms, cognition, and side effects in patients with schizophrenia. Only a small number of studies met criteria for inclusion. No benefit was found for negative symptoms, but a modest amount of data supported a possible benefit in sedation and cognitive function. An important side effect may be an increase in psychotic symptoms, found in 6.0% of participants who received modafinil across studies, compared to 2.9% of those who received placebo. Therefore, the authors provide information about a clinical strategy in a disorder that has profound effects on patients. Modafinil may improve cognition and ameliorate sedation associated with antipsychotic treatments, but does not appear to decrease the negative symptoms of the disorder and may exacerbate psychotic symptoms.

Kemp and colleagues completed a study comparing maintenance lithium monotherapy and the combination of lithium and valproate in patients with rapid-cycling bipolar disorder and comorbid substance use disorders. Their results underscore both the difficulty of studying this condition and the refractory nature of bipolar illness in this population. The majority of patients (79%) discontinued during the open 4-week acute phase of treatment with lithium plus valproate due to poor adherence, nonresponse, or side effects. Rates of relapse of those who entered the double-blind randomization to either continuation of the combination or lithium alone were high, over 50% in both groups, with manic and hypomanic symptoms characterizing the majority of mood episodes observed. As the authors discuss, patients with comorbid bipolar disorder and substance abuse deserve greater research efforts to identify effective pharmacotherapy and psychosocial treatment strategies.

Ciranni et al. report a study that retrospectively assessed adverse outcomes after overdoses of first- and second-generation antipsychotic medications. In a chart review of the California Poison Control System, the authors assessed data from cases of poisonings documented by trained specialists. After exclusions for ingestion of more than 1 medication or substance, age outside of the 18 to 65 years range, and those lost to follow-up, there were 1975 cases for analysis. The authors found that the odds of a major adverse outcome or death were more likely with second-generation medications. The most common adverse events

associated with a major adverse outcome or death were coma, respiratory depression, and seizures with second-generation antipsychotics and coma, cardiac conduction disturbances, and suspected neuroleptic malignant syndrome with first-generation antipsychotics.

We appreciate the contributions that the authors of these articles have made to the Early Career Psychiatrists section. We look forward to seeing more of their work in the future. As a reminder, the objective of this section is to foster the academic development of and showcase work by early career psychiatrists. Manuscripts selected for this section are deemed through the review process to represent excellent work from the next generation of researchers in psychiatry.

Eligibility criteria for first authors:

- Trained psychiatrists with an M.D., M.D./Ph.D., or D.O. degree
- Less than 5 years from completion of training
- Current academic rank no higher than Assistant Professor

If you have questions, comments, or feedback, please contact me at mfreeman@psychiatrist.com.

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Vice–Editor in Chief

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