

Genetic risk factors

I was pleased to see Dr. Nasrallah's April editorial ("Pleiotropy of psychiatric disorders will reinvent DSM," CURRENT PSYCHIATRY, April 2013, p. 6-7; http://bit.ly/FTE0413). It's ironic that there is a growing realization of general genetic risk factors for psychiatric disorders with such different phenotypes even before DSM-5 has been published. This certainly thickens the plot; I'm glad Dr. Nasrallah made it clear to CURRENT PSYCHIATRY readers.

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An inspiring vision

We read with considerable interest Dr. Nasrallah's April editorial ("Pleiotropy of psychiatric disorders will reinvent DSM," CURRENT PSYCHIATRY, April 2013, p. 6-7; http://bit.ly/FTE0413) that outlined his inspiring vision for the future of psychiatric diagnosis and assessment. We agree that by unravel-

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ing the neurobiologic underpinnings of psychiatric brain disorders, we will not only uncover the pleiotropic nature of these conditions but also transform our field into a clinical neuroscience.

In any given year, >1 in 4 Americans will have a diagnosable psychiatric condition.¹ Psychiatric disorders remain the most prevalent cause of disability in the United States,² and their enormous personal, economic, and societal impact fuels the tremendous impetus to seek scientific advances in diagnosis and treatment.

Many have suggested that the mind is too complex to undergo formal scientific study, but it is the nuanced appreciation of the elegant, yet complex workings of the brain that attracts brilliant minds to psychiatry and neuroscience. The leading neuroscientific advances in fields such as optogenetics, epigenetics, psychoneuroimmunology, and psychopharmacology continue to be spearheaded by psychiatrist-scientists. Understanding brain function continues to be a high priority, exampled by the April 2013 announcement of \$100 million for President Obama's BRAIN (Brain Research through Advancing Innovative Neurotechnologies) initiative.3

All of our psychiatric treatment modalities—including psychotropics, neuromodulation, and psychotherapy—are believed to promote synaptic plasticity, neurogenesis, and alterations in neuronal circuitry. Ensuring these concepts and advances are communicated to our residents, medical students, and patients remains paramount. Psychiatry has an immense and flourishing scientific and societal impact. Millions of people are affected by brain disorders, including autism, schizophrenia, and dementia. These patients and their families are counting on psychiatrists to elucidate the workings of the body's most complex organ.

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References

- Kessler RC, Chiu WT, Demler O, et al. Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. Arch Gen Psychiatry. 2005;62(6): 617-627.
- World Health Organization [WHO]. The global burden of disease: 2004 update, table A2: Burden of disease in DALYs [disability-adjusted life year] by cause, sex and income group in WHO regions, estimates for 2004. http://www.who. int/healthinfo/global_burden_disease/GBD_ report_2004update_AnnexA.pdf. Accessed April 23, 2013.
- The White House. Brain initiative. http://www. whitehouse.gov/infographics/brain-initiative. Accessed April 23, 2013.

SSRIs and sexual health

I appreciated the pertinent article by Dr. Burghardt and Ms. Gardner, "Sildenafil for SSRI-induced sexual dysfunction in women" (CURRENT PSYCHIATRY, April 2013, p. 29-32; http://bit.ly/SilD0413). Evidence for alternative adjunctive medications for selective serotonin reuptake inhibitor (SSRI)-induced sexual dysfunction is lacking.

There is some support for bethanechol in reversing dysfunction caused by other antidepressants. Bethanechol reversed anorgasmia in a woman receiving amoxapine and eliminated erectile dysfunction in men receiving

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monoamine oxidase inhibitors or tricyclic antidepressants.¹⁻³ The only trial evaluating the efficacy of bethanechol for antidepressant-induced sexual dysfunction found it effective for men receiving clomipramine.⁴ Evidence is limited to patients receiving older antidepressants, and there is only 1 report of efficacy in a female patient. It would be interesting to see whether bethanechol is effective for SSRIinduced dysfunction in controlled trials, because it may be a practical option for patients with sexual dysfunction and urinary retention.

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References

- Gross MD. Reversal by bethanechol of sexual dysfunction caused by anticholinergic antidepressants. Am J Psychiatry. 1982;139(9):1193-1194.
- Segraves RT. Reversal by bethanechol of imipramine-induced ejaculatory dysfunction. Am J Psychiatry. 1987;144(9):1243-1244.
- Yager J. Bethanechol chloride can reverse erectile and ejaculatory dysfunction induced by tricyclic antidepressants and mazindol: case report. J Clin Psychiatry. 1986;47(4):210-211.
- Bernik M, Vieira AH, Nunes PV. Bethanecol chloride for treatment of clomipramine-induced orgasmic dysfunction in males. Rev Hosp Clin Fac Med Sao Paulo. 2004;59(6):357-360.