

• IN THIS ISSUE •

We are delighted to announce that the *Shanghai Archives of Psychiatry* will be changing its name to *General Psychiatry* and will be published by the BMJ Publishing Group in 2018. These changes will serve important steps for the journal to become a truly international platform for eastern and western mental health professionals to exchange new research findings and service developments. We believe it will increase the degree of recognition and influence of the journal at internationally, and increase China's voice in the world's psychiatric field

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This issue begins with a review by Peng and his colleagues^[1] about therapeutic mechanisms underlying the effects of repetitive transcranial magnetic stimulation (rTMS) for depression. Considering the fact that rTMS exerted antidepressant effects and was well tolerated, rTMS was approved as a treatment method for medication-resistant patients with major depressive disorder (MDD). Substantial evidence suggests that rTMS can regulate hippocampal neurogenesis, synaptic plasticity, neural circuits or brain networks, neurotransmitters and various molecular pathways in individuals with MDD. The optimal treatment parameters for individual therapy still remains elusive and needs to be further explored, although considerable randomized controlled studies demonstrated the antidepressant effects of rTMS.

In an original article, Shen and colleagues investigated the misdiagnosis of bipolar disorder (BD) in an outpatient department.^[2] It is estimated that BD is one kind of psychiatric disorder easily misdiagnosed as other mental illnesses, such as MDD, schizophrenia, or anxiety disorders. In the article, 177 BD subjects were recruited from the outpatient department. The authors used cross-sectional and retrospective methods to collect clinical data. The findings showed a relatively high misdiagnosis rate of BD. It was noted that patients with BD were more likely to be misdiagnosed as having depression, especially those having their first mood episode. In addition, this study suggested that the patients failed to recognize their own manic or hypomanic conditions, causing more difficulties in making the correct diagnosis. Hence, clinicians face challenges in reducing the misdiagnosis of patients with BD.

Generalized anxiety disorder (GAD) is characterized by chronic and persistent loss of self-control due to worries, and a cognitive bias towards threats and risks. Cognitive behavioral therapy is the most commonly used method of psychotherapy for GAD, and shows significant therapeutic effects for mild anxiety. In China, there is lack of systematic and structured manuals for

medical workers. Therefore, Zhang and her colleagues evaluated the applicability of simplified cognitive behavioral therapy (SCBT) for GAD in multiple centers to provide an appropriate tool for psychotherapists.^[3] The findings showed that the therapy satisfaction of the SCBT group was higher. Meanwhile, psychotherapists indicated that the manual was easy to comprehend and operate. Therefore, SCBT could be applied in medical institutions of various levels.

Although considerable studies have demonstrated that the lack of insight was negatively correlated with treatment compliance and long term clinical outcomes in patients with schizophrenia, the relationship between insight and clinical symptoms still remains elusive in patients with depression. Therefore, He and colleagues used bivariate correlations and multiple regression analysis to explore the relationship between the clinical symptomatology and insight of patients with mood disorder (55 MDD patients, 85 BD patients).^[4] The authors found that the more severe the anxiety symptoms and the more previous hospitalizations for depression, the more impaired insight was at admission, and that the more reduction of motor retardation symptoms there was during treatment, the more improvement there was in insight. However, the cross-sectional research design limited the interpretation of the potential conclusion.

Patients with cancer at risk for depressive symptoms, which in turn modulate the occurrence, progression and outcome of cancer through neuro-endocrino-immune system. Hence, Zhang et al. investigated the underlying mechanism of Nesfatin-1 in gastric carcinoma comorbid with depression in a preclinical study.^[5] Nesfatin-1, as a neuropeptide, plays a vital role not only in the regulation of hunger and fat storage, but also in the etiology of cancer and depression. The authors adopted chronic unpredictable mild stress (CUMS) to create an animal model of depression, and inoculated gastric carcinoma cells (MFCs) to create an animal model of gastric carcinoma in mice. This article found that gastric carcinoma

without CUMS mouse had reduced Nesfatin-1 levels in plasma and brain tissue, and that CUMS could induce depression-like behavior and increase Nesfatin-1 levels in mice with gastric carcinoma. Although this study demonstrated the association between Nesfatin-1 and gastric carcinoma comorbid with depression, it failed to elucidate the causal relationship, which still needs to be confirmed in the future.

The forum in this issue focused on an interesting topic. Xie and his colleagues investigated the current psychiatric epidemiology and mental health services in the Tibet Autonomous Region (TAR) of the People's Republic of China.^[6] The authors reviewed numerous relevant studies to provide a systematic and detailed literature search. Although the first major psychiatric epidemiological survey in the TAR reached some targets, this survey was considered to be insensitive and may have underestimated the prevalence rate due to linguistic and cultural barriers. Another epidemiological survey was a nationally representative cross-sectional survey of mental disorders and mental health services, which failed to separately report the psychiatric epidemiology from the TAR. In addition, there are many surveys regarding mental health in specific populations, such as soldiers, students and teachers living in the TAR. Due to their religious faith and cultural background, most Tibetans with mental health problems sought spiritual support and psychological consolation, rather than seeking professional modern medication. It needs to be noted that as the People's Hospital of the Tibet Autonomous Region established the first psychiatric outpatient unit, the poor conditions of mental health services have improved. However, this process is relatively slow due to the lack of resources and professional staff.

Professor Xie Bin gave some practical comments on the paper about the services of mental health in Tibet published by Xie Liang et al.^[7] The author suggested that relations between religious beliefs and mental disorders, and between religious activities and mental health services are not mutually exclusive but mutually dependent. The author agreed that Tibetans suffering from various kinds of mental disorders tolerated unsatisfied diagnoses and out-of-date treatments due to the general lack of both modern mental health facilities and professional technical personnel. He also pointed out that the paper failed to expose the main factors

that hinder the development of mental health services in Tibet. More importantly, he concluded that more attention should be focused on both current and long-term needs, known as the "multi-pronged combination" approach.

Two case reports are also presented in this issue. Chatterjee et al. reported a rare case of psychogenic dystonia in an adolescent with an underlying depressive episode, and discussed the recommended treatment strategy.^[8] The clinical characteristics of Dystonia are inconsistent and incongruous with a classical disorder. After all routine neurological examination and anticholinergics treatment, the case did not show any improvement. This case highlighted that closely monitoring clinical manifestations, in-depth psychiatric screening, and improved multidisciplinary management are necessary for all cases of psychogenic dystonia. Reddy et al. described a case of dissociative seizures presenting like myoclonic epilepsy.^[9] This case reported a 25-year-old single male who had 10 years history of episodic illness characterized by sudden jerk-like movements of the right hand. He didn't show any abnormal signs on neurological examinations. After comprehensive psychological evaluation combined with electroencephalogram testing, the authors confirmed that the case suffered from dissociative/psychogenic seizure. The authors recommended Venlafaxine to relieve his anxiety symptoms, as well as individual therapy treatment to provide psychological support.

Finally, the biostatistical article focused on Simpson's paradox, which is very common in observational studies due to effects of confounding.^[10] In this paper, several examples were presented of how this phenomenon can occur for continuous, categorical and survival outcomes. The study of Simpson's paradox, or more generally, of the effects of confounders, forms the rubric of the theory of causal inference, which is especially relevant in the error of big data as most data are observational in nature and confounders can obscure relationships of interest if not addressed.

For more upcoming information, please refer to the official website of our journal (www.shanghaiarchivesofpsychiatry.org) and the announcement on the BMJ official website in future.

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