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Margaret Haney, Ph.D.

Societal attitudes toward cannabis, both as a drug of abuse and as a potential therapeutic, have undergone a marked shift in the past 25 years, resulting in wide-scale changes in legalization, public policy, and marketing of cannabis and its constituents. The past few decades have also borne witness to a tremendous advancement in our understanding of the endocannabinoid system, beginning with the groundbreaking discoveries of the cannabinoid receptors and endogenous cannabinoids. With both the ubiquity of cannabis and cannabinoid use and the essential function of the endocannabinoid system, this review seeks to describe several key clinical issues regarding the interaction between cannabis use and endocannabinoid neurobiology.

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Kendall C. Browne, Ph.D., et al. EDITORIAL • CME

A clear risk for cannabis use disorder was evident among veterans reporting nonmedical cannabis use, with up to 37% meeting criteria for a cannabis use disorder in their lifetime. The odds of cannabis use and use disorder were higher among those of lower socioeconomic status and those with psychiatric and substance use disorders. Odds of use, daily or near daily use, and use disorder were even higher among veterans in states with medical marijuana laws.

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Presence of a substance use disorder (SUD) involving alcohol, cannabis, and hard drugs had an additive effect on all-cause mortality risk in a large sample of patients with eating disorders. These findings highlight the importance of focusing on SUD prevention and treatment in order to reduce excess mortality in eating disorder patients. This is particularly relevant for those with anorexia nervosa who abuse hard drugs because they were found to be the most susceptible to premature death. SUD appears to be the driving factor behind mortality in patients with bulimia nervosa; thus SUD prevention and treatment would help reduce mortality in bulimia.

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Cover: This issue is focused on providing a deeper understanding of the factors underlying alcohol and cannabis use and misuse in relation to the development of substance use disorders and interactions with other psychiatric illnesses. (Image by Spender1, shutterstock.com.)

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AJP in Advance

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Variable Patterns of Remission From ADHD in the Multimodal Treatment Study of ADHD

New findings challenge the evidence that 50% of children with ADHD recover by adulthood. Most youth with ADHD in the sample (90%) experienced brief periods of remission but only 10% demonstrated true recovery from ADHD by age 25. Most apparent remission was temporary, revealing ADHD as a fluctuating, rather than static, disorder.

Stanford Neuromodulation Therapy: A Double-Blind Randomized Controlled Trial

Results from a trial evaluating the efficacy of Stanford Neuromodulation Therapy (SNT) suggest the approach may be a reproducible, rapid, and highly effective treatment for severe, refractory depression. After five days of treatment, 79% of participants in the active SNT group achieved remission from their depressive episodes compared to 13% in the sham group. The short 5-day treatment course and high antidepressant efficacy of SNT present an opportunity to treat patients where rapid-acting treatments are needed, such as in the ER or inpatient settings.

AJP CME Earn CME credit: 3 courses per issue

You can earn CME credits by reading articles in *The American Journal of Psychiatry*. Three articles in this issue form a short course that consists of reading the article and answering three multiple-choice questions with a single correct answer for up to 1 *AMA PRA Category 1 Credit* $^{\text{TM}}$ each. Credit is issued only to subscribers of the online AJP CME Course Program.

See the table below for the articles in this month's issue that are the subject of a CME quiz.

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The Impact of Alcohol and Other Substance Use Disorders on Mortality in Patients With Eating Disorders: A Nationwide Register-Based Retrospective Cohort Study (p. 46)

History of Psychiatry

Revisit the field's rich history through the AJP Archive

125 years ago this month: Static Electricity in the Treatment of Nervous and Mental Diseases

While presenting some encouraging results for this therapeutic modality, this report also contains an elegant description of a potential placebo effect: "Hope and confidence bridge over many a crisis, and faith in the physician and the value of his efforts is a therapeutic power that should never be carelessly shattered."





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Who we are: The Department of Mental Health and Addiction Services (DMHAS) has the responsibility to set forth policies to improve behavioral health care within the state. We are a large health care system comprised of eight facilities offering services across the continuum of care. All DMHAS facilities are accredited by The Joint Commission and has academic relationships with Yale University and the University of Connecticut medical schools.

Where we are located: Bridgeport, Danbury, Hartford, Middletown, New Haven, Norwich, Stamford, Torrington and Waterbury.

Who we service: Connecticut adults over 18 years of age with: psychiatric and/or substance use disorders, problem gambling disorders, substance abusing pregnant women, traumatic brain injury and special populations transitioning out of the Department of Children and Families.

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Call for Nominations

The Institute of Living/Hartford Hospital is pleased to announce that nominations are now being accepted for the 2022 C. Charles Burlingame Award. This award,

honoring an outstanding leader in psychiatric education, research or administration, is made in the memory of Dr. Burlingame, psychiatristin-chief from 1931 to 1950.

We invite you to nominate a person who has significantly advanced the field of psychiatry. The nomination must include a current curriculum vitae and two letters of support describing the candidate's achievements.

The Institute of Living is a comprehensive behavioral health system for the evaluation and treatment of psychiatric and addiction disorders. We offer a full continuum of services to patients and remain committed to the highest standards of clinical care, research and education.

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Nominations should be sent no later than March 18, 2022 to: Javeed Sukhera, MD, PhD Chair/Chief of Psychiatry Institute of Living/Hartford Hospital 200 Retreat Ave., Hartford, CT 06106 or e-mail to Faye.Jenkins@hhchealth.org

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