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Generally recommended as the treatment of choice, treatment resistance of patients with psychosis, cognitive, mood and anxiety disorders represents a significant clinical problem. In this context,

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The association between violence and mental illness is well studied, yet remains highly controversial.

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settings, including both
civilly and forensically
committed populations. In
fact, physical aggression is
the primary reason for
admission to many hospitals.
Given that violence is now
often both a reason for

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admission and a barrier to discharge, there is a pressing need for violence to be re-conceptualized as a primary medical condition, not as the by-product of one. Furthermore, treatment settings need to be enhanced

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agents for the treatment of epilepsy. Physicians would often, from analogy to other conditions, try remedies which appeared to affect systems thought to be important in the onset of seizures. The many

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developments and treatment
concepts in epilepsy
research in the last half-
century have culminated in
the short reign of
popularity of monotherapy.
Monotherapy is now being
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important role in psychopathology theories at the beginning of the twentieth century. Anhedonia is a condition in which the capacity of pleasure is partially or completely lost, and it refers to both

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a personality trait, and a
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anhedonia is to highlight
the contributions of eminent
scientists in this field as
well as to provide readers
with comprehensive accounts
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perceived by the authors.
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disorder that played an important role in psychopathology theories at the beginning of the twentieth century. Anhedonia is a condition in which the capacity of pleasure is partially or completely

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lost, and it refers to both a personality trait, and a “state symptom” in various neuropsychiatric and physical disorders. It has a putative neural substrate, originating in the dopaminergic mesolimbic and

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mesocortical reward circuit.
Over the past three decades
cognitive psychology and
behavioral neuroscience have
expanded our understanding
of anhedonia and other
reward-related processes.

The aim of this new two-

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anhedonia is to highlight the contributions of eminent scientists in this field as well as to provide readers with comprehensive accounts of recent developments as perceived by the authors.

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The term "deprescribing"
refers to the optimization
of the pharmacological
regimen by reducing or
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incur more risks than
benefits. Many people
consider stopping their

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psychiatric medications, but prescribers may not know how to do this in a collaborative, systematic way. Deprescribing in Psychiatry presents a framework for deprescribing to guide the prescriber-

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patient dyad through the process of deciding if and when to reduce psychiatric medication, how to go about doing it, and at the same time, acknowledge the inherent risks in such an endeavour. As the first book

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stands to serve as a

definitive text in this

burgeoning field and as a

'rallying call' to raise

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practice, promote innovation, and act as a resource on the current state-of-the-art care. It describes the ins and outs of how clinicians can work closely with their patients to consider whether or not

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to try decreasing medications. It also discusses the anticipated future research directions, considerations for the field, and emphasizes collaboration with the patient, transparency, and

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the acknowledgement of
uncertainty in psychiatric
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psychological ramifications
of violence in a wide array
of situations. Subjects
covered include, but are not
limited to, violence by
parents against children;
gender and violence; lone
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