

Study strengthens evidence that early marijuana use increases risk of psychosis

Several studies strongly suggest that using marijuana—particularly in the teenage years—can increase risk of developing psychosis (see *Harvard Mental Health Letter*, April 2010). Now a new analysis not only adds to this evidence, but also suggests that use of marijuana and other drugs at a young age may *hasten* the onset of psychosis.

Australian researchers analyzed studies that compared rates of psychosis in patients who previously used marijuana, other drugs, and alcohol with those who did not. They restricted their search to studies that included age of onset of first psychotic episode. They identified 83 studies enrolling more than 8,000 patients who used marijuana, other drugs, or alcohol and compared psychosis outcomes with 14,000 patients who did not.

They found that a first episode of psychosis occurred nearly three years earlier in people who used marijuana—and two years earlier in people who used an unspecified type of drug—than in people who did not. Use of alcohol did not affect age of onset of psychosis.

The study had several limitations. Most notably, it did not include studies assessing tobacco use and development of psychosis, as little research exists on this topic. Although cannabis, the active ingredient in marijuana, is the usual focus of research on psychosis, the authors say it is possible that a toxin in tobacco—which may also be

present in marijuana when it is smoked—may be what underlies the increased risk of psychosis.

Although the study reinforces concerns about marijuana as a possible aggravating factor, it does not prove that using marijuana causes psychosis. It could be that people prone to developing psychosis are using marijuana—either to calm themselves or for some other reason. Marijuana may disrupt crucial elements of brain development during adolescence. For example, between the teenage years and the mid-20s, areas of the brain responsible for judgment and problem solving are more efficiently connected to the emotional centers of the brain. Such links are necessary for emotional learning and high-level self-regulation. Derailing this process may increase a person’s vulnerability to psychosis.

The study’s most practical use may be in the treatment of young adults who are exhibiting odd behavior or experiencing strange thoughts that might suggest increased risk for psychosis. Such patients might be well advised to stop using marijuana, to reduce the chances of hastening or magnifying a psychotic disorder. This paper also provides one more reason to caution young people against using the drug.

Large M. “Cannabis Use and Earlier Onset of Psychosis,” *Archives of General Psychiatry* (Feb. 7, 2011): Electronic publication ahead of print.

After high school, youths with autism spectrum disorders lose access to services

The *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition (DSM-IV) describes five pervasive developmental disorders: autistic disorder, childhood disintegrative disorder, Asperger’s disorder, Rett’s disorder, and pervasive developmental disorder not otherwise specified. Although they differ in some specifics, these disorders share three core features: impaired social interactions, difficulty in communicating with others, and repetitive or inflexible behavior. As such, they are generally referred to collectively as autism spectrum disorders.

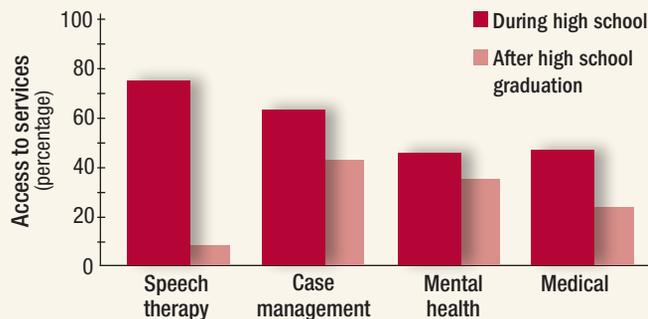
Little research exists about how adolescents with autism spectrum disorders fare once they reach adulthood. Now a study that followed such youths for 10 years, assessing use of supportive services, provides some discouraging news. Once youths with autism spectrum disorders graduate from high school, many of them lose access to services designed to improve their communication skills and ability to socialize (see graph at right).

Researchers at Washington University in St. Louis followed more than 400 youths with autism spectrum disorders for 10 years, assessing use of services at two intervals:

during high school (average age 16) and after graduation (average age 22). They found a sharp drop-off in service use in adulthood.

A limitation of the study is that it relied on phone surveys, which are not as accurate as in-person assessments. Still, the study provides a stark picture of the lack of access to mental health and support services once individuals with autism spectrum disorders become adults.

Shattuck PT, et al. “Post-High School Service Use Among Young Adults with an Autism Spectrum Disorder,” *Archives of Pediatric and Adolescent Medicine* (Feb. 2011): Vol. 165, No. 2, pp. 141–46.



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