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TI Neural circuitry and precision medicines for mental disorders: are they compatible?

Dean, Charles E. **Psychological Medicine** 49.1: 1-8. Cambridge University Press. (Jan 2019)

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AB

Abstract (summary) Translate

Given the failure of psychiatry to develop clinically useful biomarkers for psychiatric disorders, and the concomitant failure to develop significant advances in diagnosis and treatment, the National Institute of Mental Health (NIMH) in 2010 launched the Research Domain Criteria (RDoC), a framework for research based on the assumption that mental disorders are disorders of identifiable brain neural circuits, with neural circuitry at the center of units of analysis ranging from genes, molecules, and cells to behavior, self-reports, and paradigms. These were to be integrated with five validated dimensional psychological constructs such as negative and positive valence systems. Four years later, the NIMH stated that the ultimate goal of RDoC is precision medicine for psychiatry, with the assumption that precision medications will normalize dysfunctional neural circuits. How this could be accomplished is not obvious, given that neural circuits are widely distributed, have unclear boundaries, and exhibit a significant degree of neuroplasticity, with multiple circuits present in any given disorder. Moreover, the early focus on neural circuitry has been criticized for its reductionism and neglect of the more recent RDoC emphasis on the integration and equivalence of biological and psychological phenomena. Yet this seems inconsistent with the priorities of the NIMH director, an advocate of the central role of neural circuitry and projects such as the Brain Initiative and the Human Connectome Project. Will such projects, at a cost of at least $10 billion, lead to precision medications for mental disorders, or further diminish funding for clinical care and research?

Full Text Translate

TX

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Introduction

The goal of precision medicine for mental disorders has its historical roots dating to the nineteenth century, when the early psychiatrists, or 'alienists,' found themselves isolated and often demeaned by their counterparts in medicine and surgery (Mitchell, 1984; Rollins, 2003). The alienists therefore began a quest for parity with other physicians, a quest that became intense with the discovery of the bacterial cause of infectious diseases such as tuberculosis, and, in 1913, with the discovery of treponema pallidum in the brains of patients with tertiary syphilis, who often became psychotic (Shorter, 1997). Here was evidence of linkage between specific causal agents and specific diseases, leading to the concept of a specific – or precise – treatment.

If this could be accomplished in medicine, why not psychiatry? Thus began the search for specificity of diagnosis and treatment in psychiatry, the history of which I have reviewed elsewhere (Dean, 2012, 2017). Despite the search for specificity, the field suffered through a long period wherein primitive therapies (blood-letting, forced injections of mercury and horse serum, tranquilizer chairs) were both damaging and imprecise (Scull, 1986; Valenstein, 1986).

(...)

Indexing (details) Cite

SU	Subject	Dysfunctional; Antidepressants; Drugs; Psychiatric disorders; Circuits; Psychiatry; Biological markers; Reductionism; Mortality; Mental disorders; Psychotropic drugs; Clinical research; Plasticity (neural); Genes; Medical research; Models; Diagnosis; Neural networks; Mental health; Brain
LOC	Location	United States--US
TI	Title	Neural circuitry and precision medicines for mental disorders: are they compatible?
AU	Author	Dean, Charles E [1]
AF		[1] Mental Health Service Line, Minneapolis Veteran Administration Medical Center, One Veterans Drive, Minneapolis Minnesota, 55147, USA
LA	Language	English
SL	Language of abstract	English
DTYPE	Document type	Editorial
PUB	Publication title	Psychological Medicine
VO	Volume	49
ISS	Issue	1
PG	Pagination	1-8
PBLOC	Publisher location	Cambridge
DOI	DOI	http://dx.doi.org/10.1017/S0033291718003252
PD, YR	Publication date	Jan 2019
	Electronic publication date	2018-11-09
	Document URL	https://dialog.proquest.com/professional/docview/2157825866?accountid=174015
FAV	Copyright	Copyright © Cambridge University Press 2018
	First available	2018-12-18
UD	Updates	2018-12-18
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Grant information	GI	gi("eli lilly")	If the authors received support or funding for the study that support is acknowledged here.
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Publication date	PD	pd(20181109) pd(201811) pd(20181101-20181115)	This is the publication date of the article. Date range searching is supported. See also Publication year.
Publication title[1]	PUB	pub("diabetes obesity and metabolism") pub("diabetes obes metab")	The publication title. Both the full and abbreviated form of the journal name are searchable.
Publication type			See Source type
Publication year	PY / YR	yr(2016) yr(2013-2017)	Date range searching is supported.
Publisher	PB	pb(blackwell)	This is the publisher of the journal.
Publisher location	PBLOC	pbloc(silver springs)	Generally the town/city in which the publisher is based.
Source type	PT / STYPE	pt("scholarly journals")	A list of source types is listed on the Advanced Search page.
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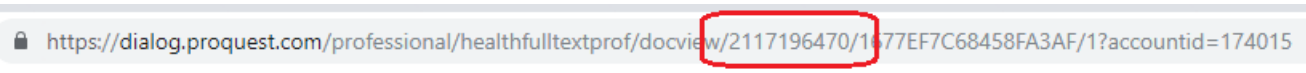

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