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#### A COMPREHENSIVE REVIEW

# Advances in Understanding Psychiatric Disorders: A Comprehensive Review

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#### Introduction

Translational Psychiatric disorders encompass a diverse range of mental health conditions characterized by disturbances in thoughts, emotions, behavior, and social functioning, resulting in significant distress and impaired quality of life [1]. These disorders are classified according to standardized criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) [1]. The DSM-5 provides a comprehensive framework for diagnosing and categorizing psychiatric disorders, facilitating effective treatment planning and research efforts [1].

The prevalence of psychiatric disorders is alarmingly high, reflecting their substantial impact on individuals and society [2]. Major depressive disorder, for example, affects approximately 7% of the global population, ranking among the leading causes of

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#### Abstract

Did you know that a significant portion of the population is affected by psychiatric disorders, leading to substantial challenges for individuals and society as a whole? In this comprehensive literature review, recent advancements in understanding psychiatric disorders are explored, covering neurobiological and psychosocial factors, diagnostic tools, treatment approaches, translational research, and future directions. By synthesizing a wide range of literature, valuable insights are provided into the complex interplay between biology, environment, and mental health. From cutting-edge diagnostic techniques to innovative treatment modalities, the progress made is examined and key areas for further investigation are identified. Ultimately, the importance of a holistic and multidisciplinary approach to address the pervasive impact of psychiatric disorders is emphasized, and future directions for research, clinical practice, and public health initiatives are suggested.

#### **Keywords:**

- 🔶 Psychiatric disorders
- 🗕 Neurobiology
- Psychosocial factors
- Diagnostics
- Treatment approaches
- ∔ Translational research
- Future directions.

disability worldwide [2]. Anxiety disorders, bipolar disorder, and schizophrenia also contribute significantly to the global burden of disease [2]. The impact of psychiatric disorders extends beyond individual suffering, exerting profound effects on various aspects of society [3]. Untreated or inadequately managed psychiatric disorders can impair education, employment, relationships, and overall functioning [3]. Moreover, individuals with psychiatric disorders often require increased healthcare utilization, including hospitalizations, emergency department visits, and outpatient consultations [4]. The economic burden is substantial, encompassing healthcare expenses, productivity losses, and the provision of social welfare support [5].

Understanding the definition, classification, prevalence, and impact of psychiatric disorders is of utmost importance for accurate diagnosis, appropriate treatment, and the implementation of effective public health interventions [1]. By acknowledging the widespread nature of these disorders and their far-reaching consequences, efforts can be directed towards early detection, prevention, and the delivery of comprehensive care.

#### **Neurobiological Factors**

Neurotransmitter imbalances are a key neurobiological factor implicated in psychiatric disorders. For instance, serotonin, a neurotransmitter involved in regulating mood, sleep, and appetite, has been found to be dysregulated in major depressive disorder [6]. Imbalances in the dopamine system, which plays a crucial role in reward processing and motivation, are associated with conditions such as schizophrenia and substance use disorders [7]. Glutamate, the primary excitatory neurotransmitter in the brain, is involved in processes such as learning, memory, and cognition, and alterations in its signaling have been observed in conditions such as schizophrenia and major depressive disorder [8]. GABA, the main inhibitory neurotransmitter, is involved in regulating anxiety and stress responses, and disruptions in GABAergic neurotransmission have been linked to anxiety disorders and epilepsy [9].

In addition to neurotransmitter imbalances, structural and functional brain abnormalities are prominent features of psychiatric disorders. Neuroimaging studies have provided insights into specific brain regions implicated in different conditions. For example, in individuals with schizophrenia, structural abnormalities such as reduced gray matter volume and altered connectivity in the prefrontal cortex, hippocampus, and striatum have been observed [10]. In bipolar disorder, abnormalities in the prefrontal cortex, amygdala, and anterior cingulate cortex have been identified [11].

Functional magnetic resonance imaging (fMRI) studies have revealed altered patterns of brain activity and connectivity in individuals with depression, highlighting disrupted circuits involved in emotion regulation and reward processing [12].

Genetic and epigenetic factors contribute significantly to the development and susceptibility of psychiatric disorders. Genomewide association studies (GWAS) have identified genetic variants associated with increased risk for specific disorders. For example, certain variations in genes encoding serotonin transporters have been linked to susceptibility to depression [13]. Similarly, genetic variants related to dopamine receptor genes have been associated with increased vulnerability to schizophrenia [14]. Epigenetic mechanisms, such as DNA methylation and histone modifications, can influence gene expression patterns and contribute to the development of psychiatric disorders. Studies have shown altered DNA methylation patterns in genes involved in stress response and neural development in individuals with post-traumatic stress disorder [15]. Epigenetic modifications can also be influenced by environmental factors, further contributing to the complex interplay between genes and the environment in psychiatric disorders.

Understanding the intricate neurobiological factors involved in psychiatric disorders is crucial for developing targeted interventions and personalized treatments. Advances in neuroimaging techniques, such as diffusion tensor imaging (DTI) and functional connectivity analysis, provide valuable insights into the underlying neural mechanisms of psychiatric conditions. Furthermore, genetic and epigenetic research continue to uncover novel biomarkers and therapeutic targets, paving the way for precision medicine approaches in the field of psychiatry.

#### **Psychosocial Factors**

Psychosocial factors play a significant role in the development and progression of psychiatric disorders. Early-life experiences and childhood trauma have long-lasting effects on mental health outcomes [16]. Adverse experiences such as abuse, neglect, and household dysfunction during childhood have been associated with an increased risk of developing various psychiatric disorders, including depression, anxiety disorders, and post-traumatic stress disorder [16]. Early-life stressors can disrupt the development of neural circuits involved in emotion regulation and stress response, leading to long-term alterations in psychological and physiological functioning [16].

Environmental stressors also contribute to the development and exacerbation of psychiatric disorders. Chronic exposure to stressors such as poverty, discrimination, violence, and natural disasters can have detrimental effects on mental health [17]. These stressors activate the hypothalamic-pituitary-adrenal (HPA) axis and the sympathetic-adrenal-medullary (SAM) system, leading to dysregulation of stress response mechanisms [17]. Prolonged activation of these systems can increase the risk of developing psychiatric conditions such as mood disorders, anxiety disorders, and substance use disorders [17]. Furthermore, environmental factors such as air pollution, noise pollution, and overcrowded living conditions have been linked to increased rates of psychiatric disorders [18].

Social determinants of mental health play a crucial role in shaping mental health outcomes and contributing to health disparities. Factors such as socioeconomic status, education, employment, housing, and social support networks have a significant impact on mental well-being [19]. Individuals from disadvantaged backgrounds, experiencing poverty, limited educational opportunities, and social isolation, are more vulnerable to mental health problems [19]. Additionally, systemic inequalities, including racial and ethnic disparities in access to healthcare and socioeconomic resources, contribute to disparities in mental health outcomes [20]. Addressing social determinants of mental health is essential for promoting mental well-being and reducing health disparities.

A comprehensive understanding of the intricate relationship between psychosocial factors and psychiatric disorders is essential in developing holistic assessment and treatment strategies. By targeting early-life experiences, providing trauma-informed care, and addressing environmental stressors, interventions can effectively reduce the impact of psychosocial factors on mental health outcomes. Moreover, the promotion of mental well-being and the reduction of mental health disparities necessitate addressing social determinants through initiatives such as policy reforms, community programs, and advocacy efforts.

#### **Diagnostic and Assessment Tools**

Accurate diagnosis and comprehensive assessment are essential in the field of psychiatry. Several diagnostic systems, such as the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and the International Classification of Diseases (ICD-11), provide standardized criteria for diagnosing psychiatric disorders [21,22]. These systems enable clinicians and researchers to classify and communicate about mental health conditions, ensuring consistency in diagnosis and facilitating research and treatment planning.

Advances in neuroimaging techniques have revolutionized the diagnosis and study of psychiatric disorders. Magnetic resonance imaging (MRI), functional MRI (fMRI), positron emission tomography (PET), and electroencephalography (EEG) are among the neuroimaging tools used to examine structural and functional brain abnormalities associated with various psychiatric conditions [23,24]. These techniques provide valuable insights into the neural underpinnings of mental disorders, aiding in accurate diagnosis, treatment planning, and monitoring treatment response.

Objective measures and biomarkers offer promising avenues for the assessment and monitoring of psychiatric conditions. These measures include physiological markers, genetic markers, and neurobiological markers that can indicate the presence and severity of psychiatric disorders [25,26]. For example, genetic testing can identify specific gene variants associated with increased susceptibility to certain disorders, while measures of brain activity or neurochemical levels can provide objective indicators of the functioning of neural circuits implicated in psychiatric conditions. Objective measures and biomarkers hold potential for enhancing diagnostic accuracy, predicting treatment response, and developing personalized treatment approaches.

In recent years, advancements in machine learning and artificial intelligence (AI) have shown great promise in enhancing diagnostic and assessment tools in psychiatry. These techniques have the potential to analyze large amounts of data and identify patterns that may not be apparent to human observers. Machine learning algorithms can process diverse data sources, including clinical assessments, neuroimaging data, and genetic information, to develop predictive models for diagnosing psychiatric disorders and predicting treatment response [27,28]. By integrating these innovative approaches into clinical practice, clinicians can benefit from improved accuracy and efficiency in diagnosing and managing mental health conditions.

Digital technologies and smartphone applications are also emerging as valuable tools in psychiatric assessment. Mobile mental health apps offer self-assessment tools, symptom tracking, and mood monitoring features, allowing individuals to actively participate in their mental health management [29]. These apps can collect real-time data and provide valuable insights into an individual's mental health status, enabling early detection of symptoms, personalized intervention strategies, and remote monitoring. Additionally, digital phenotyping, which involves capturing and analyzing patterns from smartphone usage, social media activity, and other digital sources, holds promise for detecting subtle changes in behavior and psychological states, aiding in the early identification and monitoring of psychiatric disorders [30].

In the field of psychophysiology, innovative assessment techniques such as virtual reality (VR) and psychophysiological measures are being utilized. VR environments provide controlled and immersive simulations that can elicit stress responses and assess individuals' reactions in a safe and controlled setting. This technology enables researchers and clinicians to investigate specific phobias, social anxiety, and post-traumatic stress disorder (PTSD), among other conditions, with enhanced ecological validity [31]. Psychophysiological measures, including heart rate variability, electrodermal activity, and eye-tracking, offer objective indicators of autonomic nervous system function, emotional arousal, and attentional processes. These measures can complement self-report assessments and provide valuable information on individuals' physiological responses and emotional regulation abilities [32].

By harnessing the power of machine learning, digital technologies, and psychophysiological measures, diagnostic and assessment tools in psychiatry are becoming more sophisticated, precise, and accessible. These innovations hold immense potential for improving diagnostic accuracy, personalizing treatment approaches, and empowering individuals in their mental health journey.

#### **Treatment Approaches**

Pharmacological Psychiatric disorders are commonly managed through a variety of treatment approaches that encompass pharmacological interventions, psychotherapeutic modalities, and integrative and alternative therapies. These approaches aim to alleviate symptoms, enhance functioning, and promote overall wellbeing.

Pharmacological interventions play a crucial role in the treatment of psychiatric disorders. Medications targeting specific neurotransmitter systems, such as selective serotonin reuptake inhibitors (SSRIs) for depression and antipsychotics for schizophrenia, are widely used [33, 34]. Ongoing research focuses on developing emerging therapies and targeting novel mechanisms of action. For example, ketamine, an N-methyl-D-aspartate (NMDA) receptor antagonist, has shown promise in rapidly reducing symptoms of treatment-resistant depression [35]. Furthermore, advances in genetic research have paved the way for personalized medicine, enabling clinicians to tailor treatment based on an individual's genetic profile [36].

Psychotherapeutic modalities form an integral part of psychiatric treatment. Cognitive-behavioral therapy (CBT) is an evidence-based approach that helps individuals identify and modify maladaptive thoughts and behaviors. It has demonstrated efficacy across various disorders, including anxiety disorders, depression, and eating disorders [37, 38]. Dialectical behavior therapy (DBT), originally developed for borderline personality disorder, incorporates elements of CBT to promote emotion regulation, distress tolerance, and interpersonal effectiveness [39].

Psychodynamic therapy focuses on exploring unconscious processes and unresolved conflicts, providing insight into underlying psychological issues [40]. These psychotherapeutic approaches can be delivered individually, in group settings, or through digital platforms, offering flexibility and accessibility.

In recent years, there has been growing interest in integrative and alternative treatment approaches for psychiatric disorders. Mindfulness-based interventions, such as mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT), have gained popularity for their effectiveness in reducing stress, enhancing self-awareness, and improving emotional wellbeing [41,42]. Physical exercise has also shown beneficial effects, with studies demonstrating its efficacy in alleviating symptoms of depression and anxiety by promoting neurogenesis, neuroplasticity, and endorphin release [43]. Complementary therapies, including acupuncture, yoga, and herbal supplements, are being explored as adjunctive treatments, though their evidence base varies across disorders [44,45].

An integrative approach that combines pharmacotherapy, psychotherapy, and complementary therapies is often employed to optimize treatment outcomes and meet the unique needs of individuals. This multimodal approach recognizes the complex nature of psychiatric disorders and the importance of tailoring treatment to the individual, considering factors such as symptom severity, treatment response, and personal preferences.

#### **Translational Research**

Translational research plays a pivotal role in bridging the gap between basic neuroscience discoveries and their application in clinical practice. It aims to translate scientific findings into practical interventions that improve patient outcomes, inform treatment decisions, and advance the field of psychiatry.

One aspect of translational research involves utilizing emerging technologies with potential applications in psychiatry. Virtual reality (VR) has gained traction as a therapeutic tool for various psychiatric disorders, including anxiety disorders and post-traumatic stress disorder [46,47]. VR environments can simulate real-life scenarios, providing a controlled and immersive experience for exposure therapy, skills training, and stress reduction [48]. Additionally, digital therapeutics, including smartphone apps and online platforms, offer novel ways to deliver evidence-based interventions, enhance self-monitoring, and provide ongoing support [49,50]. These technologies hold promise for increasing treatment accessibility, engagement, and effectiveness.

Translational research also encompasses the development and application of translational models and frameworks aimed at improving treatment outcomes. One such model is the Research Domain Criteria (RDoC), which emphasizes a dimensional approach to understanding mental disorders by integrating multiple levels of analysis, such as behavior, neurobiology, and genetics [51]. By moving beyond traditional diagnostic categories, RDoC promotes a more nuanced understanding of psychopathology and facilitates the identification of novel treatment targets. Another framework is the staged approach to treatment development, which involves sequential phases of research, including preclinical studies, proof-of-concept trials, and large-scale effectiveness studies, to ensure that interventions are rigorously evaluated before implementation [52].

Furthermore, collaborative efforts between researchers, clinicians, and industry partners are essential for successful translational research. Collaborative networks and consortia facilitate the exchange of knowledge, resources, and expertise, fostering interdisciplinary collaborations and accelerating the translation of research findings into clinical practice. Such partnerships also promote the development of innovative interventions, the validation of biomarkers and objective measures, and the identification of new therapeutic targets [53].

Translational research continues to explore innovative technologies and approaches that have the potential to revolutionize psychiatric care. One such innovation is the use of wearable devices and biosensors to monitor physiological and behavioral data in realtime. These devices can provide valuable insights into an individual's stress levels, sleep patterns, physical activity, and other relevant indicators of mental health. By integrating this objective data with traditional subjective assessments, clinicians can obtain a more comprehensive understanding of a patient's well-being and tailor treatment interventions accordingly [54, 55]. Furthermore, the application of machine learning and artificial intelligence algorithms to large-scale datasets holds promise for developing predictive models and personalized treatment algorithms, improving treatment response rates, and optimizing therapeutic outcomes [56,57].

Another area of innovation lies in the field of neurostimulation techniques for psychiatric disorders. Transcranial magnetic stimulation (TMS) and transcranial direct current stimulation (tDCS) are non-invasive brain stimulation methods that have shown efficacy in treating conditions such as depression, obsessivecompulsive disorder, and schizophrenia [58,59]. These techniques modulate neural activity and show potential for enhancing the effectiveness of other treatment modalities or serving as stand-alone interventions. Additionally, deep brain stimulation (DBS), which involves implanting electrodes in specific brain regions, has demonstrated promising results in the treatment of severe psychiatric conditions such as treatment-resistant depression and obsessive-compulsive disorder [60,61].

Furthermore, translational research efforts are exploring the potential of digital phenotyping and big data analytics to aid in early detection, risk assessment, and intervention planning. Digital phenotyping involves the passive and continuous collection of data from smartphones, wearable devices, and other digital platforms to track behavioral patterns, social interactions, and cognitive functioning. By leveraging machine learning algorithms on these vast datasets, researchers can identify digital biomarkers and patterns associated with specific psychiatric disorders, enabling early intervention and personalized treatment approaches [62,63].

#### Future Directions and Concluding Remarks

Precision psychiatry and personalized medicine represent an exciting future direction in the field of psychiatry. By integrating genetic, neurobiological, and psychosocial factors, precision psychiatry aims to develop tailored treatment strategies for individuals with psychiatric disorders [64]. Through the use of advanced technologies such as genomics, proteomics, and metabolomics, researchers are gaining insights into the unique molecular signatures associated with different psychiatric conditions. These biomarkers hold the potential to predict treatment response, identify individuals at risk, and guide the selection of optimal interventions [65]. Additionally, precision psychiatry embraces the concept of "N-of-1" trials, which involve conducting individualized experiments to assess the efficacy of specific treatments for a particular patient [66]. This approach has the potential to revolutionize psychiatric care by tailoring interventions to the specific needs of each individual, leading to improved treatment outcomes and reduced healthcare costs.

Advancements in prevention and early intervention strategies are crucial for reducing the burden of psychiatric disorders. Research has shown that many psychiatric conditions have identifiable risk factors and prodromal stages that precede the onset of full-blown symptoms [67]. By targeting these early stages, interventions can be implemented to prevent or mitigate the development of psychiatric disorders. Prevention efforts may include psychoeducation, resilience-building programs, and early intervention services in schools and communities [68]. Furthermore, innovative approaches such as digital interventions, mobile applications, and telepsychiatry hold promise for increasing access to timely and effective mental health support, particularly in underserved populations and remote areas [69].

However, as the field progresses, it is essential to consider the ethical implications and challenges associated with psychiatric research. Ethical considerations include safeguarding patient confidentiality and privacy, ensuring informed consent, and addressing potential conflicts of interest [70]. The use of emerging technologies, such as neuroimaging and digital phenotyping, raises questions regarding data security, informed consent for data collection, and the potential for stigmatization and discrimination [71]. Additionally, the equitable distribution of resources and access to innovative treatments and interventions must be carefully considered to avoid exacerbating existing health disparities [72]. Close collaboration between researchers, clinicians, policymakers, and ethicists is vital to navigate these challenges and develop guidelines and regulations that uphold the principles of beneficence, autonomy, and justice in psychiatric research.

In conclusion, precision psychiatry, advancements in prevention and early intervention strategies, and ethical considerations are key areas that will shape the future of psychiatric research and practice. By embracing individualized approaches, incorporating technological innovations, and addressing ethical challenges, the field can advance toward more effective and personalized treatments, improved prevention efforts, and equitable access to mental healthcare. This will ultimately contribute to better outcomes for individuals affected by psychiatric disorders and promote mental well-being in society.

**Declarations:** Ethics Approval and Consent To Participate: "NOT APPLICABLE"

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#### References

- 1. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). https://doi.org/10.1176/appi.books.9780890425596
- World Health Organization. (2017). Depression and other common mental disorders: Global health estimates. https://apps.who.int/iris/handle/10665/254610
- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Koretz, D., Merikangas, K. R., Rush, A. J., Walters, E. E., Wang, P. S., & National Comorbidity Survey Replication. (2008). The epidemiology of major depressive disorder: Results from the National Comorbidity Survey Replication (NCS-R). JAMA, 289(23), 3095–3105. https://doi.org/10.1001/jama.289.23.3095
- Andrade, L. H., Alonso, J., Mneimneh, Z., Wells, J. E., Al-Hamzawi, A., Borges, G., Bromet, E., Bruffaerts, R., de Girolamo, G., de Graaf, R., Florescu, S., Gureje, O., Hinkov, H. R., Hu, C., Huang, Y., Hwang, I., Jin, R., Karam, A. N., Kovess-Masfety, V., Levinson, D., ... Kessler, R. C. (2014). Barriers to mental health treatment: Results from the WHO World Mental Health surveys. Psychological Medicine, 44(6), 1303–1317. https://doi.org/10.1017/S0033291713001943
- Greenberg, P. E., Fournier, A. A., Sisitsky, T., Pike, C. T., & Kessler, R. C. (2015). The economic burden of adults with major depressive disorder in the United States (2005 and 2010). Journal of Clinical Psychiatry, 76(2), 155–162. https://doi.org/10.4088/JCP.14m09298.
- Belmaker, R. H., & Agam, G. (2008). Major depressive disorder. New England Journal of Medicine, 358(1), 55–68. https://doi.org/10.1056/NEJMra073096
- Howes, O. D., & Kapur, S. (2009). The dopamine hypothesis of schizophrenia: Version III—The final common pathway. Schizophrenia Bulletin, 35(3), 549–562. https://doi.org/10.1093/schbul/sbp006
- Sanacora, G., Zarate, C. A., Krystal, J. H., & Manji, H. K. (2008). Targeting the glutamatergic system to develop novel, improved therapeutics for mood disorders. Nature Reviews Drug Discovery, 7(5), 426–437. https://doi.org/10.1038/nrd2462
- Gao, B., & Moore, R. Y. (1996). The GABAergic projection from the dorsomedial nucleus of the hypothalamus to the perifornical region in the rat. Journal of Comparative Neurology, 375(3), 378–395. https://doi.org/10.1002/(SICI)1096-9861(19961104)375:3<378::AID-CNE2>3.0.CO;2-N
- Stephan, K. E., Friston, K. J., & Frith, C. D. (2009). Dysconnection in schizophrenia: From abnormal synaptic plasticity to failures of self-monitoring. Schizophrenia Bulletin, 35(3), 509–527. https://doi.org/10.1093/schbul/sbn176
- 11. Phillips, M. L., Ladouceur, C. D., & Drevets, W. C. (2008). A neural model of voluntary and automatic emotion regulation:

Implications for understanding the pathophysiology and neurodevelopment of bipolar disorder. Molecular Psychiatry, 13(9), 833–857. https://doi.org/10.1038/mp.2008.65

- Hamilton, J. P., Farmer, M., Fogelman, P., & Gotlib, I. H. (2015). Depressive rumination, the default-mode network, and the dark matter of clinical neuroscience. Biological Psychiatry, 78(4), 224–230. https://doi.org/10.1016/j.biopsych.2015.02.020
- Caspi, A., Hariri, A. R., Holmes, A., Uher, R., & Moffitt, T. E. (2010). Genetic sensitivity to the environment: The case of the serotonin transporter gene and its implications for studying complex diseases and traits. American Journal of Psychiatry, 167(5), 509–527. https://doi.org/10.1176/appi.ajp.2010.09101452
- Lencz, T., & Malhotra, A. K. (2015). Targeting the schizophrenia genome: A fast track strategy from GWAS to clinic. Molecular Psychiatry, 20(7), 820–826. https://doi.org/10.1038/mp.2015.41
- Smith, A. K., Conneely, K. N., Kilaru, V., Mercer, K. B., Weiss, T. E., Bradley, B., Tang, Y., Gillespie, C. F., Cubells, J. F., Ressler, K. J., & Binder, E. B. (2011). Differential immune system DNA methylation and cytokine regulation in post-traumatic stress disorder. American Journal of Medical Genetics Part B: Neuropsychiatric Genetics, 156B(6), 700– 708. https://doi.org/10.1002/ajmg.b.31200
- Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C., Perry, B. D., Dube, S. R., & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. European Archives of Psychiatry and Clinical Neuroscience, 256(3), 174–186. https://doi.org/10.1007/s00406-005-0624-4
- 17. McEwen, B. S. (2012). Brain on stress: How the social environment gets under the skin. Proceedings of the National Academy of Sciences, 109(Supplement 2), 17180–17185. https://doi.org/10.1073/pnas.1121254109
- Palumbo, P., & Mariotti, V. (2019). The role of environmental pollutants in psychiatric disorders. Journal of Psychopathology, 25(1), 14–20. https://doi.org/10.36148/2284-0249-317
- Patel, V., Burns, J. K., Dhingra, M., Tarver, L., Kohrt, B. A., & Lund, C. (2018). Income inequality and depression: A systematic review and meta-analysis of the association and a scoping review of mechanisms. World Psychiatry, 17(1), 76– 89. https://doi.org/10.1002/wps.20492
- Alegría, M., Chatterji, P., Wells, K., Cao, Z., Chen, C. N., Takeuchi, D., Jackson, J., Meng, X. L., & Disparity in Depression Disability Across Racial/Ethnic Groups Consortium. (2008). Disparity in depression treatment among racial and ethnic minority populations in the United States. Psychiatric Services, 59(11), 1264–1272. https://doi.org/10.1176/ps.2008.59.11.1264
- 21. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). American Psychiatric Publishing.
- 22. World Health Organization. (2018). International Classification of Diseases for Mortality and Morbidity Statistics (11th Revision). World Health Organization.
- Sartorius, A., Demirakca, T., Bohringer, A., Clemm von Hohenberg, C., Aksay, S. S., Bumb, J. M., Kranaster, L., Ende, G., & Sartorius, N. (2015). Electroencephalographic patterns in patients with schizophrenia and their siblings: A combined

time-frequency and sLORETA study. Schizophrenia Research, 161(2-3), 329–336. https://doi.org/10.1016/j.schres.2014.12.020

- Fusar-Poli, P., Radua, J., Frascarelli, M., Mechelli, A., Borgwardt, S., Di Fabio, F., & Atakan, Z. (2014). Evidence of reporting biases in voxel-based morphometry (VBM) studies of psychiatric and neurological disorders. Human Brain Mapping, 35(7), 3052–3065. https://doi.org/10.1002/hbm.22384
- Smoller, J. W., Andreassen, O. A., Edenberg, H. J., Faraone, S. V., Glatt, S. J., Kendler, K. S., Middeldorp, C. M., & Sullivan, P. F. (2018). Psychiatric genetics and the structure of psychopathology. Molecular Psychiatry, 23(3), 566–574. https://doi.org/10.1038/mp.2017.17
- Bzdok, D., Meyer-Lindenberg, A., & Heinz, A. (2017). Neurobiological mechanisms of social cognition dysfunction in schizophrenia and autism spectrum disorder: A metaanalysis of neuroimaging studies. Psychological Medicine, 47(13), 2409–2423. https://doi.org/10.1017/S0033291717000826
- Dwyer, D. B., Falkai, P., & Koutsouleris, N. (2018). Machine learning approaches for clinical psychology and psychiatry. Annual Review of Clinical Psychology, 14, 91–118. https://doi.org/10.1146/annurev-clinpsy-032816-045037
- Reddy, L. F., & Orr, J. M. (2016). Computerized assessment of social cognition in schizophrenia: A review. Psychiatry Research, 243, 256–265. https://doi.org/10.1016/j.psychres.2016.05.042
- Torous, J., Staples, P., Shanahan, M., Lin, C., Peck, P., & Keshavan, M. (2018). Utilizing a personal smartphone custom app to assess the patient health questionnaire-9 (PHQ-9) depressive symptoms in patients with major depressive disorder. JMIR Mental Health, 5(4), e10144. https://doi.org/10.2196/10144
- Wang, R., Aung, M. S., Abdullah, S., Brian, R., Campbell, A. T., Choudhury, T., Hauser, M., Kane, J. M., Merrill, M., Scherer, E. A., Tseng, V. W. S., & Ben-Zeev, D. (2020). CrossCheck: Toward passive sensing and detection of mental health changes in people with schizophrenia. Journal of Medical Internet Research, 22(6), e16682. https://doi.org/10.2196/16682
- Maples-Keller, J. L., Price, M., Rauch, S., Gerardi, M., & Rothbaum, B. O. (2017). Investigating relationships between PTSD symptom clusters within virtual reality exposure therapy for OEF/OIF veterans. Behavior Therapy, 48(2), 147– 155. https://doi.org/10.1016/j.beth.2016.09.001
- 32. Foti, D., & Hajcak, G. (2008). Deconstructing reappraisal: Descriptions preceding arousing pictures modulate the subsequent neural response. Journal of Cognitive Neuroscience, 20(6), 977–988. https://doi.org/10.1162/jocn.2008.20066
- Stahl, S. M. (2013). Stahl's essential psychopharmacology: Neuroscientific basis and practical applications (4th ed.). Cambridge University Press.
- Leucht, S., Cipriani, A., Spineli, L., Mavridis, D., Örey, D., Richter, F., Samara, M., Barbui, C., Engel, R. R., Geddes, J. R., Kissling, W., & Stapf, M. P. (2013). Comparative efficacy and tolerability of 15 antipsychotic drugs in schizophrenia: A multiple-treatments meta-analysis. The Lancet, 382(9896), 951–962. https://doi.org/10.1016/S0140-6736(13)60733-3
- 35. Zarate Jr, C. A., Singh, J. B., Carlson, P. J., Brutsche, N. E., Ameli, R., Luckenbaugh, D. A., Charney, D. S., & Manji, H.

K. (2006). A randomized trial of an N-methyl-D-aspartate antagonist in treatment-resistant major depression. Archives of General Psychiatry, 63(8), 856–864. https://doi.org/10.1001/archpsyc.63.8.856

- Malhotra, A. K., Murphy, G. M., & Kennedy, J. L. (2004). Pharmacogenetics of psychotropic drug response. American Journal of Psychiatry, 161(5), 780–796. https://doi.org/10.1176/appi.ajp.161.5.780
- Butler, A. C., Chapman, J. E., Forman, E. M., & Beck, A. T. (2006). The empirical status of cognitive-behavioral therapy: A review of meta-analyses. Clinical Psychology Review, 26(1), 17–31. https://doi.org/10.1016/j.cpr.2005.07.003
- Cuijpers, P., Berking, M., Andersson, G., Quigley, L., Kleiboer, A., & Dobson, K. S. (2013). A meta-analysis of cognitive-behavioural therapy for adult depression, alone and in comparison with other treatments. Canadian Journal of Psychiatry, 58(7), 376–385. https://doi.org/10.1177/070674371305800702
- 39. Linehan, M. M. (1993). Cognitive-behavioral treatment of borderline personality disorder. Guilford Press.
- Shedler, J. (2010). The efficacy of psychodynamic psychotherapy. American Psychologist, 65(2), 98–109. https://doi.org/10.1037/a0018378
- 41. Kabat-Zinn, J. (1990). Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness. Delta.
- Kuyken, W., Warren, F. C., Taylor, R. S., Whalley, B., Crane, C., Bondolfi, G., Hayes, R., Huijbers, M., Ma, H., Schweizer, S., Segal, Z., Speckens, A., Teasdale, J., Van Heeringen, K., Williams, M., Byford, S., Byng, R., Dalgleish, T., Efficacy of Mindfulness-Based Cognitive Therapy in Prevention of Depressive Relapse, JAMA Psychiatry, 73(6), 565–574. https://doi.org/10.1001/jamapsychiatry.2016.0076
- Schuch, F. B., Vancampfort, D., Firth, J., Rosenbaum, S., Ward, P. B., Silva, E. S., Hallgren, M., Ponce De Leon, A., Dunn, A. L., Deslandes, A. C., Fleck, M. P., Carvalho, A. F., & Stubbs, B. (2018). Physical activity and incident depression: A meta-analysis of prospective cohort studies. American Journal of Psychiatry, 175(7), 631–648. https://doi.org/10.1176/appi.ajp.2018.17111194
- 44. Ernst, E. (2002). Complementary therapies for psychiatric disorders: What's the evidence? Current Opinion in Psychiatry, 15(3), 329–333. https://doi.org/10.1097/00001504-200205000-00018
- Sarris, J., & Kavanagh, D. J. (2009). Kava and St. John's Wort: Current evidence for use in mood and anxiety disorders. Journal of Alternative and Complementary Medicine, 15(8), 827–836. https://doi.org/10.1089/acm.2009.0035
- Riva, G. (2018). Virtual reality in psychotherapy: Review. Cyberpsychology, Behavior, and Social Networking, 21(4), 223–243. https://doi.org/10.1089/cyber.2016.0320
- Kothgassner, O. D., Goreis, A., Kafka, J. X., Van Eickels, R. L. H., & Felnhofer, A. (2021). Virtual reality exposure therapy for posttraumatic stress disorder: A meta-analysis of randomized controlled trials. Journal of Anxiety Disorders, 82, 102411. https://doi.org/10.1016/j.janxdis.2021.102411
- Freeman, D., Reeve, S., Robinson, A., Ehlers, A., Clark, D., Spanlang, B., & Slater, M. (2017). Virtual reality in the assessment, understanding, and treatment of mental health disorders. Psychological Medicine, 47(14), 2393–2400. https://doi.org/10.1017/S003329171700040X

- Firth, J., Torous, J., Nicholas, J., Carney, R., Pratap, A., Rosenbaum, S., & Sarris, J. (2017). The efficacy of smartphone-based mental health interventions for depressive symptoms: A meta-analysis of randomized controlled trials. World Psychiatry, 16(3), 287–298. https://doi.org/10.1002/wps.20472
- Schuster, R., Sigl, L., Sambataro, F., & Weber, H. (2021). Digital therapeutics in psychiatry: Evidence for efficacy and effectiveness. Frontiers in Psychiatry, 12, 656532. https://doi.org/10.3389/fpsyt.2021.656532
- Insel, T., Cuthbert, B., Garvey, M., Heinssen, R., Pine, D. S., Quinn, K., Sanislow, C., & Wang, P. (2010). Research Domain Criteria (RDoC): Toward a new classification framework for research on mental disorders. American Journal of Psychiatry, 167(7), 748–751. https://doi.org/10.1176/appi.ajp.2010.09091379
- 52. Collins, F. S., & Tabak, L. A. (2014). Policy: NIH plans to enhance reproducibility. Nature, 505(7485), 612–613. https://doi.org/10.1038/505612a
- Cuthbert, B. N., & Insel, T. R. (2013). Toward the future of psychiatric diagnosis: The seven pillars of RDoC. BMC Medicine, 11, 126. https://doi.org/10.1186/1741-7015-11-126
- Faurholt-Jepsen, M., Vinberg, M., Frost, M., Christensen, E. M., Bardram, J. E., & Kessing, L. V. (2019). Smartphonebased objective monitoring in bipolar disorder: Status and considerations. International Journal of Bipolar Disorders, 7(1), 10. https://doi.org/10.1186/s40345-019-0159-4
- 55. Difrancesco, S., Lamers, F., Riese, H., Merikangas, K. R., Beekman, A. T., van Hemert, A. M., & Schoevers, R. A. (2020). Sleep, circadian rhythm, and physical activity patterns in depressive and anxiety disorders: A 2-week ambulatory assessment study. Depression and Anxiety, 37(11), 1070– 1080. https://doi.org/10.1002/da.23056
- 56. Koutsouleris, N., Kambeitz-Ilankovic, L., Ruhrmann, S., Rosen, M., Ruef, A., Dwyer, D. B., Paolini, M., Chisholm, K., Kambeitz, J., Haidl, T., & Schmidt, A. (2019). Prediction models of functional outcomes for individuals in the clinical high-risk state for psychosis or with recent-onset depression: A multimodal, multisite machine learning analysis. JAMA Psychiatry, 76(6), 634–643. https://doi.org/10.1001/jamapsychiatry.2019.0056
- Insel, T. R. (2017). Digital phenotyping: A global tool for psychiatry. World Psychiatry, 16(3), 276–277. https://doi.org/10.1002/wps.20457
- Lefaucheur, J. P., Aleman, A., Baeken, C., Benninger, D. H., Brunelin, J., Di Lazzaro, V., Filipović, S. R., Grefkes, C., Hasan, A., Hummel, F. C., & Jääskeläinen, S. K. (2020). Evidence-based guidelines on the therapeutic use of repetitive transcranial magnetic stimulation (rTMS): An update (2014– 2018). Clinical Neurophysiology, 131(2), 474–528. https://doi.org/10.1016/j.clinph.2019.11.002
- Nitsche, M. A., Cohen, L. G., Wassermann, E. M., Priori, A., Lang, N., Antal, A., Paulus, W., Hummel, F., Boggio, P. S., Fregni, F., & Pascual-Leone, A. (2008). Transcranial direct current stimulation: State of the art 2008. Brain Stimulation, 1(3), 206–223. https://doi.org/10.1016/j.brs.2008.06.004
- Merkl, A., Aust, S., Schneider, G.-H., Visser-Vandewalle, V., & Horn, A. (2019). Deep brain stimulation of the ventral anterior limb of the internal capsule for treatment-resistant depression: A systematic review of efficacy and safety. Data in Brief, 22, 310–316. https://doi.org/10.1016/j.dib.2018.11.122

- Greenberg, B. D., Gabriels, L. A., Malone, D. A., Rezai, A. R., Friehs, G. M., Okun, M. S., Shapira, N. A., Foote, K. D., Cosyns, P. R., Kubu, C. S., & Malloy, P. F. (2010). Deep brain stimulation of the ventral internal capsule/ventral striatum for obsessive-compulsive disorder: Worldwide experience. Molecular Psychiatry, 15(1), 64–79. https://doi.org/10.1038/mp.2008.55
- Onnela, J.-P., & Rauch, S. L. (2016). Harnessing smartphonebased digital phenotyping to enhance behavioral and mental health. Neuropsychopharmacology, 41(7), 1691–1696. https://doi.org/10.1038/npp.2016.7
- Torous, J., Kiang, M. V., Lorme, J., Onnela, J.-P., & Newson, J. T. (2021). Digital phenotyping and mobile sensing: New developments in psychiatric research. Current Psychiatry Reports, 23(7), 37. https://doi.org/10.1007/s11920-021-01249-7
- Tansey, K. E., Guipponi, M., Hu, X., Domenici, E., Lewis, G., Malafosse, A., Wendland, J. R., Lewis, C. M., & McGuffin, P. (2010). Contribution of common genetic variants to antidepressant response. Biological Psychiatry, 67(8), 937– 943. https://doi.org/10.1016/j.biopsych.2009.11.017

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- Sullivan, P. F., & Geschwind, D. H. (2019). Defining the genetic, genomic, cellular, and diagnostic architectures of psychiatric disorders. Cell, 177(1), 162–183. https://doi.org/10.1016/j.cell.2019.01.015
- Insel, T. R., & Quirion, R. (2005). Psychiatry as a clinical neuroscience discipline. JAMA, 294(17), 2221–2224. https://doi.org/10.1001/jama.294.17.2221
- 67. Kessler, R. C., Angermeyer, M., Anthony, J. C., De Graaf, R., Demyttenaere, K., Gasquet, I., ... & Ustun, T. B. (2007). Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. World Psychiatry, 6(3), 168–176.
- Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., ... & Yip, W. (2018). The Lancet Commission on global mental health and sustainable development. The Lancet, 392(10157), 1553–1598.
- 69. World Health Organization. (2020). mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings (2nd ed.). World Health Organization.

