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Introduction

Welcome to the Early Career Psychiatrists section of the *Journal of Clinical Psychiatry*! This month, we highlight the work of individuals who are in the early phase of an academic psychiatry career. We present 4 articles on a diverse array of topics, including 2 on posttraumatic stress disorder (PTSD). The treatment of PTSD is of paramount importance to improving the mental health of those around the world who develop chronic stress after exposure to violence and trauma. One of this month's articles discusses the impact of comorbid PTSD on the phenotype of bipolar disorder, while another reports the results of a pilot trial of a treatment for PTSD symptoms. Also featured in this section are a study investigating the impact of depression on cognition and functioning after stroke or transient ischemic attack (TIA) and a report on variability between individuals in plasma clozapine levels that may impact use of levels for guiding treatment.

Passos and colleagues examined the clinical outcomes in individuals with PTSD comorbid with bipolar disorder. In a cross-sectional study of 284 subjects with bipolar disorder, the prevalence of lifetime comorbid PTSD was about 20%. The authors describe the features of illness and course that were most likely to be associated with PTSD and discuss the potential biological underpinnings that may be influential in the comorbidity.

Rodgman et al report the results of a double-blind, placebo-controlled, within-subjects trial assessing the impact of doxazosin XL on PTSD symptoms. Participants completed a trial of doxazosin XL, with a titration over 12 days and a 2-week washout period separating the intervention and placebo arms. The authors speculate about the potential mechanisms by which blocking the α_1-noradrenergic receptors may improve symptoms of PTSD.

Tene and colleagues investigate the influence of depression on cognition and function after stroke or TIA. In a series of 306 patients examined in an emergency department for TIA or stroke, approximately 17% developed cognitive impairment. The risk of cognitive impairment and functional decline after stroke or TIA was differentially affected by the presence of depression.

Lee et al report on intraindividual variation in plasma clozapine levels. The observed clozapine levels were compared to the levels predicted based on a pharmacokinetic modeling approach from an independent sample. The authors speculate on factors that may influence variation between individuals, and what the clinical ramifications may be.

We are pleased to highlight the work of outstanding early career researchers on these important topics.

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