



In this issue

Childhood trauma is a known risk factor for psychosis but the mechanisms underlying this relationship remain unclear. [Gawęda et al. \(2019\)](#) examined the relationship between childhood trauma, self-related disturbance, psychotic like experiences and aberrant salience in 649 people. Mediation analysis showed an indirect mediation of the relationship between trauma and psychosis by aberrant salience and self-disturbance. While interesting, these findings do not prove causal relationships and need to be established by longitudinal studies.

Substance induced psychotic disorders (SIPD) are often thought to have a better outcome. [O'Connell et al. \(2019\)](#) investigated 544 young people with the first episode psychosis (FEP) and examined outcomes. Outcomes of ten % (n=56) who had SIPD as did not differ from the other FEP subjects: however, SIPD Subjects were actually less likely to be employed or engaged in treatment. This suggests that young people what SIPD need to be at important focus of intervention efforts in psychosis.

Sleep disturbances are common in psychotic disorders A characteristic finding is reduction in slow wave sleep. [Kaskie et al. \(2019\)](#) conducted high density sleep EEG recordings in 20 FEP subjects and 20 healthy controls. Abnormal slow wave sleep was seen in pre-frontal regions in first episode psychosis patients; this was correlated with positive psychotic symptoms.

[Hua et al. \(2019\)](#) examined thalamo- cortical connectivity in a small series of schizophrenia patients using high field (7T) imaging. They observed decreased thalamic and cerebellar connectivity but enhanced thalamic connectivity to motor and sensory regions in patients compared to healthy controls. Further replication in a larger cohort is warranted.

It is well known that people with schizophrenia are at high risk for relapse if they live in highly critical family environments. [Weintraub et al. \(2019\)](#) examined autonomic measures and mood ratings in individuals at high risk for psychosis. High risk individuals had greater heart rate elevations during the period of recovery following criticism. Interestingly these elevations normalized following praise suggesting important implications for psychotherapy.

People with schizophrenia die many years earlier than the general population. [Laursen et al. \(2019\)](#) examined cause-specific life years lost among people with schizophrenia using the entire Danish population cohort Between 1995 to 2015. While Life years lost due to suicide

and accidents decreased over time, this improvement was offset by a larger number of yours lost due to medical conditions. This finding highlights the importance of increased attention to medical morbidity in schizophrenia.

There is some evidence that ketogenic diet (KD, starvation diet) may have therapeutic benefits in schizophrenia. [Kraeuter et al. \(2019\)](#) asked whether such beneficial effects maybe observed in a translationally validated animal model of Schizophrenia, i.e. mice with MK801 induced NMDA receptor hypofunction. KD prevented prepulse inhibition impairments, a well known translational phenotype of schizophrenia in animals. Calorie restriction maybe a novel metabolic intervention for further investigation.

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