



RECOMMENDED ACADEMIC READING

Dr. Amanda Newton recommends an article by Brian Thoma and colleagues published in 2019 that presents an examination of suicidality disparities among transgender and cisgender adolescents. What I found particularly informative was the presentation of risk among different gender identities—compared to cisgender males, the odds of lifetime suicidal ideation were 5 to 6 times higher among transgender males and transgender females and 3 times higher for adolescents questioning their gender. The odds of lifetime suicide attempts requiring medical care were also higher for transgender males (12 times higher than cis gender males), non-binary adolescents and those currently questioning their gender (7 to 10 times higher than cis gender males). This article provided a good reminder of gender fluidity as gender identity may change over time for some adolescents. At the end of my read, I was left wondering whether our current prevention and intervention strategies account for the gender spectrum and use inclusive language.

Thoma, B. C., Salk, R. H., Choukas-Bradley, S., Goldstein, T. R., Levine, M. D., Marshal, M. P. (2019). Suicidality Disparities Between Transgender and Cisgender Adolescents. *Pediatrics*, 144(5), e20191183. <https://pediatrics.aappublications.org/content/144/5/e20191183>

Dr. Jennifer Crosbie recommends the landmark paper in *Nature Genetics* by Demonitis et al and the Psychiatry Genetics Consortium. This paper reports the first genome wide findings for Attention Deficit and Hyperactivity Disorder (ADHD). It represents an international collaboration of over 100 authors from 5 continents combining samples from 22,000 ADHD individuals and 35,000 controls, including 350 Canadian cases. The study reports 12 independent loci surpassing genome wide significance, and includes three replication samples; a cohort of individuals diagnosed with ADHD, a self-reported ADHD sample and a meta-analysis of quantitative measure of ADHD symptoms in the population. The strong concordance of the genome wide findings with quantitative population measures of ADHD symptoms supports the clinical diagnosis of ADHD as an extreme expression of continuous heritable traits. These findings pave the way to a greater understanding of etiology of ADHD, and links to other co-occurring mental health and medical conditions, including depression and smoking. These are pivotal findings for ADHD and a testament to the power of international collaboration.

Demontis, D., Walters, R. K., Martin, J., Mattheisen, M., Als, T. D., Agerbo, E.,...Neale, B. M. (2019). Discovery of the first genome-wide significant risk loci for attention

deficit/hyperactivity disorder. *Nature Genetics*, 51(1), 63-75. <https://www.nature.com/articles/s41588-018-0269-7>

Dr. Kathy Bennett recommends the paper *Implementing Measurement-Based Care in Behavioral Health: A Review* by Cara Lewis et al. in *JAMA Psychiatry*. The authors report a carefully done systematic review summarizing what is known about the effectiveness of measurement based care (MBC). Although only a few studies are available in young people, the promising results suggest MBC may be a useful strategy to improve intervention outcomes in child and youth mental health, and point to the value of further development and evaluation of MBC tools. The review provides a good discussion of common barriers to MBC implementation, complimented by a discussion of useful strategies to facilitate and support successful implementation of MBC. Worth a read and increased attention on how we can make better use of MBC to improve child and youth mental health outcomes.

Lewis, C. C., Boyd, M., Puspitasari, A., Navarro, E., Howard, J., Kassab, H.,...Simon, G. (2019). Implementing measurement-based care in behavioral health: A review. *JAMA Psychiatry*, 76(3), 324-335. <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2718629>

Dr. John McLennan recommends a recently published article by Dr. Gabrielle Carlson and colleagues examining patterns of PRN use of psychotropic medication, as well as the use of seclusion, restraints and holds (S/R/H), in an inpatient psychiatric unit in the United States. In this naturalistic study of several cohorts of children (5-12 years of age) over 10 years, they examined the relationship of these outcomes (PRN use and S/R/H) with whether there was a behaviour modification program in place, as well as the influence of various patient characteristics, and the extent of psychiatric oversight. Although the study design has inherent limitations, the availability of substantial data on an understudied population and setting with meaningful outcome indicators, is very welcome. It should challenge our field to institute more rigorous examination of current practices and outcomes for children and youth treated in inpatient units.

Carlson, G. A., Chua, J., Pan, K., Hasan, T., Bied, A., Martin, A., & Klein, D. N. (2020). Behavior modification is associated with reduced psychotropic medication use in children with aggression in inpatient treatment: A retrospective cohort study. *Journal of the American Academy of Child & Adolescent Psychiatry*. 59(5), 632-641. [https://www.jaacap.org/article/S0890-8567\(19\)31435-2/fulltext](https://www.jaacap.org/article/S0890-8567(19)31435-2/fulltext)