

Editorial

Same Old Song or New Road Map?

Alexandre Heeren*

Laboratory for Experimental Psychopathology, Catholic University of Louvain, Belgium

***Corresponding author:** Alexandre Heeren, Laboratory of Experimental Psychopathology, Institute of Psychological Science, Catholic University of Louvain, Place du Cardinal Mercier, 10, B-1348 Louvain-la-Neuve, Belgium, Tel: 32(0) 497 88231; Email: Alexandre.Heeren@uclouvain.be or heeren.alexandre@gmail.com

Received: Aug 05, 2014; **Accepted:** Aug 06, 2014;**Published:** Aug 06, 2014

Editorial

... And so it begins. There are many telling reasons to assemble a new journal tackling depression and anxiety. As you know, anxiety and mood disorders are among the most prevalent class of mental disorders in Western countries, with over 28% of the population meeting criteria for an anxiety disorder, a mood disorder, or both together at some point in their lifetime [1-4]. In addition to being highly prevalent, these disorders significantly burden society through lower educational achievement, occupational impairment, and increased health care utilization. For instance, in the US, the estimated annual cost of anxiety disorders is \$42.3 billion [5]. This estimate includes indirect costs, which measure the price of lost productivity at work and lower wages, among other factors.

Even if anxiety and mood disorders are generally classified as separate types of syndromes (e.g., see DSM-V), it is now clear, however, that they both share many overlapping cognitive, behavioral, and physiological factors [6-9]. For instance, cumulative evidence indicates that individuals with either anxiety or mood disorders do exhibit negatively biased information-processing that play a crucial role in the etiology and maintenance of the disorders [9]. An information-processing bias reflects a general processing advantage for disorder-relevant information in a given cognitive domain (e.g., attention, memory, interpretation, mental imagery) [10]. Further research has begun to uncover the behavioral, cognitive, and neural correlates of these biases, and translate these basic advances into new innovative neurocognitive interventions [e.g., 10]. Such research advances to date have generated huge interests in integrative approaches within the scientific and practitioners community [10,11].

Beyond this illustration of information-processing bias, this example highlights the need and the strength of aiming at developing integrative frameworks for the understanding and the treatment of anxiety and mood disorders. Unfortunately, too few scientific peer-reviewed journals are entirely dedicated to this issue. As a consequence, the Austin Publishing Group has launched a new journal, *Annals of Depression and Anxiety*, to publish advances for channeling all information into a new integrative journal and provide a venue for cutting-edge research across a wide range of conceptual approaches, methods, and disciplines related to anxiety and depression. The journal encompasses core domains of anxiety and

mood research, as well as development from all areas of science that enhance the understanding of anxiety and mood disorders, including basic and applied works on the diagnosis, assessment, treatment, and prevention. This integrative framework is different from the many journals that too often divide the field by subareas of science or conceptual views (e.g., cognitive factors, biological psychiatry, family processes, psychotherapies, cultural factors, clinical neuroscience).

As a consequence, many disciplines connect with these topics and are welcome in this journal. Among the relevant ones are clinical psychology, neuroscience, psychiatry, psychopharmacology, genetics, sociology, epidemiology and public health. Moreover, *Annals of Depression and Anxiety* is open to a wide range of topics that are broader than the study of either discipline in seclusion. Several key directions can be suggested, including (1) the interaction among nutritional, ethnic, social (e.g., poverty), environmental (e.g., natural disasters, war), neurophysiologic, and genetics mechanisms underlying cognitive risk factors of depression and anxiety, (2) translational research that help to move from basic science to the development of innovative treatment targeting mechanisms underlying depression and anxiety, (3) theory-driven case-studies that recast critical psychopathological phenomena in innovative ways and examine what we have gained from the theory, (4) animal models that have strong implications for the understanding and the treatment of risk factors of anxiety and mood disorders, (5) as well as computational models based on current understanding of putative cognitive and neurophysiological mechanisms underpinning the thriving relation between anxiety and depression.

For this purpose, the journal is intended to emphasize both theoretical and empirical research through original research articles (5000 words), review (5000 words) and mini-review (2000 words) articles, case report (1500 words), clinical image (150 words), perspective articles (1000 words), rapid communication (2000 words), letters (500 à 1000 words) and Editorial (1500 words). It should be noted that clinical images are a very innovative way to rapidly disseminate hot-topic findings via the publications of pictures depicting the main clinical findings of a study.

As member of the Editorial Board, it is a privilege to join a journal that is likely to reflect current advances in anxiety and depression at its finest. I am convinced that *Annals of Depression and Anxiety* will rapidly prove to be an important road map to researchers and practitioners who deal with anxiety and depression. I look forward to a diverse set of articles, contributors, and disciplines that will help in the understanding and the improvement of anxiety and mood disorders.

Acknowledgment

This work was supported by a Post-doctoral Grant (FC 78142) from the Belgian National Fund for Scientific Research awarded to Dr. Alexandre Heeren. This funding did not exert any editorial direction or censorship on any part of this manuscript.

References

1. Bijl RV, Ravelli A, van Zessen G. Prevalence of psychiatric disorder in the general population: results of The Netherlands Mental Health Survey and Incidence Study (NEMESIS). *Soc Psychiatr Psychiatr Epidemiol*. 1998; 33: 587-595.
2. Canino G, Shrout PE, Rubio-Stipec M, Bird HR, Bravo M, Ramirez R, et al. The DSM-IV rates of child and adolescent disorders in Puerto Rico: prevalence, correlates, service use, and the effects of impairment. *Arch Gen Psychiatry*. 2004; 61: 85-93.
3. Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE, et al. Lifetime prevalence and age-of-onset distributions of DSM-IV Disorders in the national comorbidity survey replication. *Arch Gen Psychiatry*. 2005; 62: 593–602.
4. Roberts RE, Roberts CR, Xing Y. Rates of DSM-IV psychiatric disorders among adolescents in a large metropolitan area. *J Psychiatr Res*. 2007; 41: 959-967.
5. Greenberg PE, Sisitsky T, Kessler RC, Finkelstein SN, Berndt ER, Davidson JR, et al. The economic burden of anxiety disorders in the 1990s. *J Clin Psychiatry*. 1999; 60: 427-435.
6. Walf AA, Frye CA. Antianxiety and antidepressive behavior produced by physiological estradiol regimen may be modulated by hypothalamic-pituitary-adrenal axis activity. *Neuropsychopharmacology*. 2005; 30: 1288-1301.
7. Boyer P. Do anxiety and depression have a common pathophysiological mechanism? *Acta Psychiatr Scand Suppl*. 2000; 24-29.
8. Hranov LG. Comorbid anxiety and depression: illumination of a controversy. *Int J Psychiatry Clin Pract*. 2007; 11: 171-189.
9. Hallion LS, Ruscio AM. A meta-analysis of the effect of cognitive bias modification on anxiety and depression. *Psychol Bull*. 2011; 137: 940-958.
10. Heeren A, Lange W-G, Philippot P, Wong QJJ. Biased cognitions and social anxiety: Building a global framework for integrating cognitive, behavioral, and neural processes. *Front. Hum. Neurosci*. 2014; 8: 538.
11. Clarke PJ, Notebaert L, MacLeod C. Absence of evidence or evidence of absence: reflecting on therapeutic implementations of attentional bias modification. *BMC Psychiatry*. 2014; 14: 8.