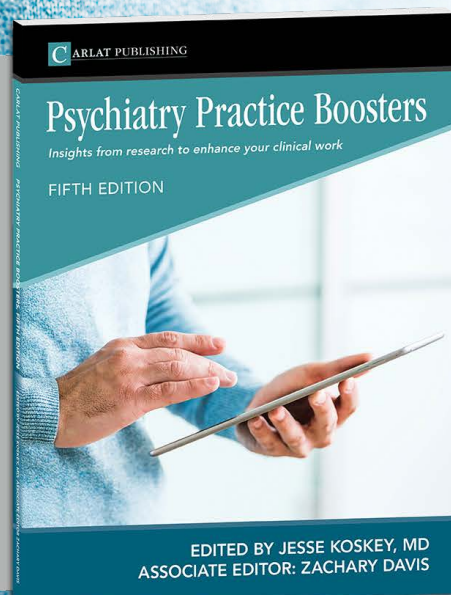


Psychiatry Practice Boosters

Insights from research to enhance your clinical work

FIFTH EDITION



Sample Pages

Psychiatry Practice Boosters, Fifth Edition (2026)

Purchase your copy with full access online at
www.thecarlatreport.com

**EDITED BY JESSE KOSKEY, MD
ASSOCIATE EDITOR: ZACHARY DAVIS**



Carlat Psychiatry
Psychiatry Practice Boosters, Fifth Edition

Editor: Jesse Koskey, MD

Associate Editor: Zachary N. Davis, M3

Published by Carlat Publishing, LLC
PO Box 626, Newburyport, MA 01950

Copyright © 2025 All Rights Reserved.

Publisher and Editor-in-Chief: Daniel Carlat, MD

Deputy Editor: Talia Puzantian, PharmD, BCPP

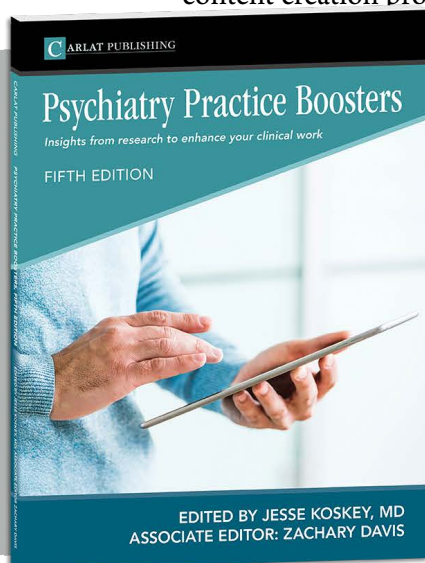
Senior Editor: Ilana Fogelson

Associate Editor: Harmony Zambrano

All rights reserved. This book is protected by copyright. This CME/CE activity is intended for psychiatrists, psychiatric nurses, psychologists, and other health care professionals with an interest in mental health.

The Carlat CME Institute is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. Carlat CME Institute maintains responsibility for this program and its content. The American Board of Psychiatry and Neurology has reviewed *Psychiatry Practice Boosters* and has approved this program as a comprehensive Self-Assessment and CME Program, which is mandated by ABMS as a necessary component of maintenance of certification. Carlat CME Institute designates this enduring material educational activity for a maximum of four (4) ABPN Maintenance of Certification credits as part of the 2024 course. Physicians or psychologists should claim credit commensurate only with the extent of their participation in the activity. CME quizzes must be taken online at www.thecarlatreport.com.

Carlat Publishing uses artificial intelligence (AI) tools, such as ChatGPT, in various stages of our content creation process, such as editing articles and creating preliminary drafts and outlines. In addition, the book is extensively revised during the editorial process by human clinicians and



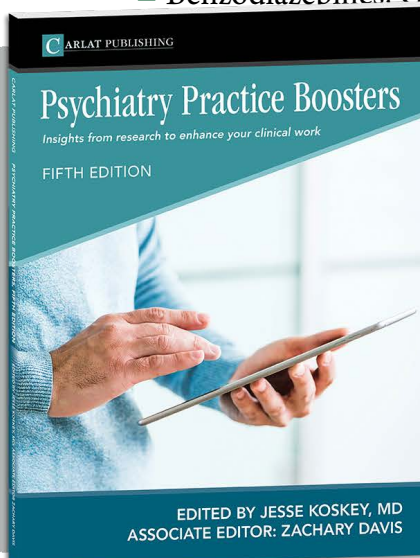
Sample Pages

Psychiatry Practice Boosters, Fifth Edition (2026)

Purchase your copy with full access online at
www.thecarlatreport.com

Table of Contents

Acknowledgments	vi
Introduction.....	vii
A Clinician's Primer on Scientific Research.....	1
ADDICTION PSYCHIATRY	7
■ Are MOUD Associated With New Cardiac Arrhythmias?.....	8
■ Buprenorphine Versus Methadone for OUD in Pregnancy.....	10
■ Buprenorphine Versus Methadone for Prescription OUD	12
■ Cannabis Use Frequency and Cannabis Use Disorder	14
■ Can Psilocybin Treat Alcohol Use Disorder?.....	15
■ Daily Alcohol Intake and Risk for All-Cause Mortality	16
■ Deep Brain Stimulation for Severe Alcohol Use Disorder	17
■ How Do We Help Depressed Smokers Quit?	19
■ Long-Term Patient Outcomes With Buprenorphine for OUD.....	21
■ Methamphetamine Withdrawal Treatment	22
■ Perinatal MOUD Use and Infant Discharge to Biological Parents.....	24
■ Treating OUD in a Multidisciplinary Clinic During the Peripartum Period.....	25
ADHD.....	27
■ Effectiveness of Unlicensed Stimulant Doses for Adult ADHD.....	28
■ Reliability of ADHD Screening Tools	29
ANXIETY AND COMPULSIVE DISORDER	31
■ Benzodiazepines, Quetiapine, and Pregabalin for Short-Term Anxiety	32
■ Stimulants and Discontinuation Disorder	33

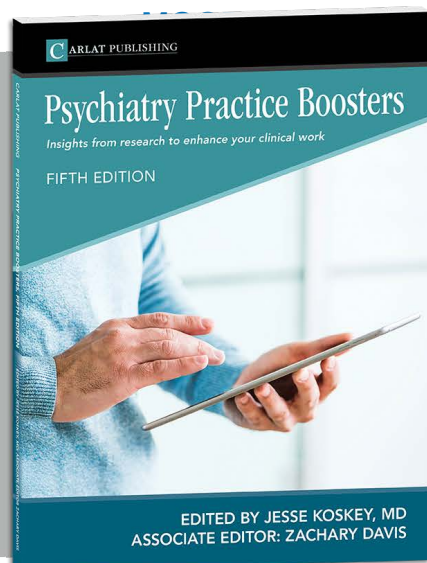


Sample Pages

Psychiatry Practice Boosters, Fifth Edition (2026)

Purchase your copy with full access online at
www.thecarlatreport.com

■ Is It Worth Adding Coenzyme Q10 to Atomoxetine for ADHD?.....	40
■ Olanzapine and Samidorphan: A Promising Combo	41
■ Physical Activity for Depression in Youth: A Closer Look at the Data.....	42
■ Stimulant Treatment Effect on Anxiety in ADHD.....	43
■ Testing Neurofeedback for ADHD.....	44
■ Ziprasidone for Bipolar Mania in Children and Teens	45
GERIATRIC PSYCHIATRY	47
■ Assessment of Stimulant Use and Cardiovascular Event Risk Among Older Adults	48
■ Can Physical Activity Offset Cognitive Decline?	50
■ Do Psychosocial Interventions Improve Quality of Life in Advanced Dementia?	52
■ Enhancing Antidepressant Efficacy in Older Adults	54
■ Is Neuropsych Testing Better Than the MoCA for Diagnosing Mild Cognitive Impairment?	56
■ Linking Alzheimer's and Depression in Patients After 50	57
■ Lithium Therapy in Older Adults: Expert Recommendations	58
■ Moderate Alcohol Use, Iron, and Cognitive Decline.....	60
■ Smartphone Apps Benefit Memory and Quality of Life.....	61
■ Therapy in Dementia? Choose CBT	62
MANAGING ADVERSE EFFECTS	63
■ Antipsychotic Polypharmacy: Maybe Not So Risky After All?.....	64
■ Lithium and Valproate Have Low (and Similar) Risks of Kidney Injury.....	66
■ Strategies to Reduce Antipsychotic-Induced Hyperprolactinemia	67
■ Why Should We Care About Hyperprolactinemia With Antipsychotic Use?	68
.....	71

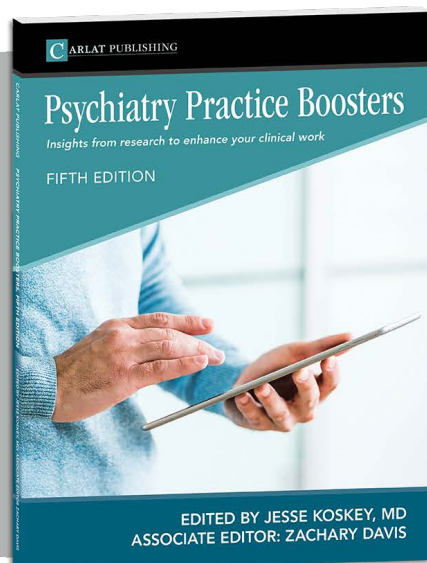


Sample Pages

Psychiatry Practice Boosters, Fifth Edition (2026)

Purchase your copy with full access online at
www.thecarlatreport.com

■ ECT and Risk of Suicide in Major Depression	80
■ L-Methylfolate Offers Modest Boost to Antidepressants.....	81
■ Magnetic Seizure Therapy: A Safer, Gentler Alternative to ECT?.....	83
■ Mitochondrial Modulators and Bipolar Depression	84
■ Sublingual Dexmedetomidine (Igalmi) for Acute Agitation in Bipolar Disorder	85
■ Surprise Result for Adherence in Bipolar Disorder	87
■ Top Augmentation Strategies for Treatment-Resistant Depression	88
PSYCHOTHERAPY	91
■ DBT for Borderline Personality Disorder: Is Half the “Dose” Effective?.....	92
■ Enhancing PTSD Therapy With Aerobic Exercise: A New Approach	93
■ Is CBT Really All That Jazz for Depression?	94
■ Optimizing Sleep Timing for Night-Shift Workers	95
■ Psychological Benefits of Abstaining From Social Media.....	96
SCHIZOPHRENIA	99
■ How Long Should We Wait Before Changing Antipsychotics in Schizophrenia?.....	100
■ Immediate-Release Versus Extended-Release Quetiapine for Schizophrenia.....	101
■ Negative Symptoms of Schizophrenia: A Target for TMS?	102
■ Pimavanserin and Negative Symptoms of Schizophrenia.....	103
WOMEN’S MENTAL HEALTH.....	105
■ Antipsychotics in Pregnancy and Risk of Neurodevelopmental Disorders.....	106
■ Does Menopause Increase Psychosis Risk?	108
■ Perinatal Bipolar Mood Episodes: More Prevalent Than We Thought.....	109
■ Proposed Treatment Algorithm for Postpartum Psychosis	110



Sample Pages

Psychiatry Practice Boosters, Fifth Edition (2026)

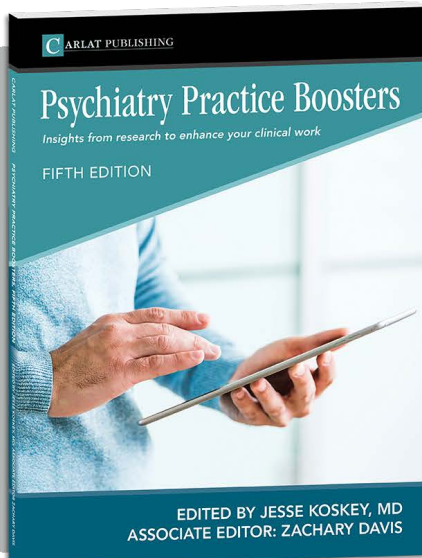
Purchase your copy with full access online at
www.thecarlatreport.com

Acknowledgments

THIS BOOK COULD not have happened without the support and love of my wife, Kee. I am also grateful for the indefatigable and incredibly smart Zachary Davis, who contributed insight and accuracy in the midst of med school clerkships. Thank you to Danny Carlat, Chris Aiken, Laurie Martin, Jeff Ives, and Ilana Fogelson, and to my amazing colleagues at the UC Davis Department of Psychiatry. —Jesse

The original research updates adapted for this publication were written by the following authors. All writers have attested that they have no financial relationships with companies related to the material they have written about, or any relevant financial relationships were mitigated before publication.

Deepti Anbarasan, MD	Rushaniya Khairova, MD, PhD	Dee Rapposelli
Sarah Azarchi, MD	Kathryn Kieran, MSN, PMHNP-BC	Vishwani Sahai-Siddiqui, MD
Jeffrey Cardenas, MD	Dominic Le, MD	José S. Sanchez-Cruz, MD
Nina Chandler, DNP, APRN, PMHNP-BC	Timothy J. Legg, PhD, PsyD, MSN, MPA, MSc	Talya Shahal, MD
Dorothy Chyung, MD	Alvin Marquez, DNP	Susan Siegfried, MD
Sy Clark, MD	Brian Miller, MD, PhD, MPH	Avneet Soin, MD
Erin Conklin, MSN, CNP, PMHNP-BC	Jeremy Mills, DNP, PMHNP-BC	Maryam Soltani, MD, PhD
Aniruddha Deka, MD	Gaurav Mishra, MD	Glen Spielmans, PhD
Simon M. Dosovitz, MD	Richard Moldawsky, MD	Lara Tang, MD
Jason Emejuru, MD	Justin Morales, MD	Briana Tillman, MD
Alex Evans, PharmD, MBA	Sahil Munjal, MD	Amy Ton, MD
Peter Farago, MD	Eli Neustadter, MD, MSc	Kate J. Travis, MD
Sébastien Hardy, PharmD, BCPS	Gregory Nikogosyan, DO	Marilyn J. Vaché, MD
Earth Hasassri, MD	Destiny Pegram, MD	Alicia Watson, MD
	Michael Posternak, MD	Jaime A.B. Wilson, PhD, ABN, ABPP, MSCP



Sample Pages

Psychiatry Practice Boosters, Fifth Edition (2026)

Purchase your copy with full access online at
www.thecarlatreport.com

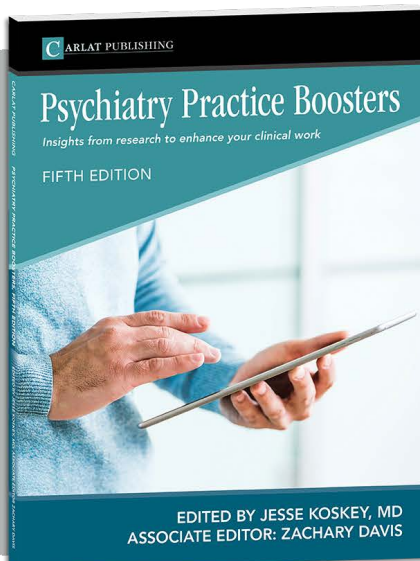
Introduction

EVERY DAY A NEW BATCH of studies arrives in my inbox, fresh from PubMed. I have the pleasure of sorting through them and then working with Laurie Martin and our wonderful team of writers to turn the most clinically helpful and relevant ones into monthly research updates (RUs). Our goal with this new edition of *Psychiatry Practice Boosters* is to make practicing psychiatry easier and more interesting by distilling the most helpful RUs from the last three years into one volume. This includes not just RUs from *The Carlat Psychiatry Report* (TCPR), but those from *The Carlat Addiction Treatment*, *Child, Geriatric*, and *Hospital Psychiatry* reports, as well as our new *Psychotherapy Report*.

Clinical psychiatry is not easy. Our patients may linger for weeks or months before something finally helps them feel better. Our best practices can fall far short of what patients deserve. However, knowing that our practices are as up to date and evidence based as possible can help bridge that sometimes very emotional gap between expectation and reality. I hope this collection of RUs shores up your knowledge base, inspires you with new possibilities, and sustains your engagement with our challenging and rewarding field.

For this version, I have updated our “Clinician’s Primer on Scientific Research” and included a new section, “Staying on Top of the Evidence With PubMed.” In it, I share the practices I’ve found most helpful as RU editor for keeping up with the literature. There’s just so much to read! Of course, the whole point of TCPR and its sister newsletters is to do some of that work for you, but for those who have interests and needs that aren’t entirely captured by our newsletters, or who like to see for themselves what’s out there, I hope this addition will be helpful.

One huge update since the last version of this book is the advent of AI. With the caveat that it might be more quickly out of date than any of this new research, I have also updated the “Clinician’s Primer” to include AI prompts and resources that I find helpful in my work.



Sample Pages

Psychiatry Practice Boosters, Fifth Edition (2026)

Purchase your copy with full access online at
www.thecarlatreport.com

A Clinician's Primer on Scientific Research

THERE'S A REASON you (probably) don't bring *JAMA Psychiatry* to the beach. Scientific research is dense, jargon-heavy, and not something one reads for entertainment. Keeping up with the literature is essential, though, and sometimes you'll want to examine the data yourself.

The briefs in this book aim to help you stay current and make sense of what matters. But when you dive into a paper on your own, having a strategy helps. Here's a systematic approach, adapted from Jeffrey Barkin's "How to Read a Journal Article" (*The Carlat Psychiatry Report*, February 2007).

GENERAL TIPS

Research papers aren't novels—don't read them front to back. Skim, jump around, and revisit key parts. Spend time on tables and figures; often they tell the story better than the abstract.

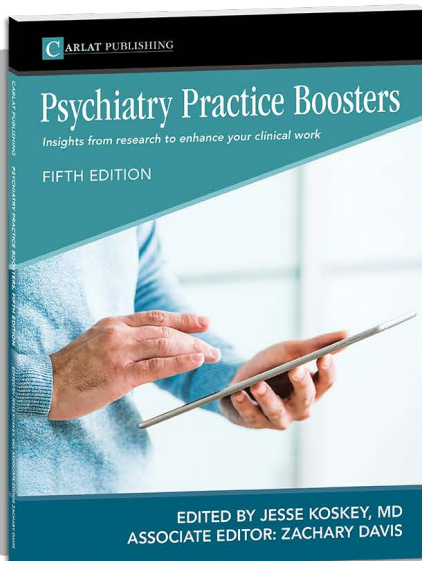
Think of papers as arguments. The authors are interpreting data to prove or refute a hypothesis. Financial incentives and cognitive biases can skew those interpretations. So, read with healthy skepticism—like you're preparing to debate the author. As you do, keep the following questions in mind.

1. WHO FUNDED THE STUDY?

Studies funded by pharmaceutical companies are significantly more likely to report favorable outcomes for the sponsor's product (Lundh A et al, *Cochrane Database Syst Rev* 2017;2(2):MR000033). This isn't always because of foul play. Industry-funded trials are often large and well designed, and companies tend to invest in promising compounds. But even high-quality studies can have their outcomes tilted by company-paid scientists. For example, researchers might:

- Underdose the comparator drug
- Choose nonstandard outcome measures
- Shift analyses post hoc to emphasize "positive" findings

Bottom line: Industry funding doesn't automatically invalidate a study's results, but it does mean you need to give them extra scrutiny. Look for disclosures (you'll often find them at the end of the study) and weigh the findings against independent research.



Sample Pages

Psychiatry Practice Boosters, Fifth Edition (2026)

Purchase your copy with full access online at
www.thecarlatreport.com

Cannabis Use Frequency and Cannabis Use Disorder

REVIEW OF: Robinson T et al, *Drug Alcohol Depend* 2022;238:109582

STUDY TYPE: Meta-analysis

CANNABIS USE IS COMMON and increasingly legal. What do we know, and how can we advise our patients, about when cannabis use becomes problematic enough to be considered cannabis use disorder (CUD)? Do frequency or potency impact that risk?

To gain more insight regarding frequency, researchers reviewed 6 prospective cohort studies encompassing 40,984 participants between ages 15 and 30, with follow-ups spanning from 3 to 17 years. They identified distinct user groups—nonusers, annual users, monthly users, weekly users, and daily users—and then quantified the rates of CUD across these groups. Unsurprisingly, they found that increased use corresponded with heightened CUD risk.

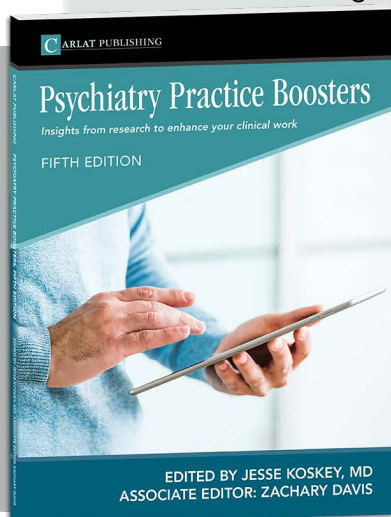
Results

Specifically, compared to nonusers, relative risk (RR) increased by 2.03 for annual users, 4.12 for monthly users, 8.37 for weekly users, and 16.99 for daily users. Transitioning up one usage category more than doubled CUD risk. To offer a clearer perspective, researchers calculated the absolute risk increase (ARI) as well, which is the overall probability of acquiring CUD. If we assume nonusers had a 0% CUD risk, the ARI was 3.5% for yearly users, 8.0% for monthly users, 16.8% for weekly users, and a staggering 36% for daily users.

This risk profile is further complicated by cannabis potency. A different systematic review published the same year found that high-potency products with >10% tetrahydrocannabinol (THC) significantly increased CUD risk compared to lower-potency products, regardless of frequency of use (Petrilli K et al, *Lancet Psychiatry* 2022;9(9):736–750). Product potency has been steadily increasing over time, with many dispensaries now selling products with THC levels well above 20%.

PRACTICE IMPLICATIONS

We have no formal guidelines with which to quantify patient cannabis use or guide discussions asking about daily, weekly, monthly, and annual use is practical and now



Sample Pages

Psychiatry Practice Boosters, Fifth Edition (2026)

Purchase your copy with full access online at
www.thecarlatreport.com

Daily Alcohol Intake and Risk for All-Cause Mortality

REVIEW OF: Zhao J et al, *JAMA Netw Open* 2023;6(3):e236185

STUDY TYPE: Systematic review and meta-analysis

FOR YEARS, LOW-TO-MODERATE alcohol consumption was believed to offer health benefits—particularly for cardiovascular health—but this idea has come under increasing scrutiny. Many earlier studies compared drinkers to abstainers and concluded that ongoing alcohol use was associated with improved health outcomes. However, these “abstainer” groups often included individuals who had quit drinking due to illness, leading to biased comparisons that overstated the benefits of alcohol consumption.

To clarify these associations, researchers conducted a large systematic review and meta-analysis examining the relationship between alcohol use and all-cause mortality. The analysis included data from 107 cohort studies encompassing approximately 4.8 million participants. Participants were categorized into four groups: lifetime abstainers, moderate drinkers (two to three standard drinks per day), high-volume drinkers (three to four drinks per day), and highest-volume drinkers (five or more drinks per day).

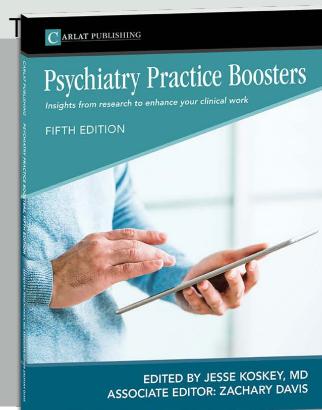
Results

The findings challenge the idea that moderate drinking is protective. Compared to lifetime abstainers, high-volume drinkers had a 20% increased risk of death, while the highest-volume drinkers had a 35% increased risk during follow-up periods ranging from 4 to 40 years. No level of alcohol use was associated with reduced mortality risk.

Sex differences also emerged. Two to three drinks per day for women, and three for men, was associated with increased mortality. Across all levels of alcohol use, women had higher mortality risk than men.

The study also highlighted an important methodological limitation: Most of the included studies relied on self-reported alcohol consumption, which is often underestimated. As a result, the actual mortality risks associated with alcohol may be even greater than reported.

PRACTICE IMPLICATIONS



This is a significant update in our understanding of alcohol-related health risks.

Sample Pages

Psychiatry Practice Boosters, Fifth Edition (2026)

Purchase your copy with full access online at
www.thecarlatreport.com

Autistic Drivers Perform Well

REVIEW OF: Curry AE et al, *J Am Acad Child Adolesc Psychiatry* 2021;60(7):913–923

STUDY TYPE: Retrospective cohort

DRIVING IS AN IMPORTANT SKILL for autistic patients; however, clinicians and families worry about the risk of accidents. To address this concern, researchers completed the first longitudinal comparison of autistic and non-autistic drivers. The study linked statewide driver licensing and hospital-reported crash databases in New Jersey, comparing the first 4 years of driving records among 486 reportedly autistic drivers and 70,990 non-autistic drivers; specifically, researchers looked at how many crashes were caused by the driver.

Results

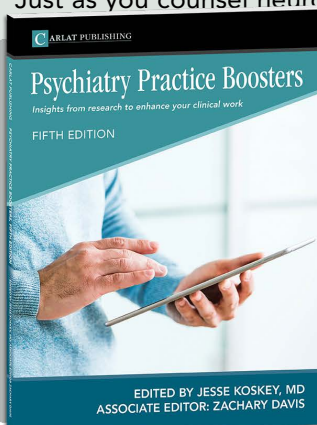
In all, 163 of 486 (33.5%) autistic drivers and 27,018 of 70,990 (38.1%) non-autistic drivers were involved in police-reported crashes. While autistic drivers had similar or lower rates of crashes compared to non-autistic drivers, autistic drivers had far fewer moving violations and were half as likely to crash due to unsafe speeds. Autistic drivers had more accidents from not yielding to the right of way and while making left turns and U-turns.

The authors suggest that these differences reflect challenges with executive skills, visual processing speed, and visual-motor integration. Autistic drivers might be prone to focus ahead and drive where they are looking rather than seeing the whole context, and they may miss road hazards that involve motorists and pedestrians.

The study had some limitations. Autistic drivers were identified by hospital records, not with formal assessments. The authors did not assess the abilities of these drivers (eg, managing the combination of nonverbal communication and visual-motor function needed to anticipate and execute safe left turns). The authors also did not discuss the age at which the drivers obtained their licenses, nor whether they had fewer hours of driving experience. This is important since there is a rapid decline in crash rates after the first few years of driving. Moreover, New Jersey's geography skews toward urban driving, and its driving age requirement (17) is older than most states. This may limit the ability to generalize the study results to younger drivers and those living in rural parts of the country.

PRACTICE IMPLICATIONS

This study suggests that autistic drivers are at least as safe on the road as everyone else. Just as you counsel neurotypical teen drivers about speeding, talk with autistic drivers about everything happening around them. When appropriate, recom-



Sample Pages

Psychiatry Practice Boosters, Fifth Edition (2026)

Purchase your copy with full access online at
www.thecarlatreport.com

ECT and Risk of Suicide in Major Depression

REVIEW OF: Rönqvist I et al, *JAMA Netw Open* 2021;4(7):e21165891

STUDY TYPE: Retrospective cohort

WE KNOW ECT IS EFFECTIVE for patients with severe depression, but does it reduce the risk of suicide following an initial hospitalization?

A Swedish cohort study examined this question by evaluating rates of suicide in the year after ECT. Researchers enrolled patients who had their first hospitalization for the treatment of moderate depression, severe depression, or severe depression with psychosis (n=11,050). Half had received ECT; half had not. Non-ECT patients received standard treatments, which included pharmacotherapy with antidepressants and lithium. ECT was administered 3 times weekly on average, using unilateral electrode placement for 87% of patients.

Results

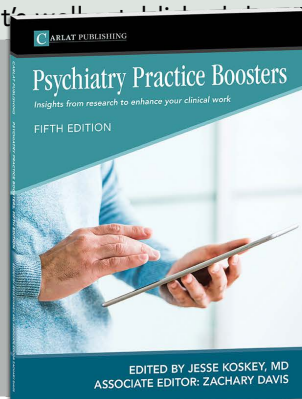
In the 12 months following hospital discharge, rates of suicide were significantly lower among patients who received ECT compared to patients who received other treatments (1.1% vs 1.6%; hazard ratio=0.72; 95% CI [0.52, 0.99]; p=0.04). ECT's greatest suicide-reducing benefit was for patients 65 or older (p=0.001) and patients with severe depression with psychosis (p=0.001). The rate of suicide was also significantly lower among ECT-treated patients ages 45–64 (p=0.05). In contrast, ECT was not associated with a suicide risk reduction among patients ages 18–44 (p=0.51) or patients with moderate depression (p=0.84).

Interestingly, all-cause mortality was also significantly lower in the ECT group within 3 (0.7% vs 2.9%) and 12 (1.7% vs 4.3%) months of discharge. The study did not include data about adverse events.

Two subsequent, and similar, studies have weighed in regarding ECT and suicidality. A retrospective cohort study of 67,000 inpatients with depression found that those who received ECT also had a reduced risk of subsequent suicide in the year after discharge (Kaster TS et al, *Lancet Psychiatry* 2022;9(6):435–446). But a study of hospitalized veterans receiving ECT found no difference within a year (Watts BV et al, *J Clin Psychiatry* 2022;83(3):21m13886).

PRACTICE IMPLICATIONS

It's... ECT protects against suicidality in the short term. This study, and at



Sample Pages

Psychiatry Practice Boosters, Fifth Edition (2026)

Purchase your copy with full access online at
www.thecarlatreport.com

PSYCHIATRY PRACTICE BOOSTERS, FIFTH EDITION

Insights from research to enhance your clinical work

As a clinician, you need to keep up on the latest developments in psychiatry. But you can't possibly read every potentially relevant research study published each year. At Carlat Publishing, we try to make your life easier by sifting through the contents of the major psychiatric journals for you. The studies that meet our criteria—tackling interesting topics and yielding actionable recommendations for your practice—have made it into our new edition of *Psychiatry Practice Boosters*.

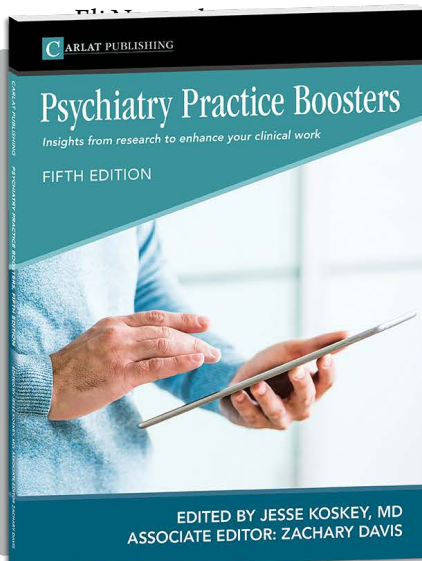
This fifth edition teaches you the key points of 66 of the most clinically relevant studies in psychiatry from the last three years. This book includes a quick course in how to understand research design and statistics—so that you can be a more informed reader of the medical literature.

Get research-based insight into these vital questions:

- How can we safely treat OUD in pregnancy?
- What are long-term patient outcomes with buprenorphine for OUD?
- What is the latest on medications for panic disorders?
- Is there a connection between depression and Alzheimer's disease?
- Is magnetic seizure therapy effective in mood disorders?
- How much is social media really impacting mental health?

EDITORIAL TEAM

Psychiatry Practice Boosters, Fifth Edition is edited by Jesse Koskey, MD, and associate editor Zachary Davis, and continues in the tradition of the first edition by adapting the research updates published in the Carlat family of newsletters (*The Carlat Psychiatry Report*, *The Carlat Child Psychiatry Report*, *The Carlat Addiction Treatment Report*, *The Carlat Hospital Psychiatry Report*, *The Carlat Geriatric Psychiatry Report*, and *The Carlat Psychotherapy Report*). This edition's research update authors include: Deepti Anbarasan, MD; Sarah Azarchi, MD; Jeffrey Cardenas, MD; Nina Chandler, DNP, APRN, PMHNP-BC; Dorothy Chyung, MD; Sy Clark, MD; Erin Conklin, MSN, CNP, PMHNP-BC; Aniruddha Deka, MD; Simon M. Dosovitz, MD; Jason Emejuru, MD; Alex Evans, PharmD, MBA; Peter Farago, MD; Sébastien Hardy, PharmD, BCPS; Earth Hasassri, MD; Neha Jain, MD, FAPA; Thomas Jordan, MD; Rushaniya Khairova, MD, PhD; Kathryn Kieran, MSN, PMHNP-BC; Dominic Le, MD; Timothy J. Legg, PhD, PsyD, MSN, MPA, MSc; Alvin Marquez, DNP; Brian Miller, MD, PhD, MPH; Jeremy Mills, DNP, PMHNP-BC; Gaurav Mishra, MD; Richard Moldawsky, MD; Justin Morales, MD; Sahil Munjal, MD; Elnaz Nikogosyan, DO; Destiny Pegram, MD; Michael Posternak, MD; Xavier Preud'homme,



Sample Pages

Psychiatry Practice Boosters, Fifth Edition (2026)

Purchase your copy with full access online at
www.thecarlatreport.com