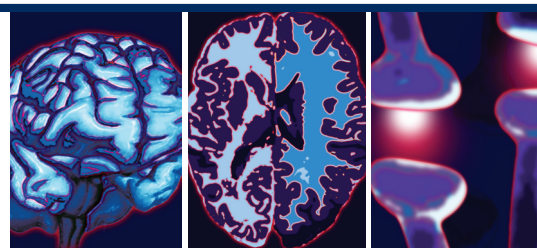


## JOURNAL WATCH

Our expert highlights the most important research articles across the spectrum of topics relevant to the field of neuropsychiatry



**Expert:** Jonathan Amiel, Columbia University College of Physicians & Surgeons, New York State Psychiatric Institute & New York-Presbyterian Hospital, NY, USA

**Clapp WC, Rubens MT, Sabharwal J, Gazzaley A. Deficit in switching between functional brain networks underlies the impact of multitasking on working memory in older adults. *Proc. Natl Acad. Sci. USA* 108(17), 7212–7217 (2011).**

In this comparative study, Clapp *et al.* investigate the neural mechanisms underlying age-related decline in performance on tests of multitasking. A total of 20 older adults (mean age: 69; 65% female) and 22 younger adults (mean age: 25; 41% female) performed a delayed-recognition working memory task in which they were placed in a functional MRI scanner, shown an image of a natural landscape, then, after a brief delay, shown an interrupting or disrupting image of a face, and then a landscape matching or not matching the original. The participants were asked to state whether the second landscape matched or did not match the first. Other related trials were also performed as controls for the experimental condition. The performance of older adults on the working memory task was slower and less accurate than of younger adults in the presence of interrupting stimuli. Functional MRI data did not differ between age groups in the ability

to process the interrupting stimulus, but demonstrated a significant impairment in older adults' ability to discontinue processing the interrupting stimulus and to reactivate the interrupted memory.

**Sareen J, Afifi TO, McMillan KA, Asmundson GJ. Relationship between household income and mental disorders: findings from a population-based longitudinal study. *Arch. Gen. Psychiatry* 68(4), 419–427 (2011).**

In this secondary analysis of data from the US National Epidemiologic Survey of Alcohol and Related Conditions (NESARC), Sareen *et al.* examine the relationship between income and mental illness. Over 43,000 people participated in the first wave of the survey in 2001–2002 and nearly 35,000 people participated in the follow-up survey in 2004–2005. In this nationally representative sample, household incomes under US\$20,000 were associated with significantly higher odds of nearly all psychiatric diagnoses as compared with household incomes over \$70,000. The highest odds ratios were for psychosis (4.28), bipolar disorder (2.56) and personality disorders (1.12–8.19). Interestingly, low household income was

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News

Journal Watch

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associated with reduced odds of alcohol use disorders (0.76). A decrease in income between the first and second waves of the study was associated with significantly higher odds of mood, anxiety or substance use disorders (1.3). Psychiatric diagnoses did not predict any changes in income between waves.

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**Essock SM, Schooler NR, Stroup TS *et al.*; The Schizophrenia Trials Network. Effectiveness of switching from antipsychotic polypharmacy to monotherapy. *Am. J. Psychiatry* 168(7), 702–708 (2011).**

In this multisite randomized controlled study, Essock *et al.* characterize the impact of switching from antipsychotic

polypharmacy to monotherapy in a clinical pool of outpatients with schizophrenia or schizoaffective disorder. A total of 127 patients using two antipsychotic medications were randomized to continue their current regimen or to discontinue one of the medications in consultation with their study psychiatrist. The primary outcome was all-cause discontinuation at 6 months, with secondary outcomes of symptom level, hospitalization and side effects. At 6 months, 31% of patients randomized to monotherapy discontinued their assigned treatment, compared with 14% in the polypharmacy group. A total of 66% of patients discontinuing monotherapy returned to their original polypharmacy combination. In this group, the most frequent cause for discontinuation was symptom exacerbation (61%).

Of note, patients in the monotherapy arm had a mean reduction in BMI of 0.5 points while the polypharmacy group had a mean increase in BMI of 0.3 points. This study adds important evidence to the ongoing assessment of risk versus benefit in antipsychotic polypharmacy to guide consumers, physicians and policymakers.

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#### Financial & competing interests disclosure

*The author has no relevant affiliations or financial involvement with any organization or entity with a financial interest in or financial conflict with the subject matter or materials discussed in the manuscript. This includes employment, consultancies, honoraria, stock ownership or options, expert testimony, grants or patents received or pending, or royalties.*

*No writing assistance was utilized in the production of this manuscript.*