

**•IN THIS ISSUE•**

(Liwei Wang &amp; Jinghong Chen Edited)

We are delighted to announce that Shanghai Archives of Psychiatry will be published by BMJ Publishing Group as of mid 2018. BMJ is an international publisher of medical publications. This change will work as an important step for the journal to become a truly international platform for eastern and western mental health professionals to exchange new research findings and service developments.

The current management team of the journal are keen to work in partnership with BMJ to further build the journal to be strong and impactful for international audiences. For more upcoming change information, please refer to the official website of our journal ([www.shanghaiarchivesofpsychiatry.org](http://www.shanghaiarchivesofpsychiatry.org)) and the announcement of BMJ official website in future.

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Due to the unhealthy lifestyle, irregular diet and need for long-term antipsychotics use in schizophrenia patients, the prevention and treatment of metabolic syndrome is a major challenge in clinical practice and often with mixed results. Therefore, our issue begins with a meta-analysis: Adjunctive rosuvastatin for dyslipidemia in schizophrenia by Wei Zheng and colleagues. Their meta-analysis found that adjunctive rosuvastatin was insufficient to be an effective and safe augmentation treatment for dyslipidemia in patients with schizophrenia.<sup>[1]</sup> To confirm this, further high quality RCTs with extended treatment duration are warranted.

In an original research article, Xiao and colleagues explore the relationship between late-onset depression (LOD) symptoms and brain structure (WMH and medial temporal lobe atrophy) to find factors related to LOD prognosis and regression.<sup>[2]</sup> First episode depression in the elderly (i.e. late-onset depression [LOD]) is a special subtype of depression seen in the elderly. 24 first onset LOD patients over 60 years old and 23 non-depressed elders were included into this study and completed demographic and sociological investigation, HAMD evaluation, MRI tests and assessment with WMH and MTA-scales. The results of linear regression analysis showed that the total score for WMH, religious beliefs (with or without) and family harmony (yes or no) were associated with depressive symptomology. This finding suggests that religious belief and family support may be protective factors for depression. Further studies require larger sample sizes and inclusion of controlled group of non-LOD to verify these preliminary findings.

Researchers from Iran report the prevalence of nocturnal enuresis (NE) and its risk factors in children with ADHD.<sup>[3]</sup> More than 330 children, aged 6 to 10 years, diagnosed as having ADHD were enrolled in this study. Details on demographic data, perinatal history, medical history and developmental history were collected from parents or medical records. The study

shows children with ADHD have a high prevalence of NE, and male sex, low education level of parents, history of neonatal sepsis, positive family history of NE, low birth weight and caesarian delivery may be risk factors for NE in ADHD children. Most ADHD patients with inattentive subtype had NE. The investigation of the risk factors of NE in patients with ADHD provides useful information about neonatal, familial and environmental factors affecting the prevalence of NE in ADHD patients and suggests the importance of managing the comorbidity of NE and ADHD.

Patients with schizophrenia have cognitive deficits. Gamma oscillations in the human brain are closely related to neurocognition. Auditory Steady-State Responses (ASSRs) is an electroneurophysiological index that reflects gamma oscillations. Wang et al investigate gamma rhythm neural activity dysfunction and its association with clinical symptoms and neurocognition in patients with schizophrenia<sup>[4]</sup> Compared with the control group, the patient group had differences in cognitive domains including information processing speed, attention/vigilance, verbal learning, and reasoning and problem solving. 40 Hz ASSRs energy of patients with schizophrenia was significantly lower than that of the control group, and their phase locking factor and inter-trial phase coherence index were lower than control group, which was also significantly correlated to reasoning and problem solving function deficits. This result suggests that ASSR is somewhat specific in diagnosis, and could be one of the screening tools for schizophrenia. One of the limitations is that all 24 patients were treated with medication and this interfering factor has not been controlled.

The fourth original article by Youguo Tan et al investigated the clinical effects of integrated group psychotherapy for elderly patients with senile depression.<sup>[5]</sup> One hundred elderly patients with senile depression were divided into the experiment group (n=50) and the control group (n=50) randomly. The

experiment group was given regular pharmacological treatments combined with integrated group psychotherapy, while the control group was given regular pharmacological treatments combined with integrated group cognitive behavioral therapy. The authors concluded that medication treatments combined with the group-integrated psychotherapy significantly improve the clinical effect on elderly patients with senile depression. The compliance is improved and the dropout rate declines. However, the dropout is associated with multiple factors, which were not analyzed.

The Forum article reviewed relevant literature including the common pathogenesis and clinical manifestation of drug-induced liver injury caused by antipsychotic drugs, laboratory tests, diagnostic criteria and classification, and clinical management strategies.<sup>[6]</sup> In October 2015, the drug-induced liver diseases group of the Chinese Society of Hepatology drafted and published the first Diagnosis and Treatment Guideline on Drug-induced Liver Injury in China, giving suggestions on the diagnosis and treatment of drug-induced liver injury (DILI). The authors argue that the mechanism of liver injury induced by antipsychotic drugs is different. The liver injuries induced by typical antipsychotic drugs that represented by chlorpromazine are mostly presented as cholestasis type. Novel antipsychotics primarily cause liver injury indirectly through adverse events associated with metabolism (weight gain, obesity, metabolic syndrome, etc.). They suggest that liver function monitoring is still necessary before and after treatment.

Two Case Report articles are presented in this issue. The first by Mustafa ali et al discusses a rare case of Bechet's Disease in a patient with bipolar disorder.<sup>[7]</sup> Bechet's Disease is an inflammatory disease characterized by recurrent oral ulcers, genital ulcers and uveitis that can develop a neurobehavioral syndrome, also defined as 'neuro-psycho- BS'. Depending on vascular or parenchymal lesions, the presentations could be varied. The authors suggest

that combination of glucocorticoids and azathioprine along with a mood stabilizer with anti-psychotics appears to be effective as it showed good results in this patient although specific guidelines are not available. Further research is required to understand the casual relationships and therefore explore the treatment. The second case report by Sun et al describes neuropsychiatric symptoms induced by large doses of nitrous oxide inhalation.<sup>[8]</sup> Nitrous oxide, which is also called laughing gas, now ranks as the 7<sup>th</sup> most popular drug in the world. Nitrous oxide mainly disturbs B12 metabolism and damages nerves, followed by apparent neuropsychiatric symptoms. This case report describes a 19-year-old male who presented with auditory hallucination, persecutory delusions and unstable emotions after abuse of nitrous oxide over the course of half a year. Moreover, neurological signs such as weakness and hyperesthesia also appeared. After supplementation of vitamin B12, the neuropsychiatric symptoms improved, while the lower extremities achieved partial recovery. The authors suggest that clinicians should pay attention to the identification of NO inhalation among psychiatric patients, and reinforce interventions that prevent relapse.

In the biostatistics section, Chen and colleagues investigate a perplexing phenomenon and discuss the interpretation for the omnibus tests in biomedical and psychosocial research studies.<sup>[9]</sup> When there are more than two groups, one first performs an omnibus test for an overall difference across the groups. If this null is rejected, one then proceeds to the next step of post-hoc pairwise group comparisons to determine sources of difference. Otherwise, one stops and declares no group difference. A common belief is that if the omnibus test is significant, there must exist at least two groups that are significantly different. Please see their report how to interpret and discuss such results in detail.

Here by, we encourage more international submissions to this journal for the contributions to a soundly communication from different countries.

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## Erratum

Ang Q. Commentary on "Psychiatry and Cinema: What can We Learn from the Magical Screen?". *Shanghai Arch Psychiatry*. 2017; **29**(5): 314-315. doi: <http://dx.doi.org/10.11919/j.issn.1002-0829.217096>

In the author's introduction of the paper, the name of the author "Qiuqing Aug" should be "Qiuqing Ang". This change was been made to the online version on the *Shanghai Archives of Psychiatry* website as of March, 2018.