From the Editor-in-Chief's Desk

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THIS ISSUE OF THE JOURNAL looks backwards and forwards with valuable retrospective reviews, new insights gleaned from seminal trials and articles describing promising, even transformative applications of new technologies and techniques.

Ignaszewski and Waslick report on the results of their systematic review of the last decade's randomized controlled trials of antidepressant treatment for pediatric major depressive disorder (MDD). Their article is an intentional updating of the well-known 2007 Bridge meta-analysis, with the goal of keeping practicing clinicians informed of the latest data. Despite the introduction of newer antidepressant compounds, Ignaszewski and Waslick conclude that "the evidence continues to support fluoxetine (Prozac) and escitalopram (Lexapro) as first-line treatment and demonstrated effect to prevent relapse."

Of equal interest is Ignaszewski and Waslick's assertion that the heightened risk of suicidality tied to antidepressant treatment is not apparent when assessed with newer rating scales for suicide severity "in contrast to increased suicide signal suggested by past research using adverse events data." The inclusion of the Columbia Suicide Severity Rating Scale (CSSR-S) in recent trials with its emphasis on systematically evaluating treatment-emergent suicidality, the authors write, suggests that "treatment-emergent suicidality is not as significant a risk as indicated on the Food and Drug Administration (FDA)-mandated Black Box Warning label — a concept that seasoned providers are likely aware of."

Ricketts et al. present findings on the salutary effects of Attention Deficit Hyperactive Disorder (ADHD) treatment on sleep problems gleaned from the Multimodal Treatment of ADHD study. Participants included 576 children aged 7 to 9 with ADHD-combined type who received treatment with methylphenidate, behavior therapy or a combination. The authors report that the combined treatment group showed a statistically significant reduction in total sleep problems as reported by parents. While anecdotal clinical experience suggests that sleep and ADHD symptoms are interconnected, it is heartening to have evidence from a large-N study suggesting that sleep issues may resolve with treatment.

Finally, I strongly recommend reviewing the paper of Gassó et al. on the potential use of genotyping to identify single nucleotide polymorphisms (SNPs) as a way of predicting treatment response to fluoxetine for MDD. The authors assessed 46 patients, genotyped 75 SNPs in 10 genes, and monitored treatment response over 12 months, finding that the HTR2A rs7997012 SNP was significantly associated with clinical improvement as determined by a percentage of remitters and score reductions on the Clinical Global Impressions-Severity scale. "These results," the authors write, "provide more evidence of the involvement of genetic variants related to the serotonergic pathway in the antidepressant response."

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