no differences in age, weight, height or unadjusted BMD at the femoral neck between the depressed and nondepressed men ($P = 0.08$, 0.34, 0.41 and 0.13, respectively), but unadjusted BMD at the PA spine was significantly lower in those with an LHX (1.254 ± 0.187 vs. 1.293 ± 0.194 g/cm^2, $P = 0.017$). Age, weight and smoking-adjusted BMD were 2.8% lower at the PA spine (1.255 ± 0.015 vs. 1.292 ± 0.006 g/cm^2, $P = 0.025$) and 3.0% lower at the femoral neck (0.971 ± 0.011 vs. 1.001 ± 0.004 g/cm^2, $P = 0.007$) in those with an LHX compared with those nondepressed. Adjusting for selective serotonin reuptake inhibitors use did not affect these relationships.
Conclusion: These data are consistent with previous findings of diminished BMD in people with depressive disorders and symptoms and suggest that depression may be a risk factor for reduced BMD in community-dwelling adult men.

Facial emotion processing in psychosis

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Background: Investigations into facial affect processing in schizophrenia have produced variable results; some studies indicate no differences in performance, while others have shown impaired performance in patients. Variations in methodology such as the use of different stimuli, different target emotions and differing levels of task difficulty may be responsible for these inconsistent findings. The current study investigated task performance on four emotion-processing tasks in two different groups of patients with psychosis and a group of healthy controls. All four tasks used the same stimuli and target emotions but manipulated task difficulty.
Method: Age- and premorbid-IQ-matched patients with schizophrenia ($n = 37$), patients with bipolar disorder ($n = 32$) and healthy controls ($n = 45$) completed the affect discrimination, name affect, select affect and match affect subtests from the Comprehensive Affective Testing System (CATS; Froming et al. 2003).
Results: Results indicated no significant differences in performance on the affect discrimination and name affect subtests. On the select affect subtest, patients with schizophrenia were significantly impaired compared with both other groups. On the match affect subtest, patients with schizophrenia were the most impaired, followed by the bipolar group.
Conclusions: The results indicated that as task complexity increases, performance decreases, making the difference between psychosis groups and healthy controls more evident, with patients with schizophrenia showing the greatest impairment. Some subsets of the CATS may be insensitive to the subtle differences in performance between groups. Future studies should explore facial emotion processing with greater number of stimuli and include a facial processing control task.

The SHADE project: self-help for alcohol/other drug use and depression

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Background: The co-occurrence of depression and alcohol/other drug misuse is more common than expected by chance alone. Despite this, an effective program of treatment is yet to be established for people experiencing this comorbidity. This is a concern, given rates of depression and alcohol misuse are on the increase.
Aim: This paper will report on the posttreatment alcohol/other drug- and depression-related outcomes of the SHADE project, a large-scale, multisite study of computerized psychological treatment.
Methods: SHADE participants were those with current levels of depression and current problematic use of alcohol, cannabis or amphetamines. Following an initial assessment, participants received one face-to-face case formulation session with a therapist and were subsequently randomized to receive nine sessions of SHADE therapy by a therapist, nine sessions of SHADE therapy through a computer or nine sessions of person-centered (supportive) counseling. Follow-up occurred at posttreatment, 6- and 12-month follow-up.
Results: Posttreatment results will be reported for the 250 participants recruited to the study in rural/remote and urban New South Wales.
Conclusions: Computerized treatment is not meant as a stand-alone therapy. The results from this study suggest that computer-based interventions can produce important gains for people with depression and alcohol/other drug use comorbidity. Further implications will be discussed.

Duloxetine in the treatment of melancholic depression

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