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Shanghai Archives of Psychiatry is a comprehensive journal of psychiatry, including reviews, original articles, case reports, forums, and 'biostatistics in psychiatry' as our main columns. For more information, please refer to the official website of our journal (www. shanghaiarchivesofpsychiatry.org). Starting from the present issue, our journal plans to periodically publish special issues focusing on a particular topic. In this issue we turn a special focus to the topic of schizophrenia.

The first article of the present issue is a Meta-analysis on the mismatch negativity (MMN) features of Chinese schizophrenic patients written by Xiong and colleagues.[1] A great deal of research has shown that patients with schizophrenia have significant cognitive impairment. The DSM-5 has already removed clinical sub-types and employed evaluations of dimensions instead, which includes cognitive impairment.[2] Besides the currently available neuropsychological tests (e.g. MATRICS) which can be used to evaluate cognition impairment, a few biological markers that can recognize the cognitive disorder caused by schizophrenia at an early stage are urgently needed. MMN is an event-related evoked potential which may be employed to detect cognitive processing and auditory impairments, and it is a widely accepted neurophysiological index to reflect participants' auditory cognitive function. This paper has shown that Han Chinese patients with schizophrenia exhibit robust deficits in MMN production with a large effect size. MMN could be a valuable biomarker of neurocognition in schizophrenia and its assessment could be helpful in the clinical diagnosis of schizophrenia.

It has been increasingly recognized that schizophrenia is associated with impairment in experiencing pleasure. Chu and colleagues [3] examined pleasure experience and emotion expression in patients with schizophrenia as well as the relationship between emotion impairments (both pleasure experience and expression) and negative symptoms. Their findings suggest that patients with schizophrenia have deficits in pleasure experience, while their abilities to express emotion appear intact. Such deficits are more severe in patients with prominent negative symptoms. This could be helpful in investigating the relationship between negative symptoms and pleasure deficits in schizophrenia.

However, the etiology of schizophrenia is still unknown and it is not fully explained by the traditional dopamine (DA) hypothesis. Using magnetic resonance spectroscopy (MRS), Chen and colleagues investigated the function of the glutamate system (glutamate and γ-aminobutyric acid) in the etiology and pathomechanism of schizophrenia.[4] They found that the concentration of glutamate in the ventromedial prefrontal cortex of patients with schizophrenia was abnormal, whereas the concentration of GABA in the anterior cingulate cortex decreased, supporting the hypothesis of abnormal glutamate - GABA in the brains of those individuals with schizophrenia. In patients with schizophrenia, the GABA in the anterior cingulate cortex had an accelerated decline with age. The clinical symptoms may be correlated to the metabolite concentration of the anterior cingulate cortex. These findings added to the evidence supporting the glutamate (Glu) and γ-aminobutyric acid (GABA) hypotheses of schizophrenia.

Dr. Cui's group investigated whether cytokines could predict response to antipsychotics.[5] This study combined cross-sectional with natural observational cohort design. They compared baseline levels of serum IL-1β, TNF-α and MCP-1 between schizophrenia (n=64) and healthy controls (n=53) and evaluated the prediction of baseline cytokines on the improvement of psychopathology following olanzapine and risperidone monotherapy. They concluded that MCP-1 may play a role in the pathogenesis of schizophrenia and pretreatment level of MCP-1 may serve as a biomarker indicating response to risperidone treatment. However, the results are preliminary. Studies with a large sample size are needed to confirm and generalize these results.

Another original article examined the characteristics of tardive dyskinesia in patients with chronic schizophrenia.[6] Forty-six of the 448 patients with chronic schizophrenia suffered from TD. The TD group had more men, was older, had a longer duration of illness, later age of onset, generally took a higher dosage of antipsychotic medication and presented with more severe negative symptoms. The occurrence of movement disorders in facial and oral areas for patients with chronic schizophrenia with TD was the most frequent, and the symptoms were the most severe. The study did not find any significant differences in the methods of taking medication and the dose of antipsychotic medication between TD patients with a single affected area and those with multiple affected areas. Unfortunately, they were unable to discuss the correlations between the classifications of antipsychotic drugs and the different affected patterns of TD. Hence, future research could focus on the correlations between various classifications of antipsychotic drugs and the abnormal movement patterns of TD to explore the relationship between antipsychotic drug classifications and the clinical characteristics of TD.

Like schizophrenia, obsessive-compulsive disorder (OCD) is a chronic, distressing and substantially impairing neuropsychiatric disorder. This case report describes Multidimensional Approaches of treatment for a severe case of OCD.[7] This 44-year-old adult female

diagnosed with OCD had an incomplete response to several SSRIs alone in the past three years. Current multidimensional approaches, including combined cognitive behavioral therapy (CBT) and Selective Serotonin Reuptake Inhibitor (SSRI, Sertraline) with a small dose of antipsychotics (Aripiprazole) for augmentation, as well as familial support and resources from the internet were provided for the patient for six months. In the end, the patient benefited from the comprehensive interventions with significant reductions in obsessive and compulsive symptoms and significant improvements in her social functioning and quality of life. This case study provided preliminary support for the feasibility and utility of multidimensional approaches for patients with severe OCD.

The forum article in this issue touches on an interesting topic. The authors from India contribute a paper on the relationship between psychiatry and cinema.[8] As a vehicle of social transformation, cinema sheds light on different aspects of mental illness. Due to its dramatic and stigmatizing depictions, it often spreads a negative aspect of psychiatric disorders and the patients who are suffering from them. Though it brings out a few positive and inspiring stories, they are sparse in comparison to its negative views. In this paper, they described the dual impact of cinema on psychiatry and concluded that the depiction of psychiatry in movies is like a coin with two sides. There is a need to suggest that filmmakers avoid stigmatizing those with mental illness via the negative side of the films being produced. As a response this article, Dr. Ang provided a commentary on this topic.[9] Dr Ang and her husband, are both psychiatrists and film lovers. She wrote a book, now published 20 years ago, called the Spellbounds, which explored the topic of psychiatry in film.

(edited by Liwei Wang, Jinghong Chen)

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