Current Awareness Service

Issue no 4. of 2017

The Park Library - The Park Centre for Mental Health

National Health Priority Area – Mental Health

- Anxiety
- Child and Adolescent Mental Health/Perinatal Mental Health
- Depression
- Employment and Mental Health
- Forensic Psychiatry
- Mental Health Services/Promotions and Prevention
- Personality Disorders
- Schizophrenia
- Suicide

Data for this Priority Area has been identified by:
The Park Library – The Park Centre for Mental Health

➢ How to locate articles in the Current Awareness Service (CAS) (Qld Health staff only)
➢ Article is not available on CKN? Instructions for Qld Health staff

Citations listed have been generated as an update from the Medline and the PsycINFO databases. The citations in this document should NOT be considered an exhaustive set of information on Mental Health. Queensland Health clinicians are reminded to utilise the Clinical Knowledge Network (CKN) https://www.ckn.org.au/ and the West Moreton Health Libraries website for more information on specific mental health areas.
How to locate articles in the Current Awareness Service (CAS)

- Some articles may be available in full text via CKN.

- Click on the article links in the PDF and this will take you to the database page in CKN. **Note:** if you are not on a Qld Health computer you will need to login via your Open Athens login, if you haven’t registered here is the link to register - [https://www.ckn.org.au/register](https://www.ckn.org.au/register)

- If full text is available within the database, then a PDF icon or HTML text should display.

- If there is no PDF or HTML link, then use the ![Item held on CKN](image) link on the left. You will find link/s for Item held on CKN (example shown below).

![Item held on CKN](image)

**Article is not available on CKN?**

- If the article is not available on CKN, ![Request this item](image) will display on the left.

- Click on this link and you will get a result similar to what is shown below.

![Item not held on CKN - we suggest](image)

- Click on “Request this item from your local HHS Library” and the article information will be populated in the form, select your “HHS/Library from the drop down menu.

The latest CAS is published on our Library website – [http://parklibrary.qld.libguides.com/wmhhs-library](http://parklibrary.qld.libguides.com/wmhhs-library)
Queensland Health Libraries and Contact Numbers

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Anxiety

Title:
Etiologic specificity of waking cortisol: Links with maternal history of depression and anxiety in adolescent girls.

Authors:
Goldstein, Brandon L.; Perlman, Greg; Kotov, Roman; Broderick, Joan E.; Liu, Keke; Ruggero, Camilo; Klein, Daniel N.;

Source:

Abstract
Background: Many previous studies have indicated that individuals who are depressed or at risk for depression are characterized by increased levels of morning cortisol and a greater cortisol awakening response (CAR). However, despite the high comorbidity between depressive and anxiety disorders, fewer studies have examined whether these diurnal cortisol abnormalities are also characteristic of anxiety or risk for anxiety. Methods: In the present study we examined cortisol in a community sample of 476 female adolescents and related it to maternal history of depression and/or anxiety disorders. Salivary cortisol was collected at waking, 30min post waking, and in the evening on three weekdays. Results: Contrary to prior results, offspring at risk for depression did not have increased morning cortisol or CAR. However, offspring at risk for anxiety disorders had elevated 30min cortisol and total cortisol produced throughout the day; this effect was primarily driven by offspring of mothers with panic disorder or agoraphobia. Additionally, levels of cortisol were highest among offspring of mothers with multiple anxiety diagnoses. Limitations: The study is limited to female adolescents and maternal diagnostic history. Additionally, some diagnoses could not be examined as a result of too few cases (e.g. GAD). Conclusions: Overall, these results underscore the importance of considering anxiety when examining the association of diurnal cortisol abnormalities with risk for psychopathology, as it may have influenced prior observations of elevated morning cortisol in depression. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Internet-delivered transdiagnostic and tailored cognitive behavioral therapy for anxiety and depression: A systematic review and meta-analysis of randomized controlled trials.

Authors:
Păsărelu, Costina Ruxandra; Andersson, Gerhard; Nordgren, Lise Bergman; Dobrean, Anca;

Source:

Abstract
Anxiety and depressive disorders are often comorbid. Transdiagnostic and tailored treatments seem to be promising approaches in dealing with comorbidity. Although several primary studies have examined the effects of Internet-delivered cognitive behavior therapy (iCBT) for anxiety and depression, no meta-analysis including different types of iCBT that address comorbidity has been conducted so far. We conducted systematic searches in databases up to 1 July 2016. Only randomized trials comparing transdiagnostic/tailored iCBT for adult anxiety and/or depression with control groups were included. Nineteen randomized trials with a total of 2952 participants that met inclusion criteria were analyzed. The quality of the studies was high, however the blinding criteria were not fulfilled. The uncontrolled effect size (Hedges’ g) of transdiagnostic/tailored iCBT on anxiety and depression outcomes was large and medium for quality of life. The controlled effect size for iCBT on anxiety and depression outcomes was medium to large (anxiety: g = .82, 95% CI: .58–1.05, depression: g = .79, 95% CI: .59–1.00) and medium on quality of life (g = .56, 95% CI: .37–.73). Heterogeneity was small (quality of life) to moderate (anxiety, depression). There was a large effect on generic outcome measures and a moderate effect on comorbidities. When compared to disorder-specific treatments there were no differences on anxiety and quality of life outcomes, however there were differences in depression outcomes. Transdiagnostic and tailored iCBT are effective interventions for anxiety disorders and depression. Future studies should investigate mechanisms of change and develop outcome measures for these interventions. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Transdiagnostic group CBT for anxiety disorders: The unified protocol in mental health services.

Reinholt, Nina; Aharoni, Ruth; Winding, Clas; Rosenberg, Nicole; Rosenbaum, Bent; Arnfred, Sidse;


Abstract
Comorbidity among the anxiety disorders is common and may negatively impact treatment outcome. Potentially, transdiagnostic cognitive-behavioral treatments (CBT) deal more effectively with comorbidity than standard CBT. The present study tested the effectiveness of The Unified Protocol (UP) applied to Mental Health Services. Pre-post-treatment effects were examined for psychiatric outpatients with anxiety disorders receiving UP treatment in groups. Forty-seven patients (mean-age = 34.1 (SD = 9.92), 77% females) with a principal diagnosis of anxiety were included. We found significant and clinically meaningful changes in the primary outcomes Clinical Global Impression Severity Scale (CGI-S; d = 1.36), Hamilton Anxiety Scale (HARS; d = .71), and WHO-5 Well-being Index (WHO-5; d = .54). Also, comorbid depressive symptoms and levels of positive and negative affect changed significantly after treatment. Patients with high levels of comorbidity profited as much as patients with less comorbidity; however, these patients had higher scores after treatment due to higher symptom burden at onset. Patients with comorbid depression profited more from treatment than patients without comorbid depression. The treatment effects found in the present study correspond to treatment effects of other TCBT studies, other UP group studies, and effectiveness studies on standard CBT for outpatients. The results indicate that the UP can be successfully applied to a MHS group setting, demonstrating positive effects on anxiety and depressive symptoms for even highly comorbid cases. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Perceived criticism predicts outcome of psychotherapy for panic disorder: Replication and extension.

Chambless, Dianne L.; Allred, Kelly M.; Chen, Fang Fang; McCarthy, Kevin S.; Milrod, Barbara; Barber, Jacques P.;


Abstract
Objective: We tested the relation of perceived criticism (PC) from a parent or spouse/romantic partner to outcome of psychotherapy for panic disorder (PD). Method: Participants were 130 patients with PD (79% with agoraphobia) who received 24 twice-weekly sessions of panic-focused psychodynamic psychotherapy, cognitive-behavioral therapy, or applied relaxation therapy. Patients were predominantly White (75%), female (64%), and non-Hispanic (85%). At baseline, Week 5 of treatment, termination, and at 6- and 12-month follow-up, patients rated PC from the relative with whom they lived. Independent evaluators assessed the severity of PD at baseline, Weeks 1, 5, and 9 of treatment, termination, and the 2 follow-up points. Data were analyzed with piecewise (treatment phase, follow-up phase) latent growth curve modeling. Results: The latent intercept for PC at baseline predicted the latent slope for panic severity in the follow-up (p = .04) but not the active treatment phase (p = .50). In contrast, the latent intercept for PD severity at baseline did not predict the latent slope on PC in either phase (p ≥ .29). Nor did the slopes of PC and PD severity covary across treatment (p = .31) or follow-up (p = .13). Indeed, PC did not change significantly across treatment (p = .45), showing the stability of this perception regardless of significant change in severity of patients’ PD (p < .001). Conclusions: Because PC predicts worse long-term treatment outcome for PD, study findings argue for interventions to address perceived criticism in treatment. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Over-generalization in youth with anxiety disorders.

Authors:
Over-generalization of dangerous stimuli is a possible etiological account of anxiety. Recently, we demonstrated it could result from alterations in early perceptual mechanisms, i.e., a fundamental change in the way the stimulus is perceived. Yet it is still unclear if these mechanisms already exist in youth, or develop only later. The purpose of this study was therefore to explore the mechanism of generalization in youth suffering from anxiety disorders. Children and adolescents with anxiety disorders and age-matched control participants underwent a conditioning task where a loss or gain outcome was associated with two well-separated tones. A generalization probe then followed in which different surrounding tones were presented and classified. Generalization curves and changes in discrimination abilities were compared between groups and according to the background variables. We found that patients had lower perceptual discrimination thresholds after conditioning, and tended to have wider generalization curve. Relative enhanced generalization was observed in adolescents with anxiety, in males, and as the level of anxiety rose. Our results suggest that over-generalization in anxiety can start already during adolescence, and may suggest that an early perceptual source can give rise to later more cognitive over-generalization during adult anxiety. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Treating depression and anxiety with digital cognitive behavioural therapy for insomnia: A real world NHS evaluation using standardized outcome measures.

Background: Evidence suggests that insomnia may be an important therapeutic target to improve mental health. Aims: Evaluating changes in symptoms of depression and anxiety after supported digital cognitive behavioural therapy (dCBT) for insomnia delivered via a community-based provider (Self Help Manchester) of the Improving Access to Psychological Therapies (IAPT) service. Method: Supported dCBT for insomnia was delivered to 98 clients (mean age 44.9 years, SD 15.2, 66% female) of Self Help Manchester. All clients received six support calls from an eTherapy coordinator to support the self-help dCBT. During these calls levels of depression (Patient Health Questionnaire, PHQ-9) and anxiety (Generalized Anxiety Disorder, GAD-7) were determined. Results: Depression (Mdifference -5.7, t(70) = 12.5, p < .001) and anxiety [Generalized Anxiety Disorder-7 (GAD-7), Mdifference -4.1, t(70) = 8.0, p < .001] were reduced following supported dCBT for insomnia. This translated into an IAPT recovery rate of 68% for depression and anxiety. Conclusions: These results suggest that dCBT for insomnia alleviates depression and anxiety in clients presenting with mental health complaints in routine healthcare. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Problematic smartphone use: A conceptual overview and systematic review of relations with anxiety and depression psychopathology.

Background: Research literature on problematic smartphone use, or smartphone addiction, has proliferated. However, relationships with existing categories of psychopathology are not well defined. We discuss the concept of problematic smartphone use, including possible causal pathways to such use. Method: We conducted a systematic review of the relationship between problematic use with...
psychopathology. Using scholarly bibliographic databases, we screened 117 total citations, resulting in 23 peer-reviewer papers examining statistical relations between standardized measures of problematic smartphone use/use severity and the severity of psychopathology. Results: Most papers examined problematic use in relation to depression, anxiety, chronic stress and/or low self-esteem. Across this literature, without statistically adjusting for other relevant variables, depression severity was consistently related to problematic smartphone use, demonstrating at least medium effect sizes. Anxiety was also consistently related to problem use, but with small effect sizes. Stress was somewhat consistently related, with small to medium effects. Self-esteem was inconsistently related, with small to medium effects when found. Statistically adjusting for other relevant variables yielded similar but somewhat smaller effects. Limitations: We only included correlational studies in our systematic review, but address the few relevant experimental studies also. Conclusions: We discuss causal explanations for relationships between problem smartphone use and psychopathology. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Title: The new Hamburg-Hannover Agitation Scale in clinical samples: Manifestation and differences of agitation in depression, anxiety, and borderline personality disorder.
Authors: Jung, Stefanie; Proske, Miriam; Kahl, Kai G.; Krüger, Tillmann H. C.; Wollmer, M. Axel;
Source: Psychopathology, Vol 49(6), 2017 pp. 420-428. Publisher: Karger; [Journal Article]
Abstract
Background/Aims: Agitation is a burdening phenomenon that occurs in a variety of psychiatric disorders. The aim of this study was to give a first direction for agitation occurrence in depression, anxiety disorder, and borderline personality disorder (BPD) as well as in healthy controls with and without psychiatric record. Methods: Using the Hamburg-Hannover Agitation Scale (H₂A), an instrument that allows for the measurement of agitation independently of the presence of a specific disorder, a patient sample (n = 158) and a healthy control group (n = 685) with (n = 94) and without (n = 591) psychiatric record were examined. The data were mainly analysed using ANOVAs and post hoc tests. Results: Patients showed significantly higher H₂A agitation levels than healthy controls. Within the clinical sample, BPD patients exhibited the strongest manifestation of agitation, scoring significantly higher than the depression and the anxiety disorder sample, while these two subgroups did not significantly differ from each other. Moreover, healthy subjects with a psychiatric record experienced a significantly stronger agitation than subjects without a psychiatric record. Conclusion: Further studies are needed with larger, more balanced, and differentiated sample sizes including a wider range of clinical pictures. The results demonstrate that agitation occurs and differs in psychiatric patients as well as in healthy controls. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Training novice clinical psychologist trainees to implement effective CBT for anxiety disorders: Training model and clinic outcomes.
Authors: O'Keeffe, Fiadhnait; Watson, Sue; Linke, Stuart;
Abstract
The need for development of effective models of training and supervision for trainee clinical psychologists to build CBT competencies and to implement high-quality CBT is frequently highlighted. Effectiveness of trainee therapist outcomes working within different models of training, supervision and services is also important to establish. This paper reports on the development and outcome effectiveness of a model of training and supervision aimed at increasing CBT clinical skills and competence of trainee clinical psychologists offering CBT for anxiety disorders in an anxiety disorders clinic (ADC) in inner-city London. Details of the training and supervision model are provided, which was conducted over a period of 3 months, with ongoing weekly supervision throughout the intervention period. Pre- and post-intervention
data were analysed from service users who attended the ADC over a 2-year period. Over the 2-year period, 10 trainees treated 57 clients. Data from completer and intention-to-treat samples indicated that scores on four outcome measures improved significantly: at post-therapy, 75% of service users who completed the intervention showed reliable and clinically significant recovery or improvement. When supported by appropriate training and supervision, as outlined in this training model, initially inexperienced trainee psychologists can achieve outcomes comparable to those obtained in other secondary-care settings with qualified therapists. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: A cluster analysis of early onset in common anxiety disorders.
Abstract
Early onset is regarded as an important characteristic of anxiety disorders, associated with higher severity. However, previous findings diverge, as definitions of early onset vary and are often unsubstantiated. We objectively defined early onset in social phobia, panic disorder, agoraphobia, and generalised anxiety disorder, using cluster analysis with data gathered in the general population. Resulting cut-off ages for early onset were ≤ 22 (social phobia), ≤ 31 (panic disorder), ≤ 21 (agoraphobia), and ≤ 27 (generalised anxiety disorder). Comparison of psychiatric comorbidity and general wellbeing between subjects with early and late onset in the general population and an outpatient cohort, demonstrated that among outpatients anxiety comorbidity was more common in early onset agoraphobia, but also that anxiety- as well as mood comorbidity were more common in late onset social phobia. A major limitation was the retrospective assessment of onset. Our results encourage future studies into correlates of early onset of psychiatric disorders. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Stove checking behaviour in people with OCD vs. anxious controls.
Authors: Bucarelli, Bianca; Purdon, Christine;
Abstract
Background and objectives: A growing body of research suggests that the repetition of an action degrades memory for that action, as well as confidence that is has been done correctly. This has important implications for understanding the compulsive repetition of actions characteristic of obsessive compulsive disorder (OCD). At this time, though, much of the research has been conducted on analogue or nonclinical OCD samples in comparison to healthy controls and often using virtual, as opposed to actual, threat stimuli. Furthermore, although it has been argued that people with OCD are overly attentive to threat stimuli, the research on actual attention to threat is scant. Methods: People with a principal diagnosis of OCD (n = 30) and people with a clinically significant diagnosis of an anxiety disorder, but no OCD (n = 18) completed measures of memory confidence and responsibility and then underwent a stove-checking task in a functioning kitchen while wearing a portable eye tracking device. Pre- and post-task ratings of harm and responsibility were taken, along with post-task ratings of memory and certainty. Results: People with OCD did not exhibit poorer memory confidence than the anxious control (AC) group, but did report greater trait and state responsibility for harm. The OCD group checked longer than did the AC group and check duration predicted post-task ratings of harm, but to the same extent in both groups. People with OCD attended to threat items less than did the AC group. Greater visual attention to the stove during the checking period was associated with greater post-task ratings of responsibility and harm and with less certainty in and memory for the check—but only for the AC group. Limitations: The sample size was modest, women were over-represented and problems with the eye tracking device reduced the amount of
reliable data available for analysis. Conclusions: Compulsions are complex actions that are mediated by many trait, state and contextual factors. People with OCD may be able to circumvent self-perpetuating checking processes under certain circumstances. Future research should explore the factors that determine whether or not self-perpetuating mechanisms are activated. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Title:
Fear conditioning and stimulus generalization in patients with social anxiety disorder.
Authors:
Ahrens, Lea M.; Pauli, Paul; Reif, Andreas; Mühlberger, Andreas; Langs, Gernot; Aalderink, Tim; Wieser, Matthias J.;
Source:
Abstract
Although overgeneralization seems to be a hallmark of several anxiety disorders, this until now has not been investigated in social anxiety disorder (SAD). Therefore, we examined fear generalization in 26 SAD patients and 29 healthy controls (HC) using two faces as conditioned stimuli (CS+, CS−), and a loud scream and a fearful face as unconditioned stimulus (US). Generalization was tested by presenting both CS and four morphs of the two faces (generalization stimuli [GSs]), while ratings, heart rate (HR) and skin conductance responses (SCR) were recorded. Results revealed that SAD patients rated all stimuli as less pleasant and more arousing compared to HC. Moreover, ratings and SCR indicated that both groups generalized their acquired fear from the CS+ to GSs. Remarkably, only SAD patients showed generalization in HR responses (fear bradycardia). Overall, SAD seems not to be characterized by strong overgeneralization but discrepancies in fear responses to both conditioned and generalized threat stimuli. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
How fear-relevant illusory correlations might develop and persist in anxiety disorders: A model of contributing factors.
Authors:
Wieme, Julian; Pauli, Paul;
Source:
Abstract
Fear-relevant illusory correlations (ICs) are defined as the overestimation of the relationship between a fear-relevant stimulus and aversive consequences. ICs reflect biased cognitions affecting the learning and unlearning of fear in anxiety disorders, and a deeper understanding might help to improve treatment. A model for the maintenance of ICs is proposed that highlights the importance of amplified aversiveness and salience of fear-relevant outcomes, impaired executive contingency monitoring and an availability heuristic. The model explains why ICs are enhanced in high fearful individuals and allows for some implications that might be applied to augment the effectiveness of cognitive behavior therapy, such as emotion regulation and the direction of attention to non-aversive experiences. Finally, we suggest possible future research directions and an alternative measure of ICs. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Prediction of 6-yr symptom course trajectories of anxiety disorders by diagnostic, clinical and psychological variables.
Authors:
Spinhoven, Philip; Batelaan, Neeltje; Rhebergen, Didi; van Balkom, Anton; Schoevers, Robert; Penninx, Brenda W.;
Source:

Abstract
This study aimed to identify course trajectories of anxiety disorder using a data-driven method and to determine the incremental predictive value of clinical and psychological variables over and above diagnostic categories. 703 patients with DSM-IV panic disorder with or without agoraphobia, agoraphobia, social phobia, or generalized anxiety disorder were selected from a prospective cohort study. Latent Growth Mixture Modeling was conducted, based on symptoms of anxiety and avoidance as assessed with the Life Chart Interview covering a 6-year time period. In 44% of the participants symptoms of anxiety and avoidance improved, in 24% remained stable, in 25% slightly increased, and in 7% severely increased. Identified course trajectories were predicted by baseline DSM-IV anxiety categories, clinical variables (i.e., severity and duration and level of disability) and psychological predictors (i.e., neuroticism, extraversion, anxiety sensitivity, worry, and rumination). Clinical variables better predicted unfavorable course trajectories than psychological predictors, over and above diagnostic categories. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
The use of waitlists as control conditions in anxiety disorders research.
Authors:
Patterson, Beth; Boyle, Michael H.; Kivlenieks, Michelle; Van Ameringen, Michael;
Source:

Abstract
Current evidence suggests that the strength of the psychological control condition greatly impacts treatment outcomes. Psychological controls can be grouped into three general classes: no-treatment or waitlist (delayed treatment), attention placebo or the best available treatment comparison. Of these three, the use of the waitlist condition is the most common and is used in up to 73% of published psychological treatment studies. Many psychological interventions are in use today based on the efficacy demonstrated in waitlist controlled trials. In the field of anxiety disorders, cognitive behavioural therapy (CBT) is considered a first-line treatment. Meta-analyses in anxiety disorders have revealed that effect sizes for CBT compared to waitlist controls are much higher than those found using psychological placebos as comparators. Furthermore, waitlists have been associated with deleterious effects and have been described as 'no-cebos' in related conditions such as major depressive disorder. Despite these findings, the use of waitlist controls continues to be a mainstay in the psychological anxiety disorders literature. The purpose of this paper is to examine the use of waitlists with a focus on the anxiety disorders. Methodological and ethical issues associated with waitlist controls will be explored, as well the use of alternative psychological placebos. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Title:
Impact of personality disorder comorbidity on cognitive-behavioral therapy outcome for mood and anxiety disorders: Results from a university training clinic.
Authors:
Harte, Christopher B.; Hawkins, Raymond C. II;
Source:

Abstract
This study examined the impact of co-occurring personality disorder (PD) pathology on mood and anxiety symptom improvement in response to non-manualized, short-term, cognitive-behavioral therapy (CBT) delivered by trainees. The sample comprised 305 adult outpatients treated individually for mood (unipolar depression) and anxiety disorders [generalized anxiety disorder (GAD), panic disorder, social anxiety disorder (SAD), specific phobia, obsessive-compulsive disorder (OCD)] by doctoral students within a university training clinic. After comprehensive assessment of psychopathology, symptom-specific measures were administered at pre- and end-treatment. Both magnitude of disorder-specific mood and
anxiety symptom change, as well as treatment outcome classification (via reliable change and clinical significance indices) were utilized to assess treatment response. Results indicated that patients treated for depression, GAD, panic disorder, SAD, and specific phobias evidenced significant reductions in symptoms, irrespective of PD presence, and there was no interaction between PD comorbidity and level of symptom improvement. Among patients treated for OCD, PD pathology negatively impacted OCD symptom improvement. When treatment outcome was determined categorically, PD presence had a deleterious effect on clinical recovery only among patients treated for GAD. Neither the number of PD diagnoses nor PD cluster type moderated results. In conclusion, in most instances (with the exception of GAD and OCD patients), individuals with PDs treated by graduate student trainees within a university training clinic experienced significant mood and anxiety symptom improvement in response to short-term CBT, and these improvements were comparable to those without co-occurring PDs. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Assessment and characterization of phenotypic heterogeneity of anxiety disorders across five large cohorts.
Authors: Lee, Minyoung; Aggen, Steven H.; Otowa, Takeshi; Castelao, Enrique; Preisig, Martin; Grabe, Hans J.; Hartman, Catharina A.; Oldehinkel, Albertine J.; Middeldorp, Christel M.; Tiemeier, Henning; Hettema, John M.;
Abstract
To achieve sample sizes necessary for effectively conducting genome-wide association studies (GWASs), researchers often combine data from samples possessing multiple potential sources of heterogeneity. This is particularly relevant for psychiatric disorders, where symptom self-report, differing assessment instruments, and diagnostic comorbidity complicates the phenotypes and contribute to difficulties with detecting and replicating genetic association signals. We investigated sources of heterogeneity of anxiety disorders (ADs) across five large cohorts used in a GWAS meta-analysis project using a dimensional structural modeling approach including confirmatory factor analyses (CFAs) and measurement invariance (MI) testing. CFA indicated a single-factor model provided the best fit in each sample with the same pattern of factor loadings. MI testing indicated degrees of failure of metric and scalar invariance which depended on the inclusion of the effects of sex and age in the model. This is the first study to examine the phenotypic structure of psychiatric disorder phenotypes simultaneously across multiple, large cohorts used for GWAS. The analyses provide evidence for higher order invariance but possible break-down at more detailed levels that can be subtly influenced by included covariates, suggesting caution when combining such data. These methods have significance for large-scale collaborative studies that draw on multiple, potentially heterogeneous datasets. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Title: Hyperfunction of left lateral prefrontal cortex and automatic thoughts in social anxiety disorder: A near-infrared spectroscopy study.
Authors: Kawashima, Chiwa; Tanaka, Yoshihiro; Inoue, Ayako; Nakanishi, Mari; Okamoto, Kana; Maruyama, Yoshihiro; Oshita, Harumi; Ishitobi, Yoshinobu; Aizawa, Saeko; Masuda, Koji; Higuma, Haruka; Kanehisa, Masayuki; Ninomiya, Taiga; Akiyoshi, Jotaro;
Abstract
Background: Patients with social anxiety disorder (SAD) experience unusual fear in normal social situations. The verbal fluency task (VFT) was administered while subjects were undergoing near-infrared spectroscopy (NIRS) scanning. The purpose of VFT was to examine the functions of the frontal and
temporal lobes. Methods: Subjects included 145 drug-naïve patients with SAD and 152 healthy controls (HCs). All subjects underwent psychological testing to determine levels of anxiety and depression and to evaluate cognition. Results: The scores of patients with SAD indicated significantly higher anxiety and depressive states than those in HCs on several measures: Leibowitz Social Anxiety Scale (LSAS), Profile of Mood States (POMS), Spielberger Anxiety Inventory (STAI), Beck Depression Inventory (BDI), and Social Adaptation Self-evaluation Scale (SASS). The patients with SAD also had higher scores on the future denial, threat prediction, self-denial, past denial, and interpersonal threat sections of the Depression and Anxiety Cognition Scale (DACS). NIRS scanning revealed hyperactivity in the left frontal cortex of patients with SAD. Threat prediction scores on DACS were negatively correlated with oxy-Hb responses in the right frontal cortex. Limitations: Further studies with a larger sample size are required to verify our findings. Conclusions: The results of this study demonstrate the different mechanisms of the right and left frontal cortex in situations of social anxiety disorder. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Title: Eye tracking of attention to emotion in bipolar I disorder: Links to emotion regulation and anxiety comorbidity.
Authors: Peckham, Andrew D.; Johnson, Sheri L.; Tharp, Jordan A.;
Abstract
Research has yielded mixed findings regarding whether bipolar disorder is related to attentional bias for emotionally relevant stimuli, yet little research has utilized advances in eye-tracking technology to study attention in this population. The current study used a free-viewing eye-tracking paradigm to test whether people with remitted bipolar disorder show preferential attention to positive faces, and to test if comorbid anxiety or emotion regulation strategies are related to attention bias. Twenty-nine adults with bipolar I disorder and 28 control participants viewed images of emotionally valenced faces while their gaze was tracked, and participants completed self-report measures of emotion regulation. Contrary to hypotheses, people with bipolar disorder did not differ from control participants in attention to positive stimuli, and both anxiety comorbidity and emotion regulation were unrelated to attentional indices. Unlike some findings in unipolar depression, these results suggest that attention to valenced faces may not be characteristic of remitted bipolar disorder. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Toward evidence-based medical statistics: A Bayesian analysis of double-blind placebo-controlled antidepressant trials in the treatment of anxiety disorders.
Authors: Monden, Rei; Vos, Stijn; Morey, Richard; Wagenmakers, Eric-Jan; De Jonge, Peter; Roest, Annelieke M.;
Abstract
The Food and Drug Administration (FDA) uses a p < 0.05 null-hypothesis significance testing framework to evaluate ‘substantial evidence’ for drug efficacy. This framework only allows dichotomous conclusions and does not quantify the strength of evidence supporting efficacy. The efficacy of FDA-approved antidepressants for the treatment of anxiety disorders was re-evaluated in a Bayesian framework that quantifies the strength of the evidence. Data from 58 double-blind placebo-controlled trials were retrieved from the FDA for the second-generation antidepressants for the treatment of anxiety disorders. Bayes factors (BFs) were calculated for all treatment arms compared to placebo and were compared with the corresponding p-values and the FDA conclusion categories. BFs ranged from 0.07 to 131,400, indicating a range of no support of evidence to strong evidence for the efficacy. Results also indicate a varying strength of evidence between the trials with p < 0.05. In sum, there were large differences in BFs across trials. Among trials providing ‘substantial evidence’ according to the FDA, only 27 out of 59 dose groups
obtained strong support for efficacy according to the typically used cutoff of BF ≥ 20. The Bayesian framework can provide valuable information on the strength of the evidence for drug efficacy. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Authors: Taarvig, Eva; Solbakken, Ole André; Grova, Bjørg; Monsen, Jon T.;
Abstract
Affect integration is considered central to mental health. We define affect integration in terms of the affect consciousness construct as degrees of awareness, tolerance, nonverbal, and conceptual expression of 11 affects (Monsen, Eilertsen, Melgård, & Odegård, 1996). We assessed the construct using a child-adapted version of the semistructured Affect Consciousness Interview and separate scoring scales (Taarvig, Solbakken, Grova, & Monsen, 2015). We administered this interview to 8 children who met the criteria for an anxiety disorder to examine the following questions: (a) Which of a large number of specific affects recur as especially problematic? (b) In what ways do the children cope with the identified affects? To address these questions, we used a qualitative analyses method, based on the affect consciousness model. The anxious children exhibited problems in the way they experienced and coped with a larger number of affects compared with what previous studies on affect integration have reported. Affect couplings were found to be central to the problematic ways in which specific affects were experienced and coped with. Persistent couplings of affects conformed with theoretical perspectives on affect integration and with previous findings obtained in adults with an anxiety disorder, using the same method as applied in this study (Sønderland, 2010). It may be warranted to regard affect experience, particularly coupling of affects, as fundamental to understanding the continuity in anxiety disorders from childhood to adulthood. Our research may contribute to the development of more differentiated treatment models for anxious children. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Title: Fear and missing out: Youth anxiety and functional outcomes.
Authors: Swan, Anna J.; Kendall, Philip C.;
Abstract
Anxiety disorders are prevalent and associated with functional impairments. Outcome research has focused on symptom reduction, rather than positive factors such as life satisfaction and improved functioning. We review the impact of youth anxiety disorders and elevated anxiety symptoms on academic, occupational, family, social, and legal functioning. Emphasis is placed on the degree to which developmental trajectories differ for youth with and without anxiety disorders. In some areas, psychopathology generally, rather than anxiety specifically, is associated with functional impairment. Other studies support youth anxiety as a unique predictor of functional impairment. In particular, social anxiety is associated with impairments in social functioning throughout development. The short- and long-term impacts of anxiety treatment in youth are discussed. Last, research directions are suggested. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2016-51729-001&site=ehost-live

Title: Childhood maltreatment and perinatal mood and anxiety disorders: A systematic review.
Perinatal mood and anxiety disorders (PMADs) compromise maternal and child well-being and may be influenced by traumatic experiences across the life course. A potent and common form of trauma is childhood maltreatment, but its specific impact on PMADs is not well understood. A systematic review was undertaken to synthesize empirical literature on the relationship between maternal histories of childhood maltreatment and PMADs. Of the 876 citations retrieved, 35 reports from a total of 26,239 participants met inclusion criteria, documenting substantial rates of childhood maltreatment and PMADs. Robust trends of association were observed between childhood maltreatment and perinatal depression, as well as post-traumatic stress disorder, but findings for anxiety were less consistent. Examining multivariate results suggested that childhood maltreatment predicts PMADs above and beyond sociodemographic, psychiatric, perinatal, and psychosocial factors, but may also be partially mediated by variables such as later victimization and moderated by protective early relationships. Future research should test mediating and moderating pathways using prospective cohorts, expanding to cross-cultural settings and other disorder outcomes. Treatment and prevention of childhood maltreatment and its sequelae may help mitigate risk for perinatal psychopathology and its impact on maternal and child outcomes. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
professional consultation or SS/SM, or health professional consultation, or SS/SM only, and; (2) no general practitioner (GP) or mental health professional consultation, or GP only consultation, or mental health professional consultation. Between- and within-gender help-seeking patterns were explored using multinomial logistic regression models. Characteristics of males and females with unmet perceived need for care were compared using chi-square tests. Results: Males with mental or substance use disorders had relatively lower odds than females of any health professional consultation (adjusted odds ratio [AOR] = 0.46), use of SS/SM only (AOR = 0.59), and GP only consultation (AOR = 0.29). Notably, males with severe disorders had substantially lower odds than females of any health professional consultation (AOR = 0.29) and GP only consultation (AOR = 0.14). Most correlates of help-seeking were need-related. Many applied to both genders (e.g., severity, disability, psychiatric comorbidity), although some were male-specific (e.g., past-year reaction to a traumatic event) or female-specific (e.g., past-year affective disorder). Certain enabling and predisposing factors increased the probability of health professional consultation for both genders (age 30+ years) or for males (unmarried, single parenthood, reliance on government pension). Males with unmet perceived need for care were more likely to have experienced a substance use disorder and to want medicine or tablets or social intervention, whereas their females peers were more likely to have experienced an anxiety disorder and to want counselling or talking therapy. For both genders, attitudinal/knowledge barriers to receiving the types of help wanted (e.g., not knowing where to get help) were more commonly reported than structural barriers (e.g., cost). Conclusions: Findings suggest a need to address barriers to help-seeking in males with severe disorders, and promote GP consultation. Exploring gender-specific attitudinal/knowledge barriers to receiving help, and the types of help wanted, may assist in designing interventions to increase consultation. Mental health promotion/education efforts could incorporate information about the content and benefits of evidence-based treatments and encourage males to participate in other potentially beneficial actions (e.g., physical activity). (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Abstract
According to ICD-10 criteria, mixed anxiety and depressive disorder (MADD) is characterized by co-occurring, subsyndromal symptoms of anxiety and depression, severe enough to justify a psychiatric diagnosis, but neither of which are clearly predominant. MADD appears to be very common, particularly in primary care, although prevalence estimates vary, often depending on the diagnostic criteria applied. It has been associated with similarly pronounced distress, impairment of daily living skills, and reduced health-related quality of life as fully syndromal depression and anxiety. Although about half of the patients affected remit within a year, non-remitting patients are at a high risk of transition to a fully syndromal psychiatric disorder. The validity and clinical usefulness of MADD as a diagnostic category are under debate. It has not been included in the recently released DSM-5 since the proposed diagnostic criteria turned out to be not sufficiently reliable. Moreover, reviewers have disputed the justification of MADD based on divergent results regarding its prevalence and course, diagnostic stability over time, and nosological inconsistencies between subthreshold and threshold presentations of anxiety and depressive disorders. We review the evidence in favor and against MADD and argue that it should be included into classification systems as a diagnostic category because it may enable patients to gain access to appropriate treatment early. This may help to reduce patients' distress, prevent exacerbation to a more serious psychiatric disorder, and ultimately reduce the societal costs of this very common condition.

Title:
Interactions between reappraisal and emotional nonacceptance in psychopathology: Examining disability and depression symptoms in generalized anxiety disorder.

Authors:
Plate, Andre J.; Aldao, Amelia; Quintero, Jean M.; Mennin, Douglas S.;

Source:

Abstract
Recent research has emphasized the importance of studying the interaction between adaptive and maladaptive emotion regulation strategies in predicting mental health. In this respect, putatively maladaptive strategies (e.g., avoidance) have been found to moderate the link between putatively adaptive strategies (e.g., reappraisal) and psychopathology symptoms (e.g., Aldao and Nolen-Hoeksema in J Abnorm Psychol 121(1):276–281, 2012; Aldao et al. in J Anxiety Disord 28(4):382–389, 2014). Moreover, this line of work suggests that the direction of this moderation might vary as a function of symptom severity. However, research has yet to: (1) simultaneously examine how this interaction differs between clinical and non-clinical groups, and (2) test the interaction between specific emotion regulation strategies rather than composite scores of adaptive and maladaptive strategies. Doing so is essential in order to develop a more sophisticated understanding of the disturbances in the use of emotion regulation strategies in psychopathology. To that end, we investigated the interaction between reappraisal and emotional nonacceptance in participants diagnosed with generalized anxiety disorder (GAD) and non-anxious controls. In the GAD group, there was a negative association between reappraisal and disability only when the use of nonacceptance was low, suggesting that the use of maladaptive strategies might interfere with the benefits typically associated with utilizing adaptive strategies. In the non-anxious group, there was a negative association between reappraisal and disability and depression symptoms, only when the use of nonacceptance was high, likely reflecting a compensatory and flexible use of regulation strategies. These findings highlight the importance of modeling interactions between specific emotion regulation strategies when seeking to understand their relationship to psychological functioning in GAD.


**Authors:**
Olofsdotter, Susanne; Sonnby, Karin; Vadlin, Sofia; Furmark, Tomas; Nilsson, Kent W.

**Source:**

**Abstract**
This study examined the psychometric properties and diagnostic accuracy of the Swedish translations of the Spence Children’s Anxiety Scale, self- and parent report versions, in a sample of 104 adolescents presenting at two general psychiatric outpatient units. Results showed high informant agreement and good internal reliability and concurrent and discriminant validity for both versions and demonstrated that this scale can distinguish between adolescents with and without an anxiety disorder in a non–anxiety-specific clinical setting. The relative clinical utility of different cutoff scores was compared by looking at the extent to which dichotomized questionnaire results altered the pretest probability of the presence of a diagnosis as defined by the Schedule for Affective Disorders and Schizophrenia for School-Age Children. Optimized for screening and diagnostic purposes in Sweden, cutoff scores obtained in the current study outperformed a previously identified cutoff score derived from an Australian community sample. The Spence Children’s Anxiety Scale is a useful clinical instrument for the assessment of anxiety in adolescents. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2016-56266-008&site=ehost-live

**Title:**
Effects of psychotropic drugs used in the treatment of anxiety disorders on the recognition of facial expressions of emotion: Critical analysis of literature.

**Authors:**
Viana Sabino, Alini Daniéli; Chagas, Marcos Hortes N.; Osório, Flávia L.

**Source:**
Neuroscience and Biobehavioral Reviews, Vol 71, Dec, 2016 pp. 802-809. Publisher: Elsevier Science;

**Abstract**
Deficits in recognition of facial expressions of emotion (RFEE) play a central role in the manifestation of anxiety disorders (AD). We systematically reviewed the literature to determine effects of drugs used in AD treatment on RFEE, based on outcomes of accuracy rate, reaction time, and intensity. Electronic databases, including Pubmed, PsycINFO, and Scielo, were used without time constraints. Twenty-six clinical/experimental studies on healthy subjects, focusing on 11 drugs, published in English, Portuguese, and Spanish, were selected. We found that increased recognition of happiness was associated with acute use of citalopram, fluoxetine, duloxetine, and reboxetine. Increased and decreased recognition of negative emotions were associated with the use of selective serotonin and/or norepinephrine reuptake inhibitors, respectively. Benzodiazepine favored recognition of negative emotions. Differences in reaction time were rarely observed. Stimuli with distinct emotion intensities produced similar effects. Specific changes occurred in RFEE depending on the drug, its administration route and dose, and emotion valence. Evidences indicate significant effects on emotional processing relevant to clinical practice, particularly in treating patients with emotional disorders. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


**Title:**
The length of child anxiety treatment in a regional health system.

**Authors:**
Whiteside, Stephen P. H.; Ale, Chelsea M.; Young, Brennan; Olsen, Mark W.; Biggs, Bridget K.; Gregg, Melissa S.; Geske, Jennifer R.; Homan, Kendra;

**Source:**

**Abstract**
Anxiety disorders are often undertreated due to unsuccessful dissemination of evidence-based treatments (EBTs). Lack of empirical data regarding the typical length of treatment in clinical settings may hamper the development of clinically relevant protocols. The current study examined billing records for 335 children ages 7–17 years to quantify the treatment received for newly diagnosed anxiety disorders within a regional
Health system. The vast majority of patients did not receive a sufficient number of appointments to complete the typical cognitive behavioral therapy protocol or reach the sessions introducing exposure. Although half of the sample received pharmacotherapy, the vast majority received fewer follow-up appointments than participants in pharmacotherapy research studies. Further, the type of treatment (i.e., number of sessions and medication) differed depending on utilization of specialty care. These results underscore the need to develop brief and flexible EBT protocols that can be standardized and implemented in community practice. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


**Title:**
Heritability of major depressive and comorbid anxiety disorders in multi-generational families at high risk for depression.

**Authors:**
Guffanti, Guia; Gameroff, Marc J.; Warner, Virginia; Talati, Ardesheer; Glatt, Charles E.; Wickramaratne, Priya; Weissman, Myrna M.;

**Source:**

**Abstract**
Family studies have shown that MDD is highly transmittable but have not studied its heritability. Twin studies show heritability of about 40% and do not include anxiety disorders. We assessed heritability of MDD and comorbid anxiety disorders in a multigenerational study of family members at high risk for MDD. In addition, we tested the hypothesis that examined clinical subtypes of MDD defined by early and late age of onset would be under relatively stronger genetic control than broadly defined DSM-IV MDD. The first generation with moderate to severe MDD was recruited from an ambulatory psychiatric treatment setting, and their descendants in the second, third, and fourth generation, were interviewed by clinicians up to six times during a 30-year period. Lifetime rates of MDD and anxiety disorders were collected for 545 participants from 65 multigenerational families. The heritability (h²) of MDD in this high risk sample was estimated at 67%. Anxiety and sequential comorbidity of anxiety disorders and MDD revealed h² of 49% and 53%, respectively, and strong positive genetic correlation (rhog = 0.92, P = 7.3 × 10−7). Early onset MDD did not appear to be under greater genetic control than broadly defined DSM-IV MDD. Individuals who are direct descendants of subjects ascertained for moderate to severe MDD have strong genetic vulnerability to develop anxiety or MDD. Our findings support family based studies as appropriate and useful design to understand the heritability of common disorders such as MDD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:**
Improving outcomes for patients with medication-resistant anxiety: Effects of collaborative care with cognitive behavioral therapy.

**Authors:**
Campbell-Sills, Laura; Roy-Byrne, Peter P.; Craske, Michelle G.; Bystritsky, Alexander; Sullivan, Greer; Stein, Murray B.;

**Source:**
Depression and Anxiety, Vol 33(12), Dec, 2016 pp. 1099-1106. Publisher: John Wiley & Sons;

**Abstract**
Background: Many patients with anxiety disorders remain symptomatic after receiving evidence-based treatment, yet research on treatment-resistant anxiety is limited. We evaluated effects of cognitive behavioral therapy (CBT) on outcomes of patients with medication-resistant anxiety disorders using data from the Coordinated Anxiety Learning and Management (CALM) trial. Methods: Primary care patients who met study entry criteria (including DSM-IV diagnosis of generalized anxiety disorder, panic disorder, posttraumatic stress disorder, or social anxiety disorder) despite ongoing pharmacotherapy of appropriate type, dose, and duration were classified as medication resistant (n = 227). Logistic regression was used to estimate effects of CALM's CBT program (CALM-CBT; chosen by 104 of 117 medication-resistant patients randomized to CALM) versus usual care (UC; n = 110) on response (≥ 50% reduction of 12-item Brief Symptom Inventory (BSI-12) anxiety and somatic symptom score] and remission (BSI-12 < 6) at 6, 12,
and 18 months. Within-group analyses examined outcomes by treatment choice (CBT vs. CBT plus medication management) and CBT dose. Results: Approximately 58% of medication-resistant CALM-CBT patients responded and 46% remitted during the study. Relative to UC, CALM-CBT was associated with greater response at 6 months (AOR = 3.78, 95% CI 2.02-7.07) and 12 months (AOR = 2.49, 95% CI 1.36-4.58) and remission at 6, 12, and 18 months (AORs = 2.44 to 3.18). Patients in CBT plus medication management fared no better than those in CBT only. Some evidence suggested higher CBT dose produced better outcomes. Conclusions: CBT can improve outcomes for patients whose anxiety symptoms are resistant to standard pharmacotherapy. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
The classification of anxiety and fear-related disorders in the ICD-11.
Authors:
Kogan, Cary S.; Stein, Dan J.; Maj, Mario; First, Michael B.; Emmelkamp, Paul M. G.; Reed, Geoffrey M.;
Source:
Depression and Anxiety, Vol 33(12), Dec, 2016 pp. 1141-1154. Publisher: John Wiley & Sons;
Abstract
Anxiety disorders are highly prevalent worldwide and engender substantial economic costs and disability. The World Health Organization is currently developing the Eleventh Revision of the International Classification of Diseases and Related Health Problems (ICD-11), which represents the first opportunity to improve the validity, clinical utility, and global applicability of the classification in more than 25 years. This article describes changes in the organization and diagnostic guidelines for anxiety and fear-related disorders proposed by the ICD-11 Working Group on the Classification of Mood and Anxiety Disorders and the rationale and evidence base for the proposals. In ICD-11, anxiety and fear-related disorders that manifest across the lifespan are brought together under a new grouping, and are partly distinguished by their focus of apprehension. The focus of apprehension is the stimulus or situation that triggers the fear or anxiety and may be highly specific as in specific phobia or relate to a broader class of situations as in social anxiety disorder. The guidelines also clarify the relationship between panic disorder and agoraphobia and a qualifier is provided for panic attacks in the context of other disorders. A standardized format emphasizing essential features of anxiety disorders is intended to improve clinical utility. Guidelines will be further refined based on findings from two types of field studies: those using a case-controlled vignette methodology disseminated via the Internet to practitioners worldwide (http://gcp.network) and clinic-based field trials implemented globally at participating field study centers. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Title:
Network analysis of depression and anxiety symptom relationships in a psychiatric sample.
Authors:
Source:
Psychological Medicine, Vol 46(16), Dec, 2016 pp. 3359-3369. Publisher: Cambridge University Press;
Abstract
Background: Researchers have studied psychological disorders extensively from a common cause perspective, in which symptoms are treated as independent indicators of an underlying disease. In contrast, the causal systems perspective seeks to understand the importance of individual symptoms and symptom-to-symptom relationships. In the current study, we used network analysis to examine the relationships between and among depression and anxiety symptoms from the causal systems perspective. Method: We utilized data from a large psychiatric sample at admission and discharge from a partial hospital program (N = 1029, mean treatment duration = 8 days). We investigated features of the depression/anxiety network including topology, network centrality, stability of the network at admission and discharge, as well as change in the network over the course of treatment. Results: Individual symptoms of depression and anxiety were more related to other symptoms within each disorder than to symptoms between disorders. Sad mood and worry were among the most central symptoms in the network. The
network structure was stable both at admission and between admission and discharge, although the overall strength of symptom relationships increased as symptom severity decreased over the course of treatment. Conclusions: Examining depression and anxiety symptoms as dynamic systems may provide novel insights into the maintenance of these mental health problems. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Casting wider nets for anxiety and depression: Disability-driven cross-diagnostic subtypes in a large cohort.


Source: Psychological Medicine, Vol 46(16), Dec, 2016 pp. 3371-3382. Publisher: Cambridge University Press;

Abstract

Background: In search of empirical classifications of depression and anxiety, most subtyping studies focus solely on symptoms and do so within a single disorder. This study aimed to identify and validate cross-diagnostic subtypes by simultaneously considering symptoms of depression and anxiety, and disability measures. Method: A large cohort of adults (Lifelines, n = 73 403) had a full assessment of 16 symptoms of mood and anxiety disorders, and measurement of physical, social and occupational disability. The best-fitting subtyping model was identified by comparing different hybrid mixture models with and without disability covariates on fit criteria in an independent test sample. The best model's classes were compared across a range of external variables. Results: The best-fitting Mixed Measurement Item Response Theory model with disability covariates identified five classes. Accounting for disability improved differentiation between people reporting isolated non-specific symptoms ['Somatic' (13.0%), and 'Worried' (14.0%)] and psychopathological symptoms ['Subclinical' (8.8%), and 'Clinical' (3.3%)]. Classes showed distinct associations with clinically relevant external variables [e.g. somatization: odds ratio (OR) 8.1–12.3, and chronic stress: OR 3.7–4.4]. The Subclinical class reported symptomatology at subthreshold levels while experiencing disability. No pure depression or anxiety, but only mixed classes were found. Conclusions: An empirical classification model, incorporating both symptoms and disability identified clearly distinct cross-diagnostic subtypes, indicating that diagnostic nets should be cast wider than current phenomenology-based categorical systems. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: ‘Pesky gNATs’: Investigating the feasibility of a novel computerized CBT intervention for adolescents with anxiety and/or depression in a Tier 3 CAMHS setting.

Authors: Chapman, Rosanna; Loades, Maria; O'Reilly, Gary; Coyle, David; Patterson, Mags; Salkovskis, Paul; the Source: Cognitive Behaviour Therapist, Vol 9, Dec 1, 2016 ArtID: e35. Publisher: Cambridge University Press;

Abstract

Increasingly, evidence suggests that computerized Cognitive Behavioural Therapy (cCBT) is effective at reducing adolescent anxiety and depression for young people in the general population or those ‘at risk’. However, less is known about the acceptability, feasibility and effectiveness of cCBT for adolescents with clinically significant levels of impairment. This study aimed to investigate the feasibility of using a novel cCBT intervention, ‘Pesky gNATs’, with adolescents aged between 13–18 years with anxiety and/or depression who met the criteria for specialist mental health services. Eleven participants were recruited from a Tier 3 child and adolescent mental health service (CAMHS). Recruitment, attendance and retention rates were recorded and qualitative feedback about the benefits and disadvantages of completing cCBT were obtained during the final session. In addition, a number of outcome measures were completed pre- and post- intervention to assess reliable and clinically significant change. The intervention was very brief comprising of just seven sessions. Participants showed high recruitment and retention rates. All participants who started the intervention completed it. All described the programme as useful and the
majority identified several benefits. Four of 11 participants demonstrated reliable reductions in symptoms of depression and anxiety and six of 11 showed decreases in parent-reported symptoms of anxiety and depression following the seven-session intervention. This study demonstrates the acceptability and feasibility of using cCBT in a Tier 3 CAMHS setting. Further research is required to investigate the effect of Pesky gNATs on anxiety and depression in other Tier 3 settings. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Increased risk of benign paroxysmal positional vertigo in patients with anxiety disorders: A nationwide population-based retrospective cohort study.

Authors:
Chen, Zi-Jun; Chang, Cheng-Ho; Hu, Li-Yu; Tu, Ming-Shium; Lu, Ti; Chen, Pan-Ming; Shen, Cheng-Che;

Source:

Abstract
Background: The objective of this study was to evaluate the risk of benign peripheral persistent vertigo (BPPV) among patients with anxiety disorders by using the Taiwan National Health Insurance Research Database (NHIRD). Methods: We conducted a retrospective study of 15,470 participants (7735 anxiety disorder patients and 7735 control patients) selected from the NHIRD. Patients were observed for a maximum of 9 years to determine the rates of newly diagnosed BPPV. A Cox regression model was used to evaluate the risk of BPPV among the patients with anxiety disorders. Results: During the 9-year follow-up period, 178 (2.05 per 1000 person-years) anxiety disorder patients and 71 (0.81 per 1000 person-years) control patients were diagnosed with BPPV. The incidence risk ratio of BPPV between anxiety disorder patients and control patients was 2.52 (95 % confidence interval [CI], 1.90–3.37, P < .001). After adjustment for age, sex, and comorbidities, patients with anxiety disorders were found to be 2.17 times more likely to develop BPPV (95 % CI, 1.63–2.90, P < .001) than the control patients. Furthermore, female sex (HR = 1.81, 95 % CI, 1.31–2.50, P < .001) and cerebrovascular disease (HR = 1.53, 95 % CI, 1.00–2.34, P = .050) were independent risk factors for developing new-onset BPPV in patients with anxiety disorders. Conclusions: Anxiety disorder patients may have an increased risk of developing BPPV, especially those who are female or have cerebrovascular disease. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Title:
Long-term disability in anxiety disorders.

Authors:
Hendriks, Sanne M.; Spijker, Jan; Licht, Carmilla M. M.; Hardeveld, Florian; de Graaf, Ron; Batelaan, Neeltje M.; Penninx, Brenda W. J. H.; Beekman, Aartjan T. F.;

Source:

Abstract
Background: This longitudinal study aims to investigate differences in long-term disability between social anxiety disorder (SAD), panic disorder with agoraphobia (PDA), panic disorder without agoraphobia (PD), generalized anxiety disorder (GAD) and multiple anxiety disorders (multiple AD), focusing on the effects of different course trajectories (remission, recurrence and chronic course) and specific symptom dimensions (anxiety arousal and avoidance behaviour). Methods: Data were used from participants with no psychiatric diagnosis (healthy controls, n = 647) or with a current anxiety disorder (SAD, n = 191; PDA, n = 90; PD, n = 84; GAD, n = 110; multiple AD, n = 480). Severity of anxiety arousal and avoidance behaviour symptoms was measured using the Beck Anxiety Inventory and the Fear Questionnaire. The World Health Organization Disability Assessment Schedule II was used to measure disability. Results: Long-term disability was most prevalent in participants with SAD and multiple AD, and lowest in PDA and PD. GAD had an intermediate position. Anxiety arousal and avoidance behaviour were associated with more long-term disability in anxiety disorders than course trajectories. Conclusions: Various anxiety disorders have different disability levels over 4 years of time, therefore diagnostic distinction is important for treatment
Focus. Anxiety arousal and avoidance behaviour are major predictors for long-term disability in anxiety disorders. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Title: The underlying neurobiology of key functional domains in young people with mood and anxiety disorders: A systematic review.
Authors: Iorfino, Frank; Hickie, Ian B.; Lee, Rico S. C.; Lagopoulos, Jim; Hermens, Daniel F.;
Abstract
Background: Mood and anxiety disorders are leading causes of disability and mortality, due largely to their onset during adolescence and young adulthood and broader impact on functioning. Key factors that are associated with disability and these disorders in young people are social and economic participation (e.g. education, employment), physical health, suicide and self-harm behaviours, and alcohol and substance use. A better understanding of the objective markers (i.e. neurobiological parameters) associated with these factors is important for the development of effective early interventions that reduce the impact of disability and illness persistence. Methods: We systematically reviewed the literature for neurobiological parameters (i.e. neuropsychology, neuroimaging, sleep-wake and circadian biology, neurophysiology and metabolic measures) associated with functional domains in young people (12 to 30 years) with mood and/or anxiety disorders. Results: Of the one hundred and thirty-four studies selected, 7.6 % investigated social and economic participation, 2.1 % physical health, 15.3 % suicide and self-harm behaviours, 6.9 % alcohol and substance use, whereas the majority (68.1 %) focussed on clinical syndrome. Conclusions: Despite the predominance of studies that solely examine the clinical syndrome of young people the literature also provides evidence of distinct associations among objective measures (indexing various aspects of brain circuitry) and other functional domains. We suggest that a shift in focus towards characterising the mechanisms that underlie and/or mediate multiple functional domains will optimise personalised interventions and improve illness trajectories. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Back to top
Depression

Title:
Distancing the present self from the past and the future: Psychological distance in anxiety and depression.

Authors:
Rinaldi, Luca; Locati, Francesca; Parolin, Laura; Girelli, Luisa;

Source:

Abstract
Humans show a systematic tendency to perceive the future as psychologically closer than the past. Based on the clinical hypothesis that anxiety would be associated more with future threat life events, whereas depression with past loss events, here we explored whether people with anxiety- and depression-related personality traits perceive differently the psychological distance of temporal events. Results showed that the common tendency to perceive the future as psychologically closer than the past is exaggerated in individuals with anxiety-related personality traits, whereas this asymmetry drastically shrinks in individuals with depression-related personality traits. Beyond substantiating the hypothesis that the past and the future are differently faced by people with depression- and anxiety-related personality traits, the present findings suggest that temporal orientation of one's self may be greatly altered in anxiety and depression.

Title:
Mindfulness facets and Big Five personality facets in persons with recurrent depression in remission.

Authors:
Spinhoven, Philip; Huijbers, Marloes J.; Zheng, Yixia; Ormel, Johan; Speckens, Anne E.M.;

Source:

Abstract
Studies examining mindfulness in relation to personality traits have been mainly conducted in non-clinical samples and resulted in mixed findings. The present cross-sectional study examined which mindfulness facets are most strongly associated with Big Five personality domains and facets implicated in the onset and possible relapse/recurrence of recurrent depression. Using data from the MOMENT study, we included 278 adult persons with recurrent depression in remission (SCID-I), who had completed baseline measurements of mindfulness (FFMQ) and personality (NEO PI-R). Using exploratory factor analysis, we observed that the mindfulness facets of acting with awareness, non-judging and non-reactivity loaded positively and the neuroticism facets loaded negatively on the first factor (called self-regulation) and that the mindfulness facets of observing and describing and the openness to experience facets loaded positively on the second factor (called self-awareness) of the identified five-factor solution. Lower-level facet analyses taking the multidimensional nature of mindfulness and personality traits into account clearly show that mindful self-regulation skills are associated with neuroticism, which is a known risk factor for relapse/recurrence of depression in persons with recurrent depression. Future longitudinal studies are needed to assess whether these mindful self-regulation skills may constitute a protective factor in the relationship of neuroticism with depression.

Title:
Unhealthy perfectionism, negative beliefs about emotions, emotional suppression, and depression in students: A mediational analysis.

Authors:
Tran, Lisa; Rimes, Katharine A.;

Source:
Personality and Individual Differences, Vol 110, May 1, 2017 pp. 144-147. Publisher: Elsevier Science;
Abstract
Introduction: Literature suggests individuals who exhibit unhealthy perfectionist traits are more likely to be characterised by unhelpful emotion coping responses. The present study aims to explore negative beliefs about emotions as a mediator between unhealthy perfectionism and emotional suppression, and whether emotional suppression mediated the association between unhealthy perfectionism and depression. Method: A cross-sectional online self-report questionnaire was administered to students (n = 641), which assessed perfectionism, unhelpful beliefs about emotions, emotional suppression and depressive symptomatology. Results: Bootstrapping analyses suggested that beliefs about emotions mediated the relationship between unhealthy perfectionism and emotional suppression. Further analysis indicated that emotional suppression mediated the relationship between unhealthy perfectionism and symptoms of depression. Conclusion: It may be important for professionals treating people with depression or other psychological problems characterised by perfectionism, to ensure that therapy targets beliefs about emotions and emotional suppression. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Maternal depressive symptoms and adolescent alcohol use: The mediating role of youth depressive symptoms.
Authors:
Herman-Stahl, Mindy; Saavedra, Lissette M.; Morgan-Lopez, Antonio A.; Novak, Scott P.; Warner, Tara D.; Fishbein, Diana H.;
Source:
Abstract
The purpose of this study was to explore the influence of maternal depressive symptoms on adolescent alcohol use among a sample of Latino/Latina youth aged 10 to 16 years from a high-risk community. Direct and mediating effects of youth depressive symptoms, controlling for levels of concurrent emotion dysregulation, on alcohol use were examined. Participants consisted of 525 children and their mothers randomly sampled from low-income schools with high rates of substance use. The panel design included four waves, and we used structural equation modeling with a longitudinal mediational framework. Results indicated that the relationship between maternal depressive symptoms and adolescent alcohol use was mediated by adolescents' symptoms of depression for girls only. Findings are discussed in the context of the development of skills to cope with negative affect and the influence parental depressive symptoms may have on this process. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Clinical reasoning in the assessment and intervention planning for major depression.
Authors:
Hanchon, Timothy A.; Phelps, Kenneth W.; Fernald, Lori N.; Splett, Joni W.;
Source:
Abstract
Accurate assessment and effective treatment of mood disorders, particularly depression, is critically important for the millions of youth who are experiencing such symptomatology and who are at risk for a multitude of deleterious outcomes. Although the extant empirical literature provides substantial guidance for the assessment and treatment of depression, real-life complexities necessitate the inclusion of sound clinical judgment throughout the diagnostic, treatment planning and intervention phases. The purpose of this article is to present an example of a real-life case study reliant on evidence-based practices and sound clinical judgment in the assessment and treatment of depression. We first review the extant diagnostic, epidemiological, assessment, and treatment literature. The case study is intended to highlight the therapist's use of evidence-based treatment (i.e., Cognitive Behavioral Therapy), while also considering points during treatment at which the therapist was required to use clinical judgment. Outcomes of the case are described and limitations reviewed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title:
Differentiation of self, interpersonal conflict, and depression: The mediating role of anger expression.

Authors:
Choi, Soo-Whan; Murdock, Nancy L.;

Source:

Abstract
The current study investigated how differentiation of self (Bowen in Family therapy in clinical practice. Jason Aronson, New York, 1978; Kerr and Bowen in Family evaluation. W. W. Norton and Company, New York, 1988) was related to interpersonal conflict and depression, and tested mediation hypotheses involving anger expression. The results revealed that anger expressed outwardly partially mediated the relationship between emotional reactivity and interpersonal conflict, and that anger expressed inwardly fully mediated the relationship between emotional cutoff and depression among 260 college students attending an urban university located in Midwestern United States. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Association of inflammation with specific symptoms of depression in a general population of older people: The English Longitudinal Study of Ageing.

Authors:
White, James; Kivimäki, Mika; Jokela, Markus; Batty, G. David;

Source:

Abstract
Elevated levels of inflammatory markers, such as C-reactive protein, are well documented in people with depression. Few studies have examined whether the association between inflammation and depression is symptom specific, and differs according to antidepressant treatment. Using data from the English Longitudinal Study of Ageing (N = 5909), cross-sectional analyses revealed a significant dose-response association between C-reactive protein and the symptoms of fatigue (P < 0.001), restless sleep (P = 0.03), low energy (P = 0.02) and feeling depressed (P = 0.04), but not other symptoms. These associations were absent in users of anti-depressant medication. Our findings suggest the C-reactive protein-depression association is symptom-specific and modified by antidepressant treatment. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
A systematic analysis of treatment effects on depressive symptom severity by level of coercion.

Authors:
Johnson, R. Scott; Fowler, J. Christopher; Jani, Suni N.; Eichelberger, Hillary L.; Oldham, John M.; Poa, Edward; Graham, David P.;

Source:

Abstract
Few studies examine the effect of interpersonal, regulatory or legal coercion on the treatment of depressive symptoms. This retrospective case–control study compared the recovery rates of 574 adults whose level of coercion was scored on a 0–3 scale from fully voluntary to severe coercion when admitted to the Menninger Clinic between 2009 and 2014. The change in Patient Health Questionnaire-9 (PHQ-9) scores (measuring depression severity) from admission to discharge served as the primary outcome measure. Level of coercion was not associated with a difference in rate of improvement in PHQ-9 score. Greater improvement in PHQ-9 scores was associated with (a) older age, (b) lack of a psychotic spectrum disorder diagnosis, (c) stronger working alliance with treatment team, and (d) less difficulty with emotional
regulation [lower Difficulties in Emotion Regulation Scale (DERS) scores]. DERS scores were the most impactful factor. This study suggests that licensure boards can continue to mandate treatment despite concerns that coercion may decrease treatment effectiveness. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Burnout, depressive symptoms, job demands and satisfaction with life: Discriminant validity and explained variance.

Authors:
Thuynsma, Cara; de Beer, Leon T.;

Source:

Abstract
Burnout is considered an occupational health concern. The burnout–depression overlap is an important area of research as the foundations of burnout and its diagnostic value have come under increasing scrutiny, calling for burnout to not be classified as an independent disorder but rather as a subtype of depression. Furthermore, as burnout is defined as a work-specific syndrome, workplace factors have been argued to be the major indicators of burnout. Recent research however, calls this into question. This study seeks to establish the overlap between burnout and depressive symptoms and to determine if burnout is in fact a multi-domain phenomenon. A cross-sectional research design was used, a convenience sample of educators from the Gauteng province of South Africa was collected (N = 399). Confirmatory factor analysis was applied in a structural equation modelling framework. Discriminant validity analysis was conducted by investigating the average variance extracted and the shared variance between constructs. Finally, relative weight analysis was conducted to ascertain the unique contribution explained by the work-specific and general life domain factors. Results showed that burnout could be distinguished from depressive symptoms. Job demands, depressive symptoms, and satisfaction with life all explained significant amounts of variance in the burnout construct. Relative weight analysis revealed that emotional load and depressive symptoms explained equal amounts of variance in burnout, but that the aggregated work-specific factors explained the most variance in burnout. This study indicates that burnout is a multi-domain phenomenon and not isolated to the domain of work. Further research is needed in this regard. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-05516-005&site=ehost-live

Title:
Correlation between insight level and suicidal behavior/ideation in bipolar depression.

Authors:
da Silva, Rafael de Assis; Mograbi, Daniel C.; Bifano, Jaqueline; Santana, Cristina M. T.; Cheniaux, Elie;

Source:

Abstract
Suicide is a relatively common outcome along the course of bipolar disorder. Studies have shown a positive correlation between ideation or attempts of suicide and higher insight in schizophrenic patients. Nevertheless there are still few studies that evaluate the relationship between suicide and insight in mood disorders. Evaluate the relationship between insight and suicidal ideation or behavior in bipolar depression. A group of 165 bipolar patients were followed up along 1 year. Each patient's mood was assessed in every consultation according to DSM-IV-TR criteria. Suicidal ideation and behavior were prospectively assessed through item 3 of HAM-D whenever a major depressive episode was diagnosed. Insight was evaluated through the Insight Scale for Affective Disorders. A history of suicidal attempts was associated with worse insight in 60 patients with one episode of bipolar depression. The difference remained even when the supposed effect of depression over insight was controlled. No correlation between current suicidal ideation and insight level was found though. Our results suggest that a history of suicide attempts may correlate with higher impairment of insight in bipolar depression. No relationship was found between current suicidal ideation and insight. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: Cognitive-behavioural therapy versus psychodynamic psychotherapy for the treatment of depression: A critical review of evidence and current issues.

Authors: Goldstone, Daniel;


Abstract
Two of the most popular psychotherapeutic approaches to treat depression are cognitive-behavioural therapy and psychodynamic psychotherapy, yet little consensus has been reached concerning which therapy is most beneficial for the treatment of depression. A review of the literature revealed that, while cognitive-behavioural therapy and psychodynamic psychotherapy are the most effective psychotherapeutic modalities for the treatment of depression, evidence suggests that neither of these modalities is superior to the other. Furthermore, multiple issues plague the studies investigating these treatments. Efficacy and effectiveness are often confounded, while rates of remission and response are often far less than might be expected from such highly regarded and widely used treatments. Severity of depression appears to moderate treatment outcomes, yet many studies overlook this, while the impact that the aetiology of a patient’s depression has on treatment outcomes is largely ignored in the literature. Additionally, a majority of studies have focused on therapies of short duration, which often have poor follow-up results. Finally, mechanisms of change in the treatment of depression have been ignored to a large extent, but there is some evidence that non-specific therapeutic factors may be more important than specific therapeutic techniques in producing positive treatment outcomes. These issues need to be closely examined and resolved if researchers and clinicians are serious about optimising treatments, improving outcomes, and adequately addressing the serious problem of depression. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: OXTR polymorphism in depression and completed suicide—A study on a large population sample.

Authors: Wasilewska, Krystyna; Pawlak, Aleksandra; Kostrzewa, Grażyna; Sobczyk-Kopciol, Agnieszka; Kaczorowska, Aleksandra; Badowski, Jarosław; Brzozowska, Małgorzata; Drygas, Wojciech; Piwoński, Jerzy; Bielecki, Wojciech; Płoski, Rafal;

Source: Psychoneuroendocrinology, Vol 77, Mar, 2017 pp. 84-89. Publisher: Elsevier Science; [Journal Article]

Abstract
In the light of contradictory results concerning OXTR polymorphism rs53576 and depression, we decided to verify the potential association between the two on 1) a large, ethnically homogenous sample of 1185 individuals who completed the Beck Depression Inventory (BDI), as well as on 2) a sample of 763 suicide victims. In the population sample, AA males showed significantly lower BDI scores (p = 0.005, pcor = 0.030). Exploratory analyses suggested that this effect was limited to a subgroup within 0–9 BDI score range (p = 0.0007, U-Mann Whitney test), whereas no main effect on depressive symptoms (BDI>9) was found. In the suicide sample no association with rs53576 genotype was present. Exploratory analyses in suicides revealed higher blood alcohol concentration (BAC) among AA than GG/GA males (p = 0.014, U-Mann Whitney test). Our results show that the OXTR rs53576 variant modulates the mood in male individuals and may positively correlate with alcohol intake among male suicides, but is not associated with suicide or depression. The study adds to the growing knowledge on rs53576 genotype characteristics. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Heterogeneity in HPA axis dysregulation and serotonergic vulnerability to depression.

Authors:
Variability in the serotonin transporter (5-HTTLPR) gene can influence the risk of depression associated with adversity, as well as cortisol stress reactivity, although not consistently. No study has examined the impact of both a stressful environment and corticotropic-axis dysfunction on depression, as a function of 5-HTTLPR. This population-based study included 334 subjects aged 65 and older. Depression was measured at both diagnostic (major depression according to DSM-IV) and symptomatic (subthreshold depression) levels of caseness, in addition to 5-HTTLPR and rs25531 genotyping and diurnal cortisol measures. For participants with the SS genotype, higher morning cortisol levels were associated with a 4-fold increased risk of depression. Among LL participants, both evening cortisol levels and recent stressful events increased depression risk, although only the latter remained significant after multivariable adjustment. Conversely, SL individuals appeared somewhat resilient to depression in terms of cortisol and recent stress. These findings indicate that 5-HTTLPR genetic variability appears to influence the association between stress-related factors and late-life depression, although the gene-environment interactions failed to reach statistical significance levels. Participants homozygous for the short allele appeared to have a cortisol-related neuroendocrine vulnerability to depression, while long allele homozygotes were more reactive to stressful events in terms of depression risk. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Delgadillo, Jaime; Groom, Martin; 

Source: 

Abstract 
Background: Pre-treatment role induction interventions have been suggested to potentially enhance attendance and clinical outcomes in psychotherapy. Aims: This study aimed to evaluate the effects of a programme of three transdiagnostic seminars (TDS) for patients with common mental disorders accessing cognitive behavioural therapy (CBT) in primary care. TDS included CBT psychoeducation and role induction. Method: A random sample of patients (n = 49) participated in TDS followed by CBT (TDS+CBT) and they were compared with matched controls (n = 49) accessing usual CBT. TDS participants rated the relevance and quality of this intervention using an acceptability questionnaire (AQ). Treatment completion (vs dropout) rates were compared across groups using chi-square tests. Post-treatment changes in depression (PHQ-9) and anxiety (GAD-7) symptoms were compared between groups using analysis of covariance controlling for potential confounders. Analyses were based on intention-to-treat principles. Results: Mean AQ ratings of the TDS intervention were comparable across diagnostic groups (p = .05). Treatment completion rates were significantly higher (p = .02) in the TDS+CBT group (87.8%) by comparison with usual CBT (68.8%). However, no significant differences in post-treatment symptom changes were found for depression (p = .34) or anxiety measures (p = .71). Conclusions: Incorporating a psychoeducational role induction prior to CBT significantly improved treatment retention, but not overall symptom reductions. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-08851-005&site=ehost-live

Title: 
Abnormal functional connectivity of the amygdala in first-episode and untreated adult major depressive disorder patients with different ages of onset. 

Authors: 
Ye, Jing; Shen, Zonglin; Xu, Xiufeng; Yang, Shuran; Chen, Wei; Liu, Xiaoyan; Lu, Yi; Liu, Fang; Lu, Jin; Li, Na; Sun, Xuejin; Cheng, Yuqi; 

Source: 

Abstract 
Major depressive disorder (MDD) is a common mental disorder with high morbidity. As a part of the limbic system, the amygdala is important in the processing of emotional information. Structural and functional connectivity (FC) abnormalities in the amygdala have been observed in MDD patients. The present study was carried out to identify the features of amygdala FC in adult MDD patients with different ages of onset. Sixty-nine first-episode and untreated MDD patients and 81 healthy controls (CTls) were included in this study and underwent 3D structural imaging and resting-state functional MRI scanning. The patients and CTls were divided into two groups according to age of onset: young adult (< 30 years old) and old adult (≥ 30 years old). Voxel-based morphometry methods were used to investigate volume differences in MDD patients with different ages of onset at the whole-brain level. Then, the resting-state FC of bilateral amygdala seeds to the whole brain of MDD patients and matched CTls in these two different onset age groups were analysed. We found that the volume of the bilateral amygdala increased to a greater extent in young adult patients compared with old adult patients. We also observed a trend toward different amygdala FC by onset age in MDD patients. In young adult patients, the left amygdala showed more abnormal resting-state FC with other regions compared with matched controls. However, in old adult patients, compared with matched controls, the right amygdala showed more abnormal changes in the resting-state FC with other regions. MDD patients with different ages of onset showed different changes in the structure and FC of the amygdala. These results might help us to understand the high heterogeneity of MDD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: 
Dietary magnesium and calcium intake and risk of depression in the general population: A meta-analysis. 

Authors: 
Li, Bingrong; Lv, Jing; Wang, Weijing; Zhang, Dongfeng;
Objective: Several epidemiological studies have evaluated the associations between dietary magnesium (Mg) and calcium (Ca) intake and the risk of depression. However, the results of these studies remain controversial. Thus, we performed a meta-analysis to explore these associations and to investigate the possible dose–response relationship between dietary Mg intake and risk of depression. Methods: MEDLINE, Web of Science, Embase, Cochrane CENTRAL, CINAHL database, Chinese National Knowledge Infrastructure, Wan fang databases and Databases of Chinese Scientific and Technical Periodicals were searched for eligible publications up to September 2016. Pooled relative risks with 95% confidence intervals were calculated using random-effects model. Publication bias was estimated using Egger’s test and the funnel plot. Dose–response relationship was assessed by restricted cubic spline functions. Results: A total of 17 epidemiological studies from 12 articles were included in the present meta-analysis. Among these studies, 11 studies evaluated the association between dietary Mg intake and risk of depression and 6 studies evaluated the association between dietary Ca intake and risk of depression. When comparing the highest with the lowest intake, the pooled relative risks of depression were 0.81 (95% confidence interval = [0.70, 0.92]) for Mg and 0.66 (95% confidence interval = [0.42, 1.02]) for Ca. Dietary Mg intake was significantly associated with a reduced risk of depression among studies conducted in Asia (relative risk = 0.57; 95% confidence interval = [0.44, 0.74]) and in studies adjusting for energy intake (relative risk = 0.73; 95% confidence interval = [0.58, 0.92]). For dose–response analysis, evidence of a nonlinear relationship was found between dietary Mg intake and risk of depression, and the largest risk reductions were observed for 320 mg/day. Conclusion: This meta-analysis indicated that moderate Mg intake may be inversely associated with the risk of depression, which still needs to be confirmed by larger prospective cohort studies. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Neuroticism traits selectively impact long term illness course and cognitive decline in late-life depression.

Authors: Manning, Kevin J.; Chan, Grace; Steffens, David C.;


Abstract

Objectives: Neuroticism is a broad construct that conveys a predisposition to experience psychological distress and negative mood states. Vulnerability to stress (VS) is one neuroticism trait that has been linked to worse mood and cognitive outcomes in older adults. We hypothesized that elevated VS would be associated with worse illness course and cognitive decline in older adults with late-life major depression (LLD). Design: Participants were enrolled in the Neurocognitive Outcomes of Depression in the Elderly (NCODE), a longitudinal investigation of the predictors of poor illness course and cognitive decline in LLD. Participants were followed upwards of 10 years. Setting: NCODE operates in a naturalistic treatment milieu. Participants: 112 participants aged 60 and older with a current diagnosis of major depressive disorder. Measurements: Treatment response was assessed at least every 3 months and more often if clinically needed. Participants also completed the NEO Personality Inventory-Revised (NEO PI-R) and an annual cognitive examination. Neuroticism traits from the NEO PI-R included anxiety, depression, anger-hostility, self-consciousness, impulsivity, and VS. Results: Higher neuroticism traits of VS, impulsivity, anger-hostility, and anxiety were associated with worse treatment response over time. High VS was the only neuroticism trait significantly associated with cognitive functioning. High VS negatively influenced the rate of global cognitive decline over time. Conclusions: Individual personality traits within the neuroticism dimension are associated with treatment resistance and cognitive impairment in LLD. It remains to be seen whether these individual traits are associated with different neurobiological substrates and clinical characteristics of LLD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Association between depression and resilience in older adults: A systematic review and meta-analysis.

Authors: Wermelinger Ávila, Maria Priscila; Granero Lucchetti, Alessandra Lamas; Lucchetti, Giancarlo;


Abstract

Objective: The objective of this study is to determine whether resilience is associated with depressive symptoms in geriatric populations. Method: A systematic review and meta-analysis were performed (up to March 2015) following the Preferred Reporting Items for Systematic Reviews and Meta-analysis recommendations on three databases (PubMed/Medline, Scopus, and Web of Science) with no language restrictions, using a Boolean expression. For inclusion in the study, articles had to assess the older population (60 years or older), assess both depressive and resilience symptoms, and investigate the association between these two variables. Articles not employing validated resilience and depression scales or assessing populations younger than 60 years were excluded. The quality of the selected studies was assessed using the Quality Assessment Tool for Quantitative Studies. Results: A total of 1094 articles were retrieved from the three databases, 367 of which were duplicates and therefore excluded, giving 727 articles for analysis. Of these articles, seven met the eligibility criteria. All of the included articles were observational and cross-sectional, found an inverse relationship between depression and resilience, and were conducted in three countries: the USA, China, and Belgium. A moderate inverse correlation was found on the meta-analysis (r = −0.35, 95% confidence interval: −0.41 to −0.28). Conclusion: Few studies were found on this subject in the older population. An association between greater resilience and less depressive symptomatology was identified, albeit based on cross-sectional studies. These results highlight the need for further studies in the area and the importance of fostering the use of interventions to promote resilience in older adults as a means of preventing and managing depressive symptoms in this population.

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Title: Effectiveness of a freely available computerised cognitive behavioural therapy programme (MoodGYM) for depression: Meta-analysis.

Authors: Twomey, Conal; O'Reilly, Gary;


Abstract

Objective: To investigate the effectiveness of a freely available computerised cognitive behavioural therapy programme (MoodGYM) for depression (primary outcome), anxiety and general psychological distress in adults. Method: We searched PsycINFO, CINAHL Plus, MEDLINE, EMBASE, Social Science Citation Index and references from identified papers. To assess MoodGYM's effectiveness, we conducted random effects meta-analysis of identified randomised controlled trials. Results: Comparisons from 11 studies demonstrated MoodGYM's effectiveness for depression symptoms at post-intervention, with a small effect size (g = 0.36, 95% confidence interval: 0.17–0.56; I² = 78%). Removing the lowest quality studies (k = 3) had minimal impact; however, adjusting for publication bias reduced the effect size to a non-significant level (g = 0.17, 95% confidence interval: −0.01 to 0.38). Comparisons from six studies demonstrated MoodGYM's effectiveness for anxiety symptoms at post-intervention, with a medium effect size (g = 0.57, 95% confidence interval: 0.20–0.94; I² = 85%). Although comparisons from six studies did not yield significance for MoodGYM's effectiveness for general psychological distress symptoms, the small effect size approached significance (g = 0.34, 95% confidence interval: −0.04 to 0.68; I² = 79%). Both the type of setting (clinical vs non-clinical) and MoodGYM-developer authorship in randomised controlled trials had no meaningful influence on results; however, the results were confounded by the type of control deployed, level of clinician guidance, international region of trial and adherence to MoodGYM. Conclusion: The confounding influence of several variables, and presence of publication bias, means that the results of this meta-analysis should be interpreted with caution. Tentative support is provided for MoodGYM's effectiveness for symptoms of depression and general psychological distress. The programme's medium effect on anxiety symptoms demonstrates its utility for people with this difficulty. MoodGYM benefits from its free accessibility over the Internet, but adherence rates can be problematic and at the extreme can fall below 10%. We conclude that MoodGYM is best placed as a population-level
Title: Postpartum depression in mothers and fathers: The role of parenting efficacy expectations during the transition to parenthood.

Authors: Gross, Christi L.; Marcussen, Kristen;

Source: Sex Roles, Vol 76(5-6), Mar, 2017 pp. 290-305. Publisher: Springer;

Abstract
Research demonstrates that belief in one’s effectiveness as a parent (parenting efficacy) is linked to numerous positive outcomes for new parents. Conversely, the perceived inability to meet expectations is associated with negative mental health consequences for mothers and fathers. In the present paper we examine the impact of parenting efficacy expectations on the mental health statuses of new parents. Using three waves of data spanning from the prenatal period to the 4-months postpartum period from a sample of 150 first-time mothers and fathers in the Midwestern United States, we find that parenting efficacy is negatively associated with postpartum depression (PPD) for both mothers and fathers throughout the transition period. We also find that mothers and fathers whose parenting efficacy experiences were more negative than expected reported higher levels of PPD at 1-month postpartum. This effect dissipates for mothers, but not fathers, by 4-months postpartum, suggesting differences in the experiences of mothers and fathers during this transition. We conclude that research on the transition to parenthood should continue to include fathers in an effort to better understand the mental health consequences of becoming a parent for the first time, as well as enhance interventions designed to assist couples experiencing this important transition. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Perceived stigma of postpartum depression symptoms in low-risk first-time parents: Gender differences in a dual-pathway model.

Authors: Mickelson, Kristin D.; Biehle, Susanne N.; Chong, Alexandra; Gordon, Alynn;

Source: Sex Roles, Vol 76(5-6), Mar, 2017 pp. 306-318. Publisher: Springer; [Journal Article]

Abstract Although postpartum depression (PPD) symptoms are fairly common among new mothers and fathers, new parents still perceive a stigma associated with having the 'baby blues.' Research has extensively examined the role of perceived stigma on help-seeking for clinical PPD, but little is known about the process of perceived stigma in new parents. We examined the role of perceived stigma in postpartum depressive symptoms using the dual-pathway model (Mickelson and Williams 2008). Specifically, we tested whether internalized stigma would influence PPD symptoms through parenting efficacy, whereas experienced stigma would influence PPD symptoms through indirect support-seeking. We also examined whether the internalized pathway was stronger for fathers while mothers would utilize both pathways. Using longitudinal data from a community sample of first-time parents in the United States, we found parenting efficacy was a mediator between internalized stigma and PPD symptoms for mothers and experienced stigma and PPD symptoms for fathers; indirect support-seeking was only a cross-sectional mediator for mothers between internalized stigma and PPD symptoms. Understanding how new mothers and fathers perceive the stigma attached to PPD symptoms and the process by which it impacts symptom reporting can help to improve interventions aimed at new parents. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Th17 cells correlate positively to the structural and functional integrity of the brain in bipolar depression and healthy controls.
Abnormalities of T cell-mediated immune activation, in the absence of active somatic immune diseases, have consistently been reported in mood disorders. Apart from being important players in the regulation of cells of the immune system, T cells are essential for normal brain development. We here report studies on the relationship between circulating levels of T helper cells and structural and functional brain imaging in depressed bipolar patients. Since the CCL20-CCR6 axis is an important entry to the brain we differentiated the various T helper cell subpopulations on the basis of their chemokine receptor expression. Methods: FACS staining was performed for Th1, Th2, Th17, Th22 and T regulatory cells on frozen leukocytes of 25 consecutively admitted inpatients affected by a major depressive episode, without psychotic features, in the course of Bipolar Disorder I and 21 healthy controls. The frequency of the T helper populations was associated with DTI and fMRI data acquired on a Philips 3.0 Tesla scanner. Tract based spatial statistic was used to obtain measures of white matter integrity (fractional anisotropy, axial, radial and mean diffusivity) from a standard DTI sequence with 35 directions. Patients were also studied for fMRI through a moral valence decision task where subjects had to decide whether morally tuned stimuli were positive or negative. Results: The percentage of circulating Th17 (CCR6+CXCR3negCCR4+CCR10neg) cells correlated positively with higher fractional anisotropy in fiber tracts contributing to the functional integrity of the brain both in patients and healthy controls, while the frequency of circulating T regulatory (CD4+CD25+FOXP3+) cells correlated positively with higher radial and mean diffusivity in patients. The frequency of circulating T regulatory cells also correlated to lower neuronal responses to negative versus positive morally tuned stimuli in the right dorsolateral prefrontal cortex of patients. Th1 cells correlated negatively with white matter integrity in several tracts (healthy controls), while the cells showed a positive correlation to the levels of pro-inflammatory cytokines (patients). Conclusion: This study shows a new putative role for Th17 cells. Th17 cells are not only playing a role in inducing autoimmunity and auto-inflammation, but might also play a counter intuitive anabolic role in the maintenance of the functional and structural integrity of the brain. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: Intrusive thoughts: Linking spontaneous mind wandering and OCD symptomatology. Seli, Paul; Risko, Evan F.; Purdon, Christine; Smilek, Daniel; Source: Psychological Research, Vol 81(2), Mar, 2017 pp. 392-398. Publisher: Springer; [Journal Article] Abstract: One recent line of research in the literature on mind wandering has been concerned with examining rates of mind wandering in special populations, such as those characterized by attention-deficit/hyperactivity disorder, dysphoria, and schizophrenia. To best conceptualize mind wandering in studies examining special populations, it has recently been suggested that researchers distinguish between deliberate and spontaneous subtypes of this experience. Extending this line of research on mind wandering in special populations, in a large non-clinical sample (N = 2636), we examined how rates of deliberate and spontaneous mind wandering vary with symptoms of obsessive–compulsive disorder (OCD). Results indicate that, whereas deliberate mind wandering is not associated with OCD symptomatology, spontaneous mind wandering is, with higher reports of spontaneous mind wandering being associated with higher reports of OCD symptoms. We discuss the implications of these results for understanding both mind wandering and OCD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Cigarette smoking and depression comorbidity: Systematic review and proposed theoretical model. Authors: Mathew, Amanda R.; Hogarth, Lee; Leventhal, Adam M.; Cook, Jessica W.; Hitsman, Brian; Source: Addiction, Vol 112(3), Mar, 2017 pp. 401-412. Publisher: Wiley-Blackwell Publishing Ltd.; [Journal Article] Abstract: Background and Aims: Despite decades of research on co-occurring smoking and depression, cessation rates remain consistently lower for depressed smokers than for smokers in the general population, highlighting the need for theory-driven models of smoking and depression. This paper provides a systematic review with a particular focus upon psychological states that disproportionately motivate smoking in depression, and frame an incentive learning theory account of smoking–depression co-occurrence. Methods: We searched PubMed, Scopus, PsychINFO and CINAHL to December 2014, which yielded 852 papers. Using pre-established eligibility criteria, we identified papers focused on clinical issues and motivational mechanisms underlying smoking in established, adult smokers (i.e. maintenance, quit attempts and cessation/relapse) with elevated symptoms of depression. Two reviewers determined independently whether papers met review criteria. We included 297 papers in qualitative synthesis. Results: Our review identified three primary mechanisms that underlie persistent smoking among depressed smokers: low positive affect, high negative affect and cognitive impairment. We propose a novel application of incentive learning theory which posits that depressed smokers experience greater increases in the expected value of smoking in the face of these three motivational states, which promotes goal-directed choice of smoking behavior over alternative actions. Conclusions: The incentive learning theory accounts for current evidence on how depression primes smoking behavior and provides a unique framework for conceptualizing psychological mechanisms of smoking maintenance among depressed smokers. Treatment should focus upon correcting adverse internal states and beliefs about the high value of smoking in those states to improve cessation outcomes for depressed smokers. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Long-term effects of the Family Check-Up in public secondary school on diagnosed major depressive disorder in adulthood. Authors:
Connell, Arin M.; Dishion, Thomas J.;
Abstract
Given the public health importance of depression, the identification of prevention programs with longterm effects on reducing the rate of depression is of critical importance, as is the examination of factors that may moderate the magnitude of such prevention effects. This study examines the impact of the Family Check-Up, delivered in public secondary schools beginning in sixth grade, on the development of major depression in adulthood (aged 28–30). The multilevel intervention program included (a) a universal classroom-based intervention focused on problem solving and peer relationship skills, (b) the Family Check-Up (selected), a brief assessment-based intervention designed to motivate parents to improve aspects of family functioning when warranted, and (c) family management treatment (indicated), focused on improving parenting skills. Demographic (gender and ethnicity) and baseline risk factors (family conflict, academic problems, antisocial behavior, and peer deviance) were examined as possible moderators in logistic regression analyses. Intervention effects on depression were moderated by baseline family conflict and academic performance, with stronger intervention effects for youth with low grade point averages and from low-conflict families at baseline. Such findings extend the emerging literature on prevention programs with long-term effects on depression, and highlight directions for future research to enhance such effects. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
A novel resting-state functional magnetic resonance imaging signature of resilience to recurrent depression.
Authors:
Source: Psychological Medicine, Vol 47(4), Mar, 2017 pp. 597-607. Publisher: Cambridge University Press;
Abstract
Background: A high proportion of patients with remitted major depressive disorder (MDD) will experience recurring episodes, whilst some develop resilience and remain in recovery. The neural basis of resilience to recurrence is elusive. Abnormal resting-state connectivity of the subgenual cingulate cortex (sgACC) was previously found in cross-sectional studies of MDD, suggesting its potential pathophysiological importance. The current study aimed to investigate whether resting-state connectivity to a left sgACC seed region distinguishes resilient patients from those developing recurring episodes. Method: A total of 47 medication-free remitted MDD patients and 38 healthy controls underwent resting-state functional magnetic resonance imaging (fMRI) at baseline. Over 14 months, 30 patients remained resilient whilst 17 experienced a recurring episode. Results: Attenuated interhemispheric left-to-right sgACC connectivity distinguished the resilient from the recurring-episode and control groups and was not correlated with residual depressive symptoms. Conclusions: The current study revealed a neural signature of resilience to recurrence in MDD and thereby elucidates the role of compensatory adaptation in sgACC networks. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
How different cystoscopy methods influence patient sexual satisfaction, anxiety, and depression levels: A randomized prospective trial.
Authors:
Krajewski, Wojciech; Kościelska-Kasprzak, Katarzyna; Rymaszewska, Joanna; Zdrojowy, Romuald;
Abstract
Purpose: Bladder cancer (BC) is one of the most common cancers worldwide. BC diagnosis and surveillance is based on cystoscopy (CS). CS impact on patient’s depression, anxiety, and sexual satisfaction (SS) is not sufficiently studied. There are no data on patient’s comfort with flexible or rigid CS. Methods: We prospectively evaluated pain perception (PP), depression, anxiety, and SS of 100 male
patients who previously underwent at least one rigid CS in our department as surveillance after TURB procedure due to non-muscle-invasive BC and were scheduled for the next CS examination. The patients were randomized for flexible or rigid CS. Before CS, patients described their recalled rigid CS-related pain by NRS and fulfilled HADS and SS questionnaires. After CS, PP was re-evaluated immediately and HADS and SS within 7–10 days following the CS. Results: The baseline scores include 5.2 ± 2.6 points for rigid CS recalled pain, 7.2 ± 3.0 points for HADS anxiety, 5.8 ± 3.5 for depression, and 27.8 ± 5.1 for SS. The flexible CS-related pain was approximately three times lower than the recalled pain level and also than the current rigid CS related (p < 0.001). Mean SS score was two points lowered after rigid CS (p < 0.001). One point decrease in anxiety level was observed after flexible CS (p < 0.001). Multivariate analysis supported the hypothesis of patients benefiting from flexible CS in terms of pain perception, anxiety symptoms, and SS. Conclusions: Our study demonstrates the superiority of flexible CS in terms of pain alleviation, and shifts in SS and anxiety levels. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Longitudinal associations between late-life depression dimensions and cognitive functioning: A cross-domain latent growth curve analysis.
Authors: Brailean, A.; Aartsen, M. J.; Muniz-Terrera, G.; Prince, M.; Prina, A. M.; Comijs, H. C.; Huisman, M.; Beekman, A.;
Source: Psychological Medicine, Vol 47(4), Mar, 2017 pp. 690-702. Publisher: Cambridge University Press;
Abstract
Background: Cognitive impairment and depression often co-occur in older adults, but it is not clear whether depression is a risk factor for cognitive decline, a psychological reaction to cognitive decline, or whether changes in depressive symptoms correlate with changes in cognitive performance over time. The co-morbid manifestation of depression and cognitive impairment may reflect either a causal effect or a common cause, depending on the specific symptoms experienced and the cognitive functions affected.
Method: The study sample comprised 1506 community-dwelling older adults aged ⩾ 65 years from the Longitudinal Aging Study Amsterdam (LASA). We conducted cross-domain latent growth curve analyses to examine longitudinal associations between late-life depression dimensions (i.e. depressed affect, positive affect, and somatic symptoms) and specific domains of cognitive functioning (i.e. processing speed, inductive reasoning, immediate recall, and delayed recall). Results: Poorer delayed recall performance at baseline predicted a steeper increase in depressed affect over time. Steeper decline in processing speed correlated with a steeper increase in somatic symptoms of depression over time.
Conclusions: Our findings suggest a prospective association between memory function and depressed affect, whereby older adults may experience an increase in depressed affect in reaction to poor memory function. Somatic symptoms of depression increased concurrently with declining processing speed, which may reflect common neurodegenerative processes. Our findings do not support the hypothesis that depression symptoms may be a risk factor for cognitive decline in the general population. These findings have potential implications for the treatment of late-life depression and for the prognosis of cognitive outcomes. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Educational achievement in psychiatric patients and their siblings: A register-based study in 30 000 individuals in The Netherlands.
Authors: Tempelaar, W. M.; Termorshuizen, F.; MacCabe, J. H.; Boks, M. P. M.; Kahn, R. S.;
Source: Psychological Medicine, Vol 47(4), Mar, 2017 pp. 776-784. Publisher: Cambridge University Press;
Abstract
Background: Poor educational achievement is associated with a range of psychiatric disorders. Several studies suggest that this underperformance is due to cognitive deficits that commence before disease onset and reflect a genetic risk for this disorder. However, the specificity and the familial contribution of
this cognitive deficit are not clear. We analysed lifetime educational achievement of psychiatric patients diagnosed with schizophrenia, bipolar or depressive disorder and their unaffected siblings. Method: In a register-based case-control study, 1561 patients with schizophrenia, 813 patients with bipolar disorder, 8112 patients with depression, and their siblings were each matched with eight population controls. Patients, siblings and controls were compared on the highest educational stream they completed. Results: Lower educational achievement was present in schizophrenia patients from primary school onwards [completing primary school: odds ratio (OR) 0.69; completing secondary school: OR 0.69; completing academic education: OR 0.46], compared to patients with bipolar disorder or depression. Siblings of schizophrenia, bipolar or depressed patients showed no underachievement at primary or secondary school, but siblings of schizophrenia patients as well as siblings of depressed patients were less successful in their educational achievement after secondary school (completing academic education, schizophrenia siblings: OR 0.90; depressive disorder siblings: OR 0.91). Conclusions: Educational underachievement from primary school onwards is specifically related to schizophrenia and not to bipolar disorder or depression. Moreover, it appears to be a harbinger of the illness, since it is not found in their siblings. These results add to evidence that early cognitive deficits are a distinct feature of the schizophrenia phenotype. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Divorce stress, stepfamily stress, and depression among emerging adult stepchildren.
Authors: Shafer, Kevin; Jensen, Todd M.; Holmes, Erin K.;
Abstract
Several decades of research have shown that parental divorce can be a stressful experience for children and may lead to depression and other negative outcomes. Similarly, research has highlighted the stressors often induced by stepfamily formation and their effects on children. Although singular family transitions can exert influence, few studies explore how the combined stress from two family transitions may interact to influence long-term outcomes. Our study addresses this gap by using national data from 1142 respondents who experienced parental divorce and a subsequent transition to stepfamily life. Congruent with prior research, we find that retrospective reports of divorce and stepfamily stress is associated with higher depressive symptoms in emerging adults (18–30 years of age). We also find that stress induced by parental divorce and subsequent stepfamily formation significantly interact to increase depressive symptoms in this population. The research and clinical implications of our findings are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Local gyrification index in patients with major depressive disorder and its association with tryptophan hydroxylase-2 (TPH2) polymorphism.
Authors: Han, Kyu-Man; Won, Eunsoo; Kang, June; Kim, Aram; Yoon, Ho-Kyoung; Chang, Hun Soo; Son, Kyu Ri; Lee, Min-Soo; Tae, Woo-Suk; Ham, Byung-Joo;
Abstract
The tryptophan hydroxylase-2 (TPH2) gene is considered a promising genetic candidate regarding its association with a predisposition to major depressive disorder (MDD). Local gyrification reflects the early neural development of cortical connectivity, and is regarded as a potential neural endophenotype in psychiatric disorders. They aimed to investigate the alterations in the cortical gyrification of the prefrontal cortex and anterior cingulate cortex and their association with the TPH2 rs4570625 polymorphism in patients with MDD. One hundred and thirteen patients with MDD and eighty-six healthy controls underwent T1-weighted structural magnetic resonance imaging and genotyping for TPH2 rs4570625. The local gyrification index of 22 cortical regions in the prefrontal cortex and anterior cingulate cortex was analyzed using the FreeSurfer. The patients with MDD showed significant hypergyria in the right rostral
anterior cingulate cortex (P = 0.001), medial orbitofrontal cortex (P = 0.003), and frontal pole (P = 0.001). There was a significant genotype-by-diagnosis interaction for the local gyrification index in the right rostral anterior cingulate cortex (P = 0.003). Their study revealed significant hypergyria of the anterior cingulate cortex and prefrontal cortex and an interactive effect between the diagnosis of MDD and the genotype in the anterior cingulate cortex. This might be associated with the dysfunction of neural circuits mediating emotion processing, which could contribute to pathophysiology of MDD. (PsychINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-06092-001&site=ehost-live

Title:
Comparison of associated features and drug treatment between co-occurring unipolar and bipolar disorders in depressed eating disorder patients.
Authors:
Tseng, Mei-Chih Meg; Chang, Chin-Hao; Liao, Shih-Cheng; Chen, Hsi-Chung;
Source:
Abstract
Background: To examine the differences of associated characteristics and prescription drug use between co-occurring unipolar and bipolar disorders in patients with eating disorders (EDs). Methods: Patients with EDs and major depressive episode (MDE) were recruited from psychiatric outpatient clinics. They were interviewed and completed self-administered measures assessing eating and general psychopathology. The prescribed drugs at the index outpatient visit were recorded. Clinical characteristics and prescription drugs of groups with major depressive disorder (ED-MDD), MDE with lifetime mania (ED-BP I), and MDE with lifetime hypomania (ED-BP II) were compared. Continuous variables between groups were compared using generalized linear regression with adjustments of age, gender, and ED subtype for pair-wise comparisons. Multivariate logistic regression with adjustments of age, gender, and ED subtype was employed to estimate adjusted odds ratios with 95% confidence intervals between groups. Results: Two hundred and twenty-seven patients with EDs had a current MDE. Among them, 17.2% and 24.2% experienced associated manic and hypomanic episodes, respectively. Bipolar I and II patients displayed significantly poorer weight regulation, more severe impulsivity and emotional lability, and higher rates of co-occurring alcohol use disorders than ED-MDD patients. ED-BP I patients were found to have the lowest IQ, poorest working memory, and the most severe depression, suicidality and functional impairment among all patients. Patients with ED-BP II shared affect and behavioral dysregulations with ED-BP I, but had less severe degrees of cognitive and functional impairments than ED-BP I. Patients with ED-BP I were significantly less likely than those in the ED-MDD and ED-BP II groups to be on antidepressant monotherapy, but a great rate (27%) of ED-BP I individuals taking antidepressant monotherapy had potential risk of mood switch during the course of treatment. Conclusions: Our study identified discriminative features of bipolar I and II disorders from MDD among a group of depressed ED patients. We suggest that the associated mania, hypomania, and mood lability are predictors of clinical severity and should be identified from ED patients presented with depressive features. Accurate diagnosis of bipolar disorders may have implications for pharmacotherapy in patients with EDs. (PsychINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Gene expression-based biological test for major depressive disorder: An advanced study.
Authors:
Watanabe, Shin-ya; Numata, Shusuke; Iga, Jun-ichi; Kinoshita, Makoto; Umehara, Hidehiro; Ishii, Kazuo; Ohmori, Tetsuro;
Source:
Abstract
Purpose: Recently, we could distinguished patients with major depressive disorder (MDD) from nonpsychiatric controls with high accuracy using a panel of five gene expression markers (ARHGAP24, HDAC5, PDGFC, PRNP, and SLC6A4) in leukocyte. In the present study, we examined whether this
biological test is able to discriminate patients with MDD from those without MDD, including those with schizophrenia and bipolar disorder. Patients and methods: We measured messenger ribonucleic acid expression levels of the aforementioned five genes in peripheral leukocytes in 17 patients with schizophrenia and 36 patients with bipolar disorder using quantitative real-time polymerase chain reaction (PCR), and we combined these expression data with our previous expression data of 25 patients with MDD and 25 controls. Subsequently, a linear discriminant function was developed for use in discriminating between patients with MDD and without MDD. Results: This expression panel was able to segregate patients with MDD from those without MDD with a sensitivity and specificity of 64% and 67.9%, respectively. Conclusion: Further research to identify MDD-specific markers is needed to improve the performance of this biological test. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
The effects of probiotics on depressive symptoms in humans: A systematic review.
Authors:
Wallace, Caroline J. K.; Milev, Roumen;
Source:
Abstract
Background: Patients suffering from depression experience significant mood, anxiety, and cognitive symptoms. Currently, most antidepressants work by altering neurotransmitter activity in the brain to improve these symptoms. However, in the last decade, research has revealed an extensive bidirectional communication network between the gastrointestinal tract and the central nervous system, referred to as the 'gut–brain axis.' Advances in this field have linked psychiatric disorders to changes in the microbiome, making it a potential target for novel antidepressant treatments. The aim of this review is to analyze the current body of research assessing the effects of probiotics, on symptoms of depression in humans. Methods: A systematic search of five databases was performed and study selection was completed using the preferred reporting items for systematic reviews and meta-analyses process. Results: Ten studies met criteria and were analyzed for effects on mood, anxiety, and cognition. Five studies assessed mood symptoms, seven studies assessed anxiety symptoms, and three studies assessed cognition. The majority of the studies found positive results on all measures of depressive symptoms; however, the strain of probiotic, the dosing, and duration of treatment varied widely and no studies assessed sleep. Conclusion: The evidence for probiotics alleviating depressive symptoms is compelling but additional double-blind randomized control trials in clinical populations are warranted to further assess efficacy. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Resting state connectivity of the human habenula at ultra-high field.
Authors:
Torrisi, Salvatore; Nord, Camilla L.; Balderston, Nicholas L.; Roiser, Jonathan P.; Grillon, Christian; Ernst, Monique;
Source:
Abstract
The habenula, a portion of the epithalamus, is implicated in the pathophysiology of depression, anxiety and addiction disorders. Its small size and connection to other small regions prevent standard human imaging from delineating its structure and connectivity with confidence. Resting state functional connectivity is an established method for mapping connections across the brain from a seed region of interest. The present study takes advantage of 7T fMRI to map, for the first time, the habenula resting state network with very high spatial resolution in 32 healthy human participants. Results show novel functional connections in humans, including functional connectivity with the septum and bed nucleus of the stria terminalis (BNST). Results also show many habenula connections previously described only in animal research, such as with the nucleus basalis of Meynert, dorsal raphe, ventral tegmental area (VTA), and periaqueductal grey (PAG). Connectivity with caudate, thalamus and cortical regions such as the anterior cingulate, retrosplenial cortex and auditory cortex are also reported. This work, which
demonstrates the power of ultra-high field for mapping human functional connections, is a valuable step toward elucidating subcortical and cortical regions of the habenula network. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Early life adversity is associated with a smaller hippocampus in male but not female depressed in-patients: A case–control study.
Authors:
Colle, Romain; Segawa, Tomoyuki; Chupin, Marie; Tran Dong, Minh Ngoc Thien Kim; Hardy, Patrick; Falissard, Bruno; Colliot, Olivier; Ducreux, Denis; Corruble, Emmanuelle;
Source:
Abstract
Background: Three studies assessed the association of early life adversity (ELA) and hippocampal volumes in depressed patients, of which one was negative and the two others did not control for several potential confounding variables. Since the association of ELA and hippocampal volumes differ in male and female healthy volunteers, we investigated the association of ELA and hippocampal volumes in depressed patients, while focusing specifically on sex and controlling for several relevant socio-demographic and clinical variables. Methods: Sixty-three depressed in-patients treated in a psychiatric setting, with a current Major Depressive Episode (MDE) and a Major Depressive Disorder (MDD) were included and assessed for ELA. Hippocampal volumes were measured with brain magnetic resonance imaging (MRI) and automatic segmentation. They were compared between patients with (n = 28) or without (n = 35) ELA. After bivariate analyses, multivariate regression analyses tested the interaction of sex and ELA on hippocampal volume and were adjusted for several potential confounding variables. The subgroups of men (n = 26) and women (n = 37) were assessed separately. Results: Patients with ELA had a smaller hippocampus than those without ELA (4.65 (± 1.11) cm³ versus 5.25 (± 1.01) cm³), bivariate: p = 0.03, multivariate: HR = 0.40, 95%CI [0.23;0.71], p = 0.002), independently from other factors. This association was found in men (4.43 (± 1.22) versus 5.67 (± 0.77) cm³), bivariate: p = 0.006, multivariate HR = 0.23, 95%CI [0.06;0.82], p = 0.03) but not in women. Conclusion: ELA is associated with a smaller hippocampus in male but not female depressed in-patients. The reasons for this association should be investigated in further studies. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Taking care of oneself by regaining control—A key to continue living four to five decades after a suicide attempt in severe depression.
Authors:
Crona, Lisa; Stenmarker, Margaretha; Öjehagen, Agneta; Hallberg, Ulrika; Brådvik, Louise;
Source:
Abstract
Background: Depression is a strong risk factor for suicide and suicide attempt. Several studies have examined the pathway to suicide attempt, but few studies have considered aspects important for overcoming being suicidal. The aim of the present study was to examine personal strategies to continue living after a suicide attempt. Methods: A qualitative grounded theory approach was used. Thirteen former inpatients diagnosed with severe depression (1956–1969) participated in a follow-up 42–56 years after their last suicide attempt, which occurred between the ages of 21 and 45. They were interviewed on one occasion between June 2013 and January 2014, using semi-structured interviews. Results: The pathway to a suicide attempt was defined as ‘being trapped in an overwhelming situation’. Three categories described the recovery process: ‘coming under professional care’, ‘experiencing relief in the personal situation’, and ‘making a decision to continue living’. These categories emerged in a core category, labelled ‘taking care of oneself by regaining control’. Overcoming being suicidal occurred regardless of recovering from depression. Conclusion: In the very long-term course following a suicide attempt, the process of recovery is multi-dimensional and fluctuating, and includes appropriate treatment, connecting with others, decision making, and overcoming existential issues. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: Assessing the burden of treatment-emergent adverse events associated with atypical antipsychotic medications.

Authors: Llorca, Pierre-Michel; Lançon, Christophe; Hartry, Ann; Brown, T. Michelle; DiBenedetti, Dana B.; Kamat, Siddhesh A.; François, Clément;


Abstract
Background: Treatment of schizophrenia and major depressive disorder (MDD) with atypical antipsychotics (AAPs) show improved efficacy and reduced side effect burden compared with older antipsychotic medications. However, a risk of treatment-emergent adverse events (TEAEs) remains. TEAEs are hard to quantify and perspectives on the importance of TEAEs differ across patients and between patients and physicians. The current study is a qualitative assessment that investigates TEAEs of AAPs from both patient and physician perspectives to provide better understanding of the occurrence and burden of TEAEs associated with these medications. Methods: Focus groups comprised of patients with MDD and interviews with patients with schizophrenia were conducted at two qualitative research facilities, along with a physician focus group at one of the facilities. Information collected from patients included an exhaustive list of TEAEs experienced, and the frequency and level of bother of each TEAE; from psychiatrists, information included an exhaustive list of TEAEs based on personal observations and patient report, frequency of TEAEs, clinically important TEAEs, and levels of patient-perceived bother. Standard qualitative analysis methods were used to identify, quantify, characterize, and summarize patterns found in the data collected. Results: A total of 42 patients (25 with MDD and 17 with schizophrenia) and 4 psychiatrists participated in the study. TEAEs reported as bothersome across both patients groups included cognitive issues, weight gain and/or increased appetite, low energy, extrapyramidal symptoms (EPS), and need to sleep/excessive sleep/excessive sleepiness. TEAEs considered more bothersome by patients with schizophrenia were weight gain, low energy, EPS, mental anxiety, and increased positive symptoms; those considered more bothersome by patients with MDD were cognitive issues, somnolence/sedation, and flat/restricted affect. TEAEs considered most clinically important by psychiatrists included metabolic syndrome, weight gain, neutropenia, hyperglycemia, and QT prolongation; those TEAEs considered most bothersome to patients from physicians’ perspectives included weight gain, reduced sexual desire or performance, EPS, akathisia, and hormonal issues. Conclusions: The wide range of TEAEs that are both frequent and bothersome and the variation in perceived burden according to diagnosis highlight the need for a tailored TEAE-awareness approach when choosing an AAP. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Selective serotonin reuptake inhibitors versus placebo in patients with major depressive disorder. A systematic review with meta-analysis and Trial Sequential Analysis.

Authors: Jakobsen, Janus Christian; et al.;


Abstract
Background: The evidence on selective serotonin reuptake inhibitors (SSRIs) for major depressive disorder is unclear. Methods: Our objective was to conduct a systematic review assessing the effects of SSRIs versus placebo, ‘active’ placebo, or no intervention in adult participants with major depressive disorder. We searched for eligible randomised clinical trials in The Cochrane Library’s CENTRAL, PubMed, EMBASE, PsycLIT, PsycINFO, Science Citation Index Expanded, clinical trial registers of Europe and USA, websites of pharmaceutical companies, the U.S. Food and Drug Administration (FDA), and the European Medicines Agency until January 2016. All data were extracted by at least two independent investigators. We used Cochrane systematic review methodology, Trial Sequential Analysis, and calculation of Bayes factor. An eight-step procedure was followed to assess if thresholds for statistical and clinical significance were crossed. Primary outcomes were reduction of depressive symptoms,
remission, and adverse events. Secondary outcomes were suicides, suicide attempts, suicide ideation, and quality of life. Results: A total of 131 randomised placebo-controlled trials enrolling a total of 27,422 participants were included. None of the trials used ‘active’ placebo or no intervention as control intervention. All trials had high risk of bias. SSRIs significantly reduced the Hamilton Depression Rating Scale (HDRS) at end of treatment (mean difference −1.94 HDRS points; 95% CI −2.50 to −1.37; P < 0.00001; 49 trials; Trial Sequential Analysis-adjusted CI −2.70 to −1.18); Bayes factor below predefined threshold (2.0110−23). The effect estimate, however, was below our predefined threshold for clinical significance of 3 HDRS points. SSRIs significantly decreased the risk of no remission (RR 0.88; 95% CI 0.84 to 0.91; P < 0.00001; 34 trials; Trial Sequential Analysis adjusted CI 0.83 to 0.92); Bayes factor (1426.81) did not confirm the effect). SSRIs significantly increased the risks of serious adverse events (OR 1.37; 95% CI 1.08 to 1.75; P = 0.009; 44 trials; Trial Sequential Analysis-adjusted CI 1.03 to 1.89). This corresponds to 31/1000 SSRI participants will experience a serious adverse event compared with 22/1000 control participants. SSRIs also significantly increased the number of non-serious adverse events. There were almost no data on suicidal behaviour, quality of life, and long-term effects.

Conclusions: SSRIs might have statistically significant effects on depressive symptoms, but all trials were at high risk of bias and the clinical significance seems questionable. SSRIs significantly increase the risk of both serious and non-serious adverse events. The potential small beneficial effects seem to be outweighed by harmful effects. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Purinergic system dysfunctions in subjects with bipolar disorder: A comparative cross-sectional study.
Authors: Bartoli, Francesco; Crocamo, Cristina; Dakanalis, Antonios; Brosio, Enrico; Miotto, Alessio; Capuzzi, Enrico; Clerici, Massimo; Carrà, Giuseppe;
Abstract
Background: Subjects with bipolar mania may have increased uric acid levels, based on a purinergic system dysfunction with reduced neurotransmission of adenosine. We investigated whether there were differences in uric acid levels between individuals with bipolar disorder (in manic or depressive phases) and those with major depressive disorder. Methods: We conducted a cross-sectional study recruiting 128 subjects with bipolar disorder and 118 with major depressive disorder, admitted to a psychiatric inpatient unit. Standard demographic and clinical information were retrieved from electronic charts and relevant clinical records. Fasting serum values of uric acid, as well as metabolic (total cholesterol, triglycerides, and glycaemia), oxidative stress (albumin, bilirubin), and kidney function (creatinine), parameters, were collected. Results: Subjects with bipolar mania (5.27 ± 1.63 mg/dL), but not those with bipolar depression (4.89 ± 1.94 mg/dL), had higher levels of serum uric acid (p < 0.05), as compared with individuals with major depressive disorder (4.59 ± 1.62 mg/dL). Relevant linear regression analyses, controlling for metabolic profile, oxidative stress markers, kidney function, and comorbid alcohol use disorder, showed a significant association between bipolar mania (p < 0.01) and increased uric acid. Conclusions: Findings of this study add evidence to the role of uric acid as state, rather than trait, marker in bipolar disorders. Explored, relevant, confounders do not seem to influence these results. The current study supports the hypothesis of a purinergic system dysfunction associated with manic phases of bipolar disorder. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: The association between irritable bowel syndrome and the coexistence of depression and insomnia.
Authors: Lee, Seung Ku; Yoon, Dae Wui; Lee, Sunghee; Kim, Jinkwan; Choi, Kyung-Mee; Shin, Chol;
Abstract
Objective: The individual occurrence of depression or insomnia is a risk factor for irritable bowel syndrome (IBS), but few researchers have evaluated the association between comorbid depression and insomnia and IBS. The aim of the present study is to explore the relationship between IBS and the coexistence of
depression and insomnia in a Korean population-based cohort study. Methods: A total of 3429 individuals who were enrolled in the Korean Genome and Epidemiology Study were analysed. Of the participants, 10.9% (n=374) were diagnosed with IBS based on the Rome II criteria. Regarding depressive symptoms, subjects were sub-divided into three groups based on the Beck Depression Inventory (BDI) score. Insomnia was defined as a positive response to at least one of three questions on sleep states. Results: The odds ratio (OR) of IBS increased proportionally as depressive symptoms worsened (OR: 1.64; 95% CI: 1.21–2.23 in middle tertile and OR: 2.61; 95% CI: 1.92–3.55 in highest tertile). Subjects with insomnia showed a higher OR of IBS than those without insomnia (OR: 1.81; 95% CI: 1.44–2.27). In the joint analysis of BDI and insomnia, the odds for IBS were significantly higher in all BDI tertiles with insomnia than in the corresponding BDI tertiles without insomnia. There was no significant interaction effect of BDI tertile and insomnia on IBS. Conclusion: The presence of both depression and insomnia is significantly associated with IBS compared to each individual occurrence. Further prospective investigations are needed to explore possible causality between comorbid depression and insomnia and IBS. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-02794-005&site=ehost-live

Title: The misleading concept of initial severity in depression clinical trials: Development and results from a mathematical model.
Authors: Fountoulakis, Konstantinos N.;
Abstract
Objective: Recently, meta-analytic studies have suggested a positive relationship between initial severity and magnitude of treatment efficacy. The aim of the current study was to develop a mathematical model to test the assumption concerning the role of initial severity in treatment response. Methods: A number of experimental artificial datasets were developed on the basis of three different scenarios which reflect a pre-determined effect of initial severity. They were used to test for correlations at the patient level as well as at the meta-analysis level (trial level). Results: The results suggested that in all scenarios and analyses the correlations were so high that a ceiling effect was obvious. The testing concerned changes from baseline, but not differences between arms. Conclusions: Overall the data suggest that the question concerning the role of initial severity cannot be answered. Any allegations on such a role are based on flawed methodology and do not take into consideration the true nature of data. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Diagnosing melancholic depression: Some personal observations.
Authors: Parker, Gordon;
Abstract
Objectives: The objective of this study was to offer some personal observations as to how melancholia can be diagnosed and differentiated from the non-melancholic depressive conditions. Methods: Personal clinical and research-based observations are presented following a critique of common current strategies. Results: The paper offers views on the most differentiating clinical features, argues for adding illness course variables to symptoms and provides details of the Sydney Melancholic Prototypic Index, a measure with a high overall classification rate in differentiating melancholic and non-melancholic depression. Conclusions: Greater precision in differentiating melancholic from non-melancholic depression is advanced by weighting signs and symptoms of psychomotor disturbance, as well as including illness correlates and family history in the diagnostic process. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title:
Using patient self-reports to study heterogeneity of treatment effects in major depressive disorder.

Authors:

Source:

Abstract
Backgrounds: Clinicians need guidance to address the heterogeneity of treatment responses of patients with major depressive disorder (MDD). While prediction schemes based on symptom clustering and biomarkers have so far not yielded results of sufficient strength to inform clinical decision-making, prediction schemes based on big data predictive analytic models might be more practically useful.

Method: We review evidence suggesting that prediction equations based on symptoms and other easily-assessed clinical features found in previous research to predict MDD treatment outcomes might provide a foundation for developing predictive analytic clinical decision support models that could help clinicians select optimal (personalised) MDD treatments. These methods could also be useful in targeting patient subsamples for more expensive biomarker assessments. Results: Approximately two dozen baseline variables obtained from medical records or patient reports have been found repeatedly in MDD treatment trials to predict overall treatment outcomes (i.e., intervention v. control) or differential treatment outcomes (i.e., intervention A v. intervention B). Similar evidence has been found in observational studies of MDD persistence-severity. However, no treatment studies have yet attempted to develop treatment outcome equations using the full set of these predictors. Promising preliminary empirical results coupled with recent developments in statistical methodology suggest that models could be developed to provide useful clinical decision support in personalised treatment selection. These tools could also provide a strong foundation to increase statistical power in focused studies of biomarkers and MDD heterogeneity of treatment response in subsequent controlled trials. Conclusions: Coordinated efforts are needed to develop a protocol for systematically collecting information about established predictors of heterogeneity of MDD treatment response in large observational treatment studies, applying and refining these models in subsequent pragmatic trials, carrying out pooled secondary analyses to extract the maximum amount of information from these coordinated studies, and using this information to focus future discovery efforts in the segment of the patient population in which continued uncertainty about treatment response exists. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Managing melancholic depression: A personal perspective.

Authors:
Parker, Gordon;

Source:

Abstract
Objectives: The objective of this article is to offer a personal perspective on managing melancholia by interpreting both the limited salient evidence base and offering clinical observations. Conclusions: It is suggested that medication needs to be prioritised, that not all antidepressants are equally potent for those with melancholia and that as response to a single antidepressant alone (especially a narrow-spectrum one) is low, management commonly requires broader-spectrum antidepressant drugs and augmentation strategies. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Increase in PAS-induced neuroplasticity after a treatment course of intranasal ketamine for depression. Report of three cases from a placebo-controlled trial.
Authors: Gálvez, Verónica; Nikolin, Stevan; Ho, Kerrie-Anne; Alonzo, Angelo; Somogyi, Andrew A.; Loo, Colleen K.;

Source: Comprehensive Psychiatry, Vol 73, Feb, 2017 pp. 31-34. Publisher: Elsevier Science; [Journal Article]

Abstract

Background: Animal studies suggest that neural plasticity may play a role in the antidepressant effects of a single ketamine dose. However, the potential effects of repeated ketamine treatments on human neuroplasticity are unknown. Methods: This pilot RCT study measured plasticity-induced changes before and after a ketamine course, in three treatment-resistant depressed subjects, who were randomized to receive 8 intranasal treatments of 100 mg ketamine or 4.5 mg midazolam. Mood ratings were performed by a trained blinded rater at baseline and 24h–48 h after the ketamine course, using the Montgomery Asberg Depression Rating Scale (MADRS). Neuroplasticity was assessed in the motor cortex using a paired associative stimulation (PAS) paradigm at baseline and 24h–48 h after the treatment course. No changes in current psychotropic medication or dosage were permitted for 4 weeks prior to trial entry and throughout the trial. Results: The subject receiving ketamine, but not those receiving midazolam, presented a marked increase in neural plasticity after the treatment course. However, mood changes were not associated with changes in neural plasticity. Limitations: Pilot study with small sample size. Concomitant antidepressant medications taken. Plasticity was tested in the motor cortex only, thus the generalizability of these findings to other brain areas cannot be assumed. Conclusions: These results suggest that a course of intranasal ketamine may enhance synaptic plasticity in subjects with depression, but this was not associated with antidepressant effects. Further research on this topic is warranted.


Source: Epidemiology and Psychiatric Sciences, Vol 26(1), Feb, 2017 pp. 70-78. Publisher: Cambridge University Press; [Journal Article]

Abstract

Aims: The aim of this study was to compare the prevalence of depressive symptoms in Australian and Japanese populations of community-dwelling older women using the Geriatric Depression Scale (GDS-15). In addition, the relationship between lifestyle and health factors and higher ratings of depressive symptoms was also examined to determine if there were culturally consistent risk factors associated with higher depressive symptom scores. Methods: A total of 444 community based women aged between 65 and 77 years completed a depressive symptom measure (GDS-15) and provided information on common lifestyle factors. The Australian sample (n = 222) were drawn from the Women's Healthy Ageing Project and the age-matched, Japanese sample from the Kumamoto Ageing Study of Mental Health (n = 222). The GDS was chosen to; (1) reduce the impact of physical symptoms associated with old age and, (2) reduce the inflation in scores that may result from the Japanese tendency to endorse somatic items more often than Western adults. Results: Mean GDS total scores were significantly higher for the Japanese population 3.97 ± 3.69 compared with 1.73 ± 2.7 for Australian women. The percentages of women scoring in the normal; mild and moderate ranges for depression were 91, 7 and 2% for Australia and 67, 24 and 9% for Japan. Scores remained significantly higher for the Japanese cohort when controlling for lifestyle and health factors associated with depression. The analysis of lifestyle and health characteristics showed that the greatest difference between cohorts was in the area of living status, with more Australian women living with their partner and more than three times as many Japanese women living with their children. When the data for the countries was considered independently employment status affected the likelihood of higher depression scores in the Australian sample while heart disease and poor sleep impacted the risk for the Japanese population. Conclusions: Significantly more Japanese women scored within the mild and moderate ranges on the GDS compared with their Australian peers, even when controlling for possible confounding factors. Of the lifestyle and health factors assessed in this analysis no single variable was a common risk factor for higher depressive scores for both countries. The presence of cultural influences that may impact the risk of experiencing depressive symptoms, and culture specific
patterns of item endorsement on depressive symptom measures, needs to be explored in more detail. 


Title: Trajectories of maternal depression: A 27-year population-based prospective study.
Authors: Najman, J. M.; Plotnikova, M.; Williams, G. M.; Alati, R.; Mamun, A. A.; Scott, J.; Wray, N.; Clavarino, A. M.
Abstract
Aims: To identify distinct trajectories of depression experienced by a population-based sample of women over a 27-year period and to assess the validity of the derived trajectories.
Method: The Mater University of Queensland Study of Pregnancy is a birth cohort study which commenced in 1981. Women (N = 6753) were interviewed at their first clinic visit, at 6 months, then 5, 14, 21 and 27 years after the birth of their child, using the Delusions Symptoms—States Inventory. Some 3561 (52.7%) women were followed up at 27 years, with 3337 (49.4%) of the sample completing the Composite International Diagnostic Interview (CIDI). Depression trajectories over a 27-year period were identified using Latent Class Growth Modelling (LCGM). LCGM was used to identify respondents with similar patterns of depression over a 27-year period. At the 27-year follow-up women who completed the CIDI, were stratified according to their trajectory group membership. Results: Three trajectory groups, each with different life-course patterns of depression were identified. The low/no symptoms of depression trajectory group comprised 48.4% of women. The mid-depression group (41.7%) had a consistent pattern of occasional symptoms of depression. The high/escalating trajectory group comprised 9.9% of the women in the study. We then examined each trajectory group based on their completion of the CIDI at the 27-year follow-up. Using the CIDI, 27.0% of women in the study had met the DSM-IV criteria for lifetime ever depression by their mean age of 46.5 years. The responses to the CIDI differed greatly for each of the trajectory groups, suggesting that the trajectories validly reflect different life histories of depression. The high/escalating trajectory group had an earlier age of first onset, more frequent episodes, longer duration of each episode of depression and experienced higher levels of impairment for their episodes of depression. For the high symptoms trajectory group, clinically significant depression is estimated to be experienced by women almost one in every 6 days of their life.
Conclusion: While symptoms of depression are commonly experienced in a large community-based sample of women, a minority of women experience many episodes of depression in their lifetime. It is this group of women who are most impaired and should be of most concern, and who should be the main target of prevention and treatment initiatives. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Biomolecular aspects of depression: A retrospective analysis.
Authors: Peacock, Brandon N.; Scheiderer, David J.; Kellermann, Gottfried H.
Abstract
Objective: The effects of psychological stress, oxidative stress, and chronic low grade inflammation on the neuro-immune connection have been implicated in the pathogenesis of depression. Thus, in the recent past, there has been a growing effort in determining the mechanism of this pathogenesis. While attempting to map out, this mechanism researchers and clinicians have searched for clinically relevant biomarkers for use in the diagnosis and for the assessment of those suffering from depression. In this study, we have performed a retrospective analysis of biomarkers with clinically relevant potentials, including peripheral catecholamines, chemokines, cytokines, and neurotransmitters. Methods: The retrospective analysis was performed on data collected over a six-year period of time (July 2009 to July 2015), gathered from patients (N = 1399; Mage = 42, SD = 13; 71% female, 29% male) who submitted
samples with complaints of feeling hopeless, worthless, isolated, alone, general sadness, overwhelmed, and/or a lack of interest in things they once enjoyed. The data collected consisted of quantitative values of urinary catecholamines and neurotransmitters (peripheral dopamine, epinephrine, histamine, kynurenic acid, norepinephrine, β-PEA, and serotonin), salivary hormones (peripheral cortisol and melatonin), and peripheral blood mononuclear cell secreted cytokines and chemokines (Interleukins 1β, 6, 8, 10, MCP-1, GCSF, and TNFα). Statistical and clinical significance was assessed by comparison with a control group (N = 2395; Mage = 42, SD = 13; 70% female, 30% male), calculating the percent mean difference, p value, and effect size (Cohen's d) for each parameter between groups. Results: The findings of this study suggested that, in a model of general depression, there is a dysregulation in the enzymatic production and degradation of catecholamines, neurotransmitters, hormones, and immunological proteins. A cycle of interaction was found between all of these biomolecules, where an increase or decrease in one marker could result in a stimulatory or inhibitory effect on others. The mechanism of this was proposed to occur through the interaction of psychological stress, inflammation, and oxidative stress pathways. All of these biomolecules were found to be significantly altered in the general depression group and are key components of the interaction between the neurological and immunological systems. Conclusions: This study serves to further elucidate the role of biomolecules in the regulation of affective disorders, such as depression. Resulting in providing a network of clinically relevant biomarkers to objectively assess and monitor general depression. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
A short-term longitudinal examination of the relations between depression, anhedonia, and self-injurious thoughts and behaviors in adults with a history of self-injury.

Authors:
Zielinski, Melissa J.; Veilleux, Jennifer C.; Winer, E. Samuel; Nadorff, Michael R.;

Source:

Abstract
Background: Limited research has addressed the role of anhedonia in predicting suicidality and/or nonsuicidal self-injury (NSSI) in adults, despite evidence suggesting that loss of interest or pleasure may increase vulnerability for self-inflicted harm, even beyond other depressive symptoms. Methods: In the current study, we explored the role of symptoms of depression and recent changes in anhedonia in predicting suicidality, NSSI ideation, and perceptions of NSSI helpfulness among individuals with a history of NSSI or suicide attempts (N = 187). Results: We found that changes in anhedonia partially mediated the effect of depression on suicidality, and fully mediated the effect of depression on perceptions of NSSI helpfulness. Anhedonia did not predict NSSI ideation above and beyond depression symptoms, and did not significantly predict NSSI frequency when accounting for suicidality. Compared to individuals with a history of NSSI only or suicide attempt only, people with a history of both NSSI and suicide attempt evidenced greater risk and symptomatology. Conclusions: Results confirm the relation between anhedonia and suicidality evidenced in past research, but suggest a complex relationship between anhedonia, depression, and facets of non-suicidal self-injury. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Prospective associations between sedentary behaviour and incident depressive symptoms in older people: A 15-month longitudinal cohort study.

Authors:
Tsutsumimoto, Kota; Makizako, Hyuma; Doi, Takehiko; Hotta, Ryo; Nakakubo, Sho; Shimada, Hiroyuki; Suzuki, Takao;

Source:

Abstract
Objective: This study aimed to investigate whether sitting time, as a form of sedentary behaviour, is related to incident depressive symptoms in older people. Methods: This study included 3503 participants (mean age 71.7 years, 50.1% female) from the ‘Obu Study of Health Promotion for the Elderly’ cohort.
At baseline and then 15 months later, the participants reported their status of depressive symptoms using the 15-item Geriatric Depression Scale. During the baseline assessment, the participants were also asked about their sedentary behaviour on weekdays over the past 7 days and, from there, categorized into three groups (< 240, 240–480, ≥ 480 min/day). Demographic data and the other health behaviours were also assessed at the baseline. Results: Cross-sectional analysis revealed that 437 participants (12.0%) had depressive symptoms. In a prospective analysis, the logistic regression model revealed that the odds ratio for depressive symptom incidence was higher in participants who, at baseline, spent 480 min or more per day sitting (1.636; 95% confidence interval [CI] 1.015 to 2.636, p = 0.043), and in those who spent 240–480 min (1.605; 95% CI 1.085 to 2.375, p = 0.018) in comparison with those who spent less than 240 min. Conclusions: Sedentary behaviour significantly affects the risk of incident depressive symptoms. Further research is needed to develop an intervention strategy to manage depressive symptoms, as the second most common cause of burden of disease among older adults. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Depressive symptoms in early- and late-onset older bipolar patients compared with younger ones.
Authors: García-López, Aurelio; Ezquiaga, Elena; De Dios, Consuelo; Agud, Jose Luis;
Abstract
Objectives: The aim of this study was to determine clinical and outcome differences between older bipolar patients with early onset (EO) and late onset (LO) of the illness and between younger and EO older patients with a bipolar disorder under long-term treatment in an outpatient clinical setting. Methods: Three hundred ninety-five bipolar I and II outpatients were followed up for up to 7.7 years. Of these, 213 younger (<50 years) and 88 older (>60 years) patients were included. In the older subsample, 50 EO patients (onset <50 years) versus 38 LO patients (≥50 years) were analyzed. Likewise, younger versus EO older patients were compared. Results: The likelihood of LO older patients of being bipolar II was higher than for EO older patients. They were also diagnosed earlier than EO older patients. No other clinical differences at baseline and at the prospective follow-up were found. Compared with younger patients, EO older patients had more frequent depressive symptoms at baseline, suffered more major depressive episodes in the previous year and in the prospective follow-up, received more antidepressants at baseline, had higher rates of medical comorbid conditions and were less likely to be tobacco smokers. Conclusions: Older patients constitute a meaningful proportion of bipolar patients under treatment. EO older patients suffered significantly from more frequent depressive symptoms than younger ones. LO older patients were predominantly bipolar II. So as bipolar illness progressed, depressive symptomatology became more frequent and manic episodes were less severe. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2016-15460-001&site=ehost-live

Title: Clock genes associate with white matter integrity in depressed bipolar patients.
Authors Bollettini, Irene; Melloni, Elisa Maria Teresa; Aggio, Veronica; Poletti, Sara; Lorenzi, Cristina; Pirovano, Adele; Vai, Benedetta; Dallaspezia, Sara; Colombo, Cristina; Benedetti, Francesco;
Abstract
Human genetic studies have implicated specific genes that constitute the molecular clock in the manifestation of bipolar disorder (BD). Among the clock genes involved in the control system of circadian rhythms, CLOCK 3111 T/C and Period3 (PER3) influence core psychopathological features of mood disorders, such as patterns of sleep, rest, and activity, diurnal preference, cognitive performances after sleep loss, age at the onset of the illness, and response to antidepressant treatment. Furthermore, several studies pointed out that bipolar symptomatology is associated with dysfunctions in white matter (WM)
integrity, suggesting these structural alterations as a possible biomarker of the disorder. We hypothesise that CLOCK and PER3 polymorphisms could be potential factors affecting WM microstructure integrity in bipolar patients. The relationship between these clock genes and DTI measures of WM integrity in a sample of 140 (53 M; 87 F) patients affected by BD type I was studied. Tract-based spatial statistics analyses on DTI measures of WM integrity were performed for each clock gene polymorphism, between the genetic groups. We accounted for the effect of nuisance covariates known to influence WM microstructure: age, sex, lithium treatment, age at the onset of the illness, and the number of illness episodes. We found that compared to T homozygotes, CLOCK C carriers showed a widespread increase of the mean diffusivity in several WM tracts. Compared with PER35/5 homozygotes, PER34/4 homozygotes showed significantly increased radial diffusivity and reduced fractional anisotropy in several brain WM tracts. No significant difference was observed between heterozygotes and the other subgroups. Altogether, this pattern of results suggests WM disruption in CLOCK C carrier and in PER34 homozygotes. Sleep promotes myelination and oligodendrocyte precursor cell proliferation and associates with higher expression of genes coding for phospholipid synthesis and myelination in oligodendrocytes. These clock genes play a pivotal role in maintaining circadian rhythms and the sleep-wake cycle. Thus, it may be suggested that CLOCK rs1801260C and PER34/4 influence myelination processes by regulating sleep quality and quantity. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Heterogeneity in patterns of DSM-5 posttraumatic stress disorder and depression symptoms: Latent profile analyses.
Authors: Contractor, Ateka A.; Roley-Roberts, Michelle E.; Lagdon, Susan; Armour, Cherie;
Abstract
Background: Posttraumatic stress disorder (PTSD) and depression co-occur frequently following the experience of potentially traumatizing events (PTE; Morina et al., 2013). A person-centered approach to discern heterogeneous patterns of such co-occurring symptoms is recommended (Galatzer-Levy and Bryant, 2013). We assessed heterogeneity in PTSD and depression symptomatology; and subsequently assessed relations between class membership with psychopathology constructs (alcohol use, distress tolerance, dissociative experiences). Methods: The sample consisted of 268 university students who had experienced a PTE and subsequently endorsed clinical levels of PTSD or depression severity. Latent profile analyses (LPA) was used to identify the best-fitting class solution according to recommended fit indices (Nylund et al., 2007a); and the effects of covariates was analyzed using a 3-step approach (Vermunt, 2010). Results: Results of the LPA indicated an optimal 3-class solutions: high severity (Class 2), lower PTSD-higher depression (Class 1), and higher PTSD-lower depression (Class 3). Covariates of distress tolerance, and different kinds of dissociative experiences differentiated the latent classes. Limitations: Use of self-report measure could lead to response biases; and the specific nature of the sample limits generalizability of results. Conclusion: We found evidence for a depressive subtype of PTSD differentiated from other classes in terms of lower distress tolerance and greater dissociative experiences. Thus, transdiagnostic treatment protocols may be most beneficial for these latent class members. Further, the distinctiveness of PTSD and depression at comparatively lower levels of PTSD severity was supported (mainly in terms of distress tolerance abilities); hence supporting the current classification system placement of these disorders. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-10052-005&site=ehost-live

Title: Peripheral insulin-like growth factor 1 in bipolar disorder.
Authors: da Silva, Emily G.; Pfaffenseller, Bianca; Walz, Julio; Stertz, Laura; Fries, Gabriel; Rosa, Adriane R.; Magalhães, Pedro V.;
Abstract
Bipolar disorder is a recurrent and highly incapacitating illness, related to inflammation and changes in the insulin-like growth factor 1 (IGF-1). The objective of this study was to evaluate serum levels of IGF-1 in bipolar disorder patients and its relation to inflammation. We included 31 patients with bipolar disorder and 33 healthy controls. Serum concentrations of IGF-1, growth hormone (GH), insulin and tumor necrosis factor α (TNF-α) were analyzed. The serum levels of IGF-1 seem to be increased in bipolar disorder patients (248.84 ± 104.91ng/mL) compared to controls (169.18 ± 74.16ng/mL). Comparing reference values of IGF serum concentrations between groups, we found that 32% of patients had increased IGF-1 serum concentrations while only 3% of subjects are above normal range. We did not find statistically significant differences between groups in the concentration of insulin, GH, and TNF-α. This study suggests an association between IGF-1 in the pathophysiology of bipolar disorder. It is possible that this peripheral increase is related to a central nervous system increased resistance to IGF-1, thus reducing its neuroprotective action. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


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**Title:**
Prevalence and correlates of DSM-5 major depressive and related disorders in the community.

**Authors:**
Vandeuleur, Caroline L.; Fassassi, Sylfa; Castelao, Enrique; Glaus, Jennifer; Strippoli, Marie-Pierre F.; Lasserre, Aurélie M.; Rudaz, Dominique; Gebreab, Sirak; Pistis, Giorgio; Aubry, Jean-Michel; Angst, Jules; Preisig, Martin.

**Source:**

**Abstract:**
Although the DSM-5 has suggested the two new categories of Persistent Depressive Disorders (PDD) and Other Specified Depressive Disorders (OSDD), no study so far has applied the DSM-5 criteria throughout the range of depressive disorders. The aims of the present study were to 1) establish the lifetime prevalence of specific depressive disorders according to the new DSM-5 definitions in a community sample, and 2) determine their clinical relevance in terms of socio-demographic characteristics, comorbidity, course and treatment patterns. The semi-structured Diagnostic Interview for Genetic Studies was administered by masters-level psychologists to a random sample of an urban area (n = 3720). The lifetime prevalence was 15.2% for PDD with persistent major depressive episode (MDE), 3.3% for PDD with pure dysthymia, 28.2% for Major Depressive Disorder (MDD) and 9.1% for OSDD. Subjects with PDD with persistent MDE were the most severely affected, followed by those with recurrent MDD, single episode MDD, PDD with pure dysthymia and OSDD and finally those without depressive disorders. Our data provide further evidence for the clinical significance of mild depressive disorders (OSDD), but cast doubt on the pertinence of lumping together PDD with persistent MDE and the former DSM-IV dysthymic disorder within the new PDD category. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


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**Title:**
Intrinsic inter-network brain dysfunction correlates with symptom dimensions in late-life depression.

**Authors:**
Li, Wenjun; Wang, Yang; Ward, B. Douglas; Antuono, Piero G.; Li, Shi-Jiang; Goveas, Joseph S.;

**Source:**

**Abstract:**
Prior studies have demonstrated dysfunctions within the core neurocognitive networks (the executive control [ECN], default mode [DMN] and salience [SN] networks) in late-life depression (LLD). Whether inter-network dysfunctional connectivity is present in LLD, and if such disruptions are associated with core symptom dimensions is unknown. A cross-sectional resting-state functional connectivity magnetic resonance imaging investigation was conducted of LLD (n = 39) and age- and gender-equated healthy comparison (HC) (n = 29) participants. Dual regression independent component analysis approach was used to identify components that represented the ECN, DMN and SN. The intrinsic inter-network connectivity was compared between LLD and HC participants and the relationship of inter-network connectivity abnormalities with dimensional measures was examined. Relative to HC participants, LLD subjects showed decreased inter-network connectivity between the bilateral ECN and default mode subcortical (thalamus, basal ganglia and ventral striatum) networks, and the left ECN and SN insula component; and increased inter-network connections between the left ECN and posterior DMN and
salience (dorsal anterior cingulate) network components. Distinct inter-network connectivity abnormalities correlated with depression and anxiety severity, and executive dysfunction in LLD participants. LLD subjects also showed pronounced intra-network connectivity differences within the ECN, whereas fewer but significant DMN and SN disruptions were also detected. Investigating the intrinsic inter-network functional connectivity could provide a mechanistic framework to better understand the neural basis that underlies core symptom dimensions in LLD. Inter-network connectivity measures have the potential to be neuroimaging biomarkers of symptom dimensions comprising LLD, and may assist in developing symptom-specific treatment algorithms. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: The conditional process model of mindfulness and emotion regulation: An empirical test. Curtiss, Joshua; Authors: Klemanski, David H.; Andrews, Leigh; Ito, Masaya; Hofmann, Stefan G.; Source: Journal of Affective Disorders, Vol 212, Apr 1, 2017 pp. 93-100. Publisher: Elsevier Science

Abstract
Background: The conditional process model (CPM) of mindfulness and emotion regulation posits that specific mediators and moderators link these constructs to mental health outcomes. The current study empirically examined the central tenets of the CPM, which posit that nonreactivity moderates the indirect effect of observation on symptoms of emotional disorders through cognitive emotion regulation strategies.

Methods: A clinical sample (n = 1667) of individuals from Japan completed a battery of self-report instruments. Several path analyses were conducted to determine whether cognitive emotion regulation strategies mediate the relationship between observation and symptoms of individual emotional disorders, and to determine whether nonreactivity moderated these indirect effects. Results: Results provided support the CPM. Specifically, nonreactivity moderated the indirect effect of observation on symptoms through reappraisal, but it did not moderate the indirect effect of observation on symptoms through suppression. Limitations: Causal interpretations are limited, and cultural considerations must be acknowledged given the Japanese sample

Conclusions: These results underscore the potential importance of nonreactivity and emotion regulation as targets for interventions. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Specific and non-specific effects of psychotherapeutic interventions for depression: Results from a meta-analysis of 84 studies. Authors: Palpacuer, Clément; Gallet, Laurent; Drapier, Dominique; Reymann, Jean-Michel; Falissard, Bruno; Naudet, Florian; Source: Journal of Psychiatric Research, Vol 87, Apr, 2017 pp. 95-104. Publisher: Elsevier Science;

Abstract
There is a long-standing and very active debate regarding which psychotherapeutic intervention should be used in depressive disorders. However, the effects of psychotherapies may result majorly from non-specific factors rather than from specific factors related to the type of psychotherapeutic intervention. We performed a systematic review and meta-analysis on aggregated data to understand how the effects of different psychotherapies are impacted by non-specific factors. We included randomized controlled trials that assessed the efficacy of psychotherapeutic interventions in the treatment of adult depressive disorders. The primary outcome was the change in depression score from baseline to the latest follow-up visit (i.e. response). A meta-regression was performed to predict response according to the type of intervention and non-specific factors (e.g. number of treatment sessions, length of follow-up, therapeutic allegiance of the investigator). The main analysis included 214 study arms from 84 trials. The effects of psychotherapies compared to the waiting list control condition failed to remain significant after adjusting for non-specific factors. Response increased with the number of treatment sessions (β = 0.03, 95% CI [0.01; 0.04]) and the length of follow-up (β = 0.01, 95% CI [0.00; 0.02]). Response also improved in case of presumed therapeutic allegiances among investigators (β = 0.29, 95% CI [0.07; 0.52]). Response to psychotherapies seems to be closely related to non-specific effects. The development of a well-designed
Severity of complicated versus uncomplicated subthreshold depression: New evidence on the 'monotonicity thesis' from the national comorbidity survey.

Background: 'Complicated' subthreshold depression (CsD) includes at least one of six pathosuggestive 'complicated' symptoms: >6 months duration, marked role impairment, sense of worthlessness, suicidal ideation, psychotic ideation, and psychomotor retardation. 'Uncomplicated' subthreshold depression (UsD) has no complicated features. Whereas studies show that complicated (CMDD) versus uncomplicated (UMDD) major depression differ substantially in severity and prognosis, UsD and CsD severity has not been previously compared. This study evaluates UsD and CsD pathology validator levels and examines whether the complicated/uncomplicated distinction offers incremental concurrent validity over the standard number-of-symptoms dimension as a depression severity measure. Methods: Using nationally representative community data from the National Comorbidity Survey, seven depression lifetime history subgroups were identified: one MDD screener symptom (n = 1432); UsD (n = 430); CsD (n = 611); UMDD (n = 182); and CMDD with 5–6 symptoms (n = 518), 7 symptoms (n = 217), and 8–9 symptoms (n = 291). Severity was evaluated using five concurrent pathology validators: suicide attempt, interference with life, help seeking, hospitalization, and generalized anxiety disorder. Results: CsD validator levels are substantially higher than both UsD and UMDD levels, and similar to mild CMDD, disconfirming the 'monotonicity thesis' that severity increase with symptom number. Complicated/uncomplicated status predicts severity, and when complicatedness is controlled, number of symptoms no longer predicts validator levels. Limitations: Diagnoses were based on respondents' fallible retrospective symptom reports during a lay-administered structured interview, which may not yield diagnoses comparable to clinicians' assessments. Conclusion: CsD is more severe than UsD and comparable to mild MDD. Complicated status more validly indicates depression severity than the standard number-of-symptoms measure.

Attachment, dysfunctional attitudes, self-esteem, and association to depressive symptoms in patients with mood disorders.

Background: Cognitive factors might be the link between early attachment experiences and later depression. Similar cognitive vulnerability factors are discussed as relevant for both unipolar and bipolar disorders. The goals of the study were to test if there are any differences concerning attachment style and cognitive factors between remitted unipolar and bipolar patients compared to controls, and to test if the association between attachment style and depressive symptoms is mediated by cognitive factors. Methods: A path model was tested in 182 participants (61 with remitted unipolar and 61 with remitted bipolar disorder, and 60 healthy subjects) in which adult attachment insecurity was hypothesized to affect subsyndromal depressive symptoms through the partial mediation of dysfunctional attitudes and self-esteem. Results: No differences between patients with remitted unipolar and bipolar disorders concerning attachment style, dysfunctional attitudes, self-esteem, and subsyndromal depressive symptoms were found, but both groups reported a more dysfunctional pattern than healthy controls. The path models confirmed that the relationship between attachment style and depressive symptoms was mediated by the cognitive variables ‘dysfunctional attitudes’ and ‘self-esteem’. Limitations: With the cross-sectional nature of the study, results cannot explain causal development over time. Conclusions: The results emphasize...
the relevance of a more elaborate understanding of cognitive and interpersonal factors in mood disorders. It is important to address cognitive biases and interpersonal experiences in treatment of mood disorders. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip.athens&db=psyh&AN=2017-10052-017&site=ehost-live

Title: Neurophysiological correlates of suicidal ideation in major depressive disorder: Hyperarousal during sleep.
Authors: Dolsen, Michael R.; Cheng, Philip; Arnedt, J. Todd; Swanson, Leslie; Casement, Melynda D.; Kim, Hyang Sook; Goldschmied, Jennifer R.; Hoffmann, Robert F.; Armitage, Roseanne; Deldin, Patricia J.;
Source: Journal of Affective Disorders, Vol 212, Apr 1, 2017 pp. 160-166. Publisher: Elsevier Science

Abstract
Background: Suicide is a major public health concern, and a barrier to reducing the suicide rate is the lack of objective predictors of risk. The present study considers whether quantitative sleep electroencephalography (EEG) may be a neurobiological correlate of suicidal ideation. Methods: Participants included 84 (45 female, mean age = 26.6) adults diagnosed with major depressive disorder (MDD). The item that measures thoughts of death or suicide on the Quick Inventory of Depressive Symptomatology (QIDS) was used to classify 47 participants as low suicidal ideation (24 females, mean age = 26.1) and 37 as high suicidal ideation (21 females, mean age = 27.3). Data were obtained from archival samples collected at the University of Michigan and University of Texas Southwestern Medical Center between 2004 and 2012. Sleep EEG was quantified using power spectral analysis, and focused on alpha, beta, and delta frequencies. Results: Results indicated that participants with high compared to low suicidal ideation experienced 1) increased fast frequency activity, 2) decreased delta activity, and 3) increased alpha-delta sleep after adjusting for age, sex, depression, and insomnia symptoms. Limitations: Limitations include the exclusion of imminent suicidal intent, a single suicidal ideation item, and cross-sectional archival data. Conclusions: This is one of the first studies to provide preliminary support that electrophysiological brain activity during sleep is associated with increased suicidal ideation in MDD, and may point toward central nervous system (CNS) hyperarousal during sleep as a neurobiological correlate of suicidal ideation. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Comparison of psychopathological dimensions between major depressive disorder and schizophrenia spectrum disorders focusing on language, affectivity and motor behavior.
Authors: Steinau, Sarah; Stegmayer, Katharina; Lang, Fabian U.; Jäger, Markus; Strik, Werner; Walther, Sebastian;

Abstract
This study tested whether patients with major depressive disorder (MDD) and schizophrenia spectrum disorders would differ in three dimensions of psychopathology (language, affectivity and motor behavior) as assessed by the Bern Psychopathology Scale (BPS) in a cohort of 58 patients with MDD and 146 patients with schizophrenia spectrum disorders. The overall estimation of severity of each of the three dimensions was rated on a seven-point Likert scale from severely inhibited to severely disinhibited. Here, more than half of the patients endorsed ratings that showed normal or mildly (dis-)inhibited behavior. At group level more pronounced negative ratings of affect were seen in MDD. Group comparisons of the severity ratings on language or motor behavior yielded no differences between schizophrenia spectrum disorders and MDD. At the individuals’ levels, extreme ratings in the language and motor dimensions were more frequent in schizophrenia spectrum disorders and in the affectivity dimension more frequent in MDD. Shared psychopathological features could be seen across diagnoses, supporting a dimensional approach to psychopathology in endogenous psychoses. However, the groups differ in the severity of affect ratings as well as in the distribution of language, affectivity and motor ratings with more variance among the group of schizophrenia spectrum disorders. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Schizophrenia

Title:
Social consequences of subclinical negative symptoms: An EMG study of facial expressions within a social interaction.

Authors:
Riehle, Marcel; Lincoln, Tania M.

Source:

Abstract
Background and objectives: The negative symptoms of schizophrenia are related to lower social functioning even in non-clinical samples, but little is known about the distinct social consequences of motivational and expressive negative symptoms. In this study we focused on expressive negative symptoms and examined how these symptoms and varying degrees of pro-social facial expressiveness (smiling and mimicry of smiling) relate to the social evaluations by face-to-face interaction partners and to social support. Methods: We examined 30 dyadic interactions within a sample of non-clinical participants (N = 60) who were rated on motivational and expressive negative symptoms with the Clinical Assessment Interview for Negative Symptoms (CAINS). We collected data on both interaction partners’ smiling-muscle (zygomaticus major) activation simultaneously with electromyography and assessed the general amount of smiling and the synchrony of smiling muscle activations between interaction partners (mimicry of smiling). Interaction partners rated their willingness for future interactions with each other after the interactions. Results: Interaction partners of participants scoring higher on expressive negative symptoms expressed less willingness for future interactions with these participants (r = −0.37; p = 0.01). Smiling behavior was negatively related to expressive negative symptoms but also explained by motivational negative symptoms. Mimicry of smiling and both negative symptom domains were also associated with participants’ satisfaction with their social support network. Limitations: Non-clinical sample with (relatively) low levels of symptoms. Conclusions: Expressive negative symptoms have tangible negative interpersonal consequences and directly relate to diminished pro-social behavior and social support, even in non-clinical samples. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Confirmatory factor analysis of autism and schizophrenia spectrum traits.

Authors:
Ford, Talitha C.; Apputhurai, Pragalathan; Meyer, Denny; Crewther, David P.

Source:
Personality and Individual Differences, Vol 110, May 1, 2017 pp. 80-84. Publisher: Elsevier Science;

Abstract
The relationship between the Autism Spectrum Quotient (AQ) and Schizotypal Personality Questionnaire (SPQ) data has consistently shown overlap in the social and interpersonal domains. Factor analyses of the AQ and SPQ subscales support this overlap with the emergence of a shared AQ and SPQ subscale factor as the largest common element. This study investigated, at the item level, the factor structure of the AQ and SPQ. Exploratory and confirmatory factor analyses were conducted on the AQ and SPQ responses of 1670 participants (aged 18–40, 1243 females, 427 males). Seven factors cumulatively explained 40.56% of the data. Of these, four represented shared traits (named Odd Behaviour, Relationship Disinterest, Cue Interpretation, Social and Communication Discomfort), one was a more specific autistic tendency (named Fixation with Details), and two factors were more specific to the psychotic dimension of schizotypy (named Paranoia/Suspiciousness and Hallucination/Delusional Experiences). These findings demonstrate that a set of symptom traits is present in both the autism and schizophrenia spectra. The findings of this study have important clinical implications in terms of future research, diagnosis and treatment of autism and schizophrenia spectrum disorders. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: VarScan2 analysis of de novo variants in monozygotic twins discordant for schizophrenia.
Authors: Reble, Emma; Castellani, Christina A.; Melka, Melkaye G.; O'Reilly, Richard; Singh, Shiva M.;
Source: Psychiatric Genetics, Vol 27(2), Apr, 2017 pp. 62-70. Publisher: Lippincott Williams & Wilkins
Abstract
Objectives: Monozygotic twins with near-identical genotypes and discordance for complex diseases represent an exceptional resource to ascertain disease etiology. This strategy has been particularly effective with the availability of high-resolution complete individual genome sequencing. The challenge is using effective approaches to identify relevant differences that may cause or contribute toward disease discordance. Participants and methods: This study carried out a VarScan2 bioinformatic analysis and a pathway analysis on whole-genome sequences from two sets of monozygotic twins. Results: Variants were identified that were present in the affected twin, but not found in the unaffected twin. Such variations are expected to be de novo and originate during the independent development of the twins and may make them discordant for the disease. The genes and de novo variants identified in this experiment are compatible with their involvement in schizophrenia. Further analysis of the variants identified pathways including glutamate receptor signaling that have been implicated in this neurodevelopmental disease. Conclusion: The results support the polygenic nature of schizophrenia and the threshold model for its development. The results also show the effectiveness of VarScan2 to identify ‘the needle in the hay stack’ that may cause schizophrenia, specifically in the two patients. It offers a proof of principle for assessment of the genetic etiology of complex disorders where discordance of monozygotic twins is an established phenomenon. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-08854-003&site=ehost-live

Title: Sleep in schizophrenia: A systematic review and meta-analysis of polysomnographic findings in case-control studies.
Authors: Chan, Man-Sum; Chung, Ka-Fai; Yung, Kam-Ping; Yeung, Wing-Fai;
Source: Sleep Medicine Reviews, Vol 32, Apr, 2017 pp. 69-84. Publisher: Elsevier Science; [Journal Article]
Abstract
Polysomnographic studies have been performed to examine the sleep abnormalities in schizophrenia, but the results are inconsistent. An updated systematic review, meta-analysis, and moderator analysis was conducted. Major databases were searched without language restriction from 1968 to January 2014. Data were analyzed using the random-effects model and summarized using the Hedges's g. Thirty-one studies with 574 patients and 515 healthy controls were evaluated. Limited by the number of studies and a lack of patient-level data, moderator analysis was restricted to medication status, duration of medication withdrawal, and illness duration. We showed that patients with schizophrenia have significantly shorter total sleep time, longer sleep onset latency, more wake time after sleep onset, lower sleep efficiency, and decreased stage 4 sleep, slow wave sleep, and duration and latency of rapid eye movement sleep compared to healthy controls. The findings on delta waves and sleep spindles were inconsistent. Moderator analysis could not find any abnormalities in sleep architecture in medication-naïve patients. Patients with antipsychotic withdrawal for longer than eight weeks were shown to have less sleep architectural abnormalities, compared to shorter duration of withdrawal, but the abnormalities in sleep continuity were similar. Slow wave sleep deficit was found in patients with schizophrenia for more than three years, while sleep onset latency was increased in medication-naïve, medication-withdrawn, and medicated patients. Our study showed that polysomnographic abnormalities are present in schizophrenia. Illness duration, medication status, and duration of medication withdrawal are several of the clinical factors that contribute to the heterogeneity between studies. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Functional connectivity when detecting rare visual targets in schizophrenia.
Individuals with schizophrenia demonstrate difficulties in attending to important stimuli (e.g., targets) and ignoring distractors (e.g., non-targets). We used a visual oddball task during fMRI to examine functional connectivity within and between the ventral and dorsal attention networks to determine the relative contribution of each network to detection of rare visual targets in schizophrenia. The sample comprised 25 schizophrenia patients and 27 healthy controls. Psychophysiological interaction analysis was used to examine whole-brain functional connectivity in response to targets. We used the right temporoparietal junction (TPJ) as the seed region for the ventral network and the right medial intraparietal sulcus (IPS) as the seed region for the dorsal network. We found that connectivity between right IPS and right anterior insula (AI; a component of the ventral network) was significantly greater in controls than patients. Expected patterns of within- and between-network connectivity for right TPJ were observed in controls, and not significantly different in patients. These findings indicate functional connectivity deficits between the dorsal and ventral attention networks in schizophrenia that may create problems in processing relevant versus irrelevant stimuli. Understanding the nature of network disruptions underlying cognitive deficits of schizophrenia may help shed light on the pathophysiology of this disorder. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Gray matter volumes may predict the clinical response to paliperidone palmitate long-acting in acute psychosis: A pilot longitudinal neuroimaging study.

Authors:
Altamura, A. Carlo; Delvecchio, Giuseppe; Paletta, Silvia; Di Pace, Chiara; Reggiori, Alessandra; Fiorentini, Alessio; Mirabile, M. Donatella; Paoli, Riccardo A.; Cinnante, Claudia; Triulzi, Fabio; Mauri, Massimo C.; Brambilla, Paolo;


Abstract
In schizophrenia, paliperidone palmitate (PP) long acting injectable (LAI) has been reported to sustain plasma concentrations and improve clinical symptoms. Moreover, it has also been demonstrated the important role of total gray matter (GM) volumes in predicting the clinical outcome. However, no studies investigating the association between PP-LAI treatment and brain morphometry has been published so far. Therefore, the main aim of our 24 weeks prospective observational exploratory study was to investigate the relation between brain anatomy and clinical outcome in seven patients with acute psychosis treated with PP-LAI. At baseline and every month (from T0 to T6) patients were clinically evaluated with the Brief Psychiatric Rating Scale (BPRS). 3T Magnetic Resonance Imaging at baseline was acquired and total GM and intracranial volumes were extracted to explore their predictive values on BPRS scores. After 24 weeks of treatment with PP-LAI, patients showed statistically significant improvements in BPRS scores. Moreover, subjects with higher total GM volumes had a significantly higher BPRS improvement at 24 weeks compared to patients with lower total GM volumes. Our findings confirm the effectiveness of PP-LAI in treating acute psychosis and suggest that greater GM volumes predict drug response, potentially supporting a favorable prognosis. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Increased white matter radial diffusivity is associated with prefrontal cortical folding deficits in schizophrenia.

Authors:
Schultz, C. Christoph; Wagner, Gerd; Schachtzabel, Claudia; Reichenbach, Jürgen R.; Schlösser, Ralf G. M.; Sauer, Heinrich; Koch, Kathrin;

Abstract
The neuronal underpinnings of cortical folding alterations in schizophrenia remain unclear. Theories on the physiological development of cortical folds stress the importance of white matter fibers for this process and disturbances of fiber tracts might be relevant for cortical folding alterations in schizophrenia. Nine-teen patients with schizophrenia and 19 healthy subjects underwent T1-weighted MRI and DTI. Cortical folding was computed using a surface based approach. DTI was analyzed using FSL and SPM 5. Radial diffusivity and cortical folding were correlated covering the entire cortex in schizophrenia. Significantly increased radial diffusivity of the superior longitudinal fasciculus (SLF) in the left superior temporal region was negatively correlated with cortical folding of the left dorsolateral prefrontal cortex (DLPFC) in patients, i.e. higher radial diffusivity, as an indicator for disturbed white matter fiber myelination, was associated with lower cortical folding of the left DLPFC. Patients with pronounced alterations of the SLF showed significantly reduced cortical folding in the left DLPFC. Our study provides novel evidence for a linkage between prefrontal cortical folding alterations and deficits in connecting white matter fiber tracts in schizophrenia and supports the notion that the integrity of white matter tracts is crucial for intact morphogenesis of the cortical folds. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Role of N-methyl-D-aspartate receptors in action-based predictive coding deficits in schizophrenia.
Authors:
Kort, Naomi S.; Ford, Judith M.; Roach, Brian J.; Gunduz-Bruce, Handan; Krystal, John H.; Jaeger, Judith; Reinhart, Robert M.G.; Mathalon, Daniel H.;
Source:
Abstract
Background: Recent theoretical models of schizophrenia posit that dysfunction of the neural mechanisms subserving predictive coding contributes to symptoms and cognitive deficits, and this dysfunction is further posited to result from N-methyl-D-aspartate glutamate receptor (NMDAR) hypofunction. Previously, by examining auditory cortical responses to self-generated speech sounds, we demonstrated that predictive coding during vocalization is disrupted in schizophrenia. To test the hypothesized contribution of NMDAR hypofunction to this disruption, we examined the effects of the NMDAR antagonist, ketamine, on predictive coding during vocalization in healthy volunteers and compared them with the effects of schizophrenia.
Methods: In two separate studies, the N1 component of the event-related potential elicited by speech sounds during vocalization (talk) and passive playback (listen) were compared to assess the degree of N1 suppression during vocalization, a putative measure of auditory predictive coding. In the crossover study, 31 healthy volunteers completed two randomly ordered test days, a saline day and a ketamine day. Event-related potentials during the talk/listen task were obtained before infusion and during infusion on both days, and N1 amplitudes were compared across days. In the case-control study, N1 amplitudes from 34 schizophrenia patients and 33 healthy control volunteers were compared. Results: N1 suppression to self-produced vocalizations was significantly and similarly diminished by ketamine (Cohen’s d = 1.14) and schizophrenia (Cohen’s d = .85). Conclusions: Disruption of NMDARs causes dysfunction in predictive coding during vocalization in a manner similar to the dysfunction observed in schizophrenia patients, consistent with the theorized contribution of NMDAR hypofunction to predictive coding deficits in schizophrenia. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Decreased numbers of somatostatin-expressing neurons in the amygdala of subjects with bipolar disorder or schizophrenia: Relationship to circadian rhythms.
Authors:
Pantazopoulos, Harry; Wiseman, Jason T.; Markota, Matej; Ehrenfeld, Lucy; Berretta, Sabina;
Source:
Biological Psychiatry, Vol 81(6), Mar 15, 2017 pp. 536-547. Publisher: Elsevier Science; [Journal Article]
Abstract
Background: Growing evidence points to a key role for somatostatin (SST) in schizophrenia (SZ) and bipolar disorder (BD). In the amygdala, neurons expressing SST play an important role in the regulation of
anxiety, which is often comorbid in these disorders. We tested the hypothesis that SST-immunoreactive (IR) neurons are decreased in the amygdala of subjects with SZ and BD. Evidence for circadian SST expression in the amygdala and disrupted circadian rhythms and rhythmic peaks of anxiety in BD suggest a disruption of rhythmic expression of SST in this disorder. Methods: Amygdala sections from 12 SZ, 15 BD, and 15 control subjects were processed for immunocytochemistry for SST and neuropeptide Y, a neuropeptide partially coexpressed in SST-IR neurons. Total numbers (Nt) of IR neurons were measured. Time of death was used to test associations with circadian rhythms. Results: SST-IR neurons were decreased in the lateral amygdala nucleus in BD (Nt, p = .003) and SZ (Nt, p = .02). In normal control subjects, Nt of SST-IR neurons varied according to time of death. This pattern was altered in BD subjects, characterized by decreases of SST-IR neurons selectively in subjects with time of death corresponding to the day (6:00 AM to 5:59 PM). Numbers of neuropeptide Y-IR neurons were not affected. Conclusions: Decreased SST-IR neurons in the amygdala of patients with SZ and BD, interpreted here as decreased SST expression, may disrupt responses to fear and anxiety regulation in these individuals. In BD, our findings raise the possibility that morning peaks of anxiety depend on a disruption of circadian regulation of SST expression in the amygdala. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Cognitive remediation for negative symptoms of schizophrenia: A network meta-analysis.
Authors: Cella, Matteo; Preti, Antonio; Edwards, Clementine; Dow, Tabitha; Wykes, Til;
Abstract
Cognitive remediation (CR) is a treatment targeting cognitive difficulties in people with schizophrenia. Recent research suggested that CR may also have a positive effect on negative symptoms. This meta-analysis investigates the effect of CR on negative symptoms. A systematic search was used to identify all randomized-controlled trials of CR in people with schizophrenia reporting negative symptoms outcomes. Levels of negative symptoms at baseline, post-therapy and follow-up, sample demographics and treatment length were extracted. Study methodological quality and heterogeneity were addressed. Negative symptoms standardized mean change was calculated using Hedges's g and used as the main outcome. The search identified 45 studies reporting results for 2511 participants; 15 studies reported follow-up outcomes. CR was associated with a reduction of negative symptoms (most conservative model g = −0.30; 95% CI: −0.36, −0.22) at post-therapy compared with treatment as usual and this effect was larger at follow-up (g = −0.36; 95% CI: −0.51, −0.21). Drop-out rate was comparable between conditions. Network meta-analysis confirmed CR was superior to TAU and TAU plus active control or adjunctive treatment. No evidence of publication bias was found. Studies with more rigorous methodology were associated with larger negative symptom reduction (g = −0.40; 95% CI: −0.51 to −0.30). Although negative symptoms have not been considered a primary target for CR, this intervention can have small to moderate beneficial effects on this symptom cluster. Future research should explore in detail the active mechanisms responsible for negative symptom reduction and the relationship between cognitive and negative symptoms in schizophrenia. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Allostatic load and reduced cortical thickness in schizophrenia.
Authors: Chiappelli, Joshua; Kochunov, Peter; Savransky, Anya; Fisseha, Feven; Wisner, Krista; Du, Xiaoming; Rowland, Laura M.; Hong, L. Elliot;
Source: Psychoneuroendocrinology, Vol 77, Mar, 2017 pp. 105-111. Publisher: Elsevier Science; [Journal Article]
Abstract
Structural imaging studies have consistently found reduced gray matter thickness of the cerebral cortex in schizophrenia, a finding that is evident in first episode psychosis and may be progressive in some cases. Although genetic predisposition and medication effects may contribute to cortical thinning, we hypothesize that the cumulative effects of stress may represent an environmental factor impacting brain morphology in
schizophrenia. We examined the relationship between allostatic load, an index of peripheral biomarkers representing the cumulative effects of stress, and cortical thickness. Allostatic load was calculated for 44 patients with schizophrenia spectrum disorders (SSD) and 33 normal controls (NC) based on 13 cardiovascular, neuroendocrine, immune, and metabolic measurements. Controlling for age, SSD had significantly elevated allostatic load as compared with NC (p = 0.008). Controlling for age, whole brain average cortical thickness was lower in SSD patients compared to NC (p = 0.008). However, once allostatic load was accounted for, the group difference in cortical thickness became marginal (p = 0.058). Exploratory analyses on subcomponents of allostatic load suggested that elevated immune marker C-reactive protein, stress hormones, and cardiovascular indices within allostatic load were more strongly associated with reduced cortical thickness in SSD. In NC, only the association between immune marker C-reactive protein and cortical thickness was replicated. These results support the hypothesis that allostatic load may account for some of the gray matter deficits observed in schizophrenia. Among the allostatic indices, the inflammatory mechanism appears particularly relevant to cortical thickness in both schizophrenia patients and normal controls. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Athanasiu, Lavinia; Giddaluru, Sudheer; Fernandes, Carla; Christoforou, Andrea; Reinvang, Ivar; Lundervold, Astrid J.; Nilsson, Lars-Göran; Kauppi, Karolina; Adolfsson, Rolf; Eriksson, Elias; Sundet, Kjetil; Djurovic, Srđjan; Espeseth, Thomas; Nyberg, Lars; Steen, Vidar M.; Andreassen, Ole A.; Le Hellard, Stephanie;

Source:

Abstract
The complement cascade plays a role in synaptic pruning and synaptic plasticity, which seem to be involved in cognitive functions and psychiatric disorders. Genetic variants in the closely related CSMD1 and CSMD2 genes, which are implicated in complement regulation, are associated with schizophrenia. Since patients with schizophrenia often show cognitive impairments, we tested whether variants in CSMD1 and CSMD2 are also associated with cognitive functions per se. We took a discovery-replication approach, using well-characterized Scandinavian cohorts. A total of 1637 SNPs in CSMD1 and 206 SNPs in CSMD2 were tested for association with cognitive functions in the NCNG sample (Norwegian Cognitive NeuroGenetics; n = 670). Replication testing of SNPs with p-value < 0.001 (7 in CSMD1 and 3 in CSMD2) was carried out in the TOP sample (Thematically Organized Psychosis; n = 1025) and the BETULA sample (Betula Longitudinal Study on aging, memory and dementia; n = 1742). Finally, we conducted a meta-analysis of these SNPs using all three samples. The previously identified schizophrenia marker in CSMD1 (SNP rs10503253) was also included. The strongest association was observed between the CSMD1 SNP rs2740931 and performance in immediate episodic memory (p-value = 5 × 10−6, minor allele A, MAF 0.48–0.49, negative direction of effect). This association reached the study-wide significance level (p⩽1.2 × 10−5). SNP rs10503253 was not significantly associated with cognitive functions in our samples. In conclusion, we studied n = 3437 individuals and found evidence that a variant in CSMD1 is associated with cognitive function. Additional studies of larger samples with cognitive phenotypes will be needed to further clarify the role of CSMD1 in cognitive phenotypes in health and disease. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
The DRD2 rs1076560 polymorphism and schizophrenia-related intermediate phenotypes: A systematic review and meta-analysis.
Authors:
Luykx, Jurjen J.; Broersen, Juliette L.; de Leeuw, Max;

Source:
Neuroscience and Biobehavioral Reviews, Vol 74(Part A), Mar, 2017 pp. 214-224. Publisher: Elsevier Science; [Journal Article]

Abstract
Intermediate phenotypes may contribute to elucidate the genetic determinants of schizophrenia. A regulatory dopamine 2-receptor gene (DRD2) polymorphism (rs1076560; G > T) has been identified as a genetic risk factor for schizophrenia. Studies report conflicting results on its involvement in schizophrenia intermediate phenotypes and no systematic review on this topic has been published. Therefore, we aimed to assess whether this polymorphism is implicated in schizophrenia intermediate phenotypes by performing a systematic review and meta-analysis. Alternative allele carrier status negatively affected all intermediate phenotypes except for brain morphology, for which inconsistent genotype effects were found. Specifically, alternative allele carriers showed inefficient brain recruitment in healthy subjects and decreased brain recruitment in schizophrenia patients. Finally, significant results of the meta-analysis on functional magnetic resonance imaging in healthy subjects pinpointed rs1076560-associated brain regions, in particular the fronto-striatal network. To increase homogeneity and thus improve comparability in future genetic studies investigating SCZ intermediate phenotypes, we highlight methodological caveats and provide suggestions to circumvent such pitfalls. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Clinically proven drug targets differentially expressed in the prefrontal cortex of schizophrenia patients.
Authors:
Abstract
Background: Due to the heterogeneous nature of schizophrenia, understanding the genetic risk for the disease is a complex task. Gene expression studies have proven to be more reliable than association studies as they are consistently replicated in a tissue specific manner. Methods: Using RNA-Seq we analysed gene expression in the frontal cortex of 24 individuals with schizophrenia and 25 unaffected controls. Results: We identified 1146 genes that were differentially expressed in schizophrenia, approximately 60% of which were up-regulated and 366 of 1146 (32%) also have aberrant DNA methylation (p = 2.46 × 10−39). The differentially expressed genes were significantly overrepresented in several pathways including inflammatory (p = 8.7 × 10−3) and nitric oxide pathways (p = 9.2 × 10−4). Moreover, these genes were significantly enriched for those with a druggable genome (p = 0.04). We identified a number of genes that are significantly up-regulated in schizophrenia as confirmed in other gene expression studies using different brain tissues. Of the 349 genes associated with schizophrenia from the Psychiatric Genomics Consortium we identified 16 genes that are significant from our list of differentially expressed genes. Conclusions: Our results identified biological functional genes that are differentially expressed in schizophrenia. A subset of these genes are clinically proven drug targets. We also found a strong pattern of differentially expressed immune response genes that may reflect an underlying defect in schizophrenia. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Impaired cue identification and intention retrieval underlie prospective memory deficits in patients with first-episode schizophrenia.

Authors:
Liu, Dengtang; Ji, Chengfeng; Zhuo, Kaiming; Song, Zhenhua; Wang, Yingchan; Mei, Li; Zhu, Dianming; Xiang, Qiong; Chen, Tianyi; Yang, Zhilei; Zhu, Guang; Wang, Ya; Cheung, Eric F. C.; Xiang, Yu-tao; Fan, Xiaoduo; Chan, Raymond C. K.; Xu, Yifeng; Jiang, Kaida;

Source:

Abstract
Objective: Schizophrenia is associated with impairment in prospective memory, the ability to remember to carry out an intended action in the future. It has been established that cue identification (detection of the cue event signaling that an intended action should be performed) and intention retrieval (retrieval of an intention from long-term memory following the recognition of a prospective cue) are two important processes underlying prospective memory. The purpose of this study was to examine prospective memory deficit and underlying cognitive processes in patients with first-episode schizophrenia. Methods: This study examined cue identification and intention retrieval components of event-based prospective memory using a dual-task paradigm in 30 patients with first-episode schizophrenia and 30 healthy controls. All participants were also administered a set of tests assessing working memory and retrospective memory. Results: Both cue identification and intention retrieval were impaired in patients with first-episode schizophrenia compared with healthy controls (ps < 0.05), with a large effect size for cue identification (Cohen’s d = 0.98) and a medium effect size for intention retrieval (Cohen’s d = 0.62). After controlling for working memory and retrospective memory, the difference in cue identification between patients and healthy controls remained significant. However, the difference in intention retrieval between the two groups was no longer significant. In addition, there was a significant inverse relationship between cue identification and negative symptoms (r = −0.446, p = 0.013) in the patient group. Conclusion: These findings suggest that both cue identification and intention retrieval in event-based prospective memory are impaired in patients with first-episode schizophrenia. Cue identification and intention retrieval could be potentially used as biomarkers for early detection and treatment prognosis of schizophrenia. In addition, addressing cue identification deficit through cognitive enhancement training may potentially improve negative symptoms as well. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Intrusive thoughts: Linking spontaneous mind wandering and OCD symptomatology.

Authors:
Seli, Paul; Risko, Evan F.; Purdon, Christine; Smilek, Daniel;

Source:

Abstract
One recent line of research in the literature on mind wandering has been concerned with examining rates of mind wandering in special populations, such as those characterized by attention-deficit/hyperactivity disorder, dysphoria, and schizophrenia. To best conceptualize mind wandering in studies examining special populations, it has recently been suggested that researchers distinguish between deliberate and spontaneous subtypes of this experience. Extending this line of research on mind wandering in special populations, in a large non-clinical sample (N = 2636), we examined how rates of deliberate and spontaneous mind wandering vary with symptoms of obsessive–compulsive disorder (OCD). Results indicate that, whereas deliberate mind wandering is not associated with OCD symptomatology, spontaneous mind wandering is, with higher reports of spontaneous mind wandering being associated with higher reports of OCD symptoms. We discuss the implications of these results for understanding both mind wandering and OCD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Functioning in patients with schizophrenia: A systematic review of the literature using the International Classification of Functioning, Disability and Health (ICF) as a reference.

Authors:
Gorostiaga, A.; Balluerka, N.; Guilera, G.; Aliri, J.; Barrios, M.;

Source:
Quality of Life Research: An International Journal of Quality of Life Aspects of Treatment, Care & Rehabilitation, Vol 26(3), Mar, 2017 pp. 531-543. Publisher: Springer; [Journal Article]

Abstract
Purpose: To identify and quantify the main concepts included in published studies focusing on individuals with schizophrenia using the International Classification of Functioning, Disability and Health (ICF). Methods: Searches (limited to those published from 2008 to 2012) were performed in MEDLINE, PsycINFO and CINAHL. Included studies described participants with schizophrenia, were original articles and included only subjects who were at least 18 years of age at study entry. All concepts underlying the measures and the text of the articles were extracted, and they were linked to ICF categories using standardized rules. Results: From the 3584 Abstracts retrieved, 348 were randomly selected, and of these, 206 studies met the inclusion criteria. A total of 17,141 concepts were extracted, 84.8% of which could be linked to 491 ICF categories: 222 (45.21%) of the categories referred to Body Functions, 29 (5.91%) to Body Structures, 186 (37.88%) to Activities and Participation and 54 (11%) to Environmental Factors. Seventy second-level categories were reported in at least 5% of all studies: 30 of these categories referred to Body Functions, 2 to Body Structures, 34 to Activities and Participation and 4 to Environmental Factors. Conclusion: The study has allowed us to identify and quantify the main concepts included in studies focusing on people with schizophrenia using the ICF. The majority of the concepts refer to Body Functions and Activities and Participation, rather than to Body Structures and Environmental Factors. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Alcohol use is associated with thinner cerebral cortex and larger ventricles in schizophrenia, bipolar disorder and healthy controls.

Authors:

Source:
Psychological Medicine, Vol 47(4), Mar, 2017 pp. 655-668. Publisher: Cambridge University Press;
Abstract
Background: Excessive alcohol use is associated with brain damage but less is known about brain effects from moderate alcohol use. Previous findings indicate that patients with severe mental illness, particularly schizophrenia, are vulnerable to alcohol-related brain damage. We investigated the association between levels of alcohol consumption and cortical and subcortical brain structures in schizophrenia and bipolar disorder patients and healthy controls, and investigated for group differences for this association. Method: 1.5 T structural magnetic resonance images were acquired of 609 alcohol-using participants (165 schizophrenia patients, 172 bipolar disorder patients, 272 healthy controls), mean (s.d.) age 34.2 (9.9) years, 52% men. Past year alcohol use was assessed with the Alcohol Use Disorder Identification Test—Consumption part (AUDIT-C). General linear models were used to investigate associations between AUDIT-C score and cortical thickness, surface area, and total brain and subcortical volumes. Results: Increasing AUDIT-C score was linearly associated with thinner cortex in medial and dorsolateral frontal and parieto-occipital regions, and with larger left lateral ventricle volume. There was no significant interaction between AUDIT-C score and diagnostic group. The findings remained significant after controlling for substance use disorders, antipsychotic medication and illness severity. Conclusion: The results show a dose-dependent relationship between alcohol use and thinner cortex and ventricular expansion. The findings are present also at lower levels of alcohol consumption and do not differ between schizophrenia or bipolar disorder patients compared to healthy controls. Our results do not support previous findings of increased vulnerability for alcohol-related brain damage in severe mental illness.


Title:
Insight as a social identity process in the evolution of psychosocial functioning in the early phase of psychosis.

Authors:
Klaas, H. S.; Clémence, A.; Marion-Veyron, R.; Antonietti, J.-P.; Alameda, L.; Golay, P.; Conus, P.;

Source:
Psychological Medicine, Vol 47(4), Mar, 2017 pp. 718-729. Publisher: Cambridge University Press;

Abstract
Background: Awareness of illness (insight) has been found to have contradictory effects for different functional outcomes after the early course of psychosis. Whereas it is related to psychotic symptom reduction and medication adherence, it is also associated with increased depressive symptoms. In this line, the specific effects of insight on the evolution of functioning over time have not been identified, and social indicators, such as socio-occupational functioning have barely been considered. Drawing from social identity theory we investigated the impact of insight on the development of psychosocial outcomes and the interactions of these variables over time. Method: The participants, 240 patients in early phase of psychosis from the Treatment and Early Intervention in Psychosis Program (TIPP) of the University Hospital of Lausanne, Switzerland, were assessed at eight time points over 3 years. Cross-lagged panel analyses and multilevel analyses were conducted on socio-occupational and general functioning [Social and Occupational Functioning Assessment Scale (SOFAS) and Global Assessment of Functioning (GAF)] with insight, time and depressive symptoms as independent variables. Results: Results from multilevel analyses point to an overall positive impact of insight on psychosocial functioning, which increases over time. Yet the cross-lagged panel analysis did not reveal a systematic positive and causal effect of insight on SOFAS and GAF scores. Depressive symptoms seem only to be relevant in the beginning of the treatment process. Conclusions: Our results point to a complex process in which the positive impact of insight on psychosocial functioning increases over time, even when considering depressive symptoms. Future studies and treatment approaches should consider the procedural aspect of insight. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Fronto‐temporal connectivity predicts cognitive empathy deficits and experiential negative symptoms in schizophrenia.

Authors:
Impaired cognitive empathy is a core social cognitive deficit in schizophrenia associated with negative symptoms and social functioning. Cognitive empathy and negative symptoms have also been linked to medial prefrontal and temporal brain networks. While shared behavioral and neural underpinnings are suspected for cognitive empathy and negative symptoms, research is needed to test these hypotheses. In two studies, we evaluated whether resting-state functional connectivity between data-driven networks, or components (referred to as, inter-component connectivity), predicted cognitive empathy and experiential and expressive negative symptoms in schizophrenia subjects. Study 1: We examined associations between cognitive empathy and medial prefrontal and temporal inter-component connectivity at rest using a group-matched schizophrenia and control sample. We then assessed whether inter-component connectivity metrics associated with cognitive empathy were also related to negative symptoms. Study 2: We sought to replicate the connectivity-symptom associations observed in Study 1 using an independent schizophrenia sample. Study 1 results revealed that while the groups did not differ in average inter-component connectivity, a medial-fronto-temporal metric and an orbito-fronto-temporal metric were related to cognitive empathy. Moreover, the medial-fronto-temporal metric was associated with experiential negative symptoms in both schizophrenia samples. These findings support recent models that link social cognition and negative symptoms in schizophrenia. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Gene expression-based biological test for major depressive disorder: An advanced study.
Authors: Watanabe, Shin-ya; Numata, Shusuke; Iga, Jun-ichi; Kinoshita, Makoto; Umehara, Hidehiro; Ishii, Kazuo; Ohmori, Tetsuro;
Abstract
Purpose: Recently, we could distinguished patients with major depressive disorder (MDD) from nonpsychiatric controls with high accuracy using a panel of five gene expression markers (ARHGAP24, HDAC5, PDGFC, PRNP, and SLC6A4) in leukocyte. In the present study, we examined whether this biological test is able to discriminate patients with MDD from those without MDD, including those with schizophrenia and bipolar disorder. Patients and methods: We measured messenger ribonucleic acid expression levels of the aforementioned five genes in peripheral leukocytes in 17 patients with schizophrenia and 36 patients with bipolar disorder using quantitative real-time polymerase chain reaction (PCR), and we combined these expression data with our previous expression data of 25 patients with MDD and 25 controls. Subsequently, a linear discriminant function was developed for use in discriminating between patients with MDD and without MDD. Results: This expression panel was able to segregate patients with MDD from those without MDD with a sensitivity and specificity of 64% and 67.9%, respectively. Conclusion: Further research to identify MDD-specific markers is needed to improve the performance of this biological test. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Relevance of a subjective quality of life questionnaire for long-term homeless persons with schizophrenia.
Authors: Girard, V.; Tinland, A.; Bonin, J. P.; Olive, F.; Poule, J.; Lancon, C.; Apostolidis, T.; Rowe, M.; Greacen, T.; Simeoni, M. C.;
Abstract
Background: Increasing numbers of programs are addressing the specific needs of homeless people with schizophrenia in terms of access to housing, healthcare, basic human rights and other domains. Although quality of life scales are being used to evaluate such programs, few instruments have been validated for people with schizophrenia and none for people with schizophrenia who experience major social problems such as homelessness. The aim of the present study was to validate the French version of the S-QoL a self-administered, subjective quality of life questionnaire specific to schizophrenia for people with schizophrenia who are homeless. Methods: In a two-step process, the S-QoL was first administered to two independent convenience samples of long-term homeless people with schizophrenia in Marseille, France. The objective of the first step was to analyse the psychometric properties of the S-QoL. The objective of the second step was to examine, through qualitative interviews with members of the population in question, the relevance and acceptability of the principle quality of life indicators used in the S-QoL instrument. Results: Although the psychometric characteristics of the S-QoL were found to be globally satisfactory, from the point of view of the people being interviewed, acceptability was poor. Respondents frequently interrupted participation complaining that questionnaire items did not take into account the specific context of life on the streets. Conclusions: Less intrusive questions, more readily understandable vocabulary and greater relevance to subjects’ living conditions are needed to improve the S-QoL questionnaire for this population. A modular questionnaire with context specific sections or specific quality of life instruments for socially excluded populations may well be the way forward. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Lifestyle factors and the metabolic syndrome in Schizophrenia: A cross-sectional study.
Authors: Heald, Adrian; Pendlebury, John; Anderson, Simon; Narayan, Vinesh; Guy, Mark; Gibson, Martin; Haddad, Peter; Livingston, Mark;
Abstract
Background: Cardiometabolic disease is more common in patients with schizophrenia than the general population. Aim: The purpose of the study was to assess lifestyle factors, including diet and exercise, in patients with schizophrenia and estimate the prevalence of metabolic syndrome. Methods: This is a cross-sectional study of a representative group of outpatients with schizophrenia in Salford, UK. An interview supplemented by questionnaires was used to assess diet, physical activity, and cigarette and alcohol use. Likert scales assessed subjects’ views of diet and activity. A physical examination and relevant blood tests were conducted. Results: Thirty-seven people were included in the study. 92% of men had central adiposity, as did 91.7% of women (International Diabetes Federation Definition). The mean age was 46.2 years and mean illness duration was 11.6 years. 67.6% fulfilled criteria for the metabolic syndrome. The mean number of fruit and vegetable portions per day was 2.8 ± 1.8. Over a third did not eat any fruit in a typical week. 42% reported doing no vigorous activity in a typical week. 64.9% smoked and in many cigarette use was heavy. The Likert scale showed that a high proportion of patients had insight into their unhealthy lifestyles. Conclusions: Within this sample, there was a high prevalence of poor diet, smoking and inadequate exercise. Many did not follow national recommendations for dietary intake of fruit and vegetables and daily exercise. These factors probably contribute to the high prevalence of metabolic syndrome. Many had insight into their unhealthy lifestyles. Thus, there is potential for interventions to improve lifestyle factors and reduce the risk of cardiometabolic disease. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Grey matter volume patterns in thalamic nuclei are associated with familial risk for schizophrenia.
Authors: Pergola, Giulio; Trizio, Silvestro; Di Carlo, Pasquale; Taurisano, Paolo; Mancini, Marina; Amoroso, Nicola; Nettis, Maria Antonietta; Andriola, Ileana; Caforio, Grazia; Popolizio, Teresa; Rampino, Antonio; Di Giorgio, Annabella; Bertolino, Alessandro; Blasi, Giuseppe;
Source:
Abstract
Previous evidence suggests reduced thalamic grey matter volume (GMV) in patients with schizophrenia (SCZ). However, it is not considered an intermediate phenotype for schizophrenia, possibly because previous studies did not assess the contribution of individual thalamic nuclei and employed univariate statistics. Here, we hypothesized that multivariate statistics would reveal an association of GMV in different thalamic nuclei with familial risk for schizophrenia. We also hypothesized that accounting for the heterogeneity of thalamic GMV in healthy controls would improve the detection of subjects at familial risk for the disorder. We acquired MRI scans for 96 clinically stable SCZ, 55 non-affected siblings of patients with schizophrenia (SIB), and 249 HC. The thalamus was parceled into seven regions of interest (ROIs). After a canonical univariate analysis, we used GMV estimates of thalamic ROIs, together with total thalamic GMV and premorbid intelligence, as features in Random Forests to classify HC, SIB, and SCZ. Then, we computed a Misclassification Index for each individual and tested the improvement in SIB detection after excluding a subsample of HC misclassified as patients. Random Forests discriminated SCZ from HC (accuracy = 81%) and SIB from HC (accuracy = 75%). Left anteromedial thalamic volumes were significantly associated with both multivariate classifications (p < 0.05). Excluding HC misclassified as SCZ improved greatly HC vs. SIB classification (Cohen's d = 1.39). These findings suggest that multivariate statistics identify a familial background associated with thalamic GMV reduction in SCZ. They also suggest the relevance of inter-individual variability of GMV patterns for the discrimination of individuals at familial risk for the disorder. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Progressive deterioration of thalamic nuclei relates to cortical network decline in schizophrenia.
Authors:
Cobia, Derin J.; Smith, Matthew J.; Salinas, Ilse; Ng, Charlene; Gado, Mokhtar; Csernansky, John G.; Wang, Lei;
Source:
Abstract
Thalamic abnormalities are considered part of the complex pathophysiology of schizophrenia, particularly the involvement of specific thalamic nuclei. The goals of this study were to: introduce a novel atlas-based parcellation scheme for defining various thalamic nuclei; compare their integrity in a schizophrenia sample against healthy individuals at baseline and follow-up time points, as well as rates of change over time; examine relationships between the nuclei and abnormalities in known connected cortical regions; and finally, to determine if schizophrenia-related thalamic nuclei changes relate to cognitive functioning and clinical symptoms. Subjects were from a larger longitudinal 2-year follow-up study, schizophrenia (n = 20) and healthy individuals (n = 20) were group-matched for age, gender, and recent-alcohol use. We used high-dimensional brain mapping to obtain thalamic morphology, and applied a novel atlas-based method for delineating anterior, mediodorsal, and pulvinar nuclei. Results from cross sectional GLMs revealed group differences in bilateral mediodorsal and anterior nuclei, while longitudinal models revealed significant group-by-time interactions for the mediodorsal and pulvinar nuclei. Cortical correlations were the strongest for the pulvinar in frontal, temporal and parietal regions, followed by the mediodorsal nucleus in frontal regions, but none in the anterior nucleus. Thalamic measures did not correlate with cognitive and clinical scores at any time point or longitudinally. Overall, findings revealed a pattern of persistent progressive abnormalities in thalamic nuclei that relate to advancing cortical decline in schizophrenia, but not with measures of behavior. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Reduced sleep spindle activity point to a TRN-MD thalamus-PFC circuit dysfunction in schizophrenia.
Authors:
Ferrarelli, Fabio; Tononi, Giulio;
Source:
Schizophrenia Research, Vol 180, Feb, 2017 pp. 36-43. Publisher: Elsevier Science; [Journal Article]
Abstract
Sleep disturbances have been reliably reported in patients with schizophrenia, thus suggesting that abnormal sleep may represent a core feature of this disorder. Traditional electroencephalographic studies investigating sleep architecture have found reduced deep non-rapid eye movement (NREM) sleep, or slow wave sleep (SWS), and increased REM density. However, these findings have been inconsistently observed, and have not survived meta-analysis. By contrast, several recent EEG studies exploring brain activity during sleep have established marked deficits in sleep spindles in schizophrenia, including first-episode and early-onset patients, compared to both healthy and psychiatric comparison subjects. Spindles are waxing and waning, 12–16Hz NREM sleep oscillations that are generated within the thalamus by the thalamic reticular nucleus (TRN), and are then synchronized and sustained in the cortex. While the functional role of sleep spindles still needs to be fully established, increasing evidence has shown that sleep spindles are implicated in learning and memory, including sleep dependent memory consolidation, and spindle parameters have been associated to general cognitive ability and IQ. In this article we will review the EEG studies demonstrating sleep spindle deficits in patients with schizophrenia, and show that spindle deficits can predict their reduced cognitive performance. We will then present data indicating that spindle impairments point to a TRN-MD thalamus-prefrontal cortex circuit deficit, and discuss about the possible molecular mechanisms underlying thalamo-cortical sleep spindle abnormalities in schizophrenia.


Title: Implications for the thalamic reticular nucleus in impaired attention and sleep in schizophrenia.
Authors: Young, Allison; Wimmer, Ralf D.;
Abstract
The thalamic reticular nucleus (TRN) is an inhibitory shell positioned between the thalamus and the cortex. It is uniquely situated to modulate the flow of sensory information from the surroundings to the cortex as well as influencing ongoing cortical activity by modulating cortico-thalamo-cortical transmission. Although the thinness, architecture and location of the TRN deep in the brain has previously made this a difficult structure to study, novel optical and genetic tools have allowed for more precise targeting of this area. Recent research has implicated a role for the TRN in attention and sleep. Interestingly, impairments in attention and sleep resulting from TRN perturbation are strikingly similar to the clinical deficits observed in schizophrenia. This review aims to discuss recent evidence for the role of TRN in attention and sleep born from optogenetic work and connect these findings with those clinically observed in schizophrenia. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Review of thalamocortical resting-state fMRI studies in schizophrenia.
Authors: Giraldo-Chica, Monica; Woodward, Neil D.;
Abstract
Brain circuitry underlying cognition, emotion, and perception is abnormal in schizophrenia. There is considerable evidence that the neuropathology of schizophrenia includes the thalamus, a key hub of cortical-subcortical circuitry and an important regulator of cortical activity. However, the thalamus is a heterogeneous structure composed of several nuclei with distinct inputs and cortical connections. Limitations of conventional neuroimaging methods and conflicting findings from post-mortem investigations have made it difficult to determine if thalamic pathology in schizophrenia is widespread or limited to specific thalamocortical circuits. Resting-state fMRI has proven invaluable for understanding the large-scale functional organization of the brain and investigating neural circuitry relevant to psychiatric disorders. This article summarizes resting-state fMRI investigations of thalamocortical functional connectivity in schizophrenia. Particular attention is paid to the course, diagnostic specificity, and clinical
correlates of thalamocortical network dysfunction. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:**
Potential synergistic action of 19 schizophrenia risk genes in the thalamus.

**Authors:**
Richard, Edwin A.; Khlestova, Elizaveta; Nanu, Roshan; Lisman, John E.;

**Source:**

**Abstract**
A goal of current schizophrenia (SZ) research is to understand how multiple risk genes work together with environmental factors to produce the disease. In schizophrenia, there is elevated delta frequency EEG power in the awake state, an elevation that can be mimicked in rodents by N-methyl-D-aspartate receptor (NMDAR) antagonist action in the thalamus. This thalamic delta can be blocked by dopamine D2 receptor antagonists, agents known to be therapeutic in SZ. Experiments suggest that these oscillations can interfere with brain function and may thus be causal in producing psychosis. Here we evaluate the question of whether well-established schizophrenia risk genes may interact to affect the delta generation process. We identify 19 risk genes that can plausibly work in a synergistic fashion to generate delta oscillations. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:**
The effectiveness of the Nanta-program on psychiatric symptoms, interpersonal relationships, and quality of life in forensic inpatients with schizophrenia.

**Authors:**
Jeon, Gang-sook; Gang, Moonhee; Oh, Kyongok;

**Source:**

**Abstract**
Purpose: The purpose of this study was to examine the effectiveness of the Nanta-program on psychiatric symptoms, interpersonal relationships, and quality of life (QoL) in forensic inpatients with schizophrenia (SPR). Methods: A quasi-experimental study employing a nonequivalent control group and pre–posttest design was conducted. Participants were 38 forensic inpatients with SPR from South Korea (experimental group = 18, control group=20). The intervention was conducted in 12 sessions over 12 weeks, taking 90 min per session. Data were analyzed using χ²-test and t-test with SPSS 22.0 program. Results: The experimental group showed significant improvements in psychiatric symptoms (t = −2.73, p = .010) and slight improvement in interpersonal relationships (t = 2.23, p = .0.34) after 12 weeks of group music therapy. There was no significant difference in QoL change between the two groups. Conclusion: These findings indicate that the Nanta-program is an effective intervention program for improving psychiatric symptoms and interpersonal relationships of prisoners with schizophrenia. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:**
New evidence in support of staging approaches in schizophrenia: Differences in clinical profiles between first episode, early stage, and late stage.

**Authors:**
Ortiz, Bruno Bertolucci; Eden, Fernanda Dal Medico; de Souza, Aline Silva Rodrigues; Teciano, Carla Agostinho; de Lima, Daniela Malatesta; Noto, Cristiano; Higuchi, Cinthia Hiroko; Cogo-Moreira, Hugo; Bressan, Rodrigo Affonso; Gadilha, Ary;

**Source:**

**Abstract**
Few studies have examined the progression of symptom dimensions in schizophrenia patients over the course of the illness. The objective of this study was to investigate whether clinical and psychopathological differences exist between first-episode schizophrenia (FES) and multiple-episode patients in an inpatient setting. Patients (N = 203) were evaluated using the Positive and Negative Syndrome Scale (PANSS) over time. Five different generalized estimating equations were built for the PANSS factors using the following as covariates: sex, patient's age, assessment time point (i.e., moment of patient's evaluation, with a minimum of two and a maximum of four assessments throughout the study timeframe). The FES group was used as the reference to which the groups with up to five years of illness and more than five years of illness were compared. Remission rates and treatment resistance (TRS) rates were also compared. Generalized estimating equations were used to allow for different numbers of assessments over the study period. Patients with FES showed significantly milder severity in positive, disorganized, and hostility factors. Also, FES patients were more likely to achieve remission (P = 0.002) and had lower rates of TRS (P = 0.001). First-episode schizophrenia seems to be the critical period to improve outcome, as multiple-episode patients were similar in clinical characteristics regardless of illness duration. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-06653-014&site=ehost-live

Title: Measuring medication adherence in patients with schizophrenia: An integrative review.
Authors: Bright, Cordellia E.;
Abstract
Purpose: The purpose of this paper is to assess the validity, reliability and levels of evidence of existing instruments for measuring medication adherence in patients with schizophrenia. Background: Schizophrenia is estimated to affect approximately 7 individuals out of 1000 in their lifetimes, with fifty percent of patients attempting suicide. However studies have shown that measuring medication adherence in patients with schizophrenia is difficult and no gold standard currently exists. Without reliable and valid instruments to evaluate non-adherence in this population, research into strategies to improve adherence cannot move forward. Data Sources: This integrative review used the following search terms: assessing, measuring, medication adherence, schizophrenia, medication non-adherence, validity, reliability and measures. Databases searched included CINAHL, PubMed, PsycINFO and Scopus). Studies were included if they were published from 2000 to 2016. Fourteen instruments were identified from six studies and were included in this review. Results: All the instruments assessed were weak in both validity and reliability coupled with having low levels of evidence. Three instruments (two are fairly new) yielded better validity, reliability and sensitivity; however they have not been assessed in broad, diverse samples, so their generalizability remains unclear. Conclusion: This study suggests the need to develop an instrument with adequate validity, reliability, and sensitivity to various patients' characteristics. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Comorbidities with chronic physical conditions and gender profiles of illness in schizophrenia. Results from PREST, a new health dataset.
Authors: Gabilondo, Andrea; Alonso-Moran, Edurne; Nuño-Solinis, Roberto; Orueta, Juan F.; Iruin, Alvaro;
Abstract
Objective: Using data from a large health dataset, the objectives are to describe the epidemiology of comorbidities with chronic physical conditions in schizophrenia, to identify gender profiles of illness and to discuss findings in the light of previous research. Methods: The PREST health database was used which combines high quality and complementary data from numerous public health care resources in the Basque Country (Spain). Results: A total number of 2,255,406 patients were included in this study and 7331 had a diagnosis of schizophrenia. 55.6% of them had one comorbid condition and 29.3% had 2 or
more (e.g. multiple comorbidities). Hypertension (16.8%) was the most prevalent diagnosed comorbid condition in these patients. The risk of having neuropsychiatric disorders including Parkinson (OR up to 47.89), infectious diseases (OR up to 3.31) or diabetes (OR 2.23) was increased, while the risk of having cancer (OR down to 0.76) or some cardiovascular conditions (OR down to 0.63) was reduced. Women (both with and without schizophrenia) showed higher percentages of comorbidities than men. A cluster of respiratory diseases was found only in women with schizophrenia (not in men). Conclusions: Results confirm partially previous findings and call for a more proactive and comprehensive approach to the health care of patients with schizophrenia. Specific profiles of risks for concrete disorders were identified which could be explained by selective underdiagnoses or higher exposition to risk factors in this group of patients. Results also suggest the need of a more gender oriented approach to health care in schizophrenia. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Sex differences in drug-induced psychosis.
Authors:
Mendrek, Adrianna; Fattore, Liana;
Source:
Abstract
Men and women affected by schizophrenia display different age of onset, symptom profile and course of the disease. Similarly, men and women differ in the prevalence and frequency of drug use, pattern and reasons of use, and vulnerability to develop drug addiction. An understanding of the role of sex in modulating brain processes and behavior in patients with substance use disorder and/or schizophrenia-like symptoms has broad implications for gender-tailored treatment approaches. Cognizant of the considerable recent evidence for sex and gender differences in drug addiction and schizophrenia, we focused this review on the sex-dependent differences in drug-induced psychosis and on factors that may contribute to such male–female differences. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Stigma toward psychosis and its formulation process: Prejudice and discrimination against early stages of schizophrenia.
Authors:
Baba, Yoko; Nemoto, Takahiro; Tsujino, Naohisa; Yamaguchi, Taiju; Katagiri, Naoyuki; Mizuno, Masafumi;
Source:
Abstract
Background: Stigma toward psychosis can prevent social attendance and help-seeking behavior. Early detection and intervention has been shown to improve patient outcome in schizophrenia. The aim of this study was to reveal the characteristics and formulation process of stigma toward each clinical stage of schizophrenia, taking people's backgrounds into consideration. Methods: The participants consisted of three groups: general public, patients with mental illness, and psychiatric professionals. We performed a survey examining stigmas toward people with psychotic-like-experiences (PLE), at-risk mental state for psychosis (ARMS), schizophrenia, or depression. Prejudice was measured using a 21-item questionnaire, and discrimination was measured using the Social Distance Scale. Results: The participants consisted of 149 people from the general public, 97 patients, and 119 psychiatric professionals. Generally, a similar pattern was observed among the groups in which prejudice and discrimination against PLE was mildest, followed by that against ARMS and depression, and finally schizophrenia. When the stigma of the general public was compared with that of psychiatric professionals, the prejudice and discrimination against PLE of the general public were both lower than those of the psychiatric professionals. However, the prejudice of the general public was stronger than that of the professionals for ARMS. Furthermore, the discrimination of the general public was stronger than that of the professionals for schizophrenia. Conclusions: The stigmas of mental illness differed according to the clinical stage, although the pattern of severity was similar among the three groups. A formulation process is suggested in which stigma toward
schizophrenia develops from an attitudinal property (prejudice) against ARMS and a behavioral property (discrimination) against schizophrenia. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Automatic attentional orienting to other people’s gaze in schizophrenia.

Authors: Langdon, Robyn; Seymour, Kiley; Williams, Tracey; Ward, Philip B.;


Abstract
Explicit tests of social cognition have revealed pervasive deficits in schizophrenia. Less is known of automatic social cognition in schizophrenia. We used a spatial orienting task to investigate automatic shifts of attention cued by another person’s eye gaze in 29 patients and 28 controls. Central photographic images of a face with eyes shifted left or right, or looking straight ahead, preceded targets that appeared left or right of the cue. To examine automatic effects, cue direction was non-predictive of target location. Cue–target intervals were 100, 300, and 800 ms. In non-social control trials, arrows replaced eye-gaze cues. Both groups showed automatic attentional orienting indexed by faster reaction times (RTs) when arrows were congruent with target location across all cue–target intervals. Similar congruency effects were seen for eye-shift cues at 300 and 800 ms intervals, but patients showed significantly larger congruency effects at 800 ms, which were driven by delayed responses to incongruent target locations. At short 100-ms cue–target intervals, neither group showed faster RTs for congruent than for incongruent eye-shift cues, but patients were significantly slower to detect targets after direct-gaze cues. These findings conflict with previous studies using schematic line drawings of eye-shifts that have found automatic attentional orienting to be reduced in schizophrenia. Instead, our data indicate that patients display abnormalities in responding to gaze direction at various stages of gaze processing—reflected by a stronger preferential capture of attention by another person’s direct eye contact at initial stages of gaze processing and difficulties disengaging from a gazed-at location once shared attention is established. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Are people with schizophrenia adherent to diabetes medication? A comparative meta-analysis.

Authors: Gorczynski, Paul; Firth, Joseph; Stubbs, Brendon; Rosenbaum, Simon; Vancampfort, Davy;


Abstract
Individuals living with schizophrenia are 2–3 times more likely to experience type 2 diabetes mellitus. Diabetes medication adherence is essential to reduce morbidity and mortality in this population. We conducted a meta-analysis of diabetes medication adherence among people with schizophrenia, and compared this to those without schizophrenia. A systematic search strategy was used to identify all articles reporting adherence to diabetes medications among patients with schizophrenia. In total, 10 unique studies reporting data from 33,910 people with schizophrenia were included. Random effects meta-analysis showed people with schizophrenia adhered to medication on 77.3% of days prescribed (n = 32080, 95% CI = 73.6–81%, I² = 99.2%), and adhered on 4.6% more days per year than those without schizophrenia (p < 0.01, 95% CI = 2.4–6.7%, I² = 92.5%, schizophrenia n = 19367, controls = 170,853). Furthermore, 56% of individuals with schizophrenia (n = 33680) were considered ‘adherent’ (i.e. >80% adherence over 12–24 month) to diabetes medication, which was significantly more than those without schizophrenia (OR = 1.34, 95% CI: 1.18–1.52, p < 0.01). Factors which were positively associated with diabetes medication adherence were age, number of outpatient visits, along with multiple medication administration variables. Future prospective research should examine diabetes monitoring, medication prescription, and subsequent adherence in fully representative samples. Novel interventions for maximizing compliance to diabetes medication in this vulnerable population should also be explored. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: Deficits in reality and internal source monitoring of actions are associated with the positive dimension of schizotypy.

Authors: Humpston, Clara S.; Linden, David E. J.; Evans, Lisa H.;


Abstract
People with schizophrenia have deficits in retrieving the source of memory information. Research has focused on two types of judgements: reality monitoring (discriminating internally-generated stimuli from external information) and internal source monitoring (distinguishing two different internal sources). The aim of the current study was to assess the relation between schizotypy and both types of source memory in healthy volunteers. One hundred and two participants completed two source memory tasks: one involved the completion of well-known word pairs (e.g. Fish and? ) and the other was an action based task (e.g. nod your head). At test participants needed to indicate whether the act had been performed or imagined by themselves, performed by the experimenter, or was new. The positive dimension of schizotypy was positively correlated with errors in internal source monitoring i.e. confusing participant performed and imagined acts. Furthermore, the same dimension of schizotypy was also positively associated with reality monitoring errors i.e. confusing participant performed/imagined with experimenter performed items. However, these relationships were not found in the word pair task. Our findings suggest that there might be overlap in the processes required to retrieve source information from memory, particularly for actions, and the occurrence of unusual experiences in healthy volunteers. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: The critical treatment window of clozapine in treatment-resistant schizophrenia: Secondary analysis of an observational study.

Authors: Yoshimura, Bunta; Yada, Yuji; So, Ryuhei; Takaki, Manabu; Yamada, Norihito;


Abstract
Previous studies have suggested that a delay in initiating clozapine is one of the predictors of outcomes in treatment-resistant schizophrenia (TRS). However, whether there is a critical treatment window of clozapine in TRS and the duration of that window remain unclear. We conducted a secondary analysis of a previously published observational study using a retrospective chart review of 105 patients with TRS who were treated with clozapine. We included 90 patients who remained on clozapine for at least 3 months. The delay in initiating clozapine was an independent contributor to symptomatic improvement based on treatment with clozapine by multiple linear regression analysis. A receiver operating characteristic curve analysis (area under the curve: 0.78) confirmed 2.8 years was the best predictive cut-off value of delay in initiating clozapine for responses in patients treated with clozapine (sensitivity: 0.66, specificity: 0.84). In patients with a delay in initiating clozapine of ≤2.8 years and a delay in initiating clozapine of >2.8 years, the response rates were 81.6% and 30.8% (risk ratio=2.65; 95% confidence interval, 1.80, 3.63), respectively. Clinicians should reduce the delay in initiating clozapine to less than 3 years to improve symptomatic outcomes in TRS and to prevent clozapine-resistant schizophrenia. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: The positive link between executive function and lifetime cannabis use in schizophrenia is not explained by current levels of superior social cognition.
Authors: Helle, Siri; Løberg, Else-Marie; Gjestad, Rolf; Martin, Ashley M. Schnakenberg; Lysaker, Paul H.;


Abstract

There has been a growing link between a history of cannabis use and neurocognitive performance in patients with schizophrenia. Fewer neurocognitive deficits may be a marker of the superior social cognition needed to obtain illicit substances, or cannabis use may indicate a distinct path to schizophrenia with less neurocognitive vulnerability. This study sought to determine whether the relationship of cannabis use and executive function exists independently of social cognition. Eighty-seven patients with schizophrenia were administered measures of social cognition and executive function. Social cognition was assessed using the Bell-Lysaker Emotion Recognition Test to measure affect recognition, and the Eyes and Hinting Tests to measure theory of mind. Executive function was assessed by the Mental Flexibility component of the Delis-Kaplan Executive Functioning Scale. The relations between the variables were examined with structural equation modeling. Cannabis use positively related to executive function, negatively related to affect recognition, and had no relationship with theory of mind. There were no indirect effects of other illicit substances on amount of regular cannabis use. Alcohol use was related to worse affect recognition. The relationship between cannabis use and better executive function was supported and was not explained by superior social cognition (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Should antipsychotic medications for schizophrenia be given for a lifetime?: A naturalistic, long-term follow-up study.

Authors: Glick, Ira D.; Davis, John M.; Zamora, Daisy; Ballon, Jacob; Nuthi, Meena;


Abstract

Background: Schizophrenia remains a major health problem despite antipsychotic medications that, for most patients, can decrease acute symptoms, decrease relapses, and contribute to partial and sometimes strong positive response in patients with chronic symptoms. What has not been clear—because a double-blind, randomized, placebo-controlled trial is not feasible or ethical—is how many years after the initial episode, or onset of antipsychotic treatment, should medication be continued to achieve the best global outcome. We designed a small, clinical study to retrospectively perform a detailed follow-up to examine antipsychotic medication because it relates to both global outcome and life satisfaction. Methods: This is a naturalistic study of 35 patients with chronic schizophrenia examining antipsychotic medication adherence from 8 to 50 years (average, 21 y) after onset of antipsychotic treatment. The sample was derived from all patients treated for many years in 1 physician's academic clinic. Most were treated by community physicians before referral to the academic clinic. Information was gathered on (1) medication adherence, (2) long-term global outcomes (based on both the patient ratings and a blind clinician's assessment [blind to medication data] on both the Global Outcome Scale and the Global Assessment of Functioning Scale), and (3) a patient-rated Satisfaction With Life Scale. Spearman rank order correlations were used to relate medication adherence to global outcomes and life satisfaction, as were linear regression models adjusted for demographic and clinical characteristics. Results: A total of 35 patients (mean age, 45 y; mean years of possible medication since onset of treatment, 21 y) were assessed. Medication adherence was a statistically significant predictor of better long-term global outcomes and life satisfaction, both in Spearman rank order correlations and in covariate-adjusted linear regressions (all P values <0.01). Poor medication adherence was associated with poor outcomes, often disastrous, with low life satisfaction. Other variables such as presence of substance use disorders or family support did not explain the difference between those who adhered and those who did not. Conclusions: In this naturalistic study, patients who adhered to antipsychotic medication had better long-term global outcomes than those who had poor adherence. Study limitations include the potential for residual confounding. This sample provides data consistent with the recommendation, in the absence of clinically important unwanted drug effects like tardive dyskinesia or large weight gain, for continuous, long-term antipsychotic treatment for chronic schizophrenia. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: Factors associated with complete discontinuation of medication among patients with schizophrenia in the year after hospital discharge.

Authors: Zhou, Yanling; Rosenheck, Robert; Mohamed, Somaia; Ning, Yuping; He, Hongbo;


Abstract
Medication discontinuation is a major risk factor for relapse in schizophrenic patients. The present study investigated the rate and clinical correlates of complete medication discontinuation in the year after hospital discharge. Data collected from 236 schizophrenia patients who were prescribed anti-psychotics documented socio-demographic characteristics, symptom severity, insight, and attitudes towards medication in the week before their discharge and the experience of caregiver burden for their primary caregiver as recorded at the time of hospitalization. Follow-up telephone call one-year after discharge documented whether they were regularly taking prescribed psychotropic medication or not. Logistic regression analysis was used to investigate factors that were independently associated with medication discontinuation. Altogether 25.8% of the sample discontinued medication in the one-year after discharge. Logistic regression analysis showed that shorter duration of illness, lack of health insurance, and poor insight at the time of discharge were significantly associated with complete discontinuation of medication (p < 0.05). Patients discontinued their medication within a year after psychiatric hospitalization which was associated with a lack of insurance coverage, less insight into their illness and shorter duration of illness. Interventions that strengthen patient engagement in treatment through insurance coverage and insight, fostered through psychoeducational intervention, may increase medication compliance. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Predictors of nonhospitalization and functional response in clozapine treatment: A nationwide, population-based cohort study.

Authors: Köhler-Forsberg, Ole; Horsdal, Henriette T.; Legge, Sophie E.; MacCabe, James H.; Gasse, Christiane;


Abstract
Background: Clozapine remains the only evidence-based treatment for treatment-resistant schizophrenia, and prediction of clozapine response is important in developing stratified treatment. We studied potential predictors of clozapine response, applying functional assessments as well as service use. Procedures: We performed a nationwide cohort study among all individuals diagnosed with schizophrenia in Denmark after 1995 (age, ≥18 years) who initiated clozapine treatment between 2004 and 2011 with a Global Assessment of Functioning (GAF-F) score registered at clozapine initiation. During up to 2-year follow-up, clinical response was defined as (a) no further hospitalization with schizophrenia or (b) improvement in GAF-F score (moderate improvement: increase, ≥10; substantial improvement: increase, ≥20; and GAF-F, ≥50). We performed Cox regression analysis and report adjusted hazard rate ratios (HRRs; 95% confidence intervals [95% CIs]). Results: Among 502 clozapine users with a registered GAF-F score, 232 (46.2%) remained out of hospital, 96 (19.1%) achieved moderate functional improvement, and 29 (5.8%) substantial functional improvement. Of all potential predictors, voluntary status at clozapine initiation showed borderline statistical significance with nonhospitalization (HRR, 1.61; 95% CI, 0.97–2.67). Regarding functional improvement, living with a partner was the strongest predictor with an almost threefold increased HRR (2.78; 95% CI, 1.07–7.23). Female sex was only nonsignificantly associated with functional improvement, whereas the chance of substantial improvement decreased by 15% (HRR, 0.85; 95% CI, 0.72–1.00) for each year delay in clozapine initiation among females. Conclusions: Living with a partner was the strongest predictor of functioning after clozapine initiation in this study. Although potentially indicating better premorbid functioning, this finding stresses the need and importance of social
support during the course of the treatment independent of clinical factors. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
5-HT6 receptor antagonist as an adjunct treatment targeting residual symptoms in patients with schizophrenia: Unexpected sex-related effects (double-blind placebo-controlled trial).

Authors:
Morozova, Margarita; Burminskiy, Denis; Rupchev, George; Lepilkina, Taissia; Potanin, Sergey; Beniashvili, Allan; Lavrovsky, Yan; Vostokova, Natalia; Ivaschenko, Alexander;

Source:

Abstract
Background: Treating patients who experience residual psychotic symptoms during remission of schizophrenia remains one of the most challenging problems. The mechanisms underlying these symptoms differ from those of acute hallucinations and delusions. 5-HT6 receptor antagonists have been considered promising agents in treatment of residual psychotic symptoms and cognitive dysfunction. The aim of the study was to assess the efficacy of a selective 5-HT6 inhibitor Avisetron in the reduction of residual psychotic symptoms in patients with schizophrenia on stable antipsychotic therapy. Methods: Eighty clinically stable outpatient subjects with schizophrenia with residual psychotic symptoms were randomized in a double-blind manner to 6 weeks of Avisetron or placebo at 1:1 ratio. Subjects received 8 mg of Avisetron or placebo on top their stable antipsychotic treatment. Standard clinical scales and cognitive tests were used for endpoint assessment. The primary efficacy endpoint was the mean reduction of total Positive and Negative Syndrome Scale score after 6 weeks of treatment. Results: No significant differences in the primary and secondary endpoints were found between the groups. However, based on the subgroup analysis, the significant improvement of total Positive and Negative Syndrome Scale score and residual psychotic symptoms was observed in female patients. Conclusions: It was a negative study with unexpected benefits of the drug only in females. We hypothesized that the role of patients' sex can impact the treatment response to serotonergic drugs in general. We suggest a possible synergistic interaction between estrogen and Avisetron by means of modulating the effect of estrogens on the serotonergic system. Future studies targeting the sex-related effects of serotonergic drugs are warranted. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Comparison of psychopathological dimensions between major depressive disorder and schizophrenia spectrum disorders focusing on language, affectivity and motor behavior.

Authors:
Steinau, Sarah; Stegmayer, Katharina; Lang, Fabian U.; Jäger, Markus; Strik, Werner; Walther, Sebastian;

Source:

Abstract
This study tested whether patients with major depressive disorder (MDD) and schizophrenia spectrum disorders would differ in three dimensions of psychopathology (language, affectivity and motor behavior) as assessed by the Bern Psychopathology Scale (BPS) in a cohort of 58 patients with MDD and 146 patients with schizophrenia spectrum disorders. The overall estimation of severity of each of the three dimensions was rated on a seven-point Likert scale from severely inhibited to severely disinhibited. Here, more than half of the patients endorsed ratings that showed normal or mildly (dis-)inhibited behavior. At group level more pronounced negative ratings of affect were seen in MDD. Group comparisons of the severity ratings on language or motor behavior yielded no differences between schizophrenia spectrum disorders and MDD. At the individuals’ levels, extreme ratings in the language and motor dimensions were more frequent in schizophrenia spectrum disorders and in the affectivity dimension more frequent in MDD. Shared psychopathological features could be seen across diagnoses, supporting a dimensional approach to psychopathology in endogenous psychoses. However, the groups differ in the severity of affect ratings.
as well as in the distribution of language, affectivity and motor ratings with more variance among the group of schizophrenia spectrum disorders. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Abnormal agency experiences in schizophrenia patients: Examining the role of psychotic symptoms and familial risk.

Authors: Prikken, Merel; van der Weiden, Anouk; Renes, Robert A.; Koevoets, Martijn G. J. C.; Heering, Henriette D.; Kahn, René S.; Aarts, Henk; van Haren, Neeltje E. M.


Abstract
Experiencing self-agency over one’s own action outcomes is essential for social functioning. Recent research revealed that patients with schizophrenia do not use implicitly available information about their action-outcomes (i.e., prime-based agency inference) to arrive at self-agency experiences. Here, we examined whether this is related to symptoms and/or familial risk to develop the disease. Fifty-four patients, 54 controls, and 19 unaffected (and unrelated) siblings performed an agency inference task, in which experienced agency was measured over action-outcomes that matched or mismatched outcome-primes that were presented before action performance. The Positive and Negative Syndrome Scale (PANSS) and Comprehensive Assessment of Symptoms and History (CASH) were administered to assess psychopathology. Impairments in prime-based inferences did not differ between patients with symptoms of over- and underattribution. However, patients with agency underattribution symptoms reported significantly lower overall self-agency experiences. Siblings displayed stronger prime-based agency inferences than patients, but weaker prime-based inferences than healthy controls. However, these differences were not statistically significant. Findings suggest that impairments in prime-based agency inferences may be a trait characteristic of schizophrenia. Moreover, this study may stimulate further research on the familial basis and the clinical relevance of impairments in implicit agency inferences. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Obsessive Compulsive Symptoms/disorder in patients with schizophrenia: Prevalence, relationship with other symptom dimensions and impact on functioning.

Authors: Grover, Sandeep; Dua, Devakshi; Chakrabarti, Subho; Avasthi, Ajit;


Abstract
The aim of this study was to evaluate the prevalence of comorbid obsessive compulsive symptoms/disorder and its impact on outcome among patients with schizophrenia. 181 patients with schizophrenia were evaluated on Yale-Brown Obsessive–Compulsive Symptom Checklist, Yale-Brown Obsessive–Compulsive Scale, Calgary Depression Scale for Schizophrenia, Positive and Negative Symptom Scale, Social Occupational Functioning Scale, Global Assessment of Functioning Scale and Indian Disability Evaluation and Assessment Scale. Slightly more than one-fourth of patients fulfilled the diagnosis of current (28.2%) and lifetime (29.8%) diagnosis of obsessive compulsive disorder. On Yale Brown Obsessive Compulsive Symptom Checklist, the most common lifetime obsessions were those of contamination (25.4%), followed by obsessions of need for symmetry or exactness (11.6%). The most common compulsions were those of cleaning/washing (27.1%), followed by those of checking (24.3%). Presence of obsessive compulsive symptoms was associated with younger age of onset, higher prevalence of comorbid depression, and current suicidal ideations. Thus, it can be concluded that a significant proportion of patients with schizophrenia have obsessive compulsive symptoms/disorder. Clinicians managing patients of schizophrenia should evaluate the patients thoroughly for presence of comorbid obsessive compulsive symptoms/disorder and must take the same into account while managing the patients. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title:
Differences in social functioning among patients with major psychiatric disorders: Interpersonal communication is impaired in patients with schizophrenia and correlates with an increase in schizotypal traits.
Authors:
Yasuyama, Toshiki; Ohi, Kazutaka; Shimada, Takamitsu; Uehara, Takashi; Kawasaki, Yasuhiro;
Source:
Psychiatry Research, Vol 249, Mar, 2017 pp. 30-34. Publisher: Elsevier Science; [Journal Article]
Abstract
Impaired social functioning is a hallmark of major psychiatric disorders. The purpose of this study was to detect a disorder-specific factor of social dysfunction among patients with major psychiatric disorders (PSY), including schizophrenia (SCZ), bipolar disorder (BIP) and major depressive disorder (MDD). Social functioning was assessed in patients with SCZ (n = 80), BIP (n = 27) or MDD (n = 29) and healthy controls (HC, n = 68) using the Social Functioning Scale (SFS). Compared to HC, the SCZ, BIP and MDD patient groups showed lower total SFS scores. No differences in the total scores for social functioning were observed between patient groups. We next investigated seven subscales of the SFS among PSY and observed significant diagnostic effects on all subscales of the SFS. Notably, patients with SCZ have poorer interpersonal communication than patients with MDD. Furthermore, the poorer interpersonal communication score was significantly correlated with an increase in schizotypal personality traits, as assessed by the Schizotypal Personality Questionnaire (SPQ) in HC. Although there were no differences in overall social functioning among PSY, disorder-specific factors, such as interpersonal communication, were evident in SCZ. The correlation between poor interpersonal communication and the increase in schizotypal traits suggests that poor interpersonal communication may be an intermediate phenotype of SCZ. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Breaking through to the other side: A resident explores the benefits of time-limited psychodynamic therapy for patients with schizophrenia.
Authors:
Thomas, Zoë;
Source:
Psychodynamic Psychiatry, Vol 45(1), Mar, 2017 pp. 59-77. Publisher: Guilford Publications
Abstract
This article recounts the case of a patient with schizophrenia engaged in time-limited psychodynamic psychotherapy with a psychiatry resident—the first case history of its type to the author’s knowledge. This patient suffered from chronically debilitating schizophrenia with persistent positive and negative symptoms at the time of treatment, despite usual psychiatric management. He benefited significantly from 18 weekly sessions of weekly dynamic therapy, achieving symptom reduction, increased social involvement, and improved functioning—gains that were sustained at 9-month follow-up. The author narrates the patient’s therapeutic progress from a clinician-in-training’s perspective, commenting on technical aspects of his treatment. The author examines how the time-limited nature of the therapy may have infused the transference and influenced the patient’s outcome. The author also reviews the evidence base for psychodynamic treatment of patients with schizophrenia, focusing on short-term therapy specifically. The author invites greater inquiry into time-limited therapeutic approaches with such patients. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Cognitive control deficit in patients with first-episode schizophrenia is associated with complex deviations of early brain development.
Authors:
Gay, Olivier; Plaze, Marion; Oppenheim, Catherine; Gaillard, Raphael; Olié, Jean-Pierre; Krebs, Marie-Odile; Cachia, Arnaud;
Background: Several clinical and radiological markers of early neurodevelopmental deviations have been independently associated with cognitive impairment in patients with schizophrenia. The aim of our study was to test the cumulative and/or interactive effects of these early neurodevelopmental factors on cognitive control (CC) deficit, a core feature of schizophrenia. Methods: We recruited patients with first-episode schizophrenia-spectrum disorders, who underwent structural MRI. We evaluated CC efficiency using the Trail Making Test (TMT). Several markers of early brain development were measured: neurological soft signs (NSS), handedness, sulcal pattern of the anterior cingulate cortex (ACC) and ventricle enlargement. Results: We included 41 patients with schizophrenia in our analysis, which revealed a main effect of ACC morphology (p = 0.041) as well as interactions between NSS and ACC morphology (p = 0.005), between NSS and handedness (p = 0.044) and between ACC morphology and cerebrospinal fluid (CSF) volume (p = 0.005) on CC measured using the TMT-B score—the TMT-A score. Limitations: No 3- or 4-way interactions were detected between the 4 neurodevelopmental factors. The sample size was clearly adapted to detect main effects and 2-way interactions, but may have limited the statistical power to investigate higher-order interactions. The effects of treatment and illness duration were limited as the study design involved only patients with first-episode psychosis. Conclusion: To our knowledge, our study provides the first evidence of cumulative and interactive effects of different neurodevelopmental markers on CC efficiency in patients with schizophrenia. Such findings, in line with the neurodevelopmental model of schizophrenia, support the notion that CC impairments in patients with schizophrenia may be the final common pathway of several early neurodevelopmental mechanisms. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Discriminating between first- and second-order cognition in first-episode paranoid schizophrenia.
Authors: Bliksted, Vibeke; Samuelsen, Erla; Sandberg, Kristian; Bibby, Bo Martin; Overgaard, Morten Storm;
Abstract
Introduction: An impairment of visually perceiving backward masked stimuli is commonly observed in patients with schizophrenia, yet it is unclear whether this impairment is the result of a deficiency in first or higher order processing and for which subtypes of schizophrenia it is present. Methods: Here, we compare identification (first order) and metacognitive (higher order) performance in a visual masking paradigm between a highly homogenous group of young first-episode patients diagnosed with paranoid schizophrenia (N = 11) to that of carefully matched healthy controls (N = 13). Results: We find no difference across groups in first-order performance, but find a difference in metacognitive performance, particularly for stimuli with relatively high visibility. Conclusions: These results indicate that the masking deficit is present in first-episode patients with paranoid schizophrenia, but that it is primarily an impairment of metacognition. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-10080-001&site=ehost-live

Title: An electrophysiological investigation of emotional abnormalities in groups at risk for schizophrenia-spectrum personality disorders.
Authors: Martin, Elizabeth A.; Karcher, Nicole R.; Bartholow, Bruce D.; Siegle, Greg J.; Kerns, John G.;
Abstract
Both extreme levels of social anhedonia (SocAnh) and perceptual aberration/magical ideation (PerMag) are associated with risk for schizophrenia-spectrum disorders and with emotional abnormalities. Yet, the nature of any psychophysiological-measured affective abnormality, including the role of automatic/controlled processes, is unclear. We examined the late positive potential (LPP) during passive...
viewing (to assess automatic processing) and during cognitive reappraisal (to assess controlled processing) in three groups: SocAnh, PerMag, and controls. The SocAnh group exhibited an increased LPP when viewing negative images. Further, SocAnh exhibited greater reductions in the LPP for negative images when told to use strategies to alter negative emotion. Similar to SocAnh, PerMag exhibited an increased LPP when viewing negative images. However, PerMag also exhibited an increased LPP when viewing positive images as well as an atypical decreased LPP when increasing positive emotion. Overall, these results suggest that at-risk groups are associated with shared and unique automatic and controlled abnormalities. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Familial and environmental influences on brain volumes in twins with schizophrenia.
Authors: Picchioni, Marco M.; Rijsdijk, Fruhling; Toulopoulou, Timothea; Chaddock, Christopher; Cole, James H.; Ettinger, Ulrich; Oses, Ana; Metcalfe, Hugo; Murray, Robin M.; McGuire, Philip;
Abstract
Background: Reductions in whole brain and grey matter volumes are robust features of schizophrenia, yet their etiological influences are unclear. Methods: We investigated the association between the genetic and environmental risk for schizophrenia and brain volumes. Whole brain, grey matter and white matter volumes were established from structural MRIs from twins varying in their zygosity and concordance for schizophrenia. Hippocampal volumes were measured manually. We conducted between-group testing and full genetic modelling. Results: We included 168 twins in our study. Whole brain, grey matter, white matter and right hippocampal volumes were smaller in twins with schizophrenia. Twin correlations were larger for whole brain, grey matter and white matter volumes in monozygotic than dizygotic twins and were significantly heritable, whereas hippocampal volume was the most environmentally sensitive. There was a significant phenotypic correlation between schizophrenia and reductions in all the brain volumes except for that of the left hippocampus. For whole brain, grey matter and the right hippocampus the etiological links with schizophrenia were principally associated with the shared familial environment. Lower birth weight and perinatal hypoxia were both associated with lower whole brain volume and with lower white matter and grey matter volumes, respectively. Limitations: Scan data were collected across 2 sites, and some groups were modest in size. Conclusion: Whole brain, grey matter and right hippocampal volume reductions are linked to schizophrenia through correlated familial risk (i.e., the shared familial environment). The degree of influence of etiological factors varies between brain structures, leading to the possibility of a neuroanatomically specific etiological imprint. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Motivational changes of cannabis use prior to and during the course of schizophrenia.
Authors: Schnell, Thomas; Gliese, Rajac; Schröter, Romy; Kasten, Erich; Gouzoulis-Mayfrank, Euphrosyne;
Abstract
Background and Objectives: We investigated subjective reasons/motivation for cannabis use in patients with schizophrenia (n = 51) compared to otherwise healthy cannabis users (n = 109). Moreover, we explored possible changes in the motivational patterns of both groups over time. Methods: A questionnaire was developed with six dimensions of motivations to use cannabis: affect regulation, relaxation, habit, structuring everyday life, creativity, and sociability. Participants filled out the instrument regarding their present and initial use of cannabis. Results: At the time of onset of consumption, groups only differed significantly in habit with higher ratings for patients with schizophrenia and cannabis use (SCH+CAN group) and in sociability with higher ratings for otherwise healthy users (CAN group). In respect of present
use, the motivation to consume cannabis was significantly higher for affect regulation and structuring everyday life in the SCH+CAN group and for relaxation and sociability in the CAN group. With reference to time-based variations, the SCH+CAN group reported increased relevance of structuring everyday life over time. Furthermore, the CAN group reported increased importance of habit over time, whereas the SCH+CAN patients showed decreased ratings of habit over time. Conclusions and Scientific Significance: Our findings must be considered preliminary because of the retrospective nature of the assessment. Nevertheless, the present study provides an indication of the time-dependent variation of cannabis-use motivation in schizophrenia, which may provide a better understanding of the functions of cannabis use within the population. Results argue for specific motivational based interventions for the group of schizophrenia patients with regular cannabis use. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Assessing early processing of eye gaze in schizophrenia: Measuring the cone of direct gaze and reflexive orienting of attention.
Authors: Seymour, Kiley; Rhodes, Gillian; McGuire, Jonathan; Williams, Nikolas; Jeffery, Linda; Langdon, Robyn;
Abstract
Introduction: The accurate discrimination of another person’s eye-gaze direction is vital as it provides a cue to the gazer’s focus of attention, which in turn supports joint attention. Patients with schizophrenia have shown a ‘direct gaze bias’ when judging gaze direction. However, current tasks do not dissociate an early perceptual bias from high-level top-down effects. We investigated early stages of gaze processing in schizophrenia by measuring perceptual sensitivity to fine deviations in gaze direction (i.e., the cone of direct gaze: CoDG) and ability to reflexively orient to locations cued by the same deviations. Methods: Twenty-four patients and 26 controls completed a CoDG discrimination task that used realistic direct-face images with six fine degrees of deviation (i.e., 3, 6 or 9 pixels to the left and right) and direct gaze, and a gaze cueing task that assessed reflexive orienting to the same fine-grained deviations. Results: Our data showed patients exhibited no impairment in gaze discrimination, nor did we observe a reduced orienting response. Conclusions: These results suggest that while patients may suffer deficits associated with interpreting another person’s gaze, the earliest processes concerned with detecting averted gaze and reflexively orienting to the gazed-at location are intact. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-10080-003&site=ehost-live

Title: Burden of illness of people with persistent symptoms of schizophrenia: A multinational cross-sectional study.
Authors: Nordstroem, Anna-Lena; Talbot, Darren; Bernasconi, Corrado; Berardo, Carmen Galani; Lalonde, Justine;
Abstract
Background: Few studies have examined the impact of persistent symptoms of schizophrenia, especially with respect to patient-reported outcomes (PROs), carer burden and health economic impact. Aims: Analyse data relating to burden and severity of illness, functional impairment and quality of life for patients with persistent symptoms of schizophrenia. Methods: A cohort of stable outpatients with persistent symptoms of schizophrenia across seven countries were assessed in a multicentre, non-interventional, cross-sectional survey and retrospective medical record review using PRO questionnaires, clinical rating scales and carer questionnaires. Results: Overall, 1,421 patients and 687 carers were enrolled. Approximately two-thirds of patients had moderate/mild schizophrenia with more severe negative symptoms predominating. Patients showed impaired personal/social functioning and unsuitability for work correlated with various patient factors, most notably symptom-related assessments. Quality-of-life assessments showed 25% to ≥30% of patients had problems with mobility, washing or dressing. Carer
burden was also considerable, with carers having to devote an average of 20.5 hours per week and notable negative impact on quality-of-life measures. Healthcare resource utilisation for in-hospital, outpatient and other care provider visits was significant. Conclusion: These results demonstrate the significant burden of schizophrenia for patients, carers and society and highlight the need for improved treatment approaches. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Psychiatric symptoms mediate the effects of neurological soft signs on functional outcomes in patients with chronic schizophrenia: A longitudinal path-analytic study. Authors: Fong, Ted C. T.; Ho, Rainbow T. H.; Wan, Adrian H. Y.; Au-Yeung, Friendly S. W.; Source: Psychiatry Research, Vol 249, Mar, 2017 pp. 152-158. Publisher: Elsevier Science; [Journal Article] Abstract Neurological soft signs (NSS) in motor coordination and sequencing occur in schizophrenia patients and are an intrinsic sign of the underlying neural dysfunctions. The present longitudinal study explored the relationships among NSS, psychiatric symptoms, and functional outcomes in 151 Chinese patients with chronic schizophrenia across a 6-month period. The participants completed neurological assessments at baseline (Time 1), psychiatric interviews at Time 1 and 3-month follow-up (Time 2), and self-report measures on daily functioning at 6-month follow-up (Time 3). Two possible (combined and cascading) path models were examined on predicting the functional outcomes. Direct and indirect effects of Time 1 NSS on Time 3 functional outcomes via Time 2 psychiatric symptoms were evaluated using path analysis under bootstrapping. Motor coordination and sequencing NSS did not have significant direct effects on functional outcomes. Motor coordination NSS exerted significant and negative indirect effects on functional outcomes via psychiatric symptoms. These results contribute to a better understanding of the determinants of functional outcomes by showing significant indirect pathways from motor coordination NSS to functional outcomes via psychiatric symptoms. That motor sequencing NSS did not affect functional outcomes either directly or indirectly may be explained by their trait marking features. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Assessing patient-rated vs. Clinician-rated adherence to the therapy in treatment resistant schizophrenia, schizophrenia responders, and non-schizophrenia patients. Authors: Iasevoli, Felice; Fagiolini, Andrea; Formato, Maria Vittoria; Prinzivalli, Emiliano; Giordano, Sara; Balletta, Raffaele; De Luca, Vincenzo; de Bartolomeis, Andrea; Source: Psychiatry Research, Vol 249, Mar, 2017 pp. 159-166. Publisher: Elsevier Science; [Journal Article] Abstract The present study evaluated consistency, reliability, and determinants of two real-world measures of adherence to prescription in 57 schizophrenia and 61 non-schizophrenia patients. Treatment resistant schizophrenia (TRS) was additionally diagnosed in 28 of the schizophrenia patients. Patients were screened for clinical severity, cognitive functioning, and adherence by 10-item Drug Attitude Inventory (DAI-10) or Adherence-to-Therapy (AtT), a clinician-rated tool developed by our group. DAI-10 and AtT scores showed a significant correlation (p = 0.039; ρ = 0.21; df = 103). Compared to the DAI-10 scale, a higher number of variables were associated with AtT. In schizophrenia and TRS patients, substance abuse was the only significant predictor of lower DAI-10 score (p = 0.027, F = 5.2, R² = 0.07, and p = 0.06, F = 8.9, R² = 0.23, respectively). Lower AtT score was significantly associated with first-generation antipsychotic use (p = 0.001, RR: 2.00 [1.40–2.87]), positive symptoms (p = 0.02, RR: 1.63 [1.05–2.53]), impaired verbal fluency (p = 0.01, RR: 1.88 [0.81–4.32]) or problem solving (p = 0.01, RR: 2.14 [0.92–4.98]). AtT, but not DAI-10, score correlated with the score on the Personal and Social Performance scale (p = 0.02, F = 5.86, R² = 0.08). Overall, AtT score was predicted by pharmacological, psychopathological, and cognitive factors, and predictive of psychosocial functioning. Therefore, AtT measure may represent a
convenient and practical tool to evaluate schizophrenia patients' adherence. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Evidence that communication impairment in schizophrenia is associated with generalized poor task performance.

Authors: Merrill, Anne M.; Karcher, Nicole R.; Cicero, David C.; Becker, Theresa M.; Docherty, Anna R.; Kerns, John G.;


Abstract

People with schizophrenia exhibit wide-ranging cognitive deficits, including slower processing speed and decreased cognitive control. Disorganized speech symptoms, such as communication impairment, have been associated with poor cognitive control task performance (e.g., goal maintenance and working memory). Whether communication impairment is associated with poorer performance on a broader range of non-cognitive control measures is unclear. In the current study, people with schizophrenia (n = 51) and non-psychiatric controls (n = 26) completed speech interviews allowing for reliable quantitative assessment of communication impairment. Participants also completed multiple goal maintenance and working memory tasks. In addition, we also examined (a) simple measures of processing speed involving highly automatic prepotent responses and (b) a non-cognitive control measure of general task performance. Schizophrenia communication impairment was significantly associated with poor performance in all cognitive domains, with the largest association found with processing speed (rs = −0.52). Further, communication impairment was also associated with the non-cognitive control measure of poor general task performance (rs = −0.43). In contrast, alogia, a negative speech symptom, and positive symptoms were less if at all related to cognitive task performance. Overall, this study suggests that communication impairment in schizophrenia may be associated with relatively generalized poor cognitive task performance. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Substance use among homeless individuals with schizophrenia and bipolar disorder.

Authors: Maremmani, Angelo G. I.; Bacciardi, Silvia; Gehring, Nicole D.; Cambioli, Luca; Schütz, Christian; Jang, Kerry; Krausz, Michael;

Source: Journal of Nervous and Mental Disease, Vol 205(3), Mar, 2017 pp. 173-177. Publisher: Lippincott Williams & Wilkins; [Journal Article]

Abstract

Mental illness and substance use are overrepresented within urban homeless populations. This paper compared substance use patterns between homeless individuals diagnosed with schizophrenia spectrum (SS) and bipolar disorders (BD) using the Mini-International Neuropsychiatric Interview. From a sample of 497 subjects drawn from Vancouver, Canada who participated in the At Home/Chez Soi study, 146 and 94 homeless individuals were identified as BD and SS, respectively. In the previous 12 months, a greater proportion of BD homeless reported greater use of cocaine (χ² = 20.0, p = 0.000), amphetamines (χ² = 13.8, p = 0.000), opiates (χ² = 24.6, p = 0.000), hallucinogens (χ² = 11.7, p = 0.000), cannabinoids (χ² = 5.05, p = 0.034), and tranquilizers (χ² = 7.95, p = 0.004) compared to SS. Cocaine and opiates were significantly associated with BD homeless (χ² = 39.06, df = 2, p < 0.000). The present study illustrates the relationship between substance use and BD in a vulnerable urban population of homeless, affected by adverse psychosocial factors and severe psychiatric conditions. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Differences in psychological and somatic symptom cluster score profiles between subjects with idiopathic environmental intolerance, major depression and schizophrenia.

Authors:
Weiss, Elisabeth M.; Singewald, Evelin; Baldus, Claudia; Hofer, Ellen; Marksteiner, Josef; Nasrouei, Sarah; Ruepp, Beatrix; Kapfhammer, Hans-Peter; Fitz, Werner; Mai, Christoph; Bauer, Anke; Papousek, Ilona; Holzer, Peter;

Source:

Abstract
Idiopathic Environmental Intolerance (IEI) has been associated with psychogenic factors and an increased number of comorbid psychiatric disorders such as depression and anxiety disorder. The purpose of the current study was to examine a possible overlap of psychological and somatic symptoms between subjects with IEI and patients with major depression and schizophrenia as well as to specify characteristic differences. The different symptom clusters included symptoms of chemical intolerance, neurotoxicity and psychological distress as well as measurements of mental health such as anxiety, depression, somatoform symptoms, and schizophrenia-specific disturbances in cognitive domains. IEI patients reported higher overall levels in physical symptoms such as chemical intolerance, neurotoxicity and somatic symptoms not attributable to an organic cause. Schizophrenia patients showed higher overall levels in self-experienced disturbances in several schizophrenia-specific cognitive domains, whereas general psychological distress, anxiety and depression were rated highest by patients with major depression. Importantly, the groups markedly differed in the shapes of profiles of various symptom clusters. Our results provide evidence that IEI patients can be distinguished on the phenomenological level from patients with major depression or schizophrenia, and that distinct domains of psychological and somatic symptoms are particularly problematic in specific diagnostic groups. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Low levels of serum total antioxidant capacity and presence at admission and absence at discharge of a day/night change as a marker of acute paranoid schizophrenia relapse.

Authors:
Morera-Fumero, Armando L.; Díaz-Mesa, Estefanía; Abreu-Gonzalez, Pedro; Fernandez-Lopez, Lourdes; Cejas-Mendez, Maria del Rosario;

Source:
Psychiatry Research, Vol 249, Mar, 2017 pp. 200-205. Publisher: Elsevier Science; [Journal Article]

Abstract
Background: An oxidant-antioxidant system dysregulation has been described as a schizophrenia pathophysiological base. The total antioxidant capacity (TAC) is one measure of the antioxidant capacity of a system. Day/night concentration changes is a biological characteristic of hormones such as melatonin or cortisol. There is no information about TAC day/night changes in schizophrenia. Aims: Studying the existence of a day/night TAC change in schizophrenia. Method: Forty-three DSM-IV paranoid schizophrenia inpatients participated in the study. Thirty healthy subjects matched by age and gender acted as control group. Blood was sampled at 12:00 and 00:00 h the day after admission and the day before discharge. Serum TAC was measured by the ABTS radical cation technique and expressed in Trolox mmol/L. Results: Patients had significantly lower TAC levels at admission and discharge (12:00 and 00:00) than controls. At admission patients had a TAC day/night change, with higher day-time than night-time levels (0.66 ± 0.14 vs 0.60 ± 0.15) as well as healthy subjects (0.83 ± 0.07 vs 0.77 ± 0.11). At discharge patients had a similar TAC level at 12:00 and 00:00 (0.64 ± 0.15 vs 0.63 ± 0.14). Conclusion: Schizophrenic patients present a deficit of the antioxidant system. The initial presence and the later absence of a day/night change deserves future studies. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Benefit of extending the dosing interval of long-acting antipsychotic injections on schizophrenics with extrapyramidal symptoms.

Authors: Suzuki, Hidenobu; Hibino, Hiroyuki; Inoue, Yuichi; Mikami, Katsunaka


Abstract

Presents the case report of two schizophrenia patients whose long-acting injections (LAI) dosing intervals were extended from 4 weeks to 6 weeks after they became non-psychotic while undergoing LAI treatment, with the objective of observing their EPS. The two outpatients were a 24-year-old woman with paranoid schizophrenia (duration of illness, 6 years) who experienced bradykinesia, dystonia, and dyskinesia under paliperidone palmitate LAI treatment (50 mg); and a 58-year-old man with disorganized schizophrenia (duration of illness, 27 years) who experienced bradykinesia, akathisia, and dyskinesia under aripiprazole once-monthly treatment (400 mg). Consistent with this case report, earlier studies have suggested new treatment possibilities as a result of extending the traditionally prescribed dosing interval of oral antipsychotic drugs. Therefore, the results indicate the possibility of lessened adverse effects as a result of extending the dosing interval of LAI in the maintenance phase. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Differential effects of cannabis dependence on cortical inhibition in patients with schizophrenia and non-psychiatric controls.

Authors: Goodman, Michelle S.; Bridgman, Alanna C.; Rabin, Rachel A.; Blumberger, Daniel M.; Rajji, Tarek K.; Daskalakis, Zafiris J.; George, Tony P.; Barr, Mera S.


Abstract

Background: Cannabis is the most commonly used illicit substance among patients with schizophrenia. Cannabis exacerbates psychotic symptoms and leads to poor functional outcomes. Dysfunctional cortical inhibition has been implicated in the pathophysiology of schizophrenia; however, the effects of cannabis on this mechanism have been relatively unexamined. The goal of this study was to index cortical inhibition from the motor cortex among 4 groups: schizophrenia patients and non-psychiatric controls dependent on cannabis as well as cannabis-free schizophrenia patients and non-psychiatric controls. Methods: In this cross-sectional study, GABA-mediated cortical inhibition was index with single- and paired-pulse transcranial magnetic stimulation (TMS) paradigms to the left motor cortex in 12 cannabis dependent and 11 cannabis free schizophrenia patients, and in 10 cannabis dependent and 13 cannabis-free controls. Results: Cannabis-dependent patients with schizophrenia displayed greater short-interval cortical inhibition (SICI) compared to cannabis-free schizophrenia patients (p = 0.029), while cannabis-dependent controls displayed reduced SICI compared to cannabis-free controls (p = 0.004). SICI did not differ between cannabis dependent patients and cannabis-free controls, or between dependent schizophrenia patients compared to dependent controls. No significant differences were found for long-interval cortical inhibition (LICI) or intra-cortical facilitation (ICF) receptor function, suggesting a selective effect on SICI. Conclusion: These findings suggest that cannabis dependence may have selective and differing effects on SICI in schizophrenia patients compared to controls, which may provide insight into the pathophysiology of co-morbid cannabis dependence in schizophrenia. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Coroner's inquest into an Australian television anchorwoman's suicide: Implications for clinical practice and suicide prevention.
Authors: Khong, Belinda Siew Luan;
Abstract: In 2010, a coroner's inquest was held into the 2007 suicide of Ms. Charmaine Dragun, an Australian TV news anchorwoman. The main findings were that if Ms. Dragun had been diagnosed with bipolar II disorder and prescribed a mood stabilizer, her suicide could have been prevented; that the 'cross-tapering' treatment by her psychiatrist and the clinical management by her health care professionals were inadequate; and that the incorporation of meditation and mindfulness in therapy was inappropriate. In this article, I examine the coroner's findings and recommendations alongside the evidence tendered at the inquest. I also discuss (a) whether bipolar II disorder is under- or overdiagnosed; (b) the responses to the coroner's findings on bipolar II disorder; (c) the impact of the coroner's findings and recommendations on health care professionals and the public; (d) my personal reflections; and (e) my recommendations for making suicide prevention programs more effective: increased open-minded and respectful collaboration among professionals, the importance of educating legal professionals about the reality of clinical practice, and promoting recognized suicide prophylactic measures. For health care professionals worldwide, especially clinicians, this 'Australian Story' provides important insights and lessons. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Stigma and psychological distress in suicide survivors.
Authors: Scocco, Paolo; Preti, Antonio; Totaro, Stefano; Ferrari, Alessandro; Toffol, Elena;
Abstract: Background: Suicide bereavement is frequently related to clinically significant psychological distress and affected by stigma. This study was designed to evaluate the relationship between psychological distress by psychopathological domains and stigma, in a sample of individuals bereaved by suicide (suicide survivors). Methods: The data were collected between January 2012 and December 2014 and included information on sociodemographic variables (gender, age, marital status and education level) and responses to the Stigma of Suicide Survivor scale (STOSSS) and the Brief Symptom Inventory (BSI). One hundred and fifty-five suicide survivors completed the evaluation and were included in the study. Results: Levels of psychological distress in suicide survivors, as measured by BSI, were positively related to levels of perceived stigma toward suicide survivors, as measured by STOSSS. The association was not affected by age and gender, or by marital status, education level, days from suicide or a personal history of suicide attempt. Participants with higher scores on almost all subscales of the BSI, particularly the interpersonal sensitivity and paranoid ideation subscales, reported the highest levels of perceived stigma toward suicide survivors. Conclusion: Levels of distress in subjects bereaved by the suicide of a relative or friend were positively associated with levels of perceived stigma toward suicide survivors. Specific interventions dedicated to the bereavement of suicide survivors might help to alleviate not only psychological distress but also stigma towards loss by suicide. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Correlation between insight level and suicidal behavior/ideation in bipolar depression.
Authors:
da Silva, Rafael de Assis; Mograbi, Daniel C.; Bifano, Jaqueline; Santana, Cristina M. T.; Cheniaux, Elie; 

**Source:** 

**Abstract:** 
Suicide is a relatively common outcome along the course of bipolar disorder. Studies have shown a positive correlation between ideation or attempts of suicide and higher insight in schizophrenic patients. Nevertheless there are still few studies that evaluate the relationship between suicide and insight in mood disorders. Evaluate the relationship between insight and suicidal ideation or behavior in bipolar depression. A group of 165 bipolar patients were followed up along 1 year. Each patient’s mood was assessed in every consultation according to DSM-IV-TR criteria. Suicidal ideation and behavior were prospectively assessed through item 3 of HAM-D whenever a major depressive episode was diagnosed. Insight was evaluated through the Insight Scale for Affective Disorders. A history of suicidal attempts was associated with worse insight in 60 patients with one episode of bipolar depression. The difference remained even when the supposed effect of depression over insight was controlled. No correlation between current suicidal ideation and insight level was found though. Our results suggest that a history of suicide attempts may correlate with higher impairment of insight in bipolar depression. No relationship was found between current suicidal ideation and insight. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:** 
OXTR polymorphism in depression and completed suicide—A study on a large population sample. 

**Authors:** 
Wasilewska, Krystyna; Pawlak, Aleksandra; Kostrzewa, Grażyna; Sobczyk-Kopciół, Agnieszka; Kaczorowska, Aleksandra; Badowski, Jarosław; Brzozowska, Małgorzata; Drygas, Wojciech; Piwoński, Jerzy; Bielecki, Wojciech; Płoski, Rafał; 

**Source:** 
Psychoneuroendocrinology, Vol 77, Mar, 2017 pp. 84-89. Publisher: Elsevier Science; [Journal Article] 

**Abstract:** 
In the light of contradictory results concerning OXTR polymorphism rs53576 and depression, we decided to verify the potential association between the two on 1) a large, ethnically homogenous sample of 1185 individuals who completed the Beck Depression Inventory (BDI), as well as on 2) a sample of 763 suicide victims. In the population sample, AA males showed significantly lower BDI scores (p = 0.005, pcor = 0.030). Exploratory analyses suggested that this effect was limited to a subgroup within 0–9 BDI score range (p = 0.0007, U-Mann Whitney test), whereas no main effect on depressive symptoms (BDI>9) was found. In the suicide sample no association with rs53576 genotype was present. Exploratory analyses in suicides revealed higher blood alcohol concentration (BAC) among AA than GG/GA males (p = 0.014, U-Mann Whitney test). Our results show that the OXTR rs53576 variant modulates the mood in male individuals and may positively correlate with alcohol intake among male suicides, but is not associated with suicide or depression. The study adds to the growing knowledge on rs53576 genotype characteristics. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:** 
Study of deaths by suicide in the Soviet Special Camp Number 7 (Sachsenhausen), 1945–1950. 

**Authors:** 
López-Muñoz, Francisco; Cuerda-Galindo, Esther; Krischel, Matthias; 

**Source:** 

**Abstract:** 
After World War II, Sachsenhausen Nazi concentration camp (Oranienburg) was administered until the spring of 1950 by Soviet occupation forces (Special Camp Number 7) and used mainly for political prisoners. Our study analyzes suicides in this camp during the Soviet period. Data was collected from the archives of Sachsenhausen Memorial, Special Camp Collection. Original documents containing certificates or autopsy reports of prisoners who committing suicide were reviewed. In this period, authorities registered 17 suicides. The age of suicides was between 19 and 64 years. The most frequent cause of imprisonment was Blockleiter (Kapo in Nazi period, n = 4), Mitarbeiter Gestapo (member of the
Gestapo, n = 3) and Wehrmacht (military, n = 3). Hanging was the most frequent method of suicide. The average time spent in the camp until suicide was 715 days. The number of recorded suicides under Soviet control is considerably lower (calculated rate 2.8/10,000 per year) than under Nazi control (calculated rate 11/10,000 per year). This could be due to comparably more favorable conditions for prisoners and the abolishment of the death penalty during this period. Possible motives for suicides include feelings of guilt for crimes committed, fear of punishment and a misguided understanding of honor on the eve of criminal trials. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Secondary teachers’ perceptions of their role in suicide prevention and intervention.
Authors:
Hatton, Victoria; Heath, Melissa A.; Gibb, Gordon S.; Coyne, Sarah; Hudnall, Greg; Bledsoe, Cathy;
Source:
Abstract:
Teachers are identified as frontline participants in school-based suicide prevention efforts. However, their training and roles in these efforts are often not clearly defined. Because 25 states currently mandate suicide prevention training for teachers and 14 other states encourage this training, teachers’ perceptions about their role in suicide prevention are important to consider. As such, this study assessed secondary teachers’ (N = 74) perceptions of their role in suicide prevention, barriers to participating in suicide prevention, and their perceived levels of comfort and confidence in identifying and intervening with suicidal youth. Participating teachers overwhelmingly agreed that they should have a role in suicide prevention. In comparison with untrained teachers, those with previous suicide prevention training were twice as likely to have had a suicidal student or peer of a suicidal student approach them to talk about suicide. Surprisingly, years of teaching were not correlated with teachers’ comfort and confidence in identifying and supporting suicidal youth. Overall, teachers agreed that limited training, fears of making the situation worse, and fears of legal repercussions were barriers that kept teachers from intervening with potentially suicidal students. In order to help teachers effectively perform their gatekeeper role, training efforts must consider teachers’ perceptions, address perceived barriers, and facilitate teacher–student interactions that would increase the likelihood of students coming to teachers for assistance with suicidal concerns. To help schools in providing suicide prevention training for teachers, a list of recommended resources is provided. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Biopsychosocial causes of suicide and suicide prevention outcome studies in juvenile detention facilities: A review.
Authors:
Joshi, Kshamta; Billick, Stephen Bates;
Source:
Abstract:
To identify various biopsychosocial risk factors associated with suicidality in juvenile detention facilities and the effectiveness of suicide prevention protocols currently in use. Medical literature searches were conducted using databases like Pub Med, Ovid, and Google Scholar to identify studies conducted in and outside of United States. The prevalence of suicide among youth imprisoned at detention facilities has risen. Psychiatric disorders are common among such population, making them vulnerable to suicidal tendencies. Suicide risk screening within first 24 h of admission to the detention facility has shown to lower the risk of suicide. Identification of high risk individuals and their further psychiatric assessment is advocated. Much of work with regards to screening tools and instruments is underway and further study is required to get a better understanding. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Self-injury implicit association test: Comparison of suicide attempters and non-attempters.
Authors: Kene, Prachi; Source: Psychiatric Quarterly, Vol 88(1), Mar, 2017 pp. 155-165. Publisher: Springer; [Journal Article]
Abstract: Given the weaknesses of self-report measures, there has been an increased interest in alternative methods of suicide risk assessment, primarily the implicit measures of suicide risk. This study aimed to determine differences in implicit identification with self-injury and implicit attitude towards self-injury between attempters and non-attempters using the self-injury implicit association test (SI-IAT). The SI-IAT is a computer test designed to measure the implicit associations about self-injury. Participants were 100 forensic and civil inpatients at three psychiatric hospitals. A history of attempted suicide was very common in this sample. All participants completed the SI-IAT. Attempters and non-attempters did not significantly differ with respect to implicit identification with self-injury and implicit attitude towards self-injury. Implications are presented for assessment of suicide risk and future research. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Self-harm following release from prison: A prospective data linkage study.
Authors: Borschmann, Rohan; Thomas, Emma; Moran, Paul; Carroll, Megan; Heffeman, Ed; Spittal, Matthew J; Sutherland, Georgina; Alati, Rosa; Kinner, Stuart A; Source: Australian and New Zealand Journal of Psychiatry, Vol 51(3), Mar, 2017 pp. 250-259. Publisher: Sage Publications; [Journal Article]
Abstract: Objective: Prisoners are at increased risk of both self-harm and suicide compared with the general population, and the risk of suicide after release from prison is three times greater than for those still incarcerated. However, surprisingly little is known about the incidence of self-harm following release from prison. We aimed to determine the incidence of, identify risk factors for and characterise emergency department presentations resulting from self-harm in adults after release from prison. Method: Cohort study of 1325 adults interviewed prior to release from prison, linked prospectively with State correctional and emergency department records. Data from all emergency department presentations resulting from self-harm were secondarily coded to characterise these presentations. We used negative binomial regression to identify independent predictors of such presentations. Results: During 3192 person-years of follow-up (median 2.6 years per participant), there were 3755 emergency department presentations. In all, 83 (6.4%) participants presented due to self-harm, accounting for 165 (4.4%) presentations. The crude incidence rates of self-harm for males and females were 49.2 (95% confidence interval: [41.2, 58.7]) and 60.5 (95% confidence interval: [44.9, 81.6]) per 1000 person-years, respectively. Presenting due to self-harm was associated with being Indigenous (incidence rate ratio: 2.01; 95% confidence interval: [1.11, 3.62]), having a lifetime history of a mental disorder (incidence rate ratio: 2.13; 95% confidence interval: [1.19, 3.82]), having previously been hospitalised for psychiatric treatment (incidence rate ratio: 2.68; 95% confidence interval: [1.40, 5.14]) and having previously presented due to self-harm (incidence rate ratio: 3.91; 95% confidence interval: [1.85, 8.30]). Conclusion: Following release from prison, one in 15 ex-prisoners presented to an emergency department due to self-harm, within an average of 2.6 years of release. Demographic and mental health variables help to identify at-risk groups, and such presentations could provide opportunities for suicide prevention in this population. Transition from prison to the community is challenging, particularly for those with a history of mental disorder; mental health support during and after release may reduce the risk of adverse outcomes, including self-harm. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Blunted HPA axis activity prior to suicide attempt and increased inflammation in attempters.
Authors: Melhem, Nadine M.; Munroe, Sara; Marsland, Anna; Gray, Katarina; Brent, David; Porta, Giovanna; Douaihy, Antoine; Laudenslager, Mark L.; DePietro, Frank; Diler, Rasim; Driscoll, Henry; Gopalan, Priya;


Abstract: Background: Hypothalamic-Pituitary-Adrenal (HPA) axis dysregulation is associated with increased risk for suicidal behavior. However, it is not clear whether such dysregulation exists prior to or is a consequence of attempt. Studies also show an activation of inflammatory responses in suicidal behavior but often combine attempters with those with ideation. Methods: The sample consisted of psychiatric inpatients, aged 15–30 years, admitted for suicide attempt (SA, n = 38), inpatients admitted for suicidal ideation with no prior history of attempts (SI, n = 40), and healthy controls (n = 37). We compared SA, SI, and controls on hair cortisol concentrations (HCC), which provides retrospective levels of cortisol and thus prior to the attempt in SA. We also compared them on the expression of genes in the HPA axis and inflammatory pathways previously implicated in suicidal behavior (GR or NR3C1, SKA2, FKBP5, IL-1β, TNF-α); plasma C-Reactive Protein (CRP); and cellular measures of glucocorticoid receptor (GR) sensitivity and stimulated production of IL-6. Results: We found lower HCC [β = −0.55, 95% CI (−0.96, −0.13), p = 0.01, ES = −0.54] in first-time SA compared to SI and controls. In addition, SA showed lower GR or NR3C1 (α isoform) mRNA [β = −5.11, 95% CI (−10.9, 0.73), p = 0.09, ES = −0.46], higher CRP [β = 0.94, 95% CI (−0.004, 1.9), p = 0.05, ES = 0.60], and higher TNF-α mRNA [β = 26.4, 95% CI (7.7, 45.2), p = 0.006, ES = 0.73]. Conclusions: This is the first study to differentiate youth who attempt suicide from those with suicidal ideation on HCC and to show that low HCC precedes suicide attempt. Suicide attempters also showed a distinct biological profile on several markers in both the HPA axis and inflammatory pathways. Future longitudinal studies are needed to examine the ability of these biomarkers to predict suicidal behavior. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Evaluating a multimedia tool for suicide risk assessment and management: The linehan suicide safety net.

Authors: Harned, Melanie S.; Lungu, Anita; Wilks, Chelsey R.; Linehan, Marsha M.;


Abstract: Objective: The present study examined the usability and effectiveness of the Linehan Suicide Safety Net (LSSN), a web-based, multimedia tool designed to support clinicians working with individuals who are suicidal. The core feature of LSSN is the Linehan Risk Assessment and Management Protocol (LRAMP), an empirically derived protocol that provides a structured checklist for assessing, managing, and documenting suicide risk. Method: Mental health professionals (N = 44) completed assessments at baseline and monthly during a 3-month evaluation period. Results: The LSSN was rated as acceptable and highly usable. Use of the LSSN was associated with a significant increase in confidence in conducting suicide risk assessment and management and a decrease in concerns related to treating suicidal clients. Conclusion: The LSSN appears to be a promising tool for clinicians working with suicidal clients. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Suicide in older adults: A comparison with middle-aged adults using the Queensland Suicide Register.

Authors: Koo, Yu Wen; Kõlves, Kairi; De Leo, Diego;


Abstract: Background: Globally, suicide rates increase with age, being highest in older adults. This study analyzed differences in suicides in older adults (65 years and over) compared to middle-aged adults (35–64 years) in Queensland, Australia, during the years 2000–2012. Methods: The Queensland Suicide Register was utilized for the analysis. Annual suicide rates were calculated by gender and age group, and odds ratios
with 95% confidence intervals were examined. Results: In Queensland, the average annual rate of suicides for older adults was 15.27 per 100,000 persons compared to 18.77 in middle-aged adults in 2000–2012. There were no significant changes in time trends for older adults in 2002–2012. Suicide methods differed between gender and age groups. Older adults who died by suicide were more likely to be male, widowed, living alone or in a nursing home, and out of the work force. The prevalence of untreated psychiatric conditions, diagnosed psychiatric disorders, and consultations with a mental health professional three months prior to death was lower in older adults than middle-aged adults. Somatic illness, bereavement, and attention to suicide in the media were more common among older adults than middle-age adults. Older females were particularly more likely to pay attention to suicide in the media.

Conclusion: Our findings show older adults who died by suicide were more likely to experience somatic illnesses, bereavement, and pay attention to suicide in the media compared to middle aged. Preventing suicide in older adults would therefore require holistic and comprehensive approaches. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: The Greek-Orthodox version of the Brief Religious Coping (B-RCOPE) instrument: Psychometric properties in three samples and associations with mental disorders, suicidality, illness perceptions, and quality of life.

Authors: Paika, Vassiliki; Andreoulakis, Elias; Nountoulaki, Elisavet; Papaioannou, Dimitra; Kotsis, Konstantinos; Siakaka, Vassiliki; Fountoulakis, Konstantinos N.; Pargament, Kenneth I.; Carvalho, Andre F.; Hyphantis, Thomas; ASSERT-DEP Study Group members;


Abstract: Background: The B-RCOPE is a brief measure assessing religious coping. We aimed to assess the psychometric properties of its Greek version in people with and without long-term conditions (LTCs). Associations between religious coping and mental illness, suicidality, illness perceptions, and quality of life were also investigated. Methods: The B-RCOPE was administered to 351 patients with diabetes, chronic pulmonary obstructive disease (COPD), and rheumatic diseases attending either the emergency department (N = 74) or specialty clinics (N = 302) and 127 people without LTCs. Diagnosis of mental disorders was established by the MINI. Associations with depressive symptom severity (PHQ-9), suicidal risk (RASS), illness perceptions (B-IPQ), and health-related quality of life (WHOQOL-BREF) were also investigated. Results: The Greek version of B-RCOPE showed a coherent two-dimensional factor structure with remarkable stability across the three samples corresponding to the positive (PRC) and negative (NRC) religious coping dimensions. Cronbach's alphas were 0.91–0.96 and 0.77–0.92 for the PRC and NRC dimensions, respectively. Furthermore, NRC was associated with poorer mental health, greater depressive symptom severity and suicidality, and impaired HRQoL. In patients with LTCs, PRC correlated with lower perceived illness timeline, while NRC was associated with greater perceived illness consequences, lower perceived treatment control, greater illness concern, and lower illness comprehensibility. Conclusions: These findings indicate that the Greek-Orthodox B-RCOPE version may reliably assess religious coping. In addition, negative religious coping (i.e., religious struggle) is associated with adverse illness perceptions, and thus may detrimentally impact adaptation to medical illness. These findings deserve replication in prospective studies. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Taking care of oneself by regaining control—A key to continue living four to five decades after a suicide attempt in severe depression.

Authors: Crona, Lisa; Stenmarker, Margaretha; Öjehagen, Agneta; Hallberg, Ulrika; Brådvik, Louise;


Abstract: 
Background: Depression is a strong risk factor for suicide and suicide attempt. Several studies have examined the pathway to suicide attempt, but few studies have considered aspects important for overcoming being suicidal. The aim of the present study was to examine personal strategies to continue living after a suicide attempt. Methods: A qualitative grounded theory approach was used. Thirteen former inpatients diagnosed with severe depression (1956–1969) participated in a follow-up 42–56 years after their last suicide attempt, which occurred between the ages of 21 and 45. They were interviewed on one occasion between June 2013 and January 2014, using semi-structured interviews. Results: The pathway to a suicide attempt was defined as ‘being trapped in an overwhelming situation’. Three categories described the recovery process: ‘coming under professional care’, ‘experiencing relief in the personal situation’, and ‘making a decision to continue living’. These categories emerged in a core category, labelled ‘taking care of oneself by regaining control’. Overcoming being suicidal occurred regardless of recovering from depression. Conclusion: In the very long-term course following a suicide attempt, the process of recovery is multi-dimensional and fluctuating, and includes appropriate treatment, connecting with others, decision making, and overcoming existential issues. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Connecting eating pathology with risk for engaging in suicidal behavior: The mediating role of experiential avoidance.

Authors:
Skinner, Kayla D.; Rojas, Sasha M.; Veilleux, Jennifer C.;

Source:

Abstract:
Individuals with eating pathology, particularly those with diagnosed eating disorders, are at high risk for suicide. It is less clear whether undiagnosed eating pathology and subsyndromal eating disorders carry the same risk and, if so, what mechanisms may explain why higher levels of eating pathology yield greater risk for engaging in suicidal behaviors. The indirect relationship between disordered eating and risk for suicidal behaviors via facets of experiential avoidance was tested using a multiple-mediator model. The model was tested using bootstrapping estimates of indirect effects in a sample of 218 noncollege student adults (Mage = 32.33, 66.1% women) with a history of suicidal attempt and/or history of nonsuicidal self-injury (NSSI). Results revealed that disordered eating indirectly predicted risk for suicidal behaviors, distress aversion (i.e., negative attitudes or dislike of distress), and procrastination (i.e., delaying engagement with distressing activities). Results suggest that targeting experiential avoidance and helping those who have a history of engaging in suicidal behaviors and/or NSSI develop regulation strategies to use during times of distress may be of utmost importance for treatment and prevention of eating pathology. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Suicide and murder-suicide involving automobiles.

Authors:
Pridmore, Saxby; Varbanov, Svetlin; Sale, Ian;

Source:

Abstract:
Objective: We aim to explore the phenomenon of suicide by driving one vehicle into another, and draw attention to the cost to occupants of targeted vehicles. Method: We examined academic literature, court and newspaper reports, and online sources. Results: Driver suicide may be achieved by colliding with a fixed object or another vehicle. When a second vehicle is targeted, the occupants of that vehicle experience property loss, and potentially physical and psychiatric injury, or death. Driver suicides are associated with death of another person, in 11.3% of cases. Some suicidal individuals are able to act with great consideration for the consequences of their actions. Conclusion: Every effort must be made to help suicidal people with mental disorders or other predicaments. There is a need for public discussion of
suicide by targeting an oncoming vehicle. It is less likely that suicide drivers who target other vehicles are unable to choose and more likely they have not considered the consequences of their actions. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

**Title:** The conundrum of hanging points in correctional facilities.  
**Authors:** Pridmore, Saxby; Pridmore, William;  
**Source:** Australasian Psychiatry, Vol 25(1), Feb, 2017 pp. 40-42. Publisher: Sage Publications; [Journal Article]  
**Abstract:** Objective: We aimed to explore aspects of the removal of hanging points from correctional facilities. Conclusion: An argument can be made that individuals have a right to die/suicide. The United Nations holds that except for freedom of movement, prisoners have the same rights as non-prisoners. The rights of the individual and the duty of many custodial institutions are in conflict. This introduces a conundrum; when all hanging points are removed from correctional facilities, prisoners without mental disorder, but with a sustained wish to die, will not be able to achieve that end, while non-prisoners will be well able to do so. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

**Title:** Supporting LGBT Lives? Complicating the suicide consensus in LGBT mental health research.  
**Authors:** Bryan, Audrey; Mayock, Paula;  
**Abstract:** This article locates itself within an emergent, counter-discursive body of scholarship that is critical of universalizing depictions portraying queer-identified or LGBT youth as vulnerable and ‘at-risk’ of a range of negative mental health outcomes, including self-harm and suicidality. Drawing on key findings from a large-scale, mixed-methods study exploring the mental health and well-being of LGBT people, we seek to contribute to the development of a more expansive understanding of LGBT lives by demonstrating the diverse ways people engage with their sexuality and gender identity and illuminating the complex meanings that those LGBT people who have experienced psychological and suicidal distress ascribe to their feelings, thoughts and actions. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

**Title:** Neuroticism and suicidal behavior: Conditional indirect effects of social problem solving and hopelessness.  
**Authors:** Walker, Kristin L.; Chang, Edward C.; Hirsch, Jameson K.;  
**Source:** International Journal of Mental Health and Addiction, Vol 15(1), Feb, 2017 pp. 80-89. Publisher: Springer;  
**Abstract:** Individuals with problem solving deficits, and higher levels of neuroticism and hopelessness, are at increased risk for suicide, yet little is known about the interrelationships between these vulnerability characteristics. In a sample of 223 low-income, primary care patients, we examined the potential mediating role of hopelessness on the relation between neuroticism and suicidal behavior, and the potential moderating role of social problem solving ability. Participants completed self-report questionnaires: Suicidal Behaviors Questionnaire-Revised, Social Problem Solving Inventory-Revised, Beck Hopelessness Scale, and NEO Five Factor Inventory. Models were tested using bootstrapped moderated mediation techniques. There was a significant indirect effect of neuroticism on suicidal behavior through hopelessness, and this indirect effect was moderated by social problem solving ability.
Patients with greater neuroticism also manifest greater levels of hopelessness and, in turn, more suicidal behavior, and these relations are strengthened at lower levels of social problem solving. Interventions that increase social problem solving ability and reduce hopelessness may reduce suicide risk. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Associations between emotion regulation difficulties, eating disorder symptoms, non-suicidal self-injury, and suicide attempts in a heterogeneous eating disorder sample.

Authors: Pisetsky, Emily M.; Haynos, Ann F.; Lavender, Jason M.; Crow, Scott J.; Peterson, Carol B.;


Abstract: Background: This study examined the associations between specific dimensions of emotion dysregulation and eating disorder (ED) symptoms and behaviors, non-suicidal self-injury (NSSI), and suicide attempts in a heterogeneous ED sample. Methods: Participants (N = 110) completed the Difficulties in Emotion Regulation Scale (DERS), the Eating Disorder Examination Questionnaire (EDE-Q), and self-reported the presence of lifetime NSSI and a lifetime suicide attempt. Results: The EDE-Q global score, a primarily cognitive measure of ED symptoms, was significantly positively correlated with DERS strategies, clarity, and awareness subscale scores and DERS total score (ps < 0.01). Only the strategies subscale was uniquely positively associated with EDE-Q global score in a multivariate regression analysis. There was no association between the frequency of binge eating or frequency of driven exercise and any of the DERS subscale scores or total score (ps > 0.01). Frequency of purging was significantly, positively associated with DERS impulse subscale score and total score (p < 0.01). None of the DERS subscale scores were significantly different between those with and without NSSI or between those with and without a lifetime suicide attempt (ps > 0.01). Conclusions: Findings indicate that in a heterogeneous ED sample, emotion regulation deficits are more strongly associated with cognitively-oriented symptoms of EDs than behavioral symptoms such as a binge eating, purging, driven exercise, NSSI, or suicide attempts. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Suicidal ideation and suicidal attempts among adults with chronic diseases: A cross-sectional study. Kye,

Authors: Su-Yeon; Park, Keeho;


Abstract: Introduction: About 14% of the global burden of disease has been attributed to neuropsychiatric disorders. The aim of this study was to show the general picture of suicidal ideation and behavior among Korean, and to test the hypothesis that there is a positive association between diseases and suicidality. Method: A total of 19,599 individuals were asked if they had any chronic diseases, suicidal ideation and attempts. The data from the Fifth Korea National Health and Nutrition Examination Survey (KNHANES V, 2010–2012) conducted by Korea Centers for Disease Control and Prevention (KCDC) were examined. Results: Stroke and osteoarthritis were associated with a 1.81 and 1.27 times increase in the odds of suicidal ideation, respectively (95% CI = 1.24–2.65; 95% CI = 1.09–1.48). Angina pectoris and osteoarthritis were associated with a 3.88 and 2.09 times increase in the odds of suicide attempts (95% CI = 1.78–8.43; 95% CI = 1.24–3.55). Having pulmonary tuberculosis increased the odds of a suicide attempt 12-fold (OR = 12.47, 95% CI = 1.12–138.66). Having renal failure was associated with a 4.92 times increase in the odds of suicide attempts (95% CI = 1.25–19.30). Having lung cancer or cervical cancer increased the odds of suicide attempts more than 10-fold (OR = 11.53, 95% CI = 1.03–128.80; OR = 17.66, 95% CI = 1.58–197.01). Conclusions: Various diseases were risk factors for suicidality. Physicians' communication skills for frank and clear discussions about suicidality should be developed through various training courses. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Permissive beliefs and attitudes about older adult suicide: A suicide enabling script?

Title: Permissive beliefs and attitudes about older adult suicide: A suicide enabling script?
Authors: Winterrowd, Erin; Canetto, Silvia Sara; Benoit, Kathrin
Abstract: Objectives: In the United States, suicide rates are highest among European American older adults. This phenomenon calls attention to cultural factors, specifically, the suicide beliefs and attitudes of European Americans. Beliefs and attitudes matter in the vulnerability to suicide. As predicted by cultural scripts of suicide theory, suicide is most likely among individuals and in communities where it is expected and is most acceptable. This study examined beliefs about the precipitants of, and protectors against older adult suicide, as well as suicide attitudes, in a predominantly European American community. Design and Methods: Two hundred and fifty-five older adults (86% European American) and 281 younger adults (81% European American) indicated what they thought were the most likely older adult suicide precipitants and protectors, and their opinion about older adult suicide, depending on precipitant. Results: Health problems were the most endorsed older adult suicide precipitants. Suicide precipitated by health problems was also rated most positively (e.g., rational, courageous). Older adults, persons with more education, and persons who did not identify with a religion expressed the most favorable attitudes about older adult suicide, across suicide precipitants. Men viewed older adult suicide as more admissible, and women, with more sympathy. Perceived suicide protectors included religiosity among older adults, and supportive relationships among younger adults. Conclusions: The belief, in this study's predominantly European American community, that older adult suicide is triggered by health problems, together with favorable attitudes about older adult suicide, suggest an enabling older adult suicide script, with implications for suicide risk and prevention. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

A short-term longitudinal examination of the relations between depression, anhedonia, and self-injurious thoughts and behaviors in adults with a history of self-injury.

Title: A short-term longitudinal examination of the relations between depression, anhedonia, and self-injurious thoughts and behaviors in adults with a history of self-injury.
Authors: Zielinski, Melissa J.; Veilleux, Jennifer C.; Winer, E. Samuel; Nadorff, Michael R.;
Abstract: Background: Limited research has addressed the role of anhedonia in predicting suicidality and/or nonsuicidal self-injury (NSSI) in adults, despite evidence suggesting that loss of interest or pleasure may increase vulnerability for self-inflicted harm, even beyond other depressive symptoms. Methods: In the current study, we explored the role of symptoms of depression and recent changes in anhedonia in predicting suicidality, NSSI ideation, and perceptions of NSSI helpfulness among individuals with a history of NSSI or suicide attempts (N = 187). Results: We found that changes in anhedonia partially mediated the effect of depression on suicidality, and fully mediated the effect of depression on perceptions of NSSI helpfulness. Anhedonia did not predict NSSI ideation above and beyond depression symptoms, and did not significantly predict NSSI frequency when accounting for suicidality. Compared to individuals with a history of NSSI only or suicide attempt only, people with a history of both NSSI and suicide attempt evidenced greater risk and symptomatology. Conclusions: Results confirm the relation between anhedonia and suicidality evidenced in past research, but suggest a complex relationship between anhedonia, depression, and facets of non-suicidal self-injury. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Association between diabetes and risk of suicide death: A meta-analysis of 3 million participants.

Title: Association between diabetes and risk of suicide death: A meta-analysis of 3 million participants.
Background: Results of the relationships between diabetes and the risk of suicide death are inconclusive. This meta-analysis was conducted to assess this association. Methods: We systematically searched PubMed, EMBASE, Web of Science and the Cochrane Library up to February 29, 2016 for relevant observational studies regarding the association between diabetes and risk of suicide. Random-effects models were used to calculate summary relative risk (RR) and 95% confidence interval (CI). Results: 6 observational studies (8 independent reports) with a total of 3,075,214 participants and 3038 suicide deaths events were included in the meta-analysis. Overall, diabetes was not associated with risk of suicide deaths, with significant heterogeneity among studies observed (Summary RR = 1.61, 95% CI: 0.91–2.83, Pheterogeneity < 0.001, I² =97.2%). No publication bias was detected across studies, and both the subgroup analysis and sensitivity analysis suggested that the general result was robust. Conclusion: Our meta-analysis based on more than 3 million participants indicates that diabetes is not associated with increased risk of suicide death. Further well-designed prospective cohort studies are needed to confirm the findings of this meta-analysis. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Borderline personality disorder in youth: The prospective impact of child abuse on non-suicidal self-injury and suicidality.

Authors: Kaplan, Cynthia; Tarlow, Naomi; Stewart, Jeremy G.; Aguirre, Blaise; Galen, Gillian; Auerbach, Randy P.


Abstract: Background: Borderline personality disorder (BPD) is characterized by greater engagement in non-suicidal self-injury (NSSI) and suicidality. The aim of the study is to test whether the occurrence of child abuse contributes to these high-risk behaviors in BPD youth. Materials and methods: BPD female youth aged 13–21 years with (n = 29) and without (n = 29) a history of child abuse were administered clinical interviews assessing diagnostic history, child abuse, NSSI and suicidality (i.e., ideation, plans, and attempts). NSSI and suicidality were subsequently reevaluated at the 1- and 2-month follow-up assessments. Results: Several findings emerged. First, relative to BPD youth without abuse, the abuse group reported greater past NSSI; however, no significant differences emerged in the follow-up period. Second, the occurrence of child abuse was associated with a 5-fold increase in the rate of lifetime suicide attempts relative to the no abuse group and additionally, prospectively predicted suicide ideation (but not attempts). Last, exploratory analyses indicated that the co-occurrence of physical and sexual abuse was associated with greater past NSSI and suicidality as compared to the no abuse and sexual abuse only participants. Conclusion: As a whole, child abuse — particularly co-occurring physical and sexual abuse— increases risk for NSSI and suicidality among BPD youth, which may have important treatment implications in this high-risk population. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: One-year follow-up study of first suicide attempts in first episode psychosis: Personality traits and temporal pattern.

Authors: Canal-Rivero, Manuel; Barrigón, Maria Luisa; Perona-Garcelán, Salvador; Rodriguez-Testal, Juan F.; Giner, Lucas; Obiols-Llandrich, Jordi E.; Ruiz-Veguilla, Miguel


Abstract: Objectives: The highest suicide rates occur after psychiatric hospitalization or soon after discharge. In addition to other factors, personality traits have been suggested as predictors of suicide attempts (SA)
after first episode psychosis (FEP). In this study we examined their temporal pattern and the influence of personality traits on first suicide attempts (fSA) during one year after FEP. Method: One-year follow-up of 65 FEP patients. Bivariate and multivariable analyses were performed to explore the relationship between personality traits and fSA. This analysis was also adjusted for a set of sociodemographic, clinical and psychopathological variables. Results: fSAs in the six months following FEP were predicted by higher scores in passive-dependent personality traits (OR = 2.42, 95% CI = 1.15–5.09) and severity of symptoms at onset (OR = 2.00, 95% CI = 1.07–3.76). Severity of symptoms at onset (OR = 2.71, CI = 1.15–6.39) was the most significant predictor of fSA from six to twelve months after FEP. Seventy percent of fSA occurred during the first six months after FEP, decreasing considerably afterwards. Conclusions: Our study suggests that personality traits play a role in fSA after FEP. Specifically, passive-dependent personality traits emerged as a predictor of fSA in the six months following FEP. Severity of symptoms at onset predicted early and late first suicide attempts. We also found that risk of fSA is highest during the six months following FEP. These results can contribute to the implementation of prevention program. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: One-year follow-up of children and adolescents with major depressive disorder: Relationship between clinical variables and Abcb1 gene polymorphisms.
Authors: Blázquez, A.; Gassó, P.; Mas, S.; Plana, M. T.; Lafuente, A; Lázaro, L.;
Source: Pharmacopsychiatry, Vol 49(6), Nov, 2016 pp. 248-253. Publisher: Georg Thieme Verlag KG;
Abstract: Introduction: Differences in response to fluoxetine (FLX) may be influenced by certain genes that are involved in FLX transportation (ABCB1). We examined remission and recovery from the index episode in a cohort of patients treated with FLX, and also investigated associations between genetic variants in ABCB1 and remission, recovery, and suicide risk. Methods: This was a naturalistic 1-year follow-up study of 46 adolescents diagnosed with major depressive disorder (MDD). At 12 months they underwent a diagnostic interview with the K-SADS-PL. Results: It was found that remission was around 69.5% and recovery 56.5%. Remission and recovery were associated with lower scores on the CDI at baseline, with fewer readmissions and suicide attempts, and with lower scores on the CGI and higher scores on the GAF scale. No relationship was found between ABCB1 and remission or recovery. However, a significant association was observed between the G2677T ABCB1 polymorphism and suicide attempts. Conclusion: Other factors such as stressful events, family support, and other genetic factors are likely to be involved in MDD outcome. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Suicide attempt as a risk factor for completed suicide: Even more lethal than we knew.
Authors: Bostwick, J. Michael; Pabbati, Chaitanya; Geske, Jennifer R.; McKean, Alastair J.;
Abstract: Objective: While suicide attempt history is considered to robustly predict completed suicide, previous studies have limited generalizability because of using convenience samples of specific methods/treatment settings, disregarding previous attempts, or overlooking first-attempt deaths. Eliminating these biases should more accurately estimate suicide prevalence in attempters. Method: This observational retrospective-prospective cohort study using the Rochester Epidemiology Project identified 1,490 (males, N = 555; females, N = 935) Olmsted County residents making index suicide attempts (first lifetime attempts reaching medical attention) between January 1, 1986, and December 31, 2007. The National Death Index identified suicides between enrollment and December 31, 2010 (follow-up 3–25 years). Medical records were queried for sex, age, method, and follow-up care for index attempt survivors. Coroner records yielded data on index attempt deaths. Results: During the study period, 81/1,490 enrollees (5.4%) died by suicide. Of the 81, 48 (59.3%) perished on index attempt; 27 of the surviving 33
index attempt survivors (81.8%) killed themselves within a year. Males were disproportionately represented: 62/81 (11.2% of men, 76.5% of suicides) compared with 19/81 (2.0% of women, 23.5% of suicides). Of dead index attempters, 72.9% used guns, yielding an odds ratio for gunshot death, compared with all other methods, of 140 (95% CI = 60–325). When adjusted for covariates, survivors given follow-up psychiatric appointments had significantly lower likelihood of subsequent suicide (odds ratio = 0.212, 95% CI = 0.089–0.507). Conclusions: At 5.4%, completed suicide prevalence in this community cohort of suicide attempters was almost 59% higher than previously reported. An innovative aspect of this study explains the discrepancy: by including index attempt deaths—approximately 60% of total suicides—suicide prevalence more than doubled. We contend that counting both index and subsequent attempt deaths more accurately reflects prevalence. Our findings support suicide attempt as an even more lethal risk factor for completed suicide than previously thought. Research should focus on identifying risk factors for populations vulnerable to making first attempts and target risk reduction in those groups. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Going off, growing strong: Building resilience of indigenous youth.
Abstract: Going Off, Growing Strong is a program for Inuit youth facing widespread social, cultural, and economic change. The overarching goals of the program are to: (1) enhance resilience and wellness; (2) build social connections for the youth; and (3) transmit traditional knowledge, skills, and values to participating youth. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Suicide and sleep: Is it a bad thing to be awake when reason sleeps?
Authors: Perlis, Michael L.; Grandner, Michael A.; Chakravorty, Subhajit; Bernert, Rebecca A.; Brown, Gregory K.; Thase, Michael E.;
Abstract: Suicide is the second leading cause of death, worldwide, for those between the ages of 24 and 44 y old. In 2013, more than 41,000 suicides occurred in the United States. These statistics underscore the need to 1) understand why people die by suicide and 2) identify risk factors that are potentially modifiable. While it has been posited that sleep disturbance may represent one such factor, systematic research in this arena did not begin until the 2000s. Since that time, sleep disturbance has been reliably identified as a risk factor for suicidal ideation, suicide attempts, and suicide. While insomnia, nightmares, and other sleep disorders have each been found to contribute to the risk for suicidal ideation and behavior, it is also possible that these factors share some common variance. One possibility is that sleep disturbance results in being awake at night, and being awake at night also confers risk. The hypothesis proffered here is that being awake when one is not biologically prepared to be so results in 'hypofrontality' and diminished executive function, and that this represents a common pathway to suicidal ideation and behavior. Such a proposition is highly testable under a variety of possible protocols. The current review summarizes the extant literature on suicide rates by time-of-day, and discusses circadian, psychosocial, and neurocognitive explanations of risk. Such a focus promises to enhance our understanding of how sleep disturbance may confer risk, allows for the identification of future lines of research, and further justifies the need for interventions that promote good sleep continuity among at-risk individuals. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: 'This is a question we have to ask everyone': Asking young people about self-harm and suicide. O'Reilly, M.; Kiyimba, N.; Karim, K.;
Abstract: Introduction: Questions about self-harm and suicide are essential in risk assessments with children and young people, yet little is known about how mental health practitioners do this. Aim: The core aim was to examine how questions about self-harm and suicidal ideation are asked in real-world practice. Method: A qualitative design was employed to analyse 28 video-recorded naturally occurring mental health assessments in a child and adolescent mental health service. Data were analysed using conversation analysis (CA). Results: In 13 cases young people were asked about self-harm and suicide, but 15 were not. Analysis revealed how practitioners asked these questions. Two main styles were revealed. First was an incremental approach, beginning with inquiries about emotions and behaviours, building to asking about self-harm and suicidal intent. Second was to externalize the question as being required by outside agencies. Discussion: The study concluded that the design of risk questions to young people had implications for how open they were to engaging with the practitioner. Implications for practice: The study has implications for training and practice for psychiatric nurses and other mental health practitioners in feeling more confident in communicating with young people about self-harm and suicidal ideation. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: A 20-year-old man with a suicide attempt using helium.
Authors: Mughal, Deepti; Puri, M. Rehan;
Abstract: Presents a case report of a 20-year-old man who was brought to our emergency department by emergency services after his father found him unresponsive in his apartment after attempting to commit suicide. The patient denied any current or past illicit drug or alcohol use. He was monitored for symptoms of depression and for safety within the unit, and he was encouraged to participate in group and individual therapy. The patient was compliant with treatment and therapy and was doing well at last check. This case report encourages physicians and other professional to keep helium use in mind while screening people at risk of suicide. It is worth considering that regulatory bodies mandate reporting of suicide by helium to health departments and that a national database be maintained. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Adolescents under pressure: A new durkheimian framework for understanding adolescent suicide in a cohesive community.
Authors: Mueller, Anna S.; Abrutyn, Seth;
Abstract: Despite the profound impact Durkheim's Suicide has had on the social sciences, several enduring issues limit the utility of his insights. With this study, we offer a new Durkheimian framework for understanding suicide that addresses these problems. We seek to understand how high levels of integration and regulation may shape suicide in modern societies. We draw on an in-depth, qualitative case study (N = 110) of a cohesive community with a serious adolescent suicide problem to demonstrate the utility of our
approach. Our case study illustrates how the lives of adolescents in this highly integrated community are intensely regulated by the local culture, which emphasizes academic achievement. Additionally, the town’s cohesive social networks facilitate the spread of information, amplify the visibility of actions and attitudes, and increase the potential for swift sanctions. This combination of cultural and structural factors generates intense emotional reactions to the prospect of failure among adolescents and an unwillingness to seek psychological help for adolescents’ mental health problems among both parents and youth. Ultimately, this case illustrates (1) how high levels of integration and regulation within a social group can render individuals vulnerable to suicide and (2) how sociological research can provide meaningful and unique insights into suicide prevention. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Compassion in the eye of the beholder.
Authors: Lesser, Ira;
Abstract: This article discusses End of Life Option Act relating to physician-assisted end of life issues. This law authorizes ‘an adult who meets certain qualifications, and who has been determined by his or her attending physician to be suffering from a terminal disease, as defined, to make a request for a drug prescribed pursuant to these provisions for the purpose of ending his or her life’ Although the End of Life Option Act is silent on illnesses that are not deemed to be terminal, in other countries there is a trend for allowing physician-assisted suicide for intractable psychic pain. In thinking about these developments, the author was reminded of a patient he treated over 30 years ago, and particularly, of one comment he made that remained etched in his mind all these years. One of the most important things the patient taught the author was unpredictability. The main issue here is: Is hospitalizing someone against their will an act of 'compassion' or is it, in their eyes, the very opposite? The patient survived the acute crisis precipitating this event and went on to live at least 5 years more. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2016-50459-005&site=ehost-live

Title: Prevention of firearm suicide in the United States: What works and what is possible.
Authors: Mann, J. John; Michel, Christina A.;
Abstract: Objective: About 21,000 suicides in the United States in 2014 involved a firearm. The authors reviewed evidence from around the world regarding the relationship between firearm ownership rates and firearm suicide rates and the potential effectiveness of policy-based strategies for preventing firearm suicides in the United States. Method: Relevant publications were identified by searches of PubMed, PsycINFO, MEDLINE, and Google Scholar from 1980 to September 2015, using the search terms suicide AND firearms OR guns. Excluding duplicates, 1,687 results were found, 60 of which were selected for inclusion; these sources yielded an additional 10 studies, for a total of 70 studies. Results: Case-control and ecological studies investigating geographic and temporal variations in firearm ownership and firearm suicide rates indicate that greater firearm availability is associated with higher firearm suicide rates. Time-series analyses, mostly from other countries, show that legislation reducing firearm ownership lowers firearm suicide rates. Because the Second Amendment curtails legislation broadly restricting firearm access in the United States, the emphasis is shifted to restricting access for those at risk of harming themselves or others. Most suicides involve guns purchased years earlier. Targeted initiatives like gun violence restraining orders, smart gun technology, and gun safety education campaigns potentially reduce access to already purchased firearms by suicidal individuals. Such measures are too new to have evidence of effectiveness. Conclusions: Broadly reducing availability and access to firearms has lowered
firearm suicide rates in other countries but does not appear feasible in the United States. Approaches restricting access of at-risk individuals to already purchased firearms by engaging the public and major stakeholders require urgent implementation and outcome evaluation for firearm suicide prevention. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Interventions for adolescent mental health: An overview of systematic reviews.
Authors:
Das, Jai K.; Salam, Rehana A.; Lassi, Zohra S.; Khan, Marium Naveed; Mahmood, Wajeeha; Patel, Vikram; Bhutta, Zulfiqar A.;
Source:
Abstract:
Many mental health disorders emerge in late childhood and early adolescence and contribute to the burden of these disorders among young people and later in life. We systematically reviewed literature published up to December 2015 to identify systematic reviews on mental health interventions in adolescent population. A total of 38 systematic reviews were included. We classified the included reviews into the following categories for reporting the findings: school-based interventions (n = 12); community-based interventions (n = 6); digital platforms (n = 8); and individual-/family-based interventions (n = 12). Evidence from school-based interventions suggests that targeted group-based interventions and cognitive behavioral therapy are effective in reducing depressive symptoms (standard mean difference [SMD]: −.16; 95% confidence interval [CI]: −.26 to −.05) and anxiety (SMD: −.33; 95% CI: −.59 to −.06). School-based suicide prevention programs suggest that classroom-based didactic and experiential programs increase short-term knowledge of suicide (SMD: 1.51; 95% CI: 0.57–2.45) and knowledge of suicide prevention (SMD: 0.72; 95% CI: 0.36–1.07) with no evidence of an effect on suicide-related attitudes or behaviors. Community-based creative activities have some positive effect on behavioral changes, self-confidence, self-esteem, levels of knowledge, and physical activity. Evidence from digital platforms supports Internet-based prevention and treatment programs for anxiety and depression; however, more extensive and rigorous research is warranted to further establish the conditions. Among individual- and family-based interventions, interventions focusing on eating attitudes and behaviors show no impact on body mass index (SMD: −.10; 95% CI: −.45 to .25); Eating Attitude Test (SMD: −.01; 95% CI: −.13 to .15); and bulimia (SMD: −.03; 95% CI: −.16 to .10). Exercise is found to be effective in improving self-esteem (SMD: 0.49; 95% CI: .16–.81) and reducing depression score (SMD: −.66; 95% CI: −1.25 to −.08) with no impact on anxiety scores. Cognitive behavioral therapy compared to waitlist is effective in reducing remission (odds ratio: 7.85; 95% CI: 5.31–11.6). Psychological therapy when compared to antidepressants have comparable effect on remission, dropouts, and depression symptoms. The studies evaluating mental health interventions among adolescents were reported to be very heterogeneous, statistically, in their populations, interventions, and outcomes; hence, meta-analysis could not be conducted in most of the included reviews. Future trials should also focus on standardized interventions and outcomes for synthesizing the exiting body of knowledge. There is a need to report differential effects for gender, age groups, socioeconomic status, and geographic settings since the impact of mental health interventions might vary according to various contextual factors. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Suicide prevention public service announcements impact help-seeking attitudes: The message makes a difference.
Authors:
Klimes-Dougan, Bonnie; Wright, Nathan; Klingbeil, David A.;
Source:
Abstract:
Suicide continues to be one of the most serious public health challenges. Public service announcements (PSAs) are frequently used to address this challenge, but are rarely sufficiently evaluated to determine if they meet the intended goals, or are associated with potential iatrogenic effects. Although it is challenging
to assess the relative impact of different PSA modalities, our group previously noted that one billboard message failed to show the same benefits as one TV ad [e.g., Klimes-Dougan and Lee (1)]. The purpose of this study was to extend these findings to test critical aspects of suicide prevention billboard messaging. Although both simulated billboard messages presented had identical supporting messages, we predicted that the more personal billboard message, focused on saving one’s life, would cause more favorable help-seeking attitudes than the message focused on suicide. Young adult university students (N = 785) were randomly assigned to one of three conditions: one of two billboard simulations or a TV ad simulation. Help-seeking attitudes, maladaptive coping, and reports of concern and distress were evaluated. The results of this study suggest some relative benefits in endorsement of favorable help-seeking attitudes for one of the billboard conditions—stop depression from taking another life. Although further research is needed to determine what methods will alter the risk for suicide in the population, the results of this study provide a useful first step showing that some billboard messaging may favorably influence help-seeking attitudes. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Clinical characteristics associated with suicide attempts in clinical settings: A comparison of suicidal and non-suicidal depressed inpatients.

Authors:
Gramaglia, Carla; Feggi, Alessandro; Bergamasco, Paola; Bert, Fabrizio; Gattoni, Eleonora; Marangon, Debra; Siliquini, Roberta; Torre, Eugenio; Zeppegno, Patrizia;

Source:

Abstract:
Introduction: Both psychiatrists and psychiatric nurses are involved in the psychiatric management of suicidal inpatients. One-to-one observation by qualified nurses and the accommodation of the patient in a room close to the infirmary are usually recommended. Suicidal risk should be reassessed periodically to check response to treatment. Aim: To compare the severity of depressive symptoms in depressed inpatients admitted after an attempted suicide and those admitted for any other reason and to assess the severity of suicide attempts and the management of suicidal risk in clinical settings. Materials and Methods: We divided the sample into two subgroups: patients with a diagnosis of depression admitted because of a recent suicide attempt and depressed patients with no recent history of attempted suicide. Socio-demographic and clinical data were gathered; assessments included the Montgomery-Asberg Depression Rating Scale and the Nurses’ Global Assessment of Suicide Risk (NGASR). Results: Forty-six patients were recruited over a 1-year period: 20 were admitted to the hospital following a suicide attempt; the other 26 had not attempted suicide and were admitted for other depression-related reasons. Multivariate analysis revealed a correlation between use of antidepressants and recent attempted suicide. Attempting suicide was not related to the severity of depressive symptoms. In the recent suicide attempt subgroup, NGASR suicide risk levels were lower at discharge than at admission. Patients with a recent history of attempted suicide had a higher number of suicide attempts in their clinical history than patients with no recent history of attempted suicide. Conclusion: There were no correlations between psychiatric diagnosis, severity of depressive symptoms, and recent suicide attempt. Antidepressant therapy protected against suicide attempts. History of suicide attempts was one of the best predictors of recent attempted suicide. A more thorough understanding of the complex phenomenon of suicide and the reasons for suicidal behavior is needed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Comorbid panic disorder as an independent risk factor for suicide attempts in depressed outpatients.

Authors:
Nam, Yoon-Young; Kim, Chan-Hyung; Roh, Daeyoung;

Source:

Abstract:
Objective: Although comorbid panic disorder is associated with more severe symptoms and poorer therapeutic response in depressive patients, the relationship between panic disorder and risk of suicide attempt has not been confirmed. This study aimed to examine the relationship between comorbid panic
disorder and clinical characteristics associated with suicidal risk as well as the likelihood of suicide attempt. Method: A total of 223 outpatients with current major depressive disorder participated in the study. Both subjects with panic disorder (33%) and those without panic disorder (67%) were compared based on history of suicide attempts, current psychopathologies, and traits of impulsivity and anger. Results: Subjects with panic disorder had higher levels of impulsivity, depression, and hopelessness and were more likely to report a history of suicide attempts. Subjects with panic disorder were younger at the time of first suicide attempt than those without panic disorder. Logistic regression analyses indicated that comorbid panic disorder was significantly associated with a history of suicide attempts after adjusting for other clinical correlates (odds ratio = 2.8; p < 0.01). Conclusions: These findings suggest that comorbid panic disorder in patients with major depressive disorder may be associated with a more severe burden of illness and may independently increase the likelihood of suicide attempt. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Decreased regional gray matter volume in suicide attempters compared to suicide non-attempters with major depressive disorders.

Authors:
Lee, Yu Jin; Kim, Soohyun; Gwak, Ah. Reum; Kim, Seog Ju; Kang, Seung-Gul; Na, Kyoung-Sae; Son, Young-Don; Park, Juhyun;

Source:

Abstract:
Objective: This study investigated regional gray matter (GM) volume differences between suicide attempters and suicide non-attempters with major depressive disorder (MDD) and their relationship with psychological risk factors for suicidality. Methods: MDD patients with and without a suicide attempt history (n = 19 in each group) participated. The Hamilton Depression Rating Scale, Clinical Global Impression (severity subscale), Scale for Suicide Ideation (SSI), Risk-Rescue Rating (RRR), Beck Hopelessness Scale (BHS), Barrett Impulsivity Scale, Eysenck Personality Questionnaire, and Ways of Coping Checklist (WCCL) were administered. T1-weighted structural magnetic resonance imaging scans were acquired to evaluate changes in GM volume. Voxel-based morphometry was performed using the SPM 8 software package. Two-sample t-tests were used during second-level group comparison analysis; partial correlation analysis controlling for gender and age identified associations between regional GM volume and psychological measures. Results: Suicide attempters exhibited significantly decreased GM volume in the left angular gyrus (p < 0.001, uncorrected) and right cerebellum (p < 0.001, uncorrected). GM volume in the left angular gyrus was inversely correlated with BHS scores (r = −0.55, p < 0.01) and positively correlated with the Seeking Social Support subscale of the WCCL (r = 0.43, p < 0.01). Conclusion: These findings provide evidence of a neural basis of suicidal behaviors in MDD. In particular, reduced GM volume in the left angular gyrus may be a neurobiological marker of suicidality in depressed patients. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
A precarious ecstasy: Beyond temporality in self and other.

Authors:
Nolan, Greg;

Source:

Abstract:
killing an ‘other’—the act of killing ‘other’ would entail killing one’s own human meaning, destroying ‘self’ and the consequent capacity for empathy towards others. There is a paradoxical link between these notions of killing ‘other’, living-with/killing self, and Levinas’s notion of the sensed fear of annihilating ‘other’ and/or annihilation of self when in ethical relational with the face of the intimate Other (Autrui). At its most spiritual this is described by Levinas (1961/1969) as if touching ‘tota
ing within and either side of now; in mutual intimacy through the ‘saying’ in the ethical relation that is beyond self and Other, stretching towards timeless ‘infinity’, the Universe and/or God who is (in) the Other. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Co-occurring aggression and suicide attempt among veterans entering residential treatment for PTSD: The role of PTSD symptom clusters and alcohol misuse.

Authors:
Watkins, Laura E.; Sippel, Lauren M.; Pietrzak, Robert H.; Hoff, Rani; Harpaz-Rotem, Ilan;

Source:

Abstract:
Aggression and suicidality are two serious public health concerns among U.S. veterans that can co-occur and share many overlapping risk factors. The current study aims to elucidate the contribution of posttraumatic stress disorder (PTSD) symptom clusters defined by a five-factor model and alcohol misuse in predicting aggression and suicide attempts among veterans entering residential treatment for PTSD. Participants were 2570 U.S. veterans across 35 Veterans Health Administration sites. Multinomial logistic regression models were used to identify correlates of aggression only (n = 1471; 57.2%), suicide attempts only (n = 41; 1.6%), co-occurring aggression and suicide attempts (n = 202; 7.9%), and neither behavior (n = 856; 33.3%) over the past four months. When compared to veterans endorsing neither behavior, greater PTSD re-experiencing symptoms were related to suicide attempts (odds ratio [OR] = 1.58, 95% confidence interval [CI] = 1.09–2.30), aggression (OR = 1.13, 95% CI = 1.02–1.26), and co-occurring aggression and suicide (OR = 1.38, 95% CI = 1.13–1.68), and higher PTSD dysphoric arousal symptoms and alcohol misuse symptoms were related to aggression (OR = 1.54, 95% CI = 1.38–1.71; OR = 1.30, 95% CI = 1.18–1.44, respectively) and co-occurring aggression and suicide (OR = 1.66, 95% CI = 1.35–2.04; OR = 1.50, 95% CI = 1.28–1.75, respectively). Our findings suggest that assessment of PTSD symptom clusters and alcohol misuse can potentially help to identify veterans who endorse suicide attempts, aggression, or both concurrently. These results have important implications for risk assessment and treatment planning with U.S. veterans seeking care for PTSD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-09610-003&site=ehost-live

Title:
Suicide attempts and markers of immune response in individuals with serious mental illness.

Authors:
Dickerson, Faith; Wilcox, Holly C.; Adams, Maria; Katsafanas, Emily; Khushalani, Sunil; Origoni, Andrea; Savage, Christina; Schweinfurth, Lucy; Stallings, Cassie; Sweeney, Kevin; Yolken, Robert;

Source:

Abstract:
Previous studies have identified elevations in antibodies to Toxoplasma gondii in individuals with a history of suicide attempts but studies have not measured the association between suicide attempts and a panel of antibody markers. We assessed 162 patients receiving treatment for schizophrenia, bipolar disorder, or major depression on the Columbia Suicide Severity Rating Scale for suicide attempt history and other clinical measures. All participants had a blood sample drawn from which were measured antibodies to Toxoplasma gondii and other neurotropic infectious agents. A total of 72 (44%) of participants had a lifetime suicide attempt; these individuals had elevated levels of IgM class antibodies to Toxoplasma gondii and Cytomegalovirus (CMV). We also found an association between the levels of these antibodies and the number of suicide attempts. There was a particularly strong odds of a suicide attempt history in individuals who had elevated levels of IgM antibodies to both Toxoplasma gondii and to CMV suggesting
an additive risk associated with the antibodies. These findings remained significant when adjusting for current cigarette smoking and history of drug/alcohol use which were also associated with suicide attempts. We did not find an association between a suicide attempt history and IgG class antibodies to Toxoplasma gondii, CMV, or IgM or IgG antibodies to the Epstein Barr Virus or other antigens tested. The identification of blood-based antibody markers should provide for more personalized methods for the assessment and treatment, and ultimately prevention, of suicide attempts in individuals with serious mental illnesses. (PsycINFO Database Record (c) 2017 APA, all rights reserved) http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-09610-007&site=ehost-live

Title: Agency and communion in end-of-life decision-making.
Authors: Hawkins, Raymond C. II;
Source: Illness, Crisis, & Loss, Vol 25(2), Apr, 2017 pp. 87-106. Publisher: Sage Publications; [Journal Article] Abstract: Both the assisted suicide and the hospice or palliative medicine movements are alike in that each weighs the wishes of the patient and family for end-of-life medical decisions. The balancing of agency and communion within small communities of support may provide the opportunity to inform end-of-life decision-making and acceptance of the dying process. In this sense, the spirit of 'communitas' may instill faith that the ending of one's life journey is both reasonable and meaningful. The role of the small community of support may be akin to that of the guide who assists the aging or dying person through the dialectic of being an autonomous agent and a communicant in the end-of-life transition. (PsycINFO Database Record (c) 2017 APA, all rights reserved) http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-10827-001&site=ehost-live

Title: A large-scale survey of inpatient suicides: Comparison between medical and psychiatric settings.
Authors: Inoue, Keisuke; Kawanishi, Chiaki; Otsuka, Kotaro; Cho, Yoshinori; Shiraiishi, Masaki; Ishii, Takao; Onishi, Hideki; Hirayasu, Yoshio;
Source: Psychiatry Research, Vol 250, Apr, 2017 pp. 155-158. Publisher: Elsevier Science; [Journal Article] Abstract: Suicide is one of the common severe accidents occurring in hospitals. This study aimed to investigate inpatient suicides simultaneously in medical and psychiatric settings in a large number of hospitals and to examine the prevalence of common suicide risk factors, related symptoms in inpatients who had died by suicide and the differences in inpatient suicides between both settings. We conducted a survey of hospitals in Japan that belonged to the nationwide standard-setting and accrediting body. The questionnaire covered the: 1) presence or absence of inpatient suicides in each hospital from 2012 to 2015; 2) number of inpatient suicides; 3) method, location, and timing of inpatient suicides; and 4) characteristics of inpatients who died by suicide. In total, 529 hospitals reported 262 inpatient suicides during the 3-year period: 131 were in medical settings and 131 were in psychiatric settings. The prevalence of common suicide risk factors was frequent in inpatient suicides. Inpatients had characteristics and suicide risk factors specific to those settings such as worsening of physical health in medical settings. Therefore, recognizing common suicide risk factors and understanding differences in inpatient suicides between both settings are important to prevent inpatient suicides. (PsycINFO Database Record (c) 2017 APA, all rights reserved) http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-11292-025&site=ehost-live

Title: Support groups for children and adolescents bereaved by suicide: Lots of interventions, little evidence.
Authors: Journot-Reverbel, Katia; Raynaud, Jean-Philippe; Bui, Eric; Revet, Alexis;
Source:
Abstract:

Though many different interventions are proposed for suicide-bereaved children and adolescents, few data exist concerning their efficiency. This literature review focused on psychosocial interventions specifically targeting children and adolescents bereaved by suicide to try to provide some validate therapeutic guidelines propositions for clinicians. We only found two articles specifically targeting children or adolescents: both of them seemed to show some efficacy in reducing some psychosocial variables (anxiety, depression…) in suicide-bereaved children but results were limited by methodological problems. This review failed to provide evidence-based guidelines propositions for suicide-bereaved children and underline the crucial need for research in this field. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Individuals at high risk for suicide are categorically distinct from those at low risk.

Authors: Witte, Tracy K.; Holm-Denoma, Jill M.; Zuromski, Kelly L.; Gauthier, Jami M.; Ruscio, John; 


Abstract:

Although suicide risk is often thought of as existing on a graded continuum, its latent structure (i.e., whether it is categorical or dimensional) has not been empirically determined. Knowledge about the latent structure of suicide risk holds implications for suicide risk assessments, targeted suicide interventions, and suicide research. Our objectives were to determine whether suicide risk can best be understood as a categorical (i.e., taxonic) or dimensional entity, and to validate the nature of any obtained taxon. We conducted taxometric analyses of cross-sectional, baseline data from 16 independent studies funded by the Military Suicide Research Consortium. Participants (N = 1,773) primarily consisted of military personnel, and most had a history of suicidal behavior. The Comparison Curve Fit Index values for MAMBAC (.85), MAXEIG (.77), and L-Mode (.62) all strongly supported categorical (i.e., taxonic) structure for suicide risk. Follow-up analyses comparing the taxon and complement groups revealed substantially larger effect sizes for the variables most conceptually similar to suicide risk compared with variables indicating general distress. Pending replication and establishment of the predictive validity of the taxon, our results suggest the need for a fundamental shift in suicide risk assessment, treatment, and research. Specifically, suicide risk assessments could be shortened without sacrificing validity, the most potent suicide interventions could be allocated to individuals in the high-risk group, and research should generally be conducted on individuals in the high-risk group. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: School connectedness and suicidal thoughts and behaviors: A systematic meta-analysis.

Authors: Marraccini, Marisa E.; Brier, Zoe M. F.; 


Abstract:

Among the protective factors associated with reduced risk for suicide, scientific inquiries into school connectedness are especially important considering that schools are ideally situated to provide interventions reaching the vast majority of youth. Although there is a wealth of research that supports the association between school connectedness and reduced self-report of adolescents having a suicidal thought or making a suicide attempt, inconsistencies in the way studies have measured and operationalized school connectedness limit synthesis across findings. This meta-analytic study investigates the literature exploring associations between school connectedness and suicidal thoughts and behaviors across general and subpopulations (high risk and sexual minority youth) using a random
effects model. Eligible studies examined a measure of school connectedness explicitly referred to as 'school connectedness' or 'connections at school' in relation to suicidal ideation or suicide attempts among youth enrolled in school (Grades 6–12). Multiple metaregression analyses were conducted to explore the influence of school connectedness measurement variation, as well as participant characteristics. Results, including 16 samples, support that higher school connectedness is associated with reduced reports of suicidal thoughts and behaviors across general (odds ratio [OR] = 0.536), high-risk (OR = 0.603), and sexual minority (OR = 0.608) adolescents. Findings are consistent when analyzed separately for suicidal ideation (OR = 0.529) and suicide attempts (OR = 0.589) and remain stable when accounting for measurement variability. Although limited by its cross-sectional nature, findings support recent calls to increase school connectedness and proffer important implications for screening and intervention efforts conducted in schools. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Reevaluating suicidal behaviors: Comparing assessment methods to improve risk evaluations.
Authors: Harris, Keith M.; Lello, Owen D.; Willcox, Christopher H.;
Abstract: This study examined suicide assessment validity by comparing methods of measuring current risk associated with past suicidal behaviors. Three independent samples (Ns = 359, 1007, and 713; aged 18–76 years) all included participants covering a broad spectrum of suicidality. Information theory, item response theory, general linear modeling, and linear regression modeling tested seven competing methods/models of assessing past suicidal behaviors in relation to current suicidality. In contrast to contemporary theories, ANOVA results showed suicide plans can indicate higher risk than suicide attempts when intent to die is higher. Contrary to popular practice, evidence demonstrated that defining risk by suicide ideation (yes/no), attempts or serious attempts (yes/no), are false dichotomies, were the least valid models tested, and failed to explain substantial explainable variance in suicidality/risk. A newly proposed model, differentiating behaviors with or without intent to die, was the most efficacious dichotomous method. However, as predicted, continuous variables were superior to dichotomous. The proposed suicidal barometer model (SBM) exhibited robust evidence as the best available model for evaluating suicidal behaviors in all samples (100 % probability), explaining 47–61 % of suicidality variance and provided incremental improvement in risk evaluations. Findings were consistent by sample, sex, age-group, ethnicity, and psychiatric history. This study, and related evidence, demonstrate that there is a clear and present need for updating measures, clinical training and core competencies, for valid assessment and risk formulation. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Differential correlation of suicide and homicide rates according to geographical areas: A study with population-level data.
Authors: Fountoulakis, Konstantinos N.; Gonda, Xenia;
Abstract: The current study investigated the relationship of suicide and homicide rates internationally. WHO database mortality data for 82 countries concerning suicide, homicides, and cancer and traffic accidents as controls were used. The analysis included Pearson correlation and multiple linear regression analysis. Worldwide homicidal rates explained 55.42%, 43.86% and 41.7% of male and 22.0%, 22.14% and 13.25% of female suicides for 2000, 2005 and 2010 respectively. In Europe there was a positive correlation between male suicide rates and all homicide rates including homicide rates in both genders, in male victims, and in female victims. In America there is no significant correlation. In Asia there is a significant correlation of male suicidal rates only with homicide rates of female victims. We observed marked and interesting differences in the pattern of association between Europe and the Americas.
Overall the current paper suggests that at least in some human populations, suicidality and homicidality share common etiopathogenetic substrates and could be triggered by the same internal or external events or might develop based on common genetic background. Empirically it has been suggested that suicide is related to higher living standards while murder is related to poor quality of life and lower living standards. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: A test of the interpersonal-psychological theory of suicide among arrested domestic violence offenders.
Authors: Wolford-Clevenger, Caitlin; Brem, Meagan J.; Elmquist, JoAnna; Florimbio, Autumn Rae; Smith, Phillip N.; Stuart, Gregory L.;
Abstract: Little is known about risk factors for suicide ideation and attempts among domestic violence offenders. Guided by the interpersonal-psychological theory of suicide, this cross-sectional study examined risk factors for suicide ideation and attempts among 312 men and 84 women arrested for domestic violence and mandated to attend batterer intervention programs. Men reported greater capability for suicide, but no gender differences were found in perceived burdensomeness and thwarted belongingness. After controlling for correlates of suicide ideation, perceived burdensomeness—but not thwarted belongingness or its interaction with perceived burdensomeness—associated with suicide ideation. Suicide attempters exhibited greater perceived burdensomeness, drug use and problems, borderline personality disorder symptoms, depressive symptoms, and suicide ideation, but not capability for suicide, than nonattempters. Gender did not moderate the associations of the IPTS constructs with suicide ideation and attempts. These findings parallel tests of the interpersonal-psychological theory in other samples. Additional work is needed to identify factors that distinguish risk for suicide ideation from risk for suicide attempts among domestic violence offenders. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Maoa and Maob polymorphisms and personality traits in suicide attempters and healthy controls: A preliminary study.
Authors: Balestri, Martina; Calati, Raffaella; Serretti, Alessandro; Hartmann, Annette M.; Konte, Bettina; Friedl, Marion; Giegling, Ina; Rujescu, Dan;
Abstract: Serotonergic neurotransmission dysfunctions have been well documented in patients with suicidal behaviour. We investigated monoamine oxidase A (MAOA: rs2064070, rs6323, rs909525) and B (MAOB: rs1799836, rs2311013, rs2205655) genetic modulation of personality traits (Temperament and Character Inventory, TCI) as endophenotype for suicidal behaviour. 108 suicide attempters and 286 healthy controls of German origin were screened. Among females, allelic analyses revealed associations between MAOA rs6323 A allele and higher Harm Avoidance in suicide attempters and MAOB rs2205655 A allele and higher Cooperativeness scores in healthy controls. Among males, MAOA rs909525 A allele was associated with higher Reward Dependence in suicide attempters. Multivariate analyses controlling for age and educational level mainly confirmed results. Case-control analyses in this subsample do not differ from our previously reported one. Despite of the small sample size, a possible involvement of these genes in the modulation of personality traits closely related to suicidal behaviour cannot be excluded. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: A controlled comparison trial of the Collaborative Assessment and Management of Suicidality (CAMS) in an inpatient setting: Outcomes at discharge and six-month follow-up.
Authors: Ellis, Thomas E.; Rufino, Katrina A.; Allen, Jon G.; 
Abstract: This controlled comparison trial evaluated a suicide-specific intervention, the Collaborative Assessment and Management of Suicidality (CAMS), in an extended-stay psychiatric inpatient setting. Multiple outcomes were examined for 104 patients, half of whom received individual therapy from therapists trained in CAMS. The comparison group was selected from a larger pool through Propensity Score Matching to ensure comparability on age, sex, treatment program, number of prior suicide attempts, and severity of suicidal ideation. Results showed that a) all patients improved significantly across a wide range of measures, including depression, suicidal ideation, functional disability, and well-being; b) these gains were durable over a 6-month post-discharge period; and c) patients treated by a CAMS-trained individual therapist improved significantly more from admission to discharge across all measures. Differences between CAMS and non-CAMS patients were no longer statistically significant at 6-month follow-up, although statistical power was compromised due to attrition. Although replication studies are needed, these findings suggest that interventions specifically tailored for suicidal patients may have advantages compared to usual, intensive inpatient treatment, perhaps by addressing psychological vulnerabilities specific to the population. The lack of significant differences at follow-up suggest that post-treatment contact may be needed to maintain advantages associated with this and similar interventions. (PsycINFO Database Record (c) 2017 APA, all rights reserved) 


Title: Humor styles moderate borderline personality traits and suicide ideation. 
Authors: Meyer, Neil A.; Helle, Ashley C.; Tucker, Raymond P.; Lengel, Gregory J.; DeShong, Hilary L.; Wingate, LaRicka R.; Mullins-Sweatt, Stephanie N.; 
Abstract: The way individuals use humor to interact interpersonally has been associated with general personality, depression, and suicidality. Certain humor styles may moderate the risk for suicide ideation (SI) in individuals who are high in specific risk factors (e.g., thwarted belongingness, perceived burdensomeness). Previous research suggests a relationship between humor styles and borderline personality disorder (BPD) and an increased risk of suicidality and suicide completion in individuals with BPD. Participants (n = 176) completed measures of BPD traits, SI, and humor styles. It was hypothesized that BPD traits would be positively correlated with negative humor styles and negatively correlated with positive humor styles, and that humor styles would significantly moderate BPD traits and SI. Results showed that BPD traits were negatively correlated with self-enhancing humor styles and positively correlated with self-defeating humor styles, but that they were not significantly correlated with affiliative or aggressive humor styles. Bootstrapping analyses demonstrated that the affiliative, self-enhancing, and self-defeating humor styles significantly moderated BPD traits and SI, while the aggressive humor style did not. (PsycINFO Database Record (c) 2017 APA, all rights reserved) 


Title: Comparison of suicide attempts/behaviors following smoking cessation treatments among schizophrenic smokers. 
Authors: Wu, I-Hsuan; Chen, Hua; Bordnick, Patrick; Essien, Ekere James; Johnson, Michael; Peters, Ronald J.; Wang, Xin; Abughosh, Susan M.; 
Abstract: Background: Smoking cessation may lead to depression in some smokers and result in increased risk of suicide. Objective: To compare the risk of suicide attempts/behaviors associated with different smoking
cessation medications among schizophrenic patients. Methods: A retrospective cohort study was conducted using General Electric (GE) medical record database (1995–2011). The first day of being prescribed a smoking cessation medication defined as index date. Patients were followed up to one year from index date. Patients' suicide behaviors or attempts were identified through ICD-9 codes and E-codes. Cox proportional hazards model was applied to examine the association between smoking cessation medication and suicidal/self-injurious behaviors. Results: Our cohort consisted of 3925 patients with diagnosis of schizophrenia or schizoaffective disorder who initiated cessation medication. Among them, 104 (2.65%) had suicide attempts or behavior within one-year follow up. However, statistically significant difference in the risk of suicide attempts/behaviors was not detected across cessation regimens in the Cox proportional hazard analysis. Only comorbidity index was found to be associated with suicide, which showed that higher Charlson comorbidity index was associated with higher risks of suicide behaviors within one year (HR = 1.15, 95% CI = 1.04–1.27). Conclusion: There were no significant differences in suicide attempts/behaviors with different cessation medications. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Exposure to suicidal behaviors: A common suicide risk factor or a personal negative life event?
Authors: Harris, Keith M.; Bettiol, Silvana;
Abstract: Background: Numerous suicide risk factors have been proposed but not adequately validated for epidemiology, treatment and prevention efforts. Aims: Exposures to suicidal behaviors (ESB), from family and friend suicide attempts and completions, were tested for validity as a suicidal risk factor and also for measurement and construct adequacy. Methods: An anonymous online survey yielded 713 participants (aged 18–71), who reported ESB, completed the Suicidal Affect–Behavior-Cognition Scale (SABCS), and comprised a broad spectrum on those variables. Results: Tests of dimensionality and internal consistency showed the four ESB variables (attempts/completions through family/friends) were independent and did not form a common factor or an identifiable ESB latent trait. ESB variables were, however, associated with demographic and psychiatric histories. A battery of tests revealed no meaningful associations between ESB and total suicidality or suicide risk factors (social support, depression, anxiety, stress, satisfaction with life and emotional stability). In addition, in contrast to previous reports, young adults (n = 200; aged 18–20) showed no increased suicidality due to ESB. Conclusion: Results showed no validity for ESB as a common risk factor for suicidality or other psychopathology, or as a latent trait. ESB showed evidence as a personal negative life event with individual effects and interpretations. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Maternal and paternal personality profiles of adolescent suicide attempters.
Authors: Bolat, Nurullah; Kadak, Tayyib; Eliacik, Kayi; Sargin, Enis; Incekas, Secil; Gunes, Hatice;
Abstract: Personality features have been correlated with suicidal behaviors in recent decades. Given its neurobiological background, Cloninger’s model of personality, the Temperament and Character Inventory (TCI), may help to identify the maternal and paternal personality dimensions associated with adolescent suicide attempts. The present study is the first that specifically compares the temperament and character profiles of both mothers and fathers of the adolescent suicide attempters with a control group, by considering the influence of demographic and clinical factors. The study group comprised 117 parents of adolescent suicide attempters and 119 parents of 71 age- and gender-matched adolescents without a suicide attempt included as a control group. The TCI and Brief Symptom Inventory (BSI) were applied to the parents in both groups. Logistic regression analysis, which was performed to adjust confounding
factors, demonstrated significantly higher scores for harm avoidance among the mothers and lower scores
of self-directedness among the fathers of the adolescent suicide attempters. New psychotherapeutic
modalities considering the high-risk parental personality traits would be beneficial to support parent-
adolescent relationships and may have a preventative effect on adolescent suicide. (PsycINFO Database
Record (c) 2017 APA, all rights reserved)


Title:
The intersection of interpersonal and self-directed violence among general adult, college student and
sexually diverse samples.
Authors:
Holley, Sarah R.; Wright, Susan; Van Dorn, Richard;
Source:
Abstract:
Background: Suicide and interpersonal violence (i.e. victimization and perpetration) represent pressing
public health problems, and yet remain mostly addressed as separate topics. Aims: To identify the (1)
frequency and overlap of suicide and interpersonal violence and (2) characteristics differentiating
subgroups of violence-related experiences. Methods: A health survey was completed by 2,175
respondents comprised of three groups: college students (n = 702), adult members of a sexuality special
interest organization (n = 816) and a community adult sample (n = 657). Latent class analysis was used to
identify subgroups characterized by violence experiences; logistic regression was used to identify
respondent characteristics differentiating subgroups. Results: Overall rates of violence perpetration were
low; perpetration, victimization and self-directed violence all varied by sample. Adults with alternative
sexual interests reported high rates of victimization and self-directed violence. Analyses indicated two
subgroups: (1) victimization + self-directed violence and (2) self-directed violence only. The victimization +
self-directed violence subgroup was characterized by older, White, female and sexual orientation minority
persons. The self-directed violence subgroup was characterized by younger, non-White, male and straight
counterparts engaging with more sexual partners and more frequent drug use. Conclusion: Findings
support the Centers for Disease Control and Prevention (CDC) definition of suicide as self-directed
violence. Suicide intervention and prevention should further account for the role of violent victimization by
focusing on the joint conceptualization of self-directed and interpersonal violence. Additional prevention
implications are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Low testosterone levels in aging men may mediate the observed increase in suicide in this age group.
Authors:
Rice, Timothy R.; Sher, Leo;
Source:
International Journal on Disability and Human Development, Vol 16(1), Feb, 2017 pp. 123. Publisher:
Walter de Gruyter; [Journal Article]
Abstract:
This short communication suggests that there may be biological in addition to psychosocial reasons
underlying the rise in suicide among older men. Testosterone, the major male sex hormone, has attracted
interest as a putative biological mediator of suicide risk, but observational data have been mixed. Age
stratification may reveal that high levels of testosterone in adolescents and young adults but low levels in
the elderly may mediate suicide risk. A putative age-testosterone suicide differential may be mediated by
divergent central nervous system architecture between adolescents and the elderly. Whereas the
prefrontal and prefrontal-limbic connectivity underdevelopment observed in adolescents may render
vulnerability to testosterone-mediated increases in impulsivity as a risk factor for suicide, declining function
of dopaminergic striato-thalamic reward pathways in the aging cohort may render older men vulnerable to
the loss of testosterone’s protective effects against anhedonia, thereby increasing suicide risk through a
different biological pathway. Further research is needed regarding the role of hypotestosteroneemia in
elderly suicide. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title:
Past suicidal ideation as an independent risk factor for suicide behaviours in patients with depression.

Authors:
Park, Eun-Hee; Hong, Narei; Jon, Duk-In; Hong, Hyun Ju; Jung, Myung Hun;

Source:

Abstract:
Objectives: As South Korea has the highest incidence of completed suicides, the present study aimed to investigate the predictive power of the variables that have been associated with suicide attempts in Korean patients diagnosed with depression. Methods: Hundred participants were divided into two groups: suicide attempters (31%) and suicide non-attempters (69%). Participants with a history of more than one suicidal attempt were assigned to the suicide attempter group. A hierarchical logistic regression analysis was performed to determine the predictive strengths of the variables that were likely to be associated with suicide attempts. Results: After controlling for the effects of such variables as the severity of depressive symptoms, life stress events and impulsivity, the severity of past suicidal ideation was the most important predictive factor for discriminating suicide attempters from suicide non-attempters. The odds ratio for attempting suicide relative to not attempting suicide increased by a factor of 4.408 for each unit of increase in suicidal ideation. Conclusions: The present study suggests that the most severe suicidal ideation throughout one’s entire life should not be overlooked and may be a major predictor of the risk of suicide. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Prospective prediction of first lifetime suicide attempts in a multi-site study of substance users.

Authors:

Source:

Abstract:
Although considerable empirical work has been devoted to identifying risk factors for suicide attempts, most longitudinal research has studied recurrent attempts rather than first lifetime attempts. The present study sought to examine prospective predictors of first lifetime suicide attempts among adults receiving treatment for substance use. Data were drawn from the National Treatment Improvement Evaluation Study, a study of addiction treatment programs. Data were collected at treatment intake, treatment exit, and one year post-treatment. Patients (n = 3518) with no lifetime history of suicide attempts at treatment intake were followed at treatment exit and one year post-treatment, when they reported on the occurrence of suicide attempts since the prior assessment. Prospective suicidal behavior was assessed using logistic regression in relation to sociodemographic variables, health-related work impairment, history of psychiatric treatment utilization, history of suicidal ideation, history of depressive symptoms, substance use, and childhood abuse, assessed at intake. Health-related work impairment, history of suicidal ideation, and childhood physical abuse significantly predicted first lifetime attempts in a multivariate analysis. Suicidal ideation, health-related functional impairments, and childhood physical abuse may be particularly important in assessing risk for first lifetime suicide attempts. Findings suggest that future clinical work and research would benefit from considering these factors when identifying individuals at heightened risk of making a first suicide attempt. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
The buffering role of social support on the associations among discrimination, mental health, and suicidality in a transgender sample.

Authors:
Trujillo, Michael A.; Perrin, Paul B.; Sutter, Megan; Tabaac, Ariella; Benotsch, Eric G.;

Source:
Abstract:
Introduction: Per the minority stress framework, trans individuals often experience psychological distress given the unique stress engendered by gender identity–related discrimination. Prior research has identified social support as particularly important for psychological distress and has suggested that social support may moderate this relationship. The purpose of the current study was to explore the patterns of connections among discrimination, mental health, and suicidal ideation in trans individuals and whether social support moderates these relationships. Methods: Participants (N = 78) completed measures of these constructs as part of a national online survey. Results: A series of simultaneous multiple regressions found that harassment/rejection discrimination was a unique positive predictor of mental health symptoms and suicidal ideation, with depression positively predicting suicidal ideation. A mediational model indicated that the association between harassment/rejection discrimination and suicidal ideation was fully mediated by depression. Three moderated mediational models were run, and one yielded a significant interaction, such that discrimination predicted suicidal ideation most strongly when participants had low social support from a significant other in comparison to participants who had moderate or high support. Further, conditional direct effects identified that discrimination led to ideation only for individuals with low support from friends or a significant other but not for those with moderate or high support. Conclusions: Helping trans individuals cope with harassment and rejection, particularly by drawing on social support, may promote better mental health, which could help reduce suicidality in this population. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Adolescent self-injurers: Comparing non-ideators, suicide ideators, and suicide attempters.
Authors: Stewart, Jeremy G.; Esposito, Erika C.; Glenn, Catherine R.; Gilman, Stephen E.; Pridgen, Bryan; Gold, Joseph; Auerbach, Randy P.;
Abstract: Adolescent non-suicidal self-injury (NSSI) and suicidality are serious health concerns; however, factors that contribute to the transition from NSSI to suicide ideation and suicide attempts are unclear. To address this gap, we investigated whether demographic characteristics, child maltreatment, and psychiatric factors are associated with the level suicidality among adolescents with a history of self-injury. Participants were three groups of adolescent inpatient self-injurers (n = 397, 317 female), aged 13–18 years (M = 15.44, SD = 1.36): (a) non-ideators (n = 96; no current suicide ideation and no lifetime suicide attempts), (b) suicide ideators (n = 149; current ideation and no lifetime attempts), and (c) suicide attempters (n = 152; current ideation and at least one lifetime attempt). Participants completed interviews assessing psychiatric diagnoses, suicidality, and NSSI characteristics, as well as questionnaires on childhood trauma, psychiatric symptoms, and risky behavior engagement. Depression severity was associated with greater odds being a suicide ideator (p < 0.001, OR = 1.04) and an attempter (p < 0.001, OR = 1.05) compared to a non-ideator. Suicide attempters used more NSSI methods and reported greater risky behavior engagement than non-ideators (p = 0.03, OR = 1.29 and p = 0.03, OR = 1.06, respectively) and ideators (p = 0.015, OR = 1.25 and p = 0.04, OR = 1.05, respectively); attempters used more severe NSSI methods (e.g., burning). Our results identify a wide range of risk markers for increasing lethality in a sample at high risk for suicide mortality; future research is needed to refine risk assessments for adolescent self-injurers and determine the clinical utility of using risk markers for screening and intervention. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Decreased resting state metabolic activity in frontopolar and parietal brain regions is associated with suicide plans in depressed individuals.
Authors: van Heeringen, Kees; Wu, Guo-Rong; Vervaet, Myriam; Vanderhasselt, Marie-Anne; Baeken, Chris;
Source:

**Abstract:**
Suicide plans are a major risk factor for suicide, which is a devastating outcome of depression. While structural and functional brain changes have been demonstrated in relation to suicidal thoughts and behaviour, brain mechanisms underlying suicide plans have not yet been studied. Here, we studied changes in regional cerebral metabolic activity in association with suicide plans in depressed individuals. Using $^{18}$FDG-PET, a comparative study of regional cerebral glucose metabolism (rCMRglu) was carried out in depressed individuals with suicidal thoughts and suicide plans, depressed individuals with only suicidal thoughts, depressed individuals without suicide thoughts and plans, and healthy controls. When compared to the other groups, depressed individuals with suicide plans showed relative hypometabolism in the right middle frontal gyrus and the right inferior parietal lobe (Brodmann areas 10 and 39). Suicide plans in depressed individuals appear to be associated with reduced activity in brain areas that are involved in decision-making and choice, more particularly in exploratory behaviour. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:**
Risk factors for suicide attempt in pregnancy and the post-partum period in women with serious mental illnesses.

**Authors:**
Gressier, Florence; Guillard, Virginie; Cazas, Odile; Falissard, Bruno; Glangeaud-Freudenthal, Nine M.-C.; Sutter-Dallay, Anne-Laure;

**Source:**

**Abstract:**
Suicide is a major public health concern worldwide, and mental disorders have been identified as a main risk factor. Suicide is also one of the leading causes of perinatal maternal mortality, but very few studies have focused on suicide attempts (SA) in the perinatal period. This work aims to assess risk factors associated with SA in pregnancy and in the post-partum period in women with mental health disorders. Women (n = 1439) with psychiatric disorders jointly admitted with their infant to 16 psychiatric Mother-Baby Units over 10 years (2001–2010) were assessed retrospectively for the occurrence of SA in pregnancy or the postpartum period. Multinomial logistic regression was used to explore the independent impact of maternal sociodemographic characteristics, history of childhood maltreatment and abuse, current mental illness and pregnancy data on SA in pregnancy and/or postpartum. One hundred and fifty-four women (11.68%) attempted suicide: 49 in pregnancy (3.71%) and 105 (7.97%) in the postpartum period. SA in pregnancy was related to alcohol use (OR = 2.37[1.02–5.53]; p = 0.04) and smoking during pregnancy (OR = 1.87[1.01–3.49]; p = 0.04) and also to a history of miscarriage (OR = 2.29[1.18–4.41]; p = 0.01). SA in the post-partum period was associated with major depressive episode (OR = 2.72[1.40–5.26]; p = 0.003) or recurrent depression (OR = 4.12[2.25–7.51], p < 0.001) and younger age (OR = 0.96[0.93–0.99], p = 0.03). SAs in the course of pregnancy and the postpartum period have different risk factors. Special attention to risk of suicide is needed during pregnancy for women with severe mental illness and a history of miscarriage, alcohol or cigarette use, young age and depression in the perinatal period. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:**
An ecological study of Hungarian suicide data using complex statistical methods.

**Authors:**
Kmetty, Zoltán; Bozsonyi, Károly; Zonda, Tamás;

**Source:**

**Abstract:**
Background and Objectives: According to a number of psychiatrists, the decrease in the number of suicides can almost exclusively be ascribed to the increasing use of new antidepressants (ADs). Several ecological studies have been carried out to lend support to this claim; unfortunately, many of these started out from either methodologically or statistically flawed assumptions. The purpose of the current study is to demonstrate the examined relationships using complex time-series techniques on Hungarian national
Methods: When investigating the relationships between our time series, first we ensured their stationarity using several methods. We used two methods for the analysis involving several independent variables. Results: When using dynamic regression to ensure stationarity, the residuals of the suicide and AD time series showed a significant negative correlation. At the same time, when using the more robust technique of time series differentiation, the stationary time series showed no significant relationship between the use of antidepressants and suicide rates. Conclusions: The models fitting our data showed somewhat mixed results. The vagueness of ecological models is well demonstrated by the fact that even those sociological variables (number of divorces, alcohol consumption) failed to show a significant relationship with suicides here, which are usually significant in analyses using micro data. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Genetic association studies of suicidal behavior: A review of the past 10 years, progress, limitations, and future directions.
Authors: Mirkovic, Bojan; Laurent, Claudine; Podlipski, Marc-Antoine; Frebourg, Thierry; Cohen, David; Gerardin, Priscille
Abstract: Suicidal behaviors (SBs), which range from suicidal ideation to suicide attempts and completed suicide, represent a fatal dimension of mental ill-health. The involvement of genetic risk factors in SB is supported by family, twin, and adoption studies. The aim of this paper is to review recent genetic association studies in SBs including (i) case-control studies, (ii) family-based association studies, and (iii) genome-wide association studies (GWAS). Various studies on genetic associations have tended to suggest that a number of genes [e.g., tryptophan hydroxylase, serotonin receptors and transporters, or brain-derived neurotrophic factors (BDNFs)] are linked to SBs, but these findings are not consistently supported by the results obtained. Although the candidate-gene approach is useful, it is hampered by the present state of knowledge concerning the pathophysiology of diseases. Interpretations of GWAS results are mostly hindered by a lack of annotation describing the functions of most variation throughout the genome. Association studies have addressed a wide range of single-nucleotide polymorphisms in numerous genes. We have included 104 such studies, of which 10 are family-based association studies and 11 are GWAS. Numerous meta-analyses of case-control studies have shown significant associations of SB with variants in the serotonin transporter gene (5-HTT or SLC6A4) and the tryptophan hydroxylase 1 gene (TPH1), but others report contradictory results. The gene encoding BDNF and its receptor (NTRK2) are also promising candidates. Only two of the GWAS showed any significant associations. Several pathways are mentioned in an attempt to understand the lack of reproducibility and the disappointing results. Consequently, we review and discuss here the following aspects: (i) sample characteristics and confounding factors; (ii) statistical limits; (iii) gene–gene interactions; (iv) gene, environment, and by time interactions; and (v) technological and theoretical limits. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Gang membership and suicidality in adolescents.
Authors: Juan, Shao-Chiu; Hemenway, David
Abstract: Youth suicide and its association with gang membership is rarely examined in existing literature. Using a representative sample of Boston adolescents (n = 1,878) the present study found that gang youth have a higher proportion of suicidal ideation (20% vs. 11%), suicide attempt (6% vs. 4%), and self-harm (17% vs. 8%) than non-gang youth. Mediation analyses show that sexual and non-sexual victimizations significantly mediate the link between gang membership and suicidal ideation (p < .001). Multivariate analyses indicate that gang membership, homosexuality, low perceived safety, and sexual victimization are unique
predictors of female suicidality. To prevent youth suicide, gang membership should be regularly assessed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Eszopiclone-induced parasomnia with suicide attempt: A case report.

Authors:
Pennington, J. Gibson; Guina, Jeffrey;

Source:
Innovations in Clinical Neuroscience, Vol 13(9-10), Sep-Oct, 2016 pp. 44-48. Publisher: Matrix Medical Communications; [Journal Article]

Abstract:
Eszopiclone is a benzodiazepinelike hypnotic that is commonly prescribed to treat insomnia. However, eszopiclone’s efficacy has been questionable in several clinical trials, and its pharmacologic profile makes its effects on sleep and behavior difficult to predict. We report a case demonstrating an instance of eszopiclone-induced parasomnia involving paranoia and a suicide attempt in a patient taking eszopiclone. We explore possible biochemical explanations examining the pharmacologic profile of eszopiclone and its potential for drug-drug interactions, especially with concomitant administration of monoaminergic medications such as antidepressants. Caution should be exercised when prescribing these medications, and evidence-based treatments for insomnia (e.g., cognitive behavioral therapy, biofeedback, sedating antidepressants) should be considered prior to sedative-hypnotic administration. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Four famous suicides in history and lessons learned: A narrative review.

Authors:
Hamilton, Andrew J.;

Source:
Mental Health and Prevention, Vol 4(3-4), Sep, 2016 pp. 138-145. Publisher: Elsevier Science;

Abstract:
History can complement the scientific disciplines in teaching us about the nature of suicide. The death of Socrates, especially as described by Xenophon, suggests fear of the frailties of old age as a motive for suicide. A Platonic view implies heroism and martyrdom. Cleopatra’s death and Kurt Cobain’s signify the importance of losing when the stakes are high, to the extent that the potential loss is simply too great to live with. Hemingway’s death provides strong evidence for a genetic role at play, coupled with various risk factors, most notably mental illness (probably bipolar mood disorder) and setting unrealistic goals. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


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Title: From victim to victor: The development of the BASIC PH model of coping and resiliency.

Authors: Lahad, Mooli;

Source: Traumatology, Vol 23(1), Mar, 2017 Special Issue: Resilience and Trauma: Expanding Definitions, Uses, and Contexts. pp. 27-34. Publisher: Educational Publishing Foundation; [Journal Article]

Abstract
This article summarizes my personal journey in the field of trauma starting in 1975 and tries to trace its 'origin' in my early life experiences. It mostly focuses on my field experience as a pioneer professional (academician and practitioner) in a rural area of Israel in the late 70s and early 80s. In this personal and professional encounter with the harsh reality of a community living under constant threat of shelling and of terrorists' infiltration, I realized there was a huge gap between my clinical training and the real life of these people who were forced to cope with this situation for years. This has led to one of the first attempts worldwide to research and develop an integrative model of coping and resiliency. The results yielded a new model: the BASIC Ph Model. This model builds on an understanding of the community impacted and the ability of the inhabitants to withstand disasters and crisis and led to the development of one of the first comprehensive resiliency programs. Among other things, the program using the BASIC Ph Model ensured that there would be a professional role of Emergency Behavioral Officer(s) with the job of enhancing trauma resilience city-wide. A diagram and table are presented and discussed to help to explain the elements and approaches covered in the BASIC Ph Model. The latter section of the article discusses the cross-sectional studies of the model and recent developments in its many uses. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Perceived barriers and facilitators of mental health service utilization in adult trauma survivors: A systematic review.

Authors: Kantor, Viktoria; Knefel, Matthias; Lueger-Schuster, Brigitte;

Source: Clinical Psychology Review, Vol 52, Mar, 2017 pp. 52-68. Publisher: Elsevier Science; [Journal Article]

Abstract
Many trauma survivors seem to be reluctant to seek professional help. The aim of the current review was to synthesize relevant literature, and to systematically classify trauma survivors' perceived barriers and facilitators regarding mental health service utilization. The systematic search identified 19 studies addressing military personnel and 17 studies with trauma survivors of the general population. The data analysis revealed that the most prominent barriers included concerns related to stigma, shame and rejection, low mental health literacy, lack of knowledge and treatment-related doubts, fear of negative social consequences, limited resources, time, and expenses. Perceived facilitators lack attention in research, but can be influential in understanding mental health service use. Another prominent finding was that trauma survivors face specific trauma-related barriers to mental health service use, especially concerns about re-experiencing the traumatic events. Many trauma survivors avoid traumatic reminders and are therefore concerned about dealing with certain memories in treatment. These perceived barriers and facilitators were discussed regarding future research and practical implications in order to facilitate mental health service use among trauma survivors. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-08855-005&site=ehost-live

Title: Community Families: Bridging the gap between mental health services and civil society—A qualitative study from users' perspective.

Authors:
Væggemose, Ulla; Lou, Stina; Frumer, Michal; Christiansen, Nanna Limskov Stærk; Aagaard, Jørgen; Ørtenblad, Lisbeth;

Source:

Abstract
Background: Social interventions to support people with severe mental illness are important to improving the quality of life. The perspectives of users are essential in this process. This article explores users' experiences, investments and concerns of a befriending programme. Material: Focus group and individual qualitative interviews with service users. Discussion: Overall, the experiences with the programme were positive, and the social interaction was highly valued. However, that the relationships were arranged and facilitated by mental health workers remained an unresolved concern even after several years. Conclusion: People with severe mental illness benefit from relationships despite the need of professional assistant. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Scenarios for the future of mental health care: A social perspective.

Authors:
Giacco, Domenico; Amering, Michaela; Bird, Victoria; Craig, Thomas; Ducci, Giuseppe; Gallinat, Jürgen; Gillard, Steven George; Greacen, Tim; Hadridge, Phil; Johnson, Sonia; Jovanovic, Nikola; Laugharne, Richard; Morgan, Craig; Muijen, Matthijs; Schomerus, Georg; Zinkler, Martin; Wessely, Simon; Priebe, Stefan;

Source:

Abstract
Social values and concepts have played a central role in the history of mental health care. They have driven major reforms and guided the development of various treatment models. Although social values and concepts have been important for mental health care in the past, this Personal View addresses what their role might be in the future. We (DG, PH, and SP) did a survey of professional stakeholders and then used a scenario planning technique in an international expert workshop to address this question. The workshop developed four distinct but not mutually exclusive scenarios in which the social aspect is central: mental health care will be patient controlled; it will target people's social context to improve their mental health; it will become virtual; and access to care will be regulated on the basis of social disadvantage. These scenarios are not intended as fixed depictions of what will happen. They could, however, be useful in guiding further debate, research, and innovation. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Longitudinal trends in substance use and mental health service needs in child welfare.

Authors:
Mowbray, Orion; Ryan, Joseph P.; Victor, Bryan G.; Bushman, Gregory; Yochum, Clayton; Perron, Brian E.;

Source:

Abstract
Caregiver substance use and mental health problems have long been discussed as concerns in promoting positive child welfare outcomes. Yet the absence of longitudinal data focused on racial/ethnic differences in service needs and substance use has limited child welfare systems in their ability to address potential disparities. This study examines racial/ethnic trends in service needs and patterns of substances used among child welfare-involved caregivers over a 15-year period (2000–2015) from a large, urban county located in the Midwestern United States. Substance use service needs showed an increase over time among White non-Hispanic individuals, and declined over time for all racial/ethnic minority groups. Mental health service needs increased over time, with White non-Hispanic individuals experiencing the largest increase. Co-occurring service needs showed a moderate increase for all groups. Trends associated with service needs across the lifespan were relatively similar across racial and ethnic groups, with needs
peaking between ages 30 and 35. When examining specific substances used, cocaine use decreased over time for all individuals. However, marijuana use increased substantially for Black/African American individuals, while opioid use increased substantially for White non-Hispanic individuals. These results highlight key areas where trends among child welfare-involved caregivers differ from population-based trends and suggest that improved coordination between child welfare agencies, mental health and substance use treatment providers may be a key step in reducing the disparities observed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Suicidal ideation and non-fatal deliberate self-harm presentations in the Kimberley from an enhanced police–mental health service notification database.

Authors:
McHugh, Cate; Balaratnasingam, Sivansankaran; Campbell, Anita; Chapman, Murray;

Source:

Abstract
Objectives: To determine the rate of presentations for suicidal ideation and deliberate self-harm in the Kimberley region of Western Australia, characterized in terms of age, gender, rates of repetition and engagement with community mental health services. Methods: An observational study of health service presentations over 12 months. Setting: 10 sites across the region with police services were included, capturing the overwhelming majority of self-harm presentations in the region. Participants: all Indigenous presentations were analyzed. Of the 433 individuals who presented, 361 were Indigenous. Main outcome measures: suicidal phenomena, including suicidal ideation and any type of deliberate self-harm regardless of intent. Results: Analysis suggests a broadly similar age and sex stratification of self-harm in this population compared with international reports. The rates, however, are 5–20 times higher than those reported in non-Indigenous populations in Australia and abroad, depending on whether the comparison rate is calculated from population surveys or hospital presentations. Conclusions: Prevalence of suicidal phenomena is very high and is likely to be much higher than estimated by this hospital based study. Such high prevalence suggests that a population level intervention is required in addition to interventions involving clinical services. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Metabolic monitoring and management among clozapine users.

Authors:
Tso, Grace; Kumar, Puja; Jayasooriya, Thilini; Kisely, Steve; Siskind, Dan;

Source:

Abstract
Objective: To assess, among clozapine users, the rates of monitoring, presence and treatment of metabolic syndrome and its components. Methods: A chart review was conducted of all clozapine users who were followed up in community mental health clinics at two Metro South Health Hospitals over a 1-year period. Metabolic syndrome was diagnosed according to the International Diabetes Federation criteria. Results: We included 251 clozapine users. Only 43.4% (109/251) had data collected for all five metabolic syndrome parameters. Among these people, 45.0% (49/109) met criteria for metabolic syndrome, while 61.2% (30/49) of those with metabolic syndrome were offered appropriate treatments. Correspondence with primary care providers occurred in only 18.7% (n = 47). Non-pharmacological interventions, such as motivational interviewing and education about healthy lifestyle alternatives, occurred in 49.8% (n = 125). Conclusions: There is growing awareness of the importance of metabolic monitoring, however, there remain specific gaps in the collaborative work among mental health services, primary care providers and clozapine users, to ensure appropriate physical health interventions. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: Mental health services planning for G20 summit in Brisbane and assessment of impact. Emmerson, Brett; Praskova, Anna; Fawcett, Lisa; Crompton, David; Heffernan, Edward; Source: Australasian Psychiatry, Vol 25(1), Feb, 2017 pp. 60-65. Publisher: Sage Publications; [Journal Article] Abstract Objective: The objective of this study was to inform planning for similar events, our aim was to describe planning undertaken by Brisbane Mental Health Services for the 2014 G20 Summit and the impact of the Summit on service use. Methods: We analysed routinely collected service data comparing presentations and discharges for the same time period in two consecutive years. Results: While presentations to mental health services increased from the previous year across a five-month period (including the month of G20), the week of the G20 Summit showed little change. Conclusions: Our findings will be useful to other services that prepare for major events, such as G20. Our experience shows that, with detailed planning and extra resources, the G20 Summit passed without any major mental health incidents or major increase for mental health presentations. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Launch of RANZCP Reconciliation Action Plan 2016–2018. Authors: No authorship indicated; Source: Australasian Psychiatry, Vol 25(1), Feb, 2017 pp. 92-93. Publisher: Sage Publications; [Journal Article] Abstract The RANZCP recently celebrated the launch of its second Reconciliation Action Plan 2016–2018 at the binational offices in Melbourne. The special event was attended by members of the College’s Aboriginal and Torres Strait Islander Mental Health Committee, College staff, and RANZCP President-Elect Dr Kym Jenkins who formally launched the plan. Attendees were honoured by the presence of Wurundjeri elder, Bill Nicholson, who performed the Welcome to Country. It is a step towards a ‘stretch’ model for reconciliation; aiming to ensure accountability and transparency for the actions taken by the College, including measurable outcomes. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Emotional and behavioral problems of children in residential care: Screening detection and referrals to mental health services. Authors: González-García, Carla; Bravo, Amaia; Arruabarrena, Ignacia; Martín, Eduardo; Santos, Iriana; Del Valle, Jorge F.; Source: Children and Youth Services Review, Vol 73, Feb, 2017 pp. 100-106. Publisher: Elsevier Science; Abstract Adverse family conditions, abuse and neglect during childhood present important risk factors for the appearance of emotional and behavioral problems. The main aim of this paper is to describe the presence of these kinds of disorders in children in residential child care and to explore individual, socio-family and care process factors associated with the use of mental health services. The sample consisted of 1216 children 6–18 years old in residential care in several Spanish regions. Information about emotional and behavioral problems was gathered according to two criteria: receiving some kind of treatment services and/or being identified as within the clinical range in the Child Behavior Checklist (CBCL). Results showed that 49% of cases were receiving some kind of mental health treatment and 61% were identified as within the clinical range in some of the broad band scales of the CBCL. In terms of agreement between referral to treatment and CBCL scores, results showed that four out of ten cases identified as within the clinical
range were not receiving any kind of treatment. Several factors related to the type of problems detected in the CBCL, personal variables, and child care arrangements are associated with greater use of mental health services. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip.athens&db=psyh&AN=2017-06216-014&site=ehost-live

Title:
Personal control and service connection as paths to improved mental health and exiting homelessness among severely marginalized homeless youth.
Authors:
Slesnick, Natasha; Zhang, Jing; Brakenhoff, Brittany;
Source:
Abstract
Objective: Non-service connected, continuously homeless youth are arguably one of the most vulnerable populations in the U.S. These youth reside at society's margins experiencing an accumulation of risks over time. Research concludes that as vulnerabilities increase so do poor long-term outcomes. This study tested the mediating effects of service connection and personal control as mediators of cumulative risk and housing, health and mental health outcomes. By understanding the processes associated with therapeutic change among those with the most vulnerabilities, service providers and researchers can target those factors to enhance positive outcomes. Method: Seventy-nine, non-service connected, substance using homeless youth were offered a strengths-based outreach and engagement intervention and were assessed at baseline 3, 6 and 9 months post-baseline. Results: Personal control mediated the effects of cumulative risk on housing stability, and service utilization mediated the effects of cumulative risk on mental health. Conclusions: This study specifies important targets of intervention for a population at high risk for continuing homelessness. In particular, service providers should target youths' sense of personal control and link them to needed community-based services in order to help them exit street life and improve mental health outcomes. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip.athens&db=psyh&AN=2017-06216-017&site=ehost-live

Title:
Integrating mental health in primary healthcare in low-income countries: Changing the future for people with mental disorders.
Authors:
Sørensen, Carina Winkler; Bæk, Ole; Kallestrup, Per; Carlsson, Jessica;
Source:
Abstract
Background: Untreated mental disorders are a huge challenge for healthcare systems worldwide. Treatment possibilities are particularly scarce in low-income countries (LICs). WHO estimates that up to 85% of all people with a mental disorder in LICs do not have access to evidence-based treatment. Aims: This paper seeks to explore the rationale behind the WHO recommendations for improving mental health services in LICs. At the core of these recommendations is an integration of mental health services into existing primary healthcare. This article presents available research supporting this approach. Furthermore, it highlights challenges needing special attention and opportunities demanding additional research to guide a comprehensive restructuring of a healthcare system. Methods: A literature review of WHO documents and searches on PubMed for relevant supporting literature. Results: Research from LICs that investigate mental health interventions is scarce. The evidence that does exist favours integration into primary healthcare. There is evidence that collaborative- and stepped-care interventions can provide viable treatment options for patients. Conclusion: Integration of mental health services into primary healthcare seems like a viable solution to ensure that treatment becomes more available, even though the evidence is limited. Locally conducted research is needed to guide the development of sustainable evidence-based mental health treatment, involving relevant healthcare providers, with optimal task-sharing and possibilities for referral of complex cases. Furthermore, to achieve this, comprehensive political will and investments are necessary pre-requisites. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Educators' perceptions of youth mental health: Implications for training and the promotion of mental health services in schools.

Authors: Moon, Jungrim; Williford, Anne; Mendenhall, Amy;


Abstract

Background: School-based mental health practice holds promise in meeting unmet mental health needs of American children by expanding access to quality mental health care for hard-to-reach populations such as those in rural regions. The purpose of the present study was to address four specific aims: 1) To replicate findings from prior studies regarding educators' perspectives of mental health promotion in school; 2) To extend prior research by examining specific needs for mental health training; 3) To compare the responses between the educators in rural schools and urban schools within the same geographic and political context of a large Midwestern state; and 4) To explore similarities and differences of the educators' perspectives based on participants' roles including administrators, teachers and school mental health providers. Methods: A total of 786 educators including 127 administrators in a large Midwestern state completed a one-time, anonymous online survey. Descriptive analyses were employed to explore the perspectives of educators regarding the current status of mental health promotion in school. Additionally, independent samples t-tests were run to examine the differences in the educators' perspectives based on region (rural vs. urban). Finally, one-way analysis of variance (ANOVA) was used to examine the differences in the educators' perspectives based on participants' roles. Results: Results replicated previous findings, indicating a large percentage of educators reporting a high level of concerns for student mental health needs (93%) and the need for further training in mental health (85%). Mental health disorders, behavior management, and specialized skills such as social skills were identified as the top three areas of need for further training. While no differences were found between educators in urban and rural schools in other topics, significantly more respondents in rural schools (27%) reported that their schools hire mental health professionals as compared to urban schools (13%). The ANOVA results indicated that school-based mental health professionals and administrators are significantly more concerned about students' mental health needs than teachers (p = 0.000). Conclusion: A majority of participants take students' mental health issues seriously and many feel that current resources and training opportunities could be expanded. An area of future research could be exploring current mental health trainings provided to educators and examine how their specific training needs are addressed. An important strategy to decrease mental health care disparity by geographic region may be statewide initiatives to increase the number of mental health professionals in rural areas. The discrepancy in the level of mental health concerns expressed by teachers and administrators may suggest a need for school-wide initiatives to foster shared commitments to promoting students' mental health across various staff roles. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
treatment. Such clients may require services that compensate for their cognitive deficits. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Psychosocial dynamics of college students' use of mental health services.
Authors: Rosenthal, Beth Spenciner; Wilson, William Cody;
Abstract
The authors present and empirically test a multivariate model of the use of mental health counseling services. Use of such services by 1st-year college students is directly a result of need for these services and willingness to use them. Beliefs about mental health services and demographic characteristics are not directly related to use, but indirectly affect use by influencing willingness to use. Implications for college counseling programs are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Mental health care and educational actions: From institutional exclusion to subjective development.
Authors: Goulart, Daniel Magalhães; González Rey, Fernando; European
Abstract
This paper is based on a qualitative research study within a Community Mental Health Centre in Brazil. It addresses professional actions within mental health services as a sensitive sphere in which to discuss deadlocks and critical strategies to expand practices towards deinstitutionalization. The idea of subjective development from a cultural-historical standpoint is discussed as a theoretical way to promote institutional practices which articulate education and mental health care. Subjective development is regarded as a non-universal, non-deterministic, and context-sensitive process, having the subject configuration as its unit. We argue that such discussion has heuristic value for understanding mental health as a living process, beyond hermetic diagnostic entities, overcoming the objectualization and hierarchical aspect which frequently characterize the relationship between service users and workers. Moreover, we discuss how professional actions geared toward subjective development could enhance dialogical relations capable of supporting individuals and groups to actively position themselves as subjects in their life pathways. From this point of view, individuals are not considered as an epiphenomenon of social forces, such as the result of the effects of power, but as a crucial moment of social experience. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Evaluating the evidence for online interventions in mental health care.
Authors: Ashcroft, Katie; Insua-Summerhays, Bryony; Schurter, Céline;
Abstract
This article reviews literature on the evidence for online interventions in treating adults with mental health issues. The authors discuss the benefits and limitations of delivering interventions remotely, as well as evaluate the evidence base for online treatments such as computerized cognitive-behavior therapy and psychoeducation. Some previous reviews about online interventions for mental health needs neglected to include research on remotely delivered family and caregiver interventions; therefore, this article explores
that treatment modality. Caregiver interventions examined in this article include online psychoeducation and skills training, which demonstrate promising evidence of improved caregiver coping and knowledge about the patient’s illness. Additionally, the authors provide suggestions for future research, such as investigation into the pre and posttreatment psychological well-being of patients to further ascertain the impact of online caregiver interventions. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Challenges in the operationalization of mental health quality measures: An assessment of alternatives.
Authors:
Iyer, Sharat P.; Spaeth-Rublee, Brigitta; Pincus, Harold A.;
Source:
Abstract
Interest in measuring the quality of mental health services has increased, but challenges remain in moving from general standards of quality and best practices to specific, implementable quality measures. The International Initiative for Mental Health Leadership identified 656 mental health quality measures and then applied a modified Delphi approach to assess various available alternative quality measures. Panel members considered issues of data source, segmentation, and thresholds. Policy makers and organizations will need to make difficult choices about accountability, purpose, feasibility, and validity in order to operationalize quality measurement. Empirical data can help guide them in this process. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Implementation of integrated health homes and health outcomes for persons with serious mental illness in Los Angeles County.
Authors:
Gilmer, Todd P.; Henwood, Benjamin F.; Goode, Marissa; Sarkin, Andrew J.; Innes-Gomberg, Debbie;
Source:
Abstract
Objective: The Medicaid health home option of the Affordable Care Act provides a new opportunity to address the fragmented system of care for persons with serious mental illness. This study examined the implementation of integrated health homes in Los Angeles County. Methods: Longitudinal data on client-reported physical health status, clinician-reported mental health recovery, and screening for common chronic conditions among 1,941 persons enrolled in integrated care programs for serious mental illness and chronic general medical illness were combined with site visit data measuring the level of integration of general medical and mental health care among ten integrated care programs. Various analyses were used to compare outcomes by level of program integration (generalized estimating equations for physical health status and mental health recovery and logistic regression and chi-square tests for screening for common chronic conditions and clinical risk factors). Results: Clients in more highly integrated programs had greater improvements in physical health status and mental health recovery and higher rates of screening for common chronic conditions compared with clients in less integrated programs. They also had greater reductions in hypertension but a worrisome increase in prediabetes and diabetes. Conclusions: Highly integrated mental health and general medical programs were associated with greater improvements in health outcomes compared with less integrated programs. Additional research is necessary to identify predictors of integration, to determine which aspects of integration drive improvements in health outcomes, and to identify strategies to increase integration within less integrated programs. Efforts are needed to coordinate pharmacotherapy, including increased consideration of the metabolic effects of antipsychotic medication. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Policy implications of the mental health treatment study.
The Social Security Administration’s Mental Health Treatment Study (MHTS) produced positive mental health, employment, and quality of life outcomes for people on Social Security Disability Insurance (SSDI). The investigators discuss major policy implications. First, because integrated, evidence-based mental health and vocational services produced clinical and societal benefits, the authors recommend further service implementation for this population. Second, because provision of these services did not reduce SSDI rolls, the authors recommend future research on prevention (helping people avoid needing SSDI) rather than rehabilitation (helping beneficiaries leave SSDI). Third, because integrating mental health, vocational, and general medical services was extremely difficult, the authors recommend a multifaceted approach that includes streamlined funding and infrastructure for training and service integration. Fourth, because insurance coverage for people with disabilities during the MHTS (pre–Affordable Care Act) was chaotic, the authors recommend that financing strategies emphasize functional—not just traditional clinical—outcomes. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
interventions are needed that specifically target reduction of criminal behavior. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Stigma against mental illness: Perspectives of mental health service users.
Authors: Ottewell, Namino;
Source: Mental Health and Prevention, Vol 4(3-4), Sep, 2016 pp. 115-123. Publisher: Elsevier Science

Abstract
This study aimed to understand the perception, management and experience of stigma among people with mental illness in Japan. Interviews with people with mental illness were conducted and the data were analysed using grounded theory approach. The results showed that participants’ major concerns appeared to obtain or keep a job, and being regarded as ‘abnormal’. Overall, there were more affinities rather than differences between Japan and Western countries, whilst some cultural factors which seem to be related to the differences are also discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: From providing a service to being of service: Advances in person-centred care in mental health.
Authors: Smith, Geoffrey P.; Williams, Theresa M.;

Abstract
Purpose of review: This review explores the concept of person-centred care, giving particular attention to its application in mental health and its relationship to recovery. It then outlines a framework for understanding the variety of approaches that have been used to operationalize person-centred care, focusing particularly on shared decision-making and self-directed care, two practices that have significant implications for mental health internationally. Recent findings: Despite growing recognition of person-centred care as an essential component of recovery-orientated practice, the levels of uptake of shared decision-making and self-directed care in mental health remain low. The most significant barrier appears to be the challenge presented to service providers by one of the key principles of person-centred care, namely empowerment. Summary: Shared decision-making and self-directed support, two practices based upon the principles of person-centred care, have the potential for being effective tools for recovery. Full engagement of clinicians is crucial for their successful uptake into practice. More research is needed to address both outcomes and implementation. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: National survey of nurse prescribing in mental health services; a follow-up 6 years on.
Authors: Dobel-Ober, D.; Brimblecombe, N.;

Abstract
Introduction: This paper reports the latest in a series of national surveys of nurse prescribing in mental health organizations in England. Aim: To describe and understand changes and trends in the use of nurse prescribing nationally. Methods: Postal survey to all 53 National Health Service Mental Health Trusts (publicly funded provider organizations); 75% responded (n = 40). Results: Numbers of nurse prescribers (NPs) have grown significantly in the last 6 years, although remain a small percentage of the total Mental
Health Nursing workforce. Most NPs are in community services, particularly community mental health teams and drug/alcohol services. Independent prescribing has now become the most common form of NP, replacing supplementary prescribing. Discussion: Overall growth in numbers of NPs has continued, but remains marked by large variance in numbers between organizations. The study evidences that the particular form of nurse prescribing will influence its applicability in different clinical settings and that sustained increase over time in NP numbers is feasible at a national level, even with local variation in uptake. Implications for practice: Nurse prescribing has become well embedded in many organizations although large-scale adoption may be hindered by the lack of a definitive evidence base as to outcomes compared with those from medical prescribing. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Family support and mental health service use among suicidal adolescents.

Authors:
LeCloux, Mary; Maramaldi, Peter; Thomas, Kristie; Wharff, Elizabeth;

Source:

Abstract
Despite the fact that multiple evidence-based treatments exist for suicidal adolescents, these youth are unlikely to engage in mental health treatment. While family members can be influential in connecting adolescents to mental health care, suicidal youth are more likely to be exposed to family environments characterized by abuse, neglect, and to have poorer parent–child attachment quality than non-suicidal youth. This study analyzed data from the National Longitudinal Study of Adolescent to Adult Health (Add Health) to examine the relationships between perceived levels of parental support, symptom severity, and mental health service use in a nationally representative sample of suicidal adolescents in the U.S. (n = 1804). Higher levels of parental support were associated with a lower likelihood of mental health service use, lower levels of depression, and lower likelihood of an actual suicide attempt. Additionally, the presence of a suicide attempt and higher levels of depression were associated with a higher likelihood of mental health service use. When mediation effects were tested, the presence of a suicide attempt partially mediated the relationship between parental support and mental health service use. Implications discussed include the protective nature of parental support the need for more family-based interventions for this population. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Mental health service provision in low and middle-income countries: Recent developments.

Authors:
Weinmann, Stefan; Koesters, Markus;

Source:

Abstract
Purpose of review: The study discusses key issues and concepts of how to provide basic mental health services for people with mental disorders in low and middle-income countries (LAMICs). Recent findings: In the last years a considerable gap between mental healthcare needs and available services in LAMICs has been documented. The transformation of hospital-based to community-based mental health and the building of accessible services in low-resource settings require mental health training of primary care providers, task-sharing/task-shifting models, involvement of families and peers and basic models of community rehabilitation. Several international initiatives have been set up to increase the evidence base and test the feasibility, acceptability, and effectiveness of these approaches which are not new but which have been implemented in only a small amount of LAMICs. A combination of interventions on different levels (governance, legislation, providers, and community) is necessary. Summary: It remains to be shown how the recent global mental health movement, beyond increasing international financial resources, will be helpful in finding locally and culturally sensitive solutions to reduce the mental health gap in LAMICs. Although concepts of a well designed mix of services are available, solutions to reduce implementation barriers must be local, and implementation strategies may vary considerably and still lack a sufficient evidence base. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: Practitioner narrative competence in mental health care.  
Authors: Heney, Diana B.;  
Abstract  
This paper aims to develop a model of practitioner narrative competence specifically for mental health care. I begin by considering the status of narratives as a form of evidence. Following Rita Charon and Cheryl Misak, I claim that there is no distinction to be made between evidence-based medicine and narrative medicine. I then explore Charon's model of practitioner narrative competence, and suggest that it can be fruitfully adapted for mental health care contexts, a project for which I employ Jennifer Radden and John Z. Sadler's psychiatric ethics. This project brings together two independently promising accounts to develop what I refer to as the adapted model of practitioner narrative competence in mental health care. I argue that this adaptation is necessary because mental health care is a distinct health care setting posing specific challenges. The importance of addressing these challenges can be made clear by considering first-person accounts of those participating in mental health care; here, I give examples in the form of the patient account offered by Michiko Tsukada and the practitioner experience presented by Richard Martinez. I close by considering a possible objection to the adapted model, and suggesting possible ways forward. (PsycINFO Database Record (c) 2017 APA, all rights reserved)  

Title: A qualitative study of 2Create: A mental health service user-led art group.  
Authors: Wilson, Ceri; Kent, Lyn;  
Abstract  
Background: 2Create is a mental health service user-led art group in the UK, established by graduates of Open Arts, a community arts and mental health project. The study aimed to explore group members' experiences over its first year. Methods: Semistructured interviews were conducted with five current and one former member of 2Create. Results: Key themes related to organisation (evolving, flexibility, finance, leadership challenges), the studio environment, personal gains (social inclusion, self-esteem, well-being) and future plans (increasing membership, exhibitions, funding applications, social events). Conclusion: The gains reported indicate that 2Create is beneficial to its members. Although a number of challenges were identified, all participants identified personal and group-wide gains and emphasised that challenges are to be expected when setting up a new group. The key implication for independent mental health user-led arts groups is that support is needed in the early stages, and that independence can then be achieved with time. (PsycINFO Database Record (c) 2017 APA, all rights reserved)  

Title: A first-level evaluation of a family intervention for adolescent social, emotional and behavioural difficulties in Child and Adolescent Mental Health Services.  
Authors: Wynne, Ciara; Doyle, Caoimhe; Kenny, Rachel; Brosnan, Eileen; Sharry, John;  
Abstract
This study is a first-level evaluation of a family intervention targeted at adolescents with social, emotional and behavioural difficulties (SEBD) attending Child and Adolescent Mental Health Services (CAMHS) in Ireland. It is a combined implementation of the Working Things Out adolescent programme and the Parents Plus Adolescent Programme (WTOPPAP). Method: A total of 93 adolescents aged 11–17 years ($M = 14.64, SD = 1.31; 39\%$ male) and their parents took part in the study. The study used a quasi-experimental One-Group Pretest-Posttest design to assess change from pre- to post-intervention using the Strengths and Difficulties Questionnaire, the McMaster General Functioning Scale, Goal Attainment, Parent Stress Scale and the Kansas Parenting Satisfaction Scale. Both parent- and adolescent-rated goal attainment and general family functioning improved from pre- to post-intervention. Parents also rated their satisfaction with parenting as having significantly improved. Adolescent-rated emotional difficulties significantly improved for the overall sample and parent-rated child total difficulties for female adolescents significantly improved from pre-test to post-test. Parents of female adolescents also reported a significant drop in parental stress. These findings indicate that the WTOPPAP may be an effective intervention for adolescents with SEBD, particularly females, and their parents. Further implications are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Mental health service use and ethnicity: An analysis of service use and time to access treatment by South East Asian-, Middle Eastern-, and Australian-born patients within Sydney, Australia.

Authors:
Logan, Shanna; Rouen, David; Wagner, Renate; Steel, Zachary; Hunt, Caroline;

Source:

Abstract
Objective: The current research aimed to assess the association between country of birth and use of a specialised mental health service in Sydney, Australia. Methods: Patient file data were analysed from individuals who accessed the Clinic for Anxiety and Traumatic Stress in Western Sydney between 1996 and 2010. Patients had undergone a clinical assessment and research interview prior to receiving treatment. Data on demographic information and health history were extracted from these files. South East (SE) Asian- and Middle Eastern-born minority groups were compared with an Australian-born majority group, using country of birth as a proxy measure of ethnicity. Ratios of service use by group were compared with data on ethnicities residing within the local government area health district. Results: Relative to the local population, country of birth minority status was associated with fewer patients accessing the service, with SE Asian-born patients reporting low service use across all cohorts studied. However, Middle Eastern-born patients' service utilisation increased over time, becoming commensurate with the local population. Middle Eastern-born patients reported a significantly shorter delay to seek treatment compared with Australian-born patients, although no significant differences were reported between ethnic minority groups. Conclusions: Differences between SE Asian- and Middle Eastern-born groups in service utilisation patterns over time and treatment delay relative to an Australian born group highlight the importance of better understanding the impact of ethnicity on service use. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
A qualitative systematic review of service user and service provider perspectives on the acceptability, relative benefits, and potential harms of art therapy for people with non-psychotic mental health disorders.

Authors:
Scope, Alison; Uttley, Lesley; Sutton, Anthea;

Source:

Abstract
Purpose: This systematic review aimed to synthesize qualitative evidence relating to user and service provider perspective on the acceptability and relative benefits and potential harms of art therapy for people with non-psychotic mental disorders. Methods: A comprehensive literature search was conducted in 13 major bibliographic databases from May to July 2013. A qualitative evidence synthesis was conducted using thematic framework synthesis. Results: The searches identified 10,270 citations from which 12 studies were included. Ten studies included data from 183 service users, and two studies included data from 16 service providers. The evidence demonstrated that art therapy was an acceptable treatment. The benefits associated with art therapy included the following: the development of relationships with the therapist and other group members; understanding the self/own illness/the future; gaining perspective; distraction; personal achievement; expression; relaxation; and empowerment. Small numbers of patients reported varying reasons for not wanting to take part, and some highlighted potentially negative effects of art therapy which included the evoking of feelings which could not be resolved. Conclusions: The findings suggest that for the majority of respondents art therapy was an acceptable intervention, although this was not the case for all respondents. Therefore, attention should be focused on both identifying those who are most likely to benefit from art therapy and ensuring any potential harms are minimized. The findings provide evidence to commissioners and providers of mental health services about the value of future art therapy services. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Democratizing implementation and innovation in mental health care.

Authors: Saxe, Glenn; Acri, Mary;

Source: Administration and Policy in Mental Health and Mental Health Services Research, Vol 44(2), Mar, 2017 pp. 155-159. Publisher: Springer; [Journal Article]

Abstract

Improvements in the quality of mental health care in the United States depend on the successful implementation of evidence-based treatments (EBT’s) in typical settings of care. Unfortunately, there is little evidence that EBT’s are used in ways that would approximate their established fidelity standards in such settings. This article describes an approach to more successful implementation of EBT’s via a collaborative process between intervention developers and intervention users (e.g. providers, administrators, consumers) called Lead-user Innovation. Lead-user Innovation democratizes the implementation process by integrating the expertise of lead-users in the delivery, adaptation, innovation and evaluation of EBT’s. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Racial/ethnic differences in contemporaneous use of mental health and substance use treatment among individuals experiencing both mental illness and substance use disorders.

Authors: Nam, Eunji; Matejkowski, Jason; Lee, Sungkyu;


Abstract

This study examined whether the well-established racial/ethnic differences in mental health service utilization among individuals with mental illness are reflected in the treatment utilization patterns of individuals experiencing both mental illness and substance use disorders, particularly in regards to the use of contemporaneous mental health and substance abuse treatment. Using pooled data from the National Survey on Drug Use and Health (2009–2013), the patterns of mental health and substance use treatment utilization of 8748 White, Black, or Latino individuals experiencing both mental illness and substance use disorders were analyzed. Multinomial logistic regression was conducted to test the relationships among racial/ethnic groups and the receipt of contemporaneous treatment, mental health treatment alone, and substance use treatment alone as compared with no treatment utilization. Results indicated that Black and Latino respondents were less likely to receive contemporaneous treatment than Whites respondents. Also, significantly associated with outcomes were several interactions between race/ethnicity and predisposing, need and enabling factors known to be associated with service utilization. The findings suggest that an underlying mechanism of racial/ethnic differences among individuals with co-occurring mental illness and
substance use disorders in the treatment utilization may differ by the specific types of treatment and between Blacks and Latinos. Therefore, efforts to reduce these disparities should consider specialty in each treatment settings and heterogeneity within diverse racial/ethnic groups. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Does caregiver participation in decision making within child welfare agencies influence children's primary and mental health care service use?

Authors:
Jolles, M. P.; Wells, R.;

Source:

Abstract
Background: Many children in contact with child welfare agencies do not receive needed health services. These agencies have used participatory decision making (PDM) practices as a way to increase families’ use of recommended services. However, we lack evidence of whether caregiver participation in PDM increases children’s use of health services. This study uses a national sample of children involved with child welfare to compare their health service use between those children serve through a PDM practice and those who did not experience it. Methods: Cross-sectional analyses using the 2009–2010 National Survey of Child and Adolescent Well-Being. Propensity score analysis accounted for observed selection bias. PDM practice was measured as whether the caregiver was included in decision-making during service planning meetings. Health service use was measured as child’s receipt of any primary or mental health care services in the past year. Primary health care need was measured using standardized measures and caseworker report. The sample was comprised of children ages 2–17 with primary or mental health needs in contact with a child welfare agency. Results: In the unmatched sample of 1,358 children, 14% were served through a PDM service practice, and 12% had a primary health care and 37% a mental health need. Families served through PDM were also reported by caseworkers as more cooperative during the child welfare investigation, and with fewer reports of domestic violence and agency re-referrals (P < 0.05). Analyses using matched samples showed that for primary health care, 59% of PDM children received services compared with 40% for non-PDM children (P = 0.004). Group differences were not significant for mental health services. Conclusions: Lower-risk families were more likely to be served through PDM which was positively associated with child use of primary health services. Inclusion of caregivers in decision making may not be sufficient to overcome barriers to children’s mental health service use. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


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Title: Categorical and dimensional approaches in the evaluation of the relationship between attachment and personality disorders: An empirical study.
Authors: Chiesa, Marco; Cirasola, Antonella; Williams, Riccardo; Nassisi, Valentina; Fonagy, Peter;
Abstract
Although several studies have highlighted the relationship between attachment states of mind and personality disorders, their findings have not been consistent, possibly due to the application of the traditional taxonomic classification model of attachment. A more recently developed dimensional classification of attachment representations, including more specific aspects of trauma-related representations, may have advantages. In this study, we compare specific associations and predictive power of the categorical attachment and dimensional models applied to 230 Adult Attachment Interview transcripts obtained from personality disordered and nonpsychiatric subjects. We also investigate the role that current levels of psychiatric distress may have in the prediction of PD. The results showed that both models predict the presence of PD, with the dimensional approach doing better in discriminating overall diagnosis of PD. However, both models are less helpful in discriminating specific PD diagnostic subtypes. Current psychiatric distress was found to be the most consistent predictor of PD capturing a large share of the variance and obscuring the role played by attachment variables. The results suggest that attachment parameters correlate with the presence of PD alone and have no specific associations with particular PD subtypes when current psychiatric distress is taken into account. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Negative attitudes towards psychopaths: The role of one's own psychopathic traits.
Authors: Durand, Guillaume; Plata, Erika Matsumoto; Arbone, Ioana Smărândița;
Source: Personality and Individual Differences, Vol 109, Apr 15, 2017 pp. 72-76. Publisher: Elsevier Science;
Abstract
Personality disorders, such as psychopathy, have a long history of stigmatization. Psychopaths are continually presented as criminals and feared due to their supposed aggressive tendencies, stemming from the excessive labelling of murderers as psychopaths by the media and popular culture. While previous research demonstrates the extent to which individuals stigmatize psychopaths, it is not yet known if psychopaths stigmatize other psychopaths. We hypothesized that individuals who displayed a high level of psychopathic traits, especially in adaptive components, would exhibit less stigma-related behaviors towards psychopaths. One hundred and sixteen participants (N = 116) from the community completed three questionnaires assessing their expression of psychopathic personality traits and stigma towards psychopaths. The presence of psychopathic traits, particularly those related to boldness, was negatively correlated with the degree of stigmatizing behaviors towards psychopaths. Findings are explained in terms of identification with psychopaths and the fearlessness component of psychopathy. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-07778-017&site=ehost-live

Title: Relationships between self-reported childhood traumatic experiences, attachment style, neuroticism and features of borderline personality disorders in patients with mood disorders.
Authors: Baryshnikov, Ilya; Joffe, Grigori; Koivisto, Maaria; Melartin, Tarja; Aaltonen, Kari; Suominen, Kirsi; Rosenström, Tom; Näätänen, Petri; Karpov, Boris; Heikkinen, Martti; Isometsä, Erkki;
Source:
Abstract

Background: Co-occurring borderline personality disorder (BPD) features have a marked impact on treatment of patients with mood disorders. Overall, high neuroticism, childhood traumatic experiences (TEs) and insecure attachment are plausible aetiological factors for BPD. However, their relationship with BPD features specifically among patients with mood disorders remains unclear. We investigated these relationships among unipolar and bipolar mood disorder patients.

Methods: As part of the Helsinki University Psychiatric Consortium study, the McLean Screening Instrument (MSI), the Experiences in Close Relationships-Revised (ECR-R), the Short Five (S5) and the Trauma and Distress Scale (TADS) were filled in by patients with mood disorders (n = 282) in psychiatric care. Correlation coefficients between total scores of scales and their dimensions were estimated, and multivariate regression (MRA) and mediation analyses were conducted. Results: Spearman's correlations were strong (rho = 0.58; p < 0.001) between total scores of MSI and S5 Neuroticism and moderate (rho = 0.42; p < 0.001) between MSI and TADS as well as between MSI and ECR-R Attachment Anxiety. In MRA, young age, S5 Neuroticism and TADS predicted scores of MSI (p < 0.001). ECR-R Attachment Anxiety mediated 33% (CI = 17–53%) of the relationships between TADS and MSI. Limitations: Cross-sectional questionnaire study.

Conclusions: We found moderately strong correlations between self-reported BPD features and concurrent high neuroticism, reported childhood traumatic experiences and Attachment Anxiety also among patients with mood disorders. Independent predictors for BPD features include young age, frequency of childhood traumatic experiences and high neuroticism. Insecure attachment may partially mediate the relationship between childhood traumatic experiences and borderline features among mood disorder patients. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Comparing the symptoms and mechanisms of 'dissociation' in dissociative identity disorder and borderline personality disorder.

Authors:
Laddis, Andreas; Dell, Paul F.; Korzekwa, Marilyn

Source:
Journal of Trauma & Dissociation, Vol 18(2), Mar, 2017 pp. 139-173. Publisher: Taylor & Francis;

Abstract
A total of 75 patients were diagnosed with the Structured Clinical Interview for DSM-IV Dissociative Disorders—Revised as having dissociative identity disorder (DID), and 100 patients were diagnosed with the Structured Interview for DSM-IV Personality as having borderline personality disorder (BPD). Both groups were administered the Multidimensional Inventory of Dissociation (MID). DID patients had significantly higher MID scores than BPD patients, different distributions of MID scores, and different MID subscale profiles in 3 ranges of MID scores (0–15, 15–30, 30–45). The core MID symptoms—exhibited at all ranges of MID scores—for DID patients (the presence of alters, identity confusion, and memory problems) and BPD patients (flashbacks, identity confusion, and memory problems) were ostensibly similar but were considered to be mostly produced by different underlying processes. Multiple regression analyses showed that the core MID symptoms of DID patients had different predictors than did the core MID symptoms of BPD patients. Alter identities seemed to generate most—but not all—dissociative phenomena in DID patients, whereas only the 24% highest scoring BPD patients (MID ≥45) seemed to manifest alter-driven dissociative experiences. Most BPD dissociative experiences appeared to be due to 5 other mechanisms: (a) BPD-specific, stress-driven, rapid shifts of self-state; (b and c) nondefensive disruptions of the framework of perceptual organization with or without an accompanying BPD-specific, dissociation-like disintegration of affective/neurocognitive functioning; (d) a defensive distancing or detachment from distress (i.e., simple depersonalization); and (e) Allen, Console, and Lewis's (1999) severe absorptive detachment. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Clinical vs. DSM diagnosis of bipolar disorder, borderline personality disorder and their cooccurrence.

Authors:
Bayes, A. J.; Parker, G. B.;
Abstract
Objective: To investigate the extent and reasons contributing to discrepancies between those receiving a DSM as against a clinical diagnosis of a bipolar disorder (BP) and/or a borderline personality disorder (BPD). Method: We interviewed participants previously receiving a BP or BPD diagnosis, studying those who met DSM or clinical criteria for one or both conditions. We compared the numbers of participants allocated to the three diagnostic categories according to rater strategy to calculate concordance rates and determine reasons for discordance. Results: Rates of assignment to BP, BPD and comorbid BP/BPD varied according to the diagnostic strategy. Concordance rates were reduced as BP disorder duration criteria were relaxed, with discordance mainly arising from clinical allocation of a BP disorder for those DSM assigned as unipolar depression. Rates of BPD allocation varied marginally, with discordance mostly arising from so clinically diagnosed receiving a comorbid BP/BPD DSM diagnosis. Finally, DSM overestimated comorbidity compared with clinician diagnoses. Of central importance, not imposing the DSM duration criteria for BP did not increase the prevalence of misdiagnosing BPD, a finding at variance with the literature. Conclusion: Rates and reasons for discordance between clinical and DSM diagnosis are detailed, which should assist clinical decision-making. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
ACC GABA levels are associated with functional activation and connectivity in the fronto-striatal network during interference inhibition in patients with borderline personality disorder.

Authors:
Wang, Guo-Ying; van Eijk, Julia; Demirakca, Traute; Sack, Markus; Krause-Utz, Annegret; Cackowski, Sylvia; Schmahl, Christian; Ende, Gabriele;

Source:

Abstract
Impulsivity often develops from disturbed inhibitory control, a function mainly regulated by γ-Aminobutyric acid (GABA) levels in the anterior cingulate cortex (ACC) and the fronto-striatal system. In this study, we combined MRS GABA measurements and fMRI to investigate neurochemical and neurofunctional correlates of interference inhibition, further emphasizing the direct relationship between those two systems, as well as their relations to impulsivity in patients with BPD. In addition to BOLD activation, task-dependent functional connectivity was assessed by a generalized psychophysiological interactions approach. Full factorial analyses were performed via SPM to examine the main effect (within-group associations) as well as the interaction term (group differences in the association slope). The UPPS scales were used to evaluate impulsivity traits. Compared to healthy controls (HCs), BPD patients exhibited significantly less ACC-caudate functional connectivity during interference inhibition. ACC GABA levels in BPD patients but not in HCs were positively related to the magnitude of activation in several fronto-striatal regions (e.g. ACC, frontal regions, putamen, caudate,) and the strength of ACC-caudate functional connectivity during interference inhibition. ACC GABAergic system seems to play a crucial role in regulating regional BOLD activations and functional connectivity in this network, which are further associated with impulsive sensation seeking in BPD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-07490-017&site=ehost-live
Borderline personality disorder and personality inventory for DSM-5 (PID-5): Dimensional personality assessment with DSM-5.

**Authors:**
Calvo, Natalia; Valero, Sergi; Sáez-Francàs, Naia; Gutiérrez, Fernando; Casas, Miguel; Ferrer, Marc;

**Source:**

**Abstract**
Introduction: Borderline personality disorder (BPD) diagnosis has been considered highly controversial. The Diagnostic and Statistical Manual of Mental Disorders 5th edition (DSM-5) proposes an alternative hybrid diagnostic model for personality disorders (PD), and the Personality Inventory for DSM-5 (PID-5) has adequate psychometric properties and has been widely used for the assessment of the dimensional component. Methods: Our aim was to analyze the utility of the personality traits presented in Section III of the DSM-5 for BPD diagnosis in an outpatient clinical sample, using the Spanish version of the PID-5. Two clinical samples were studied: BPD sample (n = 84) and non-BPD sample (n = 45). Between-sample differences in PID-5 scores were analyzed. Results: The BPD sample obtained significantly higher scores in most PID-5 trait facets and domains. Specifically and after regression logistic analyses, in BPD patients, the domains of Negative Affectivity and Disinhibition, and the trait facets of emotional lability, [lack of] restricted affectivity, and impulsivity were more significantly associated with BPD. Conclusions: Although our findings are only partially consistent with the algorithm proposed by DSM-5, we consider that the combination of the PID-5 trait domains and facets could be useful for BPD dimensional diagnosis, and could further our understanding of BPD diagnosis complexity. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-0099-017&site=ehost-live

Title:
Cognitive behavioral therapy for posttraumatic stress disorder in individuals with severe mental illness and borderline personality disorder.

**Authors:**
Kredlow, M. Alexandra; Szuhany, Kristin L.; Lo, Stephen; Xie, Haiyi; Gottlieb, Jennifer D.; Rosenberg, Stanley D.; Mueser, Kim T.;

**Source:**

**Abstract**
Secondary analyses were performed on data from two randomized controlled trials of a cognitive behavioral therapy (CBT) program for posttraumatic stress disorder (PTSD) in individuals with severe mental illness (SMI) to examine the feasibility, tolerability, and effectiveness for individuals with borderline personality disorder (BPD). In Study 1, 27 participants received CBT or treatment as usual. In Study 2, 55 participants received CBT or a Brief treatment. Feasibility and tolerability of CBT, PTSD symptoms, and other mental health and functional outcomes were examined, with assessments at baseline, post-treatment, and two follow-up time points. CBT was feasible and tolerable in this population. Study 1 participants in CBT improved significantly more in PTSD symptoms, depression, and self-reported physical health. Study 2 participants in both CBT and Brief improved significantly in PTSD symptoms, posttraumatic cognitions, depression, and overall functioning, with those in CBT acquiring significantly more PTSD knowledge, and having marginally significantly greater improvement in PTSD symptoms. CBT for PTSD was feasible and tolerated in individuals with SMI, BPD, and PTSD, and associated with improvements in PTSD symptoms and related outcomes. Prospective research is needed to evaluate CBT in individuals with BPD, including comparing it with staged interventions for this population. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Systems training for emotional predictability and problem solving program and emotion dysregulation: A pilot study.

**Authors:**
Boccalon, Silvia; Alesiani, Roberta; Giarolli, Laura; Fossati, Andrea;

**Source:**
Abstract
The aim of this study was to assess the observed changes on emotion dysregulation obtained through the Systems Training for Emotional Predictability and Problem Solving (STEPPS) program. The sample is composed of 24 subjects with a personality disorder with borderline features. All participants filled out the Difficulties in Emotion Regulation Scale (DERS). There was a significant decrease in the DERS total score at the end of the treatment and at 6-month follow-up. Friedman test showed a significant decrease in suicide attempts and hospitalizations over time. The analysis of the DERS subscales showed that 'goals' and 'impulse' were the two dimensions on which the treatment acted and the changes were stable over time. STEPPS is associated with an improvement in emotion regulation and a reduction in the number of hospitalizations and suicide attempts. The treatment seems to act on the behavioral dimensions of emotion dysregulation like the ability to control impulsive behaviors and to achieve goals. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Aggressive behavior and self-harm in Borderline Personality Disorder: The role of impulsivity and emotion dysregulation in a sample of outpatients.
Authors: Terzi, Laura; Martino, Francesca; Berardi, Domenico; Bortolotti, Biancamaria; Sasdelli, Anna; Menchetti, Marco;
Abstract
Impulsivity has often been related to aggressive and self-mutilative behavior in Borderline Personality Disorder (BPD). Many authors focused on the key role of emotion dysregulation in explaining vulnerability to dysfunctional behavior in BPD in addition to trait impulsivity. Furthermore, recent works have shed light on a gap in empirical research concerning the specific mechanisms by which a lack of affective regulation produces aggression proneness. The purpose of the study was to investigate the role of impulsivity and emotion dysregulation in determining vulnerability to aggression and deliberate self-harm in a sample of BPD outpatients. Enrolled patients with BPD (N = 79) completed a comprehensive assessment for personality disorder symptoms, trait impulsivity, emotional dysregulation, aggressive and self—mutilative behavior. Trait impulsivity significantly predicted both aggressive and self-mutilative proneness. Furthermore, emotion dysregulation was found significantly to account for the vulnerability to aggression and self—injury, in addition to the variance explained by impulsivity. In conclusion, these findings support evidence that emotion dysregulation plays an important role in increasing the risk of dysfunctional behavior in impulsive BPD individuals. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Humor styles moderate borderline personality traits and suicide ideation.
Authors: Meyer, Neil A.; Helle, Ashley C.; Tucker, Raymond P.; Lengel, Gregory J.; DeShong, Hilary L.; Wingate, LaRicka R.; Mullins-Sweatt, Stephanie N.;
Abstract
The way individuals use humor to interact interpersonally has been associated with general personality, depression, and suicidality. Certain humor styles may moderate the risk for suicide ideation (SI) in individuals who are high in specific risk factors (e.g., thwarted belongingness, perceived burdensomeness). Previous research suggests a relationship between humor styles and borderline personality disorder (BPD) and an increased risk of suicidality and suicide completion in individuals with BPD. Participants (n = 176) completed measures of BPD traits, SI, and humor styles. It was hypothesized that BPD traits would be positively correlated with negative humor styles and negatively correlated with positive humor styles, and that humor styles would significantly moderate BPD traits and SI. Results
showed that BPD traits were negatively correlated with self-enhancing humor styles and positively correlated with self-defeating humor styles, but that they were not significantly correlated with affiliative or aggressive humor styles. Bootstrapping analyses demonstrated that the affiliative, self-enhancing, and self-defeating humor styles significantly moderated BPD traits and SI, while the aggressive humor style did not. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Altered mu-rhythm suppression in borderline personality disorder.
Authors: Martin, Franziska; Flasbeck, Vera; Brown, Elliot C.; Brüne, Martin;
Source: Brain Research, Vol 1659, Mar 15, 2017 pp. 64-70. Publisher: Elsevier Science; [Journal Article]
Abstract
Borderline Personality Disorder (BPD) is characterized, among other symptoms, by interpersonal dysfunction and difficulties in empathizing. According to Simulation Theory empathy is linked to the activity of the mirror neuron system (MNS). Mu-rhythm desynchronization, as reflected in a suppression of electroencephalographic alpha-frequency bands (8–13 Hz) provides a non-invasive electrophysiological window into MNS function. Here, we analyzed mu-desynchronization in twenty-two patients with BPD and twenty-three matched healthy controls in a reward and punishment-sensitive action observation task. In addition, we examined empathy using the Interpersonal Reactivity Index. BPD patients and controls did not differ with regard to mu-desynchronization when the entire time course was compared. However, differences in mu-suppression between groups occurred after the goal of the action became discernible. Correlations between mu-suppression and empathy ratings emerged only in controls, but not in the patient group. These findings suggest that BPD patients do not have a generalized impairment in MNS activity, though associations with contextual factors seem plausible. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-09036-008&site=ehost-live

Title: Capturing the DSM-5 alternative personality disorder model traits in the five-factor model's nomological net.
Authors: Suzuki, Takakuni; Griffin, Sarah A.; Samuel, Douglas B.;
Abstract
Several studies have shown structural and statistical similarities between the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5) alternative personality disorder model and the Five-Factor Model (FFM). However, no study to date has evaluated the nomological network similarities between the two models. The relations of the Revised NEO Personality Inventory (NEO PI-R) and the Personality Inventory for DSM-5 (PID-5) with relevant criterion variables were examined in a sample of 336 undergraduate students (Mage = 19.4; 59.8% female). The resulting profiles for each instrument were statistically compared for similarity. Four of the five domains of the two models have highly similar nomological networks, with the exception being FFM Openness to Experience and PID-5 Psychoticism. Further probing of that pair suggested that the NEO PI-R domain scores obscured meaningful similarity between PID-5 Psychoticism and specific aspects and lower-order facets of Openness. The results support the notion that the DSM-5 alternative personality disorder model trait domains represent variants of the FFM domains. Similarities of Openness and Psychoticism domains were supported when the lower-order aspects and facets of Openness domain were considered. The findings support the view that the DSM-5 trait model represents an instantiation of the FFM. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Borderline personality disorder: Treatment from the contextual perspective.

Authors: Stone, Michael H.;


Abstract
In relation to the psychotherapy of borderline personality disorder (BPD), the contextual model embraces the subjective components that operate alongside the more readily objectifiable elements of the medical model. The latter include the guidelines of the various psychodynamic and cognitive approaches, the randomized control trials of these approaches, follow-up studies, and data from MRI and other neurophysiological tests. The contextual model focuses on less easily measurable factors that comprise the real relationship between therapist and patient, including the heterogeneity in the BPD domain. Another component consists of patient expectations at the outset, the placebo effect of having an ally in the person of the therapist, and the nature of the patient’s primary unconscious conflicts. These combined elements exert a major influence vis-à-vis the efficacy of treatment, such that the precise nature of the therapeutic method emerges as of less importance in the eventual outcome—so long as the method is a bona fide theory-driven intervention, conducted by therapists with sufficient knowledge of alternative approaches and with the flexibility to utilize other approaches temporarily, in accordance with the exigencies of the patient’s current life. This amounts to an integrated approach. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Maladaptive personality traits and Internet addiction symptoms among young adults; a study based on the alternative DSM-5 model for personality disorders.

Authors: Gervasi, Alessia M.; La Marca, Luana; Lombardo, Ester M. C.; Mannino, Giuseppe; Iacolino, Calogero; Schimmenti, Adriano;


Abstract
Objective: This study aims to examine the relationship between maladaptive personality traits and Internet addiction symptoms among young adults. Even though the linkage between personality traits and problematic Internet use has already been investigated in several studies, the need exists to explore how dysfunctional variants of personality traits, as conceived in the alternative DSM-5 model for personality disorders, are linked to the misuse of the Internet in young adults. Method: Three hundred forty-nine university students aged between 18 and 25 years old completed measures on Internet use, Internet addiction symptoms, and maladaptive personality traits. Results: Internet addiction scores were associated with all of the DSM-5 domains of maladaptive personality traits. A hierarchical multiple regression analysis showed that negative affectivity, disinhibition, and psychoticism predicted Internet addiction symptoms. Conclusions: The findings of this study suggest that clinical interventions aimed at fostering affect regulation and at integrating disorganized mental slates may be helpful for young adults who display problematic Internet use. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Resting cardiac function in adolescent non-suicidal self-injury: The impact of borderline personality disorder symptoms and psychosocial functioning.

Authors: Koenig, Julian; Rinnewitz, Lena; Parzer, Peter; Resch, Franz; Thayer, Julian F.; Kaess, Michael;


Abstract
Vagally mediated heart rate variability (vmHRV) is reduced in borderline personality disorder (BPD). Non-suicidal self-injury (NSSI) is associated with comorbid psychopathology, in particular BPD. We aimed to examine differences in cardiac function (vmHRV and heart rate [HR]) comparing adolescents (12–17 years) engaging in NSSI (n = 30) and healthy controls (n = 30). Further, we aimed to determine clinical concomitants of cardiac function in patients with NSSI. Analyses showed no significant group differences on cardiac function. Controlling for a host of confounding variables resting state HR and vmHRV in adolescents with NSSI were significantly correlated with BPD symptoms and the current level of functioning. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Failures to imagine: Mental imagery in psychopathy and emotional regulation difficulties.
Authors: Maxwell, Reed; Lynn, Steven Jay; Lilienfeld, Scott;
Abstract
Although interest in the relationship between mental imagery and psychopathology has increased greatly over the last decade, few publications to date have examined relationships between personality-related psychopathology and mental imagery use, abilities, or both. However, we have reason to expect that substantive relationships may exist. For example, studies have consistently linked psychopathy and borderline personality disorder to problems in emotion experience and emotion regulation, and a growing number of studies indicate that deficits in visual mental imagery use and ability in particular may contribute to such problems. Using correlational data from multiple self-report measures of normal and pathological personality functioning and visual mental imagery, our study presents preliminary evidence for lower levels of self-reported visual mental imagery use, abilities, or both among noncriminal individuals with higher levels of self-reported psychopathy and individuals with greater emotional regulation difficulties, a core feature of borderline personality disorder. We also found significant relationships among self-reported visual mental imagery use, ability, or both, and personality variables shown to strongly predict psychopathy and emotional regulation difficulties. Limitations of the study, especially its reliance on a correlational, cross-sectional design, are discussed, and implications for future research are explored. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-07245-005&site=ehost-live

Title: The prevalence, age distribution and comorbidity of personality disorders in Australian women.
Authors: Quirk, Shae E.; Berk, Michael; Pasco, Julie A.; Brennan-Olsen, Sharon L.; Chanen, Andrew M.; Koivumaa-Honkanen, Heli; Burke, Lisa M.; Jackson, Henry J.; Hulbert, Carol; Olsson, Craig A.; Moran, Paul; Stuart, Amanda L.; Williams, Lana J.;
Abstract
Objective: We aimed to describe the prevalence and age distribution of personality disorders and their comorbidity with other psychiatric disorders in an age-stratified sample of Australian women aged ≥25 years. Methods: Individual personality disorders (paranoid, schizoid, schizotypal, histrionic, narcissistic, borderline, antisocial, avoidant, dependent, obsessive-compulsive), lifetime mood, anxiety, eating and substance misuse disorders were diagnosed utilising validated semi-structured clinical interviews (Structured Clinical Interview for DSM-IV-TR Axis I Disorders, Research Version, Non-patient Edition and Structured Clinical Interview for DSM-IV Axis II Personality Disorders). The prevalence of personality disorders and Clusters were determined from the study population (n = 768), and standardised to the Australian population using the 2011 Australian Bureau of Statistics census data. Prevalence by age and the association with mood, anxiety, eating and substance misuse disorders was also examined. Results: The overall prevalence of personality disorders in women was 21.8% (95% confidence interval [CI]: 18.7, 24.9). Cluster C personality disorders (17.5%, 95% CI: 16.0, 18.9) were more common than Cluster A
(5.3%, 95% CI: 3.5, 7.0) and Cluster B personality disorders (3.2%, 95% CI: 1.8, 4.6). Of the individual personality disorders, obsessive-compulsive (10.3%, 95% CI: 8.0, 12.6), avoidant (9.3%, 95% CI: 7.1, 11.5), paranoid (3.9%, 95% CI: 3.1, 4.7) and borderline (2.7%, 95% CI: 1.4, 4.0) were among the most prevalent. The prevalence of other personality disorders was low (≤1.7%). Being younger (25–34 years) was predictive of having any personality disorder (odds ratio: 2.36, 95% CI: 1.18, 4.74), as was being middle-aged (odds ratio: 2.41, 95% CI: 1.23, 4.72). Among the strongest predictors of having any personality disorder was having a lifetime history of psychiatric disorders (odds ratio: 4.29, 95% CI: 2.90, 6.33). Mood and anxiety disorders were the most common comorbid lifetime psychiatric disorders.

Conclusions: Approximately one in five women was identified with a personality disorder, emphasising that personality disorders are relatively common in the population. A more thorough understanding of the distribution of personality disorders and psychiatric comorbidity in the general population is crucial to assist allocation of health care resources to individuals living with these disorders. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
potential biases and limited convergent validity, which caution against the assumption that clinicians’ ratings should be considered a gold-standard. Nonetheless, we also highlight the potential value of research that focuses on clinicians due to its external validity to real-world practice settings. Finally, we outline several issues to consider when sampling clinicians, such as participation rate and sample size, and call for future research that collects ratings from clinicians using systematic, well-validated measures.

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Title: Structural equation modeling of personality disorders and pathological personality traits.
Authors: South, Susan C.; Jarnecke, Amber M.;
Abstract
Structural equation modeling (SEM) is a family of related statistical techniques that lend themselves to understanding the complex relationships among variables that differ among individuals in the population. SEM techniques have become increasingly popular in the study of personality disorders (PDs) and maladaptive personality traits. The current article takes a critical look at the ways in which SEM techniques have been used in the study of PDs, PD symptoms, and pathological personality traits. By far the most common use of SEM in the study of PDs has been to examine the latent structure of these constructs, with an overwhelming bulk of the evidence in favor of a dimensional, as opposed to categorical, conceptualization. Other common uses of SEM in this area are factor models that examine the joint multivariate space of PDs, maladaptive personality traits, and psychopathology. Relatively underused, however, are observed or latent variable path models. We review the strengths and weaknesses of the work done to date, focusing on ways that these SEM studies have been either theoretically and/or statistically sound. Finally, we offer suggestions for future research examining PDs with SEM techniques. ( PsycINFO Database Record (c) 2017 APA, all rights reserved )


Title: A five-factor model of developmental personality pathology precursors.
Authors: Verbeke, Lize; De Caluwé, Elien; De Clercq, Barbara;
Abstract
There is growing consensus that the dimensional structure of early personality pathology can be organized within a similar framework as in adults (De Clercq, De Fruyt, Van Leeuwen, & Mervielde, 2006; Tromp & Koot, 2008). From this perspective, the Dimensional Personality Symptom Itempool (DIPSI) was recently expanded from a 4- to a 5-dimensional trait structure (Verbeke & De Clercq, 2014), including Disagreeableness, Emotional Instability, Introversion, Compulsivity, and Oddity. This developmental maladaptive trait structure is in need of further research, however, before it can be accepted as a valid framework for describing early manifestations of personality dysfunction. By use of exploratory structural equation modeling (ESEM) analyses, the current study explored the fit of the 5-factor DIPSI framework across 4 different samples (N = 1456), and replicated 5 higher-order factors that demonstrated scalar invariance across age and metric invariance across informants and clinical status. These results underscore the robustness of 5 underlying dimensions of personality pathology at a young age and highlight adequate psychometric properties of the proposed DIPSI measure for describing childhood personality pathology precursors. ( PsycINFO Database Record (c) 2017 APA, all rights reserved )

Title: Developmentally sensitive markers of personality functioning in adolescents: Age-specific and age-neutral expressions.
Authors: Debast, Inge; Rossi, Gina; Feenstra, Dineke; Hutsebaut, Joost;
Abstract
Criterion D of the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM–5; American Psychiatric Association [APA], 2013) refers to a possible onset of personality disorders (PDs) in adolescence and in Section II the development/course in adolescence is described by some typical characteristics for several PDs. Yet, age-specific expressions of PDs are lacking in Section III. We urgently need a developmentally sensitive assessment instrument that differentiates developmental and contextual changes on the one hand from expressions of personality pathology on the other hand. Therefore we investigated which items of the Severity Indices for Personality Problems-118 (SIPP-118) were developmentally sensitive throughout adolescence and adulthood and which could be considered more age-specific markers requiring other content or thresholds over age groups. Applying item response theory (IRT) we detected differential item functioning (DIF) in 36% of the items in matched samples of 639 adolescents versus 639 adults. The DIF across age groups mainly reflected a different degree of symptom expressions for the same underlying level of functioning. The threshold for exhibiting symptoms given a certain degree of personality dysfunction was lower in adolescence for areas of personality functioning related to the Self and Interpersonal domains. Some items also measured a latent construct of personality functioning differently across adolescents and adults. This suggests that several facets of the SIPP-118 do not solely measure aspects of personality pathology in adolescents, but likely include more developmental issues. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Hypermentalizing, attachment, and epistemic trust in adolescent BPD: Clinical illustrations.
Authors: Bo, Sune; Sharp, Carla; Fonagy, Peter; Kongerslev, Mickey;
Abstract
Borderline personality disorder (BPD) has been shown to be a valid and reliable diagnosis in adolescents and associated with a decrease in both general and social functioning. With evidence linking BPD in adolescents to poor prognosis, it is important to develop a better understanding of factors and mechanisms contributing to the development of BPD. This could potentially enhance our knowledge and facilitate the design of novel treatment programs and interventions for this group. In this paper, we outline a theoretical model of BPD in adolescents linking the original mentalization-based theory of BPD, with recent extensions of the theory that focuses on hypermentalizing and epistemic trust. We then provide clinical case vignettes to illustrate this extended theoretical model of BPD. Furthermore, we suggest a treatment approach to BPD in adolescents that focuses on the reduction of hypermentalizing and epistemic mistrust. We conclude with an integration of theory and practice in the final section of the paper and make recommendations for future work in this area. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Five-year prospective investigation of self-harm/suicide-related behaviors in the development of borderline personality disorder.
Authors: Homan, Kendra J.; Sim, Leslie A.; Fargo, Jamison D.; Twohig, Michael P.;
Although borderline personality disorder (BPD) is frequently characterized by nonsuicidal self-injurious behavior (NSSI), suicide attempts (SA), suicidal ideation (SI), and/or suicide threats (ST), it is unclear whether these behaviors are precursors of BPD in adolescence. This study examined self-harm/suicide-related behaviors in the development of BPD from adolescence to adulthood in psychiatrically hospitalized adolescents. Participants were 116 adolescents consecutively admitted for a psychiatric hospitalization for self-harm/suicide-related behaviors. Adolescents completed self-report questionnaires assessing self-harm/suicide-related behaviors, maladaptive familial behavior, and peer victimization upon admission. Admission diagnoses and history of sexual/physical abuse were abstracted from medical/psychiatric records. Five years after index hospitalization, medical/psychiatric records were systematically reviewed and information on diagnoses was collected. Using multivariable logistic regression analyses, ST predicted BPD above and beyond NSSI, SA, and SI 5 years later (odds ratio = 1.31, 95% confidence interval [1.06, 1.62], p > .01). Traditional risk factors of BPD were not predictive of BPD at 5-year follow-up. Suicidal threats are an important risk factor in adolescents who engage in self-harm/suicide-related behaviors that may differentiate those adolescents who go on to develop BPD as adults. Implications for research and treatment are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Adaptation of the Motive-Oriented Therapeutic Relationship Scale to group setting in dialectical-behaviour therapy for borderline personality disorder.

Authors: Keller, Sabine; Page, Dominique; de Roten, Yves; Despland, Jean-Nicolas; Caspar, Franz; Kramer, Ueli


Abstract
The therapeutic relationship as a process is usually studied in individual therapy, and less in group therapy. One reason for this paucity of research may be the complex methodology necessary to do process research on group therapy. One of the therapeutic approaches using the group as part of the therapy is dialectical behavior therapy (DBT) for borderline personality disorder (BPD). The purpose of the present study is to develop a group version of a process measure that has been successfully used in individual therapy, the Motive-Oriented Therapeutic Relationship (MOTR) scale, based on individualized case conceptualizations using the Plan Analysis approach. To do this, 10 sessions of a DBT skills group therapy were analyzed from a comprehensive dataset within a randomized controlled trial. Included were therapy completers: 3 patients and 2 therapists. The therapists were unaware of MOTR. The results revealed that the adaptation of the MOTR to DBT skills group was feasible. Its adaptation showed differences of the therapists in their use of MOTR when comparing the different patients: Therapist presented with higher degrees of MOTR toward 1 patient, compared to another. Overall results suggest that effective therapists in DBT skills training intervene with rather low mean levels of MOTR, and great intrasession variability of MOTR. We conclude that the adaptation of the MOTR-instrument to group therapy is feasible and yields meaningful results. Therefore, this scale may be used in process research in group therapy, in particular when 1 wishes to have an individualized measure of the therapeutic relationship. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Constructivist simultaneous treatment of borderline personality disorder, trauma, and addiction comorbidity: A qualitative case study.

Authors: Johansen, Ayna B.; Tavakoli, Shede; Bjelland, Ingerid; Lumley, Mark


Abstract
This qualitative case study explored one client’s recovery from borderline personality disorder, trauma, and problem gambling. The client attended 18 months of integrative treatment and was followed for 5 years. The study included 106 data points of both client and therapist data. We identified three phases to treatment. First, alliance formation and normalization appeared as mechanisms, and the client experienced dependence. Second, working alliance and countertransference appeared as mechanisms, and the client experienced reduced gambling and suicidal ideation. Third, external controls and increased opportunity appeared as mechanisms, and ‘moving into the world’ was the client experience. The findings give preliminary support to a phase-based constructivist treatment including trauma assessment to normalize self-feelings, countertransference work to support motivation for restraint, and case management principles to support continuity of change efforts. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Borderline personality disorder psychological treatment: An integrative review.
Authors: Reeves-Dudley, Beverly;
Abstract
Borderline personality disorder (BPD) is a complex and at times debilitating mental disorder, treatment of which has eluded effective pharmacotherapy (Gunderson, 2007). Although once considered untreatable, psychodynamic therapy and cognitive therapy (two types of psychological therapies) have provided hope for better lives for patients with this diagnosis (Gunderson). The author performed an integrative review of the literature pertaining to the present role of evidence-based practice (EBP) using the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, Text Revision (DSM-IV-TR) definition of BPD to identify symptoms of the disorder. Thirty-eight peer reviewed articles, mostly quasi-experimental, three meta-analyses, two books, and two national psychiatric guideline websites were reviewed. BPD treatment may be successful with a variety of psychological therapies. Application of empirical studies is only part of BPD treatment considerations. Heterogeneous symptom presentation requires much professional interpersonal interaction and the literature is scant on inductive research for BPD. This review is limited to psychological aspects of BPD treatment. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Service user experiences of mentalisation-based treatment for borderline personality disorder.
Authors: Lonargán, Diarmaid Ò.; Hodge, Suzanne; Line, Rachael;
Abstract
Purpose: Previous research indicates that mentalisation-based treatment (MBT) is an effective therapeutic programme for difficulties associated with borderline personality disorder (BPD). The purpose of this paper is to explore service user experiences of the therapy. Design/methodology/approach: Seven adults (five female and two male), recruited via three NHS trusts, were interviewed. Participants were attending intensive out-patient MBT for BPD between 3 and 14 months. Data were analysed using interpretative phenomenological analysis. Findings: Participants experienced the group component of MBT as challenging and unpredictable. They highlighted developing trust as key to benefitting from MBT. This was much more difficult to achieve in group sessions than in individual therapy, particularly for those attending MBT for less than five or six months. The structure of MBT generally worked well for participants but they identified individual therapy as the core component in achieving change. All participants learned to view the world more positively due to MBT. Practical implications: Enhanced mentalisation capacity may help address specific challenges associated with BPD, namely, impulsivity and interpersonal difficulties. MBT therapists are confronted with the ongoing task of creating a balance between sufficient safety and adequate challenge during MBT. Potential benefits and drawbacks of differing structural arrangements of MBT programmes within the UK are considered. Originality/value: Learning about service user
perspectives has facilitated an enhanced understanding of experiences of change during MBT in addition to specific factors that may impact mentalisation capacity throughout the programme. These factors, in addition to implications for MBT and suggestions for future research, are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Personality disorder symptom severity predicts onset of mood episodes and conversion to bipolar I disorder in individuals with bipolar spectrum disorder.

Authors:
Ng, Tommy H.; Burke, Taylor A.; Stange, Jonathan P.; Walshaw, Patricia D.; Weiss, Rachel B.; Urosevic, Snezana; Abramson, Lyn Y.; Alloy, Lauren B.;

Source:

Abstract
Although personality disorders (PDs) are highly comorbid with bipolar spectrum disorders (BSDs), little longitudinal research has been conducted to examine the prospective impact of PD symptoms on the course of BSDs. The aim of this study is to examine whether PD symptom severity predicts shorter time to onset of bipolar mood episodes and conversion to bipolar I disorder over time among individuals with less severe BSDs. Participants (n = 166) with bipolar II disorder, cyclothymia, or bipolar disorder not otherwise specified completed diagnostic interview assessments of PD symptoms and self-report measures of mood symptoms at baseline. They were followed prospectively with diagnostic interviews every 4 months for an average of 3.02 years. Cox proportional hazard regression analyses indicated that overall PD symptom severity significantly predicted shorter time to onset of hypomanic (hazard ratio [HR] = 1.42; p < .001) and major depressive episodes (HR = 1.51; p < .001) and conversion to bipolar I disorder (HR = 2.51; p < .001), after controlling for mood symptoms. Results also suggested that cluster B severity predicted shorter time to onset of hypomanic episodes (HR = 1.38; p = .002) and major depressive episodes (HR = 1.35; p = .01) and conversion to bipolar I disorder (HR = 2.77; p < .001), whereas cluster C severity (HR = 1.56; p < .001) predicted shorter time to onset of major depressive episodes. These results support predisposition models in suggesting that PD symptoms may act as a risk factor for a more severe course of BSDs. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
How narcissistic injury may contribute to reactive violence: A case example using Stanley Kubrick's The Shining.

Authors:
Merced, Matthew;

Source:

Abstract
To many observers, reactive violence can present as a puzzling phenomenon. Offenders often report experiencing cognitive distortions during the event. Offenders may have no history of violence, yet crime scenes are often described as 'horrific.' When violence manifests, the motive often seems vastly disproportionate to any precipitating factor. Reactive violence is fueled by intense emotions, although they may not be evident before or during the event. How best to reconcile these findings and provide a parsimonious and coherent explanation? Psychoanalytic theory can illuminate the psychological processes that may underlie reactive violence. In particular, how narcissistic injury can generate impulsive aggression in vulnerable individuals. I draw upon Stanley Kubrick's film The Shining to study the phenomenon. While The Shining is a fictional horror film in which a family is tormented by supernatural forces, I argue that the horror does not emanate from paranormal sources; rather, it is found within human psychology. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: Functional outcomes in community-based adults with borderline personality disorder.

Authors: Javaras, Kristin N.; Zanarini, Mary C.; Hudson, James I.; Greenfield, Shelly F.; Gunderson, John G.


Abstract

Many individuals in clinical samples with borderline personality disorder (BPD) experience high levels of functional impairment. However, little is known about the levels of functional impairment experienced by individuals with BPD in the general community. To address this issue, we compared overall and domain-specific (educational/occupational; social; recreational) functioning in a sample of community-based individuals with BPD (n = 164); community-based individuals without BPD (n = 901); and clinically-ascertained individuals with BPD (n = 61). BPD diagnoses and functional outcomes were based on well-accepted, semi-structured interviews. Community-based individuals with BPD were significantly less likely to experience good overall functioning (steady, consistent employment and ≥ 1 good relationship) compared to community-based individuals without BPD (BPD: 47.4%; Non-BPD: 74.5%; risk difference −27.1%; p < 0.001), even when compared directly to their own non-BPD siblings (risk difference −35.5%; p < 0.001). Community-based individuals with BPD versus those without BPD did not differ significantly on most domain-specific outcomes, but the former group experienced poorer educational/occupational performance and lower quality relationships with parents, partners, and friends. However, community-based individuals with BPD were significantly more likely to experience good overall functioning than clinically-based individuals with BPD (risk difference −35.2%; p < 0.001), with the latter group more likely to experience reduced employment status, very poor quality relationships with partners, and social isolation. In conclusion, community-based individuals with BPD experienced marked functional impairment, especially in the social domain, but were less likely to experience the more extreme occupational and social impairments seen among patients with BPD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Hyper-modulation of brain networks by the amygdala among women with Borderline Personality Disorder: Network signatures of affective interference during cognitive processing.

Authors: Soloff, Paul H.; Abraham, Kristy; Ramaseshan, Karthik; Burgess, Ashley; Diwadkar, Vaibhav A.


Abstract

Emotion dysregulation is a core characteristic of patients with Borderline Personality Disorder (BPD), and is often attributed to an imbalance in fronto-limbic network function. Hyperarousal of amygdala, especially in response to negative affective stimuli, results in affective interference with cognitive processing of executive functions. Clinical consequences include the impulsive-aggression, suicidal and self-injurious behaviors which characterize BPD. Dysfunctional interactions between amygdala and its network targets have not been well characterized during cognitive task performance. Using psychophysiological interaction analysis (PPI), we mapped network profiles of amygdala interaction with key regulatory regions during a Go No-Go task, modified to use negative, positive and neutral Ekman faces as targets. Fifty-six female subjects, 31 BPD and 25 healthy controls (HC), completed the affectively valenced Go No-Go task during fMRI scanning. In the negative affective condition, the amygdala exerted greater modulation of its targets in BPD compared to HC subjects in Rt. OFC, Rt. dACC, Rt. Parietal cortex, Rt. Basal Ganglia, and Rt. dPFC. Across the spectrum of affective contrasts, hypermodulation in BPD subjects observed the following ordering: Negative > Neutral > Positive contrast. The amygdala seed exerted modulatory effects on specific target regions important in processing response inhibition and motor impulsiveness. The vulnerability of BPD subjects to affective interference with impulse control may be due to specific network dysfunction related to amygdala hyper-arousal and its effects on prefrontal regulatory regions such as the OFC and dACC. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title:
It feels like Armageddon: Identification with a female personality-disordered offender at a time of cultural, political and personal attack.

Authors:
Short, Helen; Nordic

Source:

Abstract
This paper describes work undertaken at a secure unit for female mentally-disordered offenders in the United Kingdom. It addresses the use of psychoanalytic music therapy within the institution, in particular using material pertaining to an individual diagnosed with a psychotic illness and personality disorder, detained long term in an acute ward of the hospital. The work took place at a time when huge cuts to the UK’s National Health Service (NHS) were being implemented, and arts therapies were one of the resources that had been downscaled. A theme running throughout the paper examines the author’s personal challenges as a newly qualified therapist and the way in which the institutional dynamics impacted upon the work. Also explored are some of the challenges the therapist faced that arose as a result of shared experiences that resonated strongly between client and therapist. The main body of the paper addresses key psychoanalytic concepts that underpinned the work. In music therapy, a growing body of clinical work focusing upon attachment and mentalisation is emerging, and in also considering the complex needs and ways of relating of the client from these perspectives, the author hopes to contribute towards this. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Borderline or schizotypal? Differential psychodynamic assessment in severe personality disorders.

Authors:
van Riel, Laura; Ingenhoven, Theo J. M.; van Dam, Quin D.; Polak, Marike G.; Vollema, Meinte G.; Willems, Anne E.; Berghuis, Han; van Megen, Harold;

Source:

Abstract
Considerable overlap in symptoms between patients with borderline personality disorder (BPD) and schizotypal personality disorder (STPD) complicates personality diagnostics. Yet very little is known about the level of psychodynamic functioning of both personality disorders. Psychodynamic assessment procedures may specify personality characteristics relevant for differential diagnosis and treatment planning. In this cross-sectional study we explored the differences and similarities in level of personality functioning and psychodynamic features of patients with severe BPD or STPD. In total, 25 patients with BPD and 13 patients with STPD were compared regarding their level of personality functioning (General Assessment of Personality Disorder), current quasipsychotic features (Schizotypal Personality Questionnaire), and psychodynamic functioning [Developmental Profile (DP) interview and Developmental Profile Inventory (DPI) questionnaire]. Both groups of patients showed equally severe impairments in the level of personality functioning and the presence of current quasipsychotic features. As assessed by the DP interview, significant differential psychodynamic patterns were found on the primitive levels of functioning. Moreover, subjects with BPD had significantly higher scores on the adaptive developmental levels. However, the self-questionnaire DPI was not able to elucidate all of these differences. In conclusion, our study found significant differences in psychodynamic functioning between patients with BPD and STPD as assessed with the DP interview. In complicated diagnostic cases, personality assessment by psychodynamic interviewing can enhance subtle but essential differentiation between BPD and STPD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
How do mothers with borderline personality disorder mentalize when interacting with their infants?

**Authors:** Marcoux, Andrée-Anne; Bernier, Annie; Séguin, Jean R.; Armerding, Jennifer Boike; Lyons-Ruth, Karlen;

**Source:** Personality and Mental Health, Vol 11(1), Feb, 2017 pp. 14-22. Publisher: John Wiley & Sons;

**Abstract**
Mothers with borderline personality disorder (BPD) have been theorized to have decreased mentalization ability, which is the capacity to perceive and interpret mental states. This could increase the risk for troubled relationships with their infants and therefore have adverse consequences for child social and emotional development. Mind-mindedness (MM), which codes the mother's references to her infant's mental states during an interaction, is one method of indexing mothers' mentalizing ability. However, research has yet to examine MM in mothers with BPD. Our objective was to assess the MM ability of 38 mothers during interactions with their 12-month-old infants, including 10 mothers with BPD and 28 mothers without a psychiatric diagnosis. Trained observers assessed maternal MM from 2 min of videotaped mother–infant free play. BPD was assessed with the Structured Clinical Interview for DSM-III-R-Personality Disorders (SCID-II). Mothers with and without BPD did not differ in the proportion of total comments referring to infant mental states. However, mothers in the BPD group proportionately made 3.6 times more misattuned mind-related comments than control mothers. Thus, mothers with and without BPD appear equally likely to envision mental states in their infants. However, mothers with BPD also appear more likely to misread their infants' mental states. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2016-56226-001&site=ehost-live

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**Title:** Borderline personality disorder features, emotion dysregulation and non-suicidal self-injury: Preliminary findings in a sample of community-dwelling Italian adolescents.

**Authors:** Somma, Antonella; Sharp, Carla; Borroni, Serena; Fossati, Andrea;

**Source:** Personality and Mental Health, Vol 11(1), Feb, 2017 pp. 23-32. Publisher: John Wiley & Sons;

**Abstract**
In order to assess the relationships among borderline personality disorder features, non-suicidal self-injury (NSSI) and emotion dysregulation, 122 community-dwelling Italian adolescents were administered by the Italian translations of the Borderline Personality Features Scale for Children-11, the Deliberate Self-Harm Inventory and the Difficulties in Emotion Regulation Scale (DERS). Regression models showed that both Deliberate Self-Harm Inventory (DSHI) and DERS scores significantly predicted Borderline Personality Features Scale for Children-11 total score; moreover, the DSHI total score significantly predicted the DERS total score. Our findings suggest that borderline personality features in adolescence are moderately, albeit significantly related to NSSI, and that emotion dysregulation does not completely account for the association between borderline personality features and NSSI, although it seems to explain a non-trivial proportion of this relationship. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


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**Title:** A randomized trial of brief dialectical behaviour therapy skills training in suicidal patients suffering from borderline disorder.

**Authors:** McMain, Shelley F.; Guimond, Tim; Barnhart, Ryan; Habinski, Liat; Streiner, David L.;


**Abstract**
Objective: Evidence-based therapies for borderline personality disorder (BPD) are lengthy and scarce. Data on brief interventions are limited, and their role in the treatment of BPD is unclear. Our aim was therefore to evaluate the clinical effectiveness of brief dialectical behaviour therapy (DBT) skills training as
an adjunctive intervention for high suicide risk in patients with BPD. Method: Eighty-four out-patients were randomized to 20 weeks of DBT skills (n = 42) or a waitlist (WL; n = 42). The primary outcome was frequency of suicidal or non-suicidal self-injurious (NSSI) episodes. Assessments were conducted at baseline 10, 20 and 32 weeks. Results: DBT participants showed greater reductions than the WL participants on suicidal and NSSI behaviours between baseline and 32 weeks (P < 0.0001). DBT participants showed greater improvements than controls on measures of anger, distress tolerance and emotion regulation at 32 weeks. Conclusions: This abbreviated intervention is a viable option that may be a useful adjunctive intervention for the treatment of high-risk behaviour associated with the acute phase of BPD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: The affect stabilization function of nonsuicidal self injury in Borderline Personality Disorder: An Ecological Momentary Assessment study.
Authors: Vansteelandt, Kristof; Houben, Marlies; Claes, Laurence; Berens, Ann; Sleuwaegen, Ellen; Sienaert, Pascal; Kuppens, Peter.
Abstract Nonsuicidal Self-Injury (NSSI) is prominent in individuals with Borderline Personality Disorder (BPD), and there is abundant evidence that affect regulation plays an important role in NSSI in the majority of patients. Affective variability is a core feature of BPD, and thus, we hypothesize that NSSI has an affect stabilization function in BPD. Affect stabilization is a process through which individuals attempt to make their affect more stable by reducing affective variability. We tested this hypothesis in 32 participants with BPD who reported on their NSSI and affect —using a displeasure-pleasure (valence) and activation-deactivation (activation) dimension—in an experience sampling study with 10 random signals scheduled per day for 8 days. Results indicated that individuals who engaged in NSSI show more Within Subject (WS) variance in valence and activation than individuals who did not engage in NSSI. However, within the NSSI patients, individuals who engaged more frequently in NSSI during the study showed less WS variance in valence and activation than patients who engaged less frequently in NSSI. This suggests that NSSI may be reinforced by its affect stabilization function. In the discussion, we explore alternative explanations for the relation between NSSI and affective variability, and consider the clinical implications. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Early change in coping strategies in responsive treatments for borderline personality disorder: A mediation analysis.
Authors: Kramer, Ueli; Keller, Sabine; Caspar, Franz; de Roten, Yves; Despland, Jean-Nicolas; Kolly, Stéphane.
Abstract Background: Difficulty in emotion regulation is a hallmark feature of patients with borderline personality disorder (BPD). Therefore, change in the frequency of certain patients' coping strategies—aiming at emotion regulation—are among the most promising mechanisms of change in treatments for BPD. In parallel, it was highlighted that therapist responsiveness significantly contributed to outcome across treatment approaches (Stiles, 2009). Based on a randomized controlled trial (Kramer et al., 2014), the present process-outcome mediation analysis aims at examining the patient’s early change in frequency of coping strategies—in particular the decrease in behavioral forms of coping—as potential mechanism of change in responsive treatments for BPD. Method: A total of 57 patients with BPD were included in the present analysis, out of whom 27 were randomly assigned to a 10-session psychiatric treatment and 30 to a 10-session psychiatric treatment augmented with the responsive intervention of the motive-oriented therapeutic relationship (Caspar, 2007). The 1st, 5th, and 9th session of each therapy were transcribed
and analyzed using the Coping Action Pattern Rating Scale (Perry et al., 2005; 171 sessions analyzed in total), a validated observer-rated method for assessing coping strategies in the therapy process. Psychological distress was assessed using the OQ-45 at intake, after Session 5, and after Session 10.

Results: The results confirmed a responsiveness effect associated with the motive-oriented therapeutic relationship and showed a significant decrease in frequency of behavioral forms of coping, $F(1, 54) = 3.09$, $p = .05$, $d = .56$, which was not different between the 2 conditions. In addition, we demonstrated that the early decrease in behavioral forms of coping between Sessions 1 and 5 partially mediated the link between the group assignment and the change in psychological distress between Sessions 5 and 10.

Conclusions: These results shed light on the centrality of therapist responsiveness in treatments for BPD and its impact on very early change in patient’s in-session behavioral coping strategies, contributing to the effectiveness of short-term treatments for BPD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Evoking emotional states in personality disordered offenders: An experimental pilot study of experiential drama therapy techniques.

Authors:
Keulen-de Vos, Marije; van den Broek, Elsa P. A.; Bernstein, David P.; Vallentin, Roos; Amtz, Arnoud;

Source:

Abstract
Offenders with personality disorders (PDs) and the crimes that they have committed are regularly associated with emotional deficits. A renewed focus in forensic treatment is the use of experiential techniques: techniques that have a strong focus on eliciting emotions. However, there is little empirical evidence on the effectiveness of experiential techniques in forensic clients with PDs. In our pilot study, we examined whether three experiential drama therapy interventions are effective in evoking emotional vulnerability and anger in nine offenders with cluster B PDs, that is, clients with DSM-IV Antisocial, Borderline, or Narcissistic PDs. We used a 5 session drama therapy protocol that consisted of an introduction session, a general experiential session, a session to evoke emotional vulnerability, a session to evoke anger, and a wrap-up session. Emotions were assessed using the Mode Observation Scale. Participants showed significantly more emotional vulnerability within all three experiential invention sessions, comparing peak mood after the experiential intervention was initiated to baseline mood. In contrast, clients did not show more anger after the session to evoke anger, or in the other two experiential sessions. Our findings, though preliminary, suggest that experiential drama therapy methods may be effective in evoking vulnerable emotional states in forensic clients with cluster B personality disorders. We discuss the clinical implications of these findings. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
The recovery paradigm and distress conceptualized as personality disorder: Lack of evidence does not equate to a lack of importance.

Authors:
Newton-Howes, Giles; Gordon, Sarah;

Source:

Abstract
This article discusses the recovery paradigm and distress conceptualized as personality disorder. Countries around the world are redesigning mental health services around the recovery paradigm in order to more appropriately meet service user need, albeit in a graded fashion. The need for recovery to be grounded in research is acknowledged by experts in the field, although service developments in this area appear to be preceding the evidence of benefit. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Outpatient psychodynamic group psychotherapy – outcomes related to personality disorder, severity, age and gender.

Authors: Kvarstein, Elfrida Hartveit; Nordviste, Ola; Dragland, Lone; Wilberg, Theresa;


Abstract
Objectives: Outpatient group psychotherapy is frequent within specialist services, recruits a mixed population, but effects are poorly documented. This study investigates long-term outcomes for patients with personality disorder (PD) treated in outpatient, psychodynamic groups within secondary mental health service. Methods: A naturalistic study (N = 103) with repeated assessments of process and clinical outcomes. Longitudinal statistics are linear mixed models. Results: The main PDs were avoidant, borderline and NOS PD, mean number of PDs 1.4(SD0.7), 60% females and mean initial age 38(SD10) years. Mean treatment duration was 1.5(SD 0.9) years. Therapist alliance and experienced group climate was satisfactory and stable. Improvements were significant (symptom distress, interpersonal problems, occupational functioning and additional mental health services), irrespective of general PD-severity, but not of PD-type, age or gender. The study demonstrates PD NOS benefits across all outcomes, occupational improvements for avoidant PD, despite prevailing symptoms, but generally poorer outcomes for males and age >38 years. For borderline PD, experienced conflict was stronger, treatment duration shorter and outcomes poor for early drop-outs (28%). Conclusion: Psychodynamic group psychotherapy is a recommendable treatment for moderate PDs, which may address avoidant strategies, but may not meet clinical challenges of borderline PD. The outcome differences related to gender and age are noteworthy. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Working with personality disordered women in secure care: The challenge of gender-based service delivery.

Authors: Logan, Caroline; Taylor, Jayne L.;


Abstract
Working with women in secure services is an infrequent subject of research and discussion in the forensic mental health literature. There are several reasons for this, which will be considered in the introduction to this paper. However, a consequence of this situation is that there remains a lack of clarity in key areas of practice in relation to working with women in secure services, and working with women with personality disorder specifically: how women with personality disorder may present in secure services compared to men, therefore, the particular skills required of the practitioners who work with women and the main design features of the services within which they are managed. The body of this paper attempts to summarise important issues in each of these areas in order to inform future debate and developments in the field. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Finding our way: Early learning from the Compass Project, an Intensive Intervention Risk Management service for women.

Authors: Ramsden, Jo; Hirons, Alan; Maltman, Lisa; Mullen, Tom;


Abstract
Intensive Intervention Risk Management (IIRM) services are commissioned under the Offender Personality Disorder strategy to contribute to a psychologically informed pathway by supporting individuals ‘through the gate’. This paper reports some of the learning from the first IIRM service for women and outlines how those involved have sought to understand the challenges that were faced by this project in its early days. This paper argues that these challenges help to clarify the role of IIRM services for women and that the ambition for these services should be to facilitate coherent, holistic management. We suggest that IIRM services for women offenders are likely to be most effective if they are well integrated and responsive to the social context, underpinned by a partnership approach and have clear processes for service delivery. Finally, we argue that IIRM services for women should be characterised by a commitment to involvement at every level. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
The buffer role of meaning in life in hopelessness in women with borderline personality disorders.

Authors:
Marco, José H.; Guillén, Veronica; Botella, Cristina;

Source:
Psychiatry Research, Vol 247, Jan, 2017 pp. 120-124. Publisher: Elsevier Science; [Journal Article]

Abstract
Meaning in life has been found to be a protective factor against suicidal ideation. The aim of this study was to investigate whether meaning in life can moderate and buffer the association between suicide risk factors and hopelessness in women with borderline personality disorders. One hundred twenty-four women diagnosed with borderline personality disorder completed self-report measures of suicide risk factors, hopelessness, and meaning in life. The main result from this study was that meaning in life moderated the association between suicide risk factors and hopelessness. Meaning in life is an important variable in the prevention and treatment of risk of suicide in women with borderline personality disorder. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Back to top
Title: An international perspective on criminal responsibility and mental illness.
Authors: Grossi, Laura M.; Green, Debbie;
Source: Practice Innovations, Vol 2(1), Mar, 2017 pp. 2-12. Publisher: Educational Publishing Foundation
Abstract
Criminal responsibility refers to the degree to which an individual is accountable for an illegal act that he or she committed given idiographic factors such as age, cognitive abilities, and psychological functioning (Packer, 2009). Thus, perception of criminal responsibility has the potential to greatly impact forensically involved individuals, and most often forensically involved individuals living with severe and persistent mental illness and/or cognitive limitations. This paper focuses on international and cross-cultural perspectives on criminal responsibility; the topic is of importance because mental health professionals may perform evaluations of criminal responsibility, and potentially testify in this regard, in jurisdictions with dissimilar perspectives and/or policies related to criminal responsibility. Specifically, this article discusses the similarities and differences between several geographic areas’ definitions of criminal responsibility, evolving legal standards, and the apparent relevance of formal diagnoses in determining criminal responsibility. Variation in perceptions of treatment to rehabilitate mentally ill offenders and the potential legal consequences of a finding of guilt or nonguilt by reason of insanity are also discussed. Findings emphasize that mental health experts who perform criminal responsibility evaluations must be attuned to the specific context in which a defendant is being tried, particularly if practicing in multiple jurisdictions, and that consumers of criminal responsibility research should attend to the broader social context(s) in which each research study is conducted and findings are interpreted. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Perception of fear and coercive management of victims of intercity bus robberies.
Authors: Paes-Machado, Eduardo; Viodres-Inoue, Silvia;
Abstract
Drawing on interviews with drivers and passengers, this article discusses the perception of fear and management of victims of intercity bus robberies. It compares the victimization that takes place during bus robberies on highways and where buses are diverted off route. It addresses the relationship between perception of fear, the vehicle characteristics, multiplicity of victims, and duration of robbery. The article highlights important variations in the perception of violence according to the robbers’ victim management style as well as to the roles of and responses by drivers and passengers in the different phases of the coercive process. It concludes by arguing that it is urgent for the state to exercise its regulatory authority over these crimes and to guarantee security in bus transport. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Restoring identity: The use of religion as a mechanism to transition between an identity of sexual offending to a non-offending identity.
Authors: Kewley, Stephanie; Larkin, Michael; Harkins, Leigh; Beech, Anthony R;
Abstract
This study examines the unique experience of participants who during their reintegration back into the community, following a conviction for sexual offending, re-engaged with religious and spiritual communities. To explore meaning Interpretative Phenomenological Analysis (IPA) was adopted. Four in-depth interviews of men convicted for sexual crimes were undertaken and analysed. Findings indicate that through religious affiliation participants were: exposed to new prosocial networks; provided opportunities to seek forgiveness; felt a sense of belonging and affiliation; and were psychologically comforted. However, the study also found that the process of identity transition from ‘offender’ to ‘non-offender’ was not seamless or straightforward for those with an innate sexual deviancy towards children, caution is therefore advised. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
An intersectional approach to race/ethnicity, sex, and age disparity in federal sentencing outcomes: An examination of policy across time periods.

Authors:
Nowacki, Jeffrey S.;

Source:

Abstract
Approaches to intersectionality stress the importance of recognizing multiple, intersecting inequalities. As such, recent sentencing research has examined the changing role of extra-legal characteristics on United States federal sentencing outcomes in the aftermath of recent policy changes (e.g. United States v. Booker), but scholarship has less often examined these characteristics at the intersections of race/ethnicity, gender, and, especially age. This article uses an intersectional approach to examine the influence of these characteristics net of legally relevant characteristics. Using ordinary least squares regression procedures, the author examines the role of the joint effects of extra-legal variables on sentence length decisions across four distinct time periods. Net of control variables, results indicate that young black men are the group most likely to receive the longest sentences, but interesting differences between other groups also emerge. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Self-reported personality traits in forensic populations: A meta-analysis.

Authors:
Spaans, Marleen; Molendijk, Marc L.; de Beurs, Edwin; Rinne, Thomas; Spinhoven, Philip;

Source:

Abstract
The current study covers a systematic review and meta-analysis of the prevalence of self-reported deviant or disruptive personality traits: anger, aggression, hostility, antisocial traits, psychopathy, and impulsivity in forensic populations worldwide. A computer-based search of titles was carried out using the PubMed electronic database for articles published in English that included a self-report instrument for personality characteristics in combination with a forensic population (i.e. detained in remand, sentenced and/or in enforced treatment, or on parole). The final sample consisted of 39 studies (N = 11,716) that together used 17 different instruments and reported on 32 subscales or constructs that fitted our current interest. Results showed significantly higher levels of self-reported antisocial and psychopathic features in forensic samples, including a significant effect of the assessment instrument and subscale used. No significant differences were found for self-reported impulsivity, anger, aggression, or hostility in forensic populations compared to norm scores of non-forensic samples. Possible explanations, including suggestions that forensic populations are prone to providing socially desirable answers on self-report questionnaires, possibly to gain advantages such as a lower prison sentence or to avoid enforced treatment, are discussed, as well as limitations, and suggestions for future research and clinical practice. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: StreetWise: developing a serious game to support forensic mental health service users' preparation for discharge: a feasibility study. (includes Abstract)

Authors: Reynolds, L. M.; Davies, J. P.; Mann, B.; Tulloch, S.; Nidsjo, A.; Hodge, P.; Maiden, N.; Simpson, A.;


Abstract
Accessible summary What is known on the subject? Serious gaming can support learning and development. The use of serious games for skills development and the rehearsal of the management of events that cannot be replicated in real life is well established. Few serious games have been used in mental health services, and none in forensic mental health care. What this paper adds to existing knowledge? How a serious game may be coproduced by forensic mental health service users and game developers, The acceptability of the therapeutic use of serious gaming by forensic mental health service users and providers., What are the implications for practice? Computer games may be used by practitioners in their therapeutic work with forensic mental health service users. Mental health nurses to use serious games to creatively and safely bridge the gap for service users between receiving care in controlled environments and living more independent in the community. 

Abstract Introduction Assessment of users' skills and confidence to safely respond to risky community-based situations underpins discharge planning. Serious games have been used for skills development, and this study trialled their use in forensic mental health services. Aim The aim was to develop and test the acceptability and usability of an innovative serious game to support forensic mental health service users' preparation for discharge. Method A prototype serious game was developed by service users and researchers. Acceptability and usability testing was undertaken and service providers interviewed about the acceptability of serious gaming for forensic mental health services. Result A prototype game was produced and successfully trialled by service users. However, both service users and providers identified that work needed to be done to develop and test a game with greater complexity. Discussion The acceptability and usability of using serious games to support service users to develop skills needed for successful discharge was demonstrated. Implications for practice Mental health practitioners may use gaming to support their practice and work innovatively with other professions such as game developers to create new ways of working in forensic mental health services.

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=ccm&AN=122561071&site=ehost-live

Title: Evaluating item endorsement rates for the MMPI-2-RF F-r and Fp-r scales across ethnic, gender, and diagnostic groups with a forensic inpatient sample.

Authors: Glassmire, David M.; Jhawar, Amandeep; Burchett, Danielle; Tarescavage, Anthony M.;


Abstract
The Minnesota Multiphasic Personality Inventory–2 (MMPI-2) F(p) (Infrequency-Psychopathology) scale was developed to measure overreporting in a manner that was minimally confounded by genuine psychopathology, which was a problem with using the MMPI-2 F (Infrequency) scale among patients with severe mental illness. Although revised versions of both of these scales are included on the MMPI-2–Restructured Form and used in a forensic context, no item-level research has been conducted on their sensitivity to genuine psychopathology among forensic psychiatric inpatients. Therefore, we examined the psychometric properties of the scales in a sample of 438 criminally committed forensic psychiatric inpatients who were adjudicated as not guilty by reason of insanity and had no known incentive to overreport. We found that 20 of the 21 Fp-r items (95.2%) demonstrated endorsement rates ≤ 20%, with 14 of the items (66.7%) endorsed by less than 10% of the sample. Similar findings were observed across genders and across patients with mood and psychotic disorders. The one item endorsed by more than 20% of the sample had a 23.7% overall endorsement rate and significantly different endorsement rates across ethnic groups, with the highest endorsements occurring among Hispanic/Latino (43.3% endorsement rate) patients. Endorsement rates of F-r items were generally higher than for Fp-r items. At the scale level, we also examined correlations with the Restructured Clinical Scales and found that Fp-r...
demonstrated lower correlations than F-r, indicating that Fp-r is less associated with a broad range of psychopathology. Finally, we found that Fp-r demonstrated slightly higher specificity values than F-r at all T score cutoffs. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Evaluating juvenile detainees’ Miranda misconceptions: The discriminant validity of the Juvenile Miranda Quiz.
Authors:
Sharf, Allyson J.; Rogers, Richard; Williams, Margot M.; Drogin, Eric Y.;
Source:
Abstract
Most juvenile arrestees in custodial settings waive their Miranda rights almost immediately, and many then provide incriminating statements, if not outright confessions. Forensic practitioners are then asked to provide retrospective determinations regarding whether these waivers were effectuated knowingly, voluntarily, and intelligently. At present, the forensic assessment instrument for juvenile Miranda issues consists of the Miranda Rights Comprehension Instruments (MRCI)—which as its name implies—focuses mostly on Miranda comprehension with a de-emphasis of Miranda reasoning. In partially addressing this gap, the current study investigated the clinical utility of the Juvenile Miranda Quiz (JMQ) for evaluating key Miranda misconceptions, a critically important component of Miranda reasoning. Using data from 201 juvenile detainees, we evaluated the JMQ’s discriminability with regards to cognitive variables and MRCI scales. Many moderate effect sizes in the predicted direction were found for the JMQ Primary Total and Juvenile Total scores. Finally, these detainees were tested using a mock crime scenario with a representative Miranda warning plus a brief interrogation to evaluate whether they would waive their rights, and if so, whether they would confess. Using Miranda measures to predict problematic outcomes (i.e., impaired waivers followed by confessions), the JMQ Juvenile Total proved the most successful. These findings are discussed within the context of the ‘intelligent’ prong of Miranda waivers. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Creating a victim notification protocol for untested sexual assault kits: An empirically supported planning framework.
Authors:
Campbell, Rebecca; Fehler-Cabral, Giannina; Horsford, Sheena;
Source:
Abstract
In cities throughout the United States, hundreds of thousands of sexual assault kits (SAKs) have not been submitted by the police for forensic DNA testing. Given recent media attention and public outcry about this problem, many jurisdictions with large numbers of untested SAKs are deciding to test all previously unsubmitted SAKs, which raises complex issues regarding when and how victims ought to be notified about what has happened to the kits that were collected during their medical forensic examinations. In this project, we collaborated with one community that has had large numbers of untested SAKs—Detroit, Michigan—to develop an empirically supported planning framework for how to create a victim notification protocol. This planning tool presents 12 discussion questions that can guide communities through the process of creating a victim notification protocol tailored to the needs of their local jurisdiction. In this article, we review the evidence (both practice and research based) that can inform discussions about each of these 12 key questions. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Forensic nursing provides closure in workplace fatality.

**Authors:**
Harris, Colin;

**Source:**

**Abstract**
The Workers’ Compensation Board of British Columbia in Canada is the provincial agency mandated to investigate workplace injuries and fatalities. In 2012, the Fatal and Serious Injuries Investigation section of this organization initiated the integration of forensic nursing expertise into the investigation of workplace incidents. The goals were to improve investigative outcomes and aid in prevention initiatives by achieving a more accurate understanding of incident causation through the application of forensic nursing science. An unexpected outcome of the use of forensic nursing expertise was providing closure for families through a deeper understanding of their loved one’s tragic workplace incident. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


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**Title:**
Caregiver-fabricated illness in a child: A case report of three siblings.

**Authors:**
Braham, Mohamed Yassine; Jedidi, Maher; Chkirkene, Youssef; Hmila, Imene; ElKhal, Mohamed Cherif; Souguir, Mohamed Kamel; Dhiab, Mohamed Ben;

**Source:**

**Abstract**
Caregiver-fabricated illness in a child is a form of child maltreatment caused by a caregiver inducing a child’s illness, leading to unnecessary and potentially harmful medical procedures and treatments. This condition can result in significant morbidity and mortality. We present the case of three siblings in Tunisia who were poisoned with chloralose by their own mother. The symptoms that the children presented with led to misdiagnoses, which resulted in the death of two of the children. Characteristics of the clinical presentation are articulated, followed by a discussion of the legal measures that apply to the offender and the role of physicians, nurses, and medicolegal experts involved in such a complex medical situation. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


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**Back to top**
Title: Complex PTSD as proposed for ICD-11: Validation of a new disorder in children and adolescents and their response to Trauma-Focused Cognitive Behavioral Therapy.

Authors: Sachser, Cedric; Keller, Ferdinand; Goldbeck, Lutz;


Abstract

Background: To evaluate whether the symptoms of children and adolescents with clinically significant posttraumatic stress symptoms (PTSS) form classes consistent with the diagnostic criteria of complex PTSD (CPTSD) as proposed for the ICD-11, and to relate the emerging classes with treatment outcome of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Methods: Latent classes analysis (LCA) was used to explore the symptom profiles of the clinical baseline assessment of N = 155 children and adolescents participating in a randomized controlled trial of TF-CBT. The treatment outcomes of patients with posttraumatic stress disorder (PTSD) and of patients with CPTSD were compared by a t-test for depended samples and a repeated-measures ANOVA. Results: The LCA revealed two distinct classes: a PTSD class characterized by elevated core symptoms of PTSD (n = 62) and low symptoms of disturbances in self-organization versus a complex PTSD class with elevated PTSD core symptoms and elevated symptoms of disturbances in self-organization (n = 93). The Group 9 Time interaction regarding posttraumatic stress symptoms was not significant. Pre–post effect sizes regarding posttraumatic stress symptoms were large for both groups (PTSD: d = 2.81; CPTSD: d = 1.37). For disturbances in self-organization in the CPTSD class, we found medium to large effect sizes (d = 0.40–1.16) after treatment with TF-CBT. Conclusions: The results provide empirical evidence of the ICD-11 CPTSD and PTSD distinction in a clinical sample of children and adolescents. In terms of relative improvement from their respective baseline posttraumatic stress symptoms, patients with PTSD and CPTSD responded equally to TF-CBT; however, those with CPTSD ended treatment with clinically and statistically greater symptoms than those with PTSD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Examining the psychometric properties of the Pediatric Quality of Life Enjoyment and Satisfaction Questionnaire in two samples of youth with OCD.

Authors: Wellen, B.; Skriner, L. C.; Freeman, J.; Stewart, E.; Garcia, A.; Sapyta, J.; Franklin, M.;


Abstract

Researchers have demonstrated that quality of life (QOL) is an important construct to measure in individuals with mental health disorders, yet only a small amount of research has been dedicated to examining QOL and its response to treatment in children and adolescents with obsessive–compulsive disorder (OCD). The current study explored the psychometric properties of a measure of QOL, the Pediatric Quality of Life Enjoyment and Satisfaction Questionnaire (PQ-LES-Q), by examining the reliability, validity, and treatment sensitivity of this measure delivered in two separate RCTs for OCD (total N = 251 across both studies). Our results provide evidence for the reliability and validity of the PQ-LES-Q in adolescents with OCD (all Cronbach’s alphas > .89, convergent validity correlations significant at the p < .05 level), but that an adaptation of the measure many be necessary for valid use in younger children with OCD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-02850-003&site=ehost-live

Title: Modulation of inhibitory processing by posttraumatic stress symptoms and anxiety in a subclinical sample of children.
Abstract

In adults, pathologies of anxiety such as posttraumatic stress symptoms (PTSS) involve deficits in information processing that may reflect hypervigilance and deficient inhibitory control, specifically for negative information. However, little is known about inhibitory processing in children, particularly regarding the inhibition of emotional information. This study investigated whether children with PTSS or anxiety show impairments in executive control in an inhibition task. A total of 45 children (Mage = 9.2 year, SD = 0.7, range: 8–11) completed an inhibition task involving emotional—happy, angry, and fearful—and neutral stimuli and clinical scales for PTSS and anxiety. The results indicated that the percentage of correct answers was modulated by PTSS status, particularly in the happiness task. PTSS and anxiety altered the inhibition of fearful information in children. These data suggest different types of inhibitory deficits depending on clinical symptoms, and implications are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Combined genome-wide linkage and targeted association analysis of head circumference in autism spectrum disorder families.
Source: Journal of Neurodevelopmental Disorders, Vol 9, Dec, 2017 ArtID: 5. Publisher: BioMed Central Limited;
Abstract

Background: It has long been recognized that there is an association between enlarged head circumference (HC) and autism spectrum disorder (ASD), but the genetics of HC in ASD is not well understood. In order to investigate the genetic underpinning of HC in ASD, we undertook a genome-wide linkage study of HC followed by linkage signal targeted association among a sample of 67 extended pedigrees with ASD. Methods: HC measurements on members of 67 multiplex ASD extended pedigrees were used as a quantitative trait in a genome-wide linkage analysis. The Illumina 6K SNP linkage panel was used, and analyses were carried out using the SOLAR implemented variance components model. Loci identified in this way formed the target for subsequent association analysis using the Illumina OmniExpress chip and imputed genotypes. A modification of the qTDT was used as implemented in SOLAR. Results: We identified a linkage signal spanning 6p21.31 to 6p22.2 (maximum LOD = 3.4). Although targeted association did not find evidence of association with any SNP overall, in one family with the strongest evidence of linkage, there was evidence for association (rs17586672, p = 1.72E−07). Conclusions: Although this region does not overlap with ASD linkage signals in these same samples, it has been associated with other psychiatric risk, including ADHD, developmental dyslexia, schizophrenia, specific language impairment, and juvenile bipolar disorder. The genome-wide significant linkage signal represents the first reported observation of a potential quantitative trait locus for HC in ASD and may be relevant in the context of complex multivariate risk likely leading to ASD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: The interpersonal domain of alexithymia.
Authors: Jordan, Kevin D.; Smith, Timothy W.;
Abstract

Alexithymia refers to the difficulty identifying and describing emotions as well as an externally-oriented cognitive style. The interpersonal theory of clinical, social, and personality psychology is a well-articulated conceptual framework from which to examine this construct. In three separate samples from two
geographic regions in the United States, university students completed self-report measures of interpersonal style, interpersonal goals, attachment, and interpersonal outcomes. The three components of alexithymia (i.e., difficulty identifying emotions; difficulty describing emotions; externally-oriented thinking) were associated with a hostile interpersonal style and hostile interpersonal goals. Attachment insecurity to romantic partners and to a higher power (e.g., God) was a consistent finding for those participants reporting difficulty identifying and difficulty describing their emotional experiences. Overall, these components were also associated with deleterious interpersonal outcomes, but the externally-oriented thinking component demonstrated inconsistent and weaker associations. It is argued that interpersonal theory can play an important role as an integrative framework for understanding the construct of alexithymia. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-09040-017&site=ehost-live

Title: Clinical reasoning in the assessment and intervention planning for attention-deficit/hyperactivity disorder.
Authors: Climie, Emma A.; Mah, Janet W. T.; Chase, Cheryl Y.;
Abstract The purpose of this article is to provide the reader with insight into the clinical reasoning involved in the assessment and intervention planning for a child with Attention-Deficit/Hyperactivity Disorder. The reader will be guided through the authors’ conceptualization of this case, and suggestions for intervention in the classroom will be discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Clinical reasoning in the assessment and planning for intervention for autism spectrum disorder.
Authors: McCrimmon, Adam W.; Yule, Ashleigh E.;
Abstract Autism spectrum disorder (ASD) is a complex neurodevelopmental disorder whose incidence is rising. School-based professionals are in an ideal position to provide the much-needed assessment and intervention supports for students with ASD, as the professionals’ placement within a formal system affords the opportunity to observe and support children in a structured environment. This article will provide school-based psychologists with current information on the clinical features of ASD, best practice assessment and diagnostic approaches for the disorder, and information pertaining to intervention via the use of a clinical case study to inform readers about the clinical reasoning that ensues throughout the process of assessment to intervention. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-05587-005&site=ehost-live

Title: Complete recovery from anxiety disorders following Cognitive Behavior Therapy in children and adolescents: A meta-analysis.
Authors: Warwick, Helen; Reardon, Tessa; Cooper, Peter; Murayama, Kou; Reynolds, Shirley; Wilson, Charlotte; Creswell, Cathy;
Abstract Cognitive Behavior Therapy (CBT) is a well-established treatment for childhood anxiety disorders. Meta-analyses have concluded that approximately 60% of children recover following treatment, however these include studies using a broad range of diagnostic indices to assess outcomes including whether children are free of the one anxiety disorder that causes most interference (i.e. the primary anxiety disorder) or
whether children are free of all anxiety disorders. We conducted a meta-analysis to establish the efficacy of CBT in terms of absence of all anxiety disorders. Where available we compared this rate to outcomes based on absence of primary disorder. Of 56 published randomized controlled trials, 19 provided data on recovery from all anxiety disorders (n = 635 CBT, n = 450 control participants). There was significant heterogeneity across those studies with available data and full recovery rates varied from 47.6 to 66.4% among children without autistic spectrum conditions (ASC) and 12.2 to 36.7% for children with ASC following treatment, compared to up to 20.6% and 21.3% recovery in waitlist and active treatment comparisons. The lack of consistency in diagnostic outcomes highlights the urgent need for consensus on reporting in future RCTs of childhood anxiety disorders for the meaningful synthesis of data going forwards. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Application of technology to social communication impairment in childhood and adolescence.
Authors: Wieckowski, Andrea Trubanova; White, Susan W.;
Source: Neuroscience and Biobehavioral Reviews, Vol 74(Part A), Mar, 2017 pp. 98-114. Publisher: Elsevier Science;
Abstract
Social communication impairment has been implicated in various mental health disorders. The primary aim of this review paper is to summarize the extant research on the development and application of technologies to address social communication deficits, conceptualized according to the four constructs outlined by the NIMH’s Research Domain Criteria (RDoC), transdiagnostically in children and adolescents. An exhaustive and systematic search yielded 69 peer-reviewed articles meeting all inclusion criteria (i.e., used technology, applied the technology to target impairment in at least one of four constructs of social communication, included a child or adolescent samples). We found limited use of technology for exploration of impairment in reception of non-facial communication, compared to the other social communication constructs. In addition, there has been an overwhelming focus on social communication impairment in children and adolescents with Autism Spectrum Disorder (ASD), with relatively few studies evaluating technology application in other clinical populations. Implications for future directions for technological interventions to treat social communication impairments transdiagnostically are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: The relationship between worry and dimensions of anxiety symptoms in children and adolescents.
Authors: Rabner, Jonathon; Mian, Nicholas D.; Langer, David A.; Comer, Jonathan S.; Pincus, Donna;
Abstract
Background: Worry is a common feature across many anxiety disorders. It is important to understand how and when worry presents from childhood to adolescence to prevent long-term negative outcomes. However, most of the existing studies that examine the relationship between worry and anxiety disorders utilize adult samples. Aims: The present study aimed to assess the level of worry in children and adolescents and how relationships between worry and symptoms of separation anxiety disorder (SAD) and social anxiety disorder (Soc) may present differently at different ages. Method: 127 children (age 8–12 years) and adolescents (age 13–18 years), diagnosed with any anxiety disorder, presenting at a child anxiety outpatient clinic, completed measures of worry, anxiety and depression. Results: Worry scores did not differ by age group. Soc symptoms were significantly correlated with worry in both age groups; however, SAD symptoms were only significantly correlated with worry in younger participants. After the inclusion of covariates, SAD symptoms but not Soc symptoms remained significant in the regression model with younger children, and Soc symptoms remained significant in the regression model with older children. Conclusions: The finding that worry was comparable in both groups lends support for worry as a...
stable construct associated with anxiety disorders throughout late childhood and early adolescence. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Genetic variation in the endocannabinoid system and response to cognitive behavior therapy for child anxiety disorders.
Authors: Lester, Kathryn J.; Coleman, et al.

Abstract
Extinction learning is an important mechanism in the successful psychological treatment of anxiety. Individual differences in response and relapse following Cognitive Behavior Therapy may in part be explained by variability in the ease with which fears are extinguished or the vulnerability of these fears to re-emerge. Given the role of the endocannabinoid system in fear extinction, this study investigates whether genetic variation in the endocannabinoid system explains individual differences in response to CBT. Children (N = 1,309) with a primary anxiety disorder diagnosis were recruited. We investigated the relationship between variation in the CNR1, CNR2, and FAAH genes and change in primary anxiety disorder severity between pre- and post-treatment and during the follow-up period in the full sample and a subset with fear-based anxiety disorder diagnoses. Change in symptom severity during active treatment was nominally associated (P < 0.05) with two SNPs. During the follow-up period, five SNPs were nominally associated with a poorer treatment response (rs806365 [CNR1]; rs2501431 [CNR2]; rs2070956 [CNR2]; rs7769940 [CNR1]; rs2209172 [FAAH]) and one with a more favorable response (rs6928813 [CNR1]). Within the fear-based subset, the effect of rs806365 survived multiple testing corrections (P < 0.0016). We found very limited evidence for an association between variants in endocannabinoid system genes and treatment response once multiple testing corrections were applied. Larger, more homogenous cohorts are needed to allow the identification of variants of small but statistically significant effect and to estimate effect sizes for these variants with greater precision in order to determine their potential clinical utility. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: The early intervention message: Perspectives of parents of children with autism spectrum disorder.
Authors: Edwards, A.; Brebner, C.; McCormack, P.; MacDougall, C.; Child: Care,

Abstract
Background: There is strong evidence that early intervention (EI) can improve outcomes for children with autism spectrum disorder (ASD), and consequently, the importance of EI has been widely promoted to families of children with ASD. However, the perspectives of parents of children with ASD regarding the EI message have not been widely examined. Methods: This study used qualitative methods to explore parental perspectives on the EI message. Semi-structured interviews were undertaken with 14 participants from 12 family units to explore the perspectives of parents of children with ASD on the EI message. Thematic analysis was undertaken on the data. Results: Three central themes were constructed following data analysis: (i) parents' initial perceptions of EI following their child's diagnosis with ASD; (ii) the consequences (both positive and negative) of the EI message; and (iii) parents' perspectives on life after EI. The results of this study indicated that parents were acutely aware of the importance of EI, and although this provided parents with hope immediately post-diagnosis, it also placed pressure on parental decision-making regarding which intervention approaches to access for their children with ASD. Conclusions: The results of this study highlight the importance of carefully considering how health messages, specifically the importance of EI, are communicated to families of children with ASD. Furthermore, the findings of this study also highlight the need for allied health professionals to
communicate openly with parents about the anticipated outcomes of EI programmes. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:**
Psychotic experiences and suicide attempt risk in common mental disorders and borderline personality disorder.

**Authors:**
Kelleher, I.; Ramsay, H.; DeVylder, J.;

**Source:**

**Abstract**
Objective: Recent research has demonstrated a strong relationship between psychotic experiences and suicidal behaviour. No research to date, however, has investigated the role of borderline personality disorder (BPD) in this relationship, despite the fact that BPD is highly comorbid with common mental disorders and is associated with both recurrent suicidal behaviour and psychotic experiences. This paper examined the relationship between psychotic experiences and suicide attempts, including interrelationships with BPD and common mental disorders. Method: We used the 2007 Adult Psychiatric Morbidity Study, a stratified, multistage probability sample of households in England, which recruited a nationally representative sample aged 16 years and older. Participants were assessed for common mental disorders, BPD (clinical and subclinical), suicidal behaviour, and psychotic experiences. Results: Approximately 4% of the total sample (n = 323) reported psychotic experiences. Psychotic experiences were associated with increased odds of suicide attempts in individuals with BPD (OR = 2.23, 95% CI = 1.03–4.85), individuals with a common mental disorder (OR = 2.47, 95% CI = 1.37–4.43), individuals without a common mental disorder (OR = 3.99, 95% CI = 2.47–6.43), and individuals with neither a common mental disorder nor BPD (OR = 3.20, 95% CI = 1.71–5.98). Conclusion: Psychotic experiences are associated with high odds of suicidal behaviour in individuals with and without psychopathology. This relationship is not explained by clinical or subclinical BPD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:**
A group of very preterm children characterized by atypical gaze patterns.

**Authors:**
Sekigawa-Hosozawa, Mariko; Tanaka, Kyoko; Shimizu, Toshiaki; Nakano, Tamami; Kitazawa, Shigeru;

**Source:**

**Abstract**
Objective: Very preterm (VP) children are at risk for social difficulties, including autism spectrum disorder (ASD). This study used eye tracking to determine viewing behaviors that may reflect these difficulties. Design: The gaze patterns of 47 VP (mean gestational age: 28weeks, mean birth weight: 948g, and mean chronological age: 49months) were assessed while viewing dynamic social scenes and compared with those of 25 typically developing (TD) and 25 children with ASD. The temporo-spatial gaze patterns were summarized on a two-dimensional plane using multidimensional scaling (MDS) and the median of the TD children was used to characterize the gazes of the VP children. Time spent viewing the face was also compared. Results: The VP children formed two clusters: one had a mean MDS distance comparable to that of TD group (n = 32; VP-small), and the other had a larger mean distance comparable to that of ASD group (n = 15; VP-large). The VP-large were similar to the ASD group by spending significantly less time viewing the face. Their performance was comparable to the TD during the initial 1s, but they could not remain focused on the face thereafter. Conclusions: The VP children were objectively classified into two groups based on gaze behaviors. One group was comparable to TD children, whereas the other had difficulty maintaining attention and exhibited atypical viewing behaviors similar to those of the ASD group. Our method may be useful in identifying VP children at higher risk for experiencing social difficulties. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title:

Authors:
Linstead, Erik; Dixon, Dennis R.; French, Ryan; Granpeesheh, Doreen; Adams, Hilary; German, Rene; Powell, Alva; Stevens, Elizabeth; Tarbox, Jonathan; Kornack, Julie;

Source:

Abstract
Ample research has shown that intensive applied behavior analysis (ABA) treatment produces robust outcomes for individuals with autism spectrum disorder (ASD); however, little is known about the relationship between treatment intensity and treatment outcomes. The current study was designed to evaluate this relationship. Participants included 726 children, ages 1.5 to 12 years old, receiving community-based behavioral intervention services. Results indicated a strong relationship between treatment intensity and mastery of learning objectives, where higher treatment intensity predicted greater progress. Specifically, 35% of the variance in mastery of learning objectives was accounted for by treatment hours using standard linear regression, and 60% of variance was accounted for using artificial neural networks. These results add to the existing support for higher intensity treatment for children with ASD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Infant social attention: An endophenotype of ASD-related traits?

Authors:
Jones, Emily J. H.; Venema, Kaitlin; Earl, Rachel K.; Lowy, Rachel; Webb, Sara J.;

Source:

Abstract
Background: As a neurodevelopmental disorder, symptoms of ASD likely emerge from a complex interaction between preexisting genetic vulnerabilities and the child’s environment. One way to understand causal paths to ASD is to identify dimensional ASD-related traits that vary in the general population and that predispose individuals with other risk factors toward ASD. Moving beyond behavioral traits to explore underlying neurocognitive processes may further constrain the underlying genetics. Endophenotypes are quantitative, heritable, trait-related differences that are generally assessed with laboratory-based methods, can be identified in the general population, and may be more closely tied to particular causal chains that have a more restricted set of genetic roots. The most fruitful endophenotypes may be those observed in infancy, prior to the emergence of behavioral symptoms that they are hypothesized to cause. Social motivation is an ASD-related trait that is highly heritable. In this study, we investigate whether infant endophenotypes of social attention relate to familial risk for lower social motivation in the general population. Methods: We examined whether infant social attention (measured using habituation, EEG power, and event-related potential tasks previously used in infants/toddlers with ASD) varies quantitatively with parental social motivation in 117 six-month-old and 106 twelve-month-old typically developing infants assessed cross-sectionally. To assess heritable aspects of social motivation, primary caregiver biological parents completed two self-report measures of social avoidance and discomfort that have shown high heritability in previous work. Results: Parents with higher social discomfort and avoidance had infants who showed shorter looks to faces but not objects; reduced theta power during naturalistic social attention; and smaller P400 responses to faces versus objects. Conclusions: Early reductions in social attention are continuously related to lower parental social motivation. Alterations in social attention may be infant endophenotypes of social motivation traits related to ASD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Longitudinal study of cerebral surface morphology in youth with 22q11.2 deletion syndrome, and association with positive symptoms of psychosis.
Abstract

Background: 22q11.2 deletion syndrome (22q11DS) is a genetic disorder that greatly increases risk of developing schizophrenia. We previously characterized cerebral surface morphology trajectories from late childhood to mid adolescence in a cohort of youth with 22q11DS. Herein, we extend the study period into early adulthood, and describe further the trajectories associated with severe psychiatric symptoms in this cohort. Methods: Participants included 76 youth with 22q11DS and 30 unaffected siblings, assessed at three timepoints, during which high resolution, anatomic magnetic resonance images were acquired. High-dimensional, nonlinear warping algorithms were applied to images in order to derive characteristics of cerebral surface morphology for each participant at each timepoint. Repeated-measures, linear regressions using a mixed-model were conducted, while covarying for age and sex. Results: Alterations in cerebral surface morphology during late adolescence/early adulthood in individuals with 22q11DS were observed in the lateral frontal, orbitofrontal, temporal, parietal, occipital, and cerebellar regions. An Age x Diagnosis interaction revealed that relative to unaffected siblings, individuals with 22q11DS showed age-related surface protrusions in the prefrontal cortex (which remained stable or increased during early adulthood), and surface indentations in posterior regions (which seemed to level off during late adolescence). Symptoms of psychosis were associated with a trajectory of surface indentations in the orbitofrontal and parietal regions. Conclusions: These results advance our understanding of cerebral maturation in individuals with 22q11DS, and provide clinically relevant information about the psychiatric phenotype associated with the longitudinal trajectory of cortical surface morphology in youth with this genetic syndrome. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Rainone, Nunzia; Chiodi, Alessandro; Lanzillo, Roberta; Magri, Valeria; Napolitano, Anna; Morra, Vincenzo Brescia; Valerio, Paolo; Freda, Maria Francesca;

Source:

Abstract
Purpose: To investigate the moderating role of resilience in the relationship between affective disorders and Health-Related Quality of Life (HRQoL) for adolescents and young adults with multiple sclerosis (MS). Methods: A quantitative methodology was adopted. Fifty-three adolescents and young adults were interviewed to assess resilience as a personality trait (Ego-Resiliency Scale) and resilience as an interactive competence (CYRM-28), Health-Related Quality of Life (PedsQL 4.0), depression and anxiety (BDI-II and STAI-Y). Results: Affective disorders, both depression (β = −.38, p < .001) and anxiety (State β = −.35, p < .001; Trait β = −.41, p < .001), were negatively associated with HRQoL. Data also showed that the resilience competencies using Individual (β = .22, p < .001) and relational resources (β = .12, p < .05) are significantly associated HRQoL. According to the regression analyses, we tested the moderating role of resilience competence using individual resources on the relationship between the Depression Cognitive Factor and Emotional Functioning. Data show that in step 2 of the regression analysis, we obtained a variation of β = −.45 (p < .001) to β = −.30 (p < .001) in the dimension for the Depression Cognitive Factor. Conclusions: Resilience competence using individual resources moderates the relationship between the Depression Cognitive Factor and Emotional Functioning in adolescents with MS. Our study suggests that to improve well-being for adolescents with MS resilience could play a key role. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Disentangling body image: The relative associations of overvaluation, dissatisfaction, and preoccupation with psychological distress and eating disorder behaviors in male and female adolescents.

Authors:
Mitchison, Deborah; Hay, Phillipa; Griffiths, Scott; Murray, Stuart B.; Bentley, Caroline; Gratwick-Sarll, Kassandra; Harrison, Carmel; Mond, Jonathan;

Source:

Abstract
Objective: The distinctiveness and relative clinical significance of overvaluation, dissatisfaction, and preoccupation with body weight/shape remains inconclusive. This study sought to add to the evidence by testing associations between these three body image constructs and indicators of clinical significance. Method: Male and female secondary students (N = 1,666) aged 12–18 years completed a survey that included measures of dissatisfaction with, overvaluation of, and preoccupation with weight/shape, psychological distress, eating disorder behaviors, and basic demographic information. Conditional process analysis was employed to test the independent and mediating effects of overvaluation, dissatisfaction, and preoccupation on distress, dietary restraint, and objective binge eating. Results: Overvaluation, dissatisfaction, and preoccupation were highly correlated (r = 0.47–0.84). In girls, preoccupation demonstrated the strongest independent and mediating effects on distress, dietary restraint, and binge eating; whereas neither the direct or indirect effects of dissatisfaction on distress and overvaluation on binge eating were significant. Among boys however, the direct and indirect effects of overvaluation, dissatisfaction, and preoccupation on distress and eating disorder behaviors were relatively equal. Discussion: Preoccupation with weight/shape may be particularly clinically significant in girls, whereas all constructs of body image disturbance may be equally clinically significant in boys. The findings are consistent with the view that these constructs, while closely related, are distinct. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
An event-related potential study on the perception and the recognition of face, facial features, and objects in children with autism spectrum disorders.
The study investigated whether children with autism spectrum disorders (ASD) showed atypical patterns of brain specialization for face processing, whether the response to familiar and unfamiliar faces, facial features, and objects were different from typically developing children. Event-related potentials were recorded in 5- to 8-year-old children (12 children with ASD, 12 typically developing children) using passive viewing paradigm. The fastest P1 latencies to faces and the largest P1 amplitudes to objects were observed in both participant groups. Both groups exhibited larger N170 response to faces and eyes, $F(3, 66) = 46.94, p < .0001$. However, earlier P1 and N170 latencies were found on left hemisphere in children with ASD, respectively, $F(1, 83) = 4.32, p = .04$; $F(1, 83) = 6.73, p = .01$, indicating an atypical face processing pattern. All children showed a significant effect of familiarity for objects and mouths, $F(1, 71) = 33.97, p < .0001$; $F(1, 71) = 15.94, p = .0002$. Children with ASD revealed smaller negative central to faces relative to typically developing children. Face processing abnormalities revealed in children with ASD very likely exist. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Genetic and environmental associations between body dissatisfaction, weight preoccupation, and binge eating: Evidence for a common factor with differential loadings across symptom type.

Authors: O'Connor, Shannon M.; Beam, Christopher R.; Luo, Xiaochen; Cohen, L. Adelyn; VanHuysse, Jessica L.; Emery, Robert E.; Turkheimer, Eric; Keel, Pamela K.; Burt, S. Alexandra; Neale, Michael; Boker, Steven; Klump, Kelly;


Abstract: Objective: Prior twin studies provide support for a single 'common factor' that contributes genetic and environmental risk to a range of disordered eating symptoms. However, the common factor may be indexed less well by binge eating (BE) than other symptoms of eating disorders [i.e., body dissatisfaction (BD) and weight preoccupation (WP)]. We sought to explore the presence of a common factor and test whether loadings differed across three key symptoms (i.e., BE, BD, WP). Method: Disordered eating was assessed via self-report in 631 female twin pairs from the Michigan State University Twin Registry. Results: We detected a common disordered eating factor that was influenced primarily by additive genetic and nonshared environmental influences. However, we observed different loadings on this common factor by symptom type, as factor loadings for BD and WP were stronger than that for BE. Moreover, the residual environmental and/or genetic variances (i.e., those that are independent of the common factor) were larger in BE than those of BD or WP. Discussion: Although all three symptoms share a common set of genetic and environmental influences, risk for BE may involve additional genetic, biological, and environmental factors that are not shared with other symptoms of eating pathology. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: An evaluation of a behaviorally based social skills group for individuals diagnosed with autism spectrum disorder.

Authors: Leaf, Justin B.; Leaf, Jeremy A.; Milne, Christine; Taubman, Mitchell; Oppenheim-Leaf, Misty; Torres, Norma; Townley-Cochran, Donna; Leaf, Ronald; McEachin, John; Yoder, Paul;


Abstract
In this study we evaluated a social skills group which employed a progressive applied behavior analysis model for individuals diagnosed with autism spectrum disorder. A randomized control trial was utilized; eight participants were randomly assigned to a treatment group and seven participants were randomly assigned to a waitlist control group. The social skills group consisted of 32, 2 h sessions. Teachers implemented a variety of behaviorally based procedures. A blind evaluator measured participants’ behavior immediately prior to intervention, immediately following intervention, and during 16 and 32-week maintenance probes. Results of the study demonstrated that participants made significant improvements with their social behavior (p < .001) following intervention, and the results were maintained up to 32 weeks after intervention had concluded. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Factors associated with self-injurious behaviors in children with autism spectrum disorder: Findings from two large national samples.
Abstract In this study, we explored potential associations among self-injurious behaviors (SIB) and a diverse group of protective and risk factors in children with autism spectrum disorder from two databases: Autism and Developmental Disabilities Monitoring (ADDM) Network and the Autism Speaks-Autism Treatment Network (AS-ATN). The presence of SIB was determined from children’s records in ADDM and a parent questionnaire in AS-ATN. We used multiple imputation to account for missing data and a non-linear mixed model with site as a random effect to test for associations. Despite differences between the two databases, similar associations were found; SIB were associated with developmental, behavioral, and somatic factors. Implications of these findings are discussed in relation to possible etiology, future longitudinal studies, and clinical practice. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Continuity and change in cognition and autism severity from toddlerhood to school age.
Authors: Clark, Megan L. E.; Barbaro, Josephine; Dissanayake, Cheryl;
Abstract This paper charted the cognitive and behavioural profiles from toddlerhood to middle childhood in 48 children diagnosed with ASD at 24-months. The Mullen Scales of Early Learning (MSEL) was administered at 24- and 48-months and the Wechsler Abbreviated Scale of Intelligence (WASI) at school age. Autism severity was derived using The Autism Diagnostic Observation Schedule (ADOS) Results: Developmental Disability/Intellectual Disability (DD/ID; Developmental Quotient <70) reduced from 64% at 24-months to 8% at outcome. Seventy-three percent of children continued to meet ADOS cut-off at school age. Conclusion: Diagnoses at 24-months, appear to be reliable and stable. Further research is needed to investigate whether early identification, which provides more opportunity to access early intervention, may in turn facilitate cognitive development over time. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Una familia unida: Cultural adaptation of family-based therapy for bulimia with a depressed Latina adolescent.
Authors:
This article describes the brief treatment of a Mexican American teenager who presented for family therapy to address major depressive disorder (MDD) and comorbid binge-purge behaviors. Treatment was brief and integrated components of family-based therapy (LeGrange, 2010) and narrative therapy with an overarching multicultural lens. Progress was measured through self-report (Children’s Depression Inventory), parent-report, and concrete behavioral markers (e.g., reduced number of purging events). By the end of treatment, there was a reduction of depressive symptoms (e.g., elimination of suicidal ideation and cutting behaviors, reduction of fatigue, anhedonia, and low mood) as well as disrupted eating behaviors. By supporting the teenager and family to identify and leverage their individual and family strengths, treatment also strengthened family communication, increased shared positive family experiences (e.g., family meals), and supported the teenager in engaging in community activities consistent with the family’s values. This case adds to the existing literature by reviewing ways in which treatment was modified across multiple domains to provide culturally sensitive care, as well as by identifying weaknesses in the approach, which may serve to illuminate gaps in the existing literature and highlight areas where clinicians may want to adapt their treatment so as to strengthen client outcomes.


Title:
Predicting cognitive executive functioning with polygenic risk scores for psychiatric disorders.

Authors:
Benca, Chelsie E.; Derringer, Jaime L.; Corley, Robin P.; Young, Susan E.; Keller, Matthew C.; Hewitt, John K.; Friedman, Naomi P.;

Source:

Abstract
Executive functions (EFs) have been proposed as an endophenotype for psychopathology because EF deficits are associated with most psychiatric disorders. To examine this hypothesis, we derived polygenic risk scores for autism, attention-deficit/hyperactive disorder (ADHD), bipolar disorder, major depression (MDD), and schizophrenia, using genome-wide data from the Psychiatric Genomics Consortium as discovery samples. We then examined the relationships between these polygenic risk scores and three separable EF components measured with a latent variable model. We also examined the relationship between genetic risk for ADHD and MDD and their respective symptom counts and lifetime diagnoses. We found no evidence for larger effect sizes for EFs as endophenotypes for psychiatric disorders. However, larger sample sizes will be important in examining this relationship further. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Decreasing stereotypy using NCR and DRO with functionally matched stimulation: Effects on targeted and non-targeted stereotypy.

Authors:
Rapp, John T.; Cook, Jennifer L.; McHugh, Catherine; Mann, Kathryn R.;

Source:

Abstract
We conducted a series of studies on multiple forms of repetitive behavior displayed by four children with autism spectrum disorder. Study 1 showed that each participant’s highest probability repetitive behavior persisted in the absence of social consequences, thereby meeting the functional definition of stereotypy. Study 2 showed that preferred, structurally matched stimulation decreased each participant’s targeted (highest probability) stereotypy, as well as their non-targeted (lower probability) stereotypy. Study 3 showed that for three participants, non-contingent access to preferred stimulation decreased immediate and, to some extent, subsequent engagement in targeted and non-targeted stereotypy. For the fourth participant, noncontingent access to preferred stimulation decreased immediate engagement in the targeted stereotypy, but increased subsequent engagement in nontargeted stereotypy; this subsequent
increase was attenuated by reducing the duration of access to the preferred stimulus. Study 4 showed that a trial-based differential reinforcement of other behavior (DRO) procedure systematically increased the period of time for which the targeted stereotypy was not displayed for three of three participants. In addition, results showed that the participants’ non-targeted stereotypy either decreased or was unchanged when DRO was provided for the targeted stereotypy. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Impulsivity symptoms as core to the developmental externalizing spectrum.

Authors: Martel, Michelle M.; Levinson, Cheri A.; Lee, Christine A.; Smith, Tess E.;


Abstract

Impulsivity is posited to be a key part of the externalizing spectrum during childhood, but this idea has received minimal empirical attention. The goal of the present investigation was to utilize network analysis to determine whether behavioral impulsivity symptoms are key components of the externalizing network across several developmental periods from preschool into adolescence. Participants were 109 preschoolers (64 % male) ages 3 to 6, 237 children (59 % male) ages 6 to 9, 372 children (59 % male) ages 10 to 13, and 357 adolescents (59 % male) ages 13 to 17 and their parents. Parents completed ratings of Attention-Deficit/Hyperactivity Disorder (ADHD) and Oppositional Defiant Disorder (ODD) symptoms on a well-validated rating scale. Network analyses indicated that ADHD and ODD were somewhat differentiated in preschool, becoming united by behavioral impulsivity symptoms during early childhood, and then differentiating into inattention versus externalizing clusters later during childhood and in adolescence. Behavioral impulsivity symptoms were core to the externalizing spectrum across most developmental periods, but core inattentive and ODD symptoms were also identified in line with progressive differentiation. These results suggest the increasing importance of impulsivity symptoms across development, explaining externalizing comorbidity and potentially serving as a viable target for childhood interventions for externalizing problems. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Evaluation of the ADHD Rating Scale in youth with autism.

Authors: Yerys, Benjamin E.; Nissley-Tsiopinis, Jenelle; de Marchena, Ashley; Watkins, Marley W.; Antezana, Ligia; Power, Thomas J.; Schultz, Robert T.;


Abstract

Scientists and clinicians regularly use clinical screening tools for attention deficit/hyperactivity disorder (ADHD) to assess comorbidity without empirical evidence that these measures are valid in youth with autism spectrum disorder (ASD). We examined the prevalence of youth meeting ADHD criteria on the ADHD rating scale fourth edition (ADHD-RS-IV), the relationship of ADHD-RS-IV ratings with participant characteristics and behaviors, and its underlying factor structure in 386, 7–17 year olds with ASD without intellectual disability. Expected parent prevalence rates, relationships with age and externalizing behaviors were observed, but confirmatory factor analyses revealed unsatisfactory fits for one-, two-, three-factor models. Exploratory analyses revealed several items cross-loading on multiple factors. Implications of screening ADHD in youth with ASD using current diagnostic criteria are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:

**Authors:** Yaylaci, Ferhat; Miral, Suha;


**Abstract**
Aim of this study was to compare children diagnosed with Pervasive Developmental Disorder (PDD) according to DSM-IV-TR and DSM-5 diagnostic systems. One hundred fifty children aged between 3 and 15 years diagnosed with PDD by DSM-IV-TR were included. PDD symptoms were reviewed through psychiatric assessment based on DSM-IV-TR and DSM-5 criteria. Clinical severity was determined using Childhood Autism Rating Scale (CARS) and Autism Behavior Checklist (ABC). A statistically significant decrease (19.3 %) was detected in the diagnostic ratio with DSM-5. Age and symptom severity differed significantly between those who were and were not diagnosed with PDD using DSM-5. B4 criteria in DSM-5 was most common criterion. Results indicate that individuals diagnosed with PDD by DSM-IV-TR criteria may not be diagnosed using DSM-5 criteria. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:** Overview and preliminary evidence for a social skills and self-care curriculum for adolescent females with autism: The girls night out model.

**Authors:** Jamison, T. Rene; Schuttler, Jessica Oeth;

**Source:** Journal of Autism and Developmental Disorders, Vol 47(1), Jan, 2017 pp. 110-125. Publisher: Springer;

**Abstract**
A majority of social skills research in autism spectrum disorder (ASD) and interventions target school age males and no published studies target adolescent females with ASD or related disabilities. Females with ASD are at risk for internalizing symptoms, and experience greater challenges in socialization and communication as social demands become increasingly complex in adolescence. This paper provides a thorough description of a social skills and self-care program designed to address the specific needs of adolescent females with ASD. The approach is peer mediated and occurs within natural or community settings to facilitate generalization. Findings from program evaluation data collected across 4 years illustrate significant improvements in perceived social competence, self-perception, and quality of life and suggests the approach is feasible and social valid. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:** Accelerated telomere shortening: Tracking the lasting impact of early institutional care at the cellular level.

**Authors:** Humphreys, Kathryn L.; Esteves, Kyle; Zeanah, Charles H.; Fox, Nathan A.; Nelson, Charles A. III; Drury, Stacy S.;

**Source:** Psychiatry Research, Vol 246, Dec 30, 2016 pp. 95-100. Publisher: Elsevier Science; [Journal Article]

**Abstract**
Studies examining the association between early adversity and longitudinal changes in telomere length within the same individual are rare, yet are likely to provide novel insight into the subsequent lasting effects of negative early experiences. We sought to examine the association between institutional care history and telomere shortening longitudinally across middle childhood and into adolescence. Buccal DNA was collected 2–4 times, between the ages of 6 and 15 years, in 79 children enrolled in the Bucharest Early Intervention Project (BEIP), a longitudinal study exploring the impact of early institutional rearing on child health and development. Children with a history of early institutional care (n = 50) demonstrated significantly greater telomere shortening across middle childhood and adolescence compared to never institutionalized children (n = 29). Among children with a history of institutional care, randomization to high
quality foster care was not associated with differential telomere attrition across development. Cross-sectional analysis of children randomized to the care as usual group indicated shorter telomere length was associated with greater percent of the child’s life spent in institutional care up to age 8. These results suggest that early adverse care from severe psychosocial deprivation may be embedded at the molecular genetic level through accelerated telomere shortening. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Glucocorticoid receptor variants in childhood attention-deficit/hyperactivity disorder and comorbid psychiatric disorders.
Authors:
Schote, Andrea B.; Bonenberger, Martina; Pálmason, Haukur; Seitz, Christiane; Meyer, Jobst; Freitag, Christine M.
Source:
Abstract
Stress results in a variety of neuroendocrine, immune and behavioral responses and represents a risk factor for many disorders. Following exposure to stress, glucocorticoids are secreted from the adrenal cortex and act via the ligand-activated glucocorticoid receptor (GR). Several polymorphisms of the GR-encoding gene NR3C1 have been described and functionally investigated. However, the impact of these variants on complex diseases such as Attention-Deficit/Hyperactivity Disorder (ADHD) is still unclear. In this study, 251 children with ADHD, 19 affected and 35 unaffected siblings, and their parents were included in a family-based association study assessing seven common variants of NR3C1 (TthIII-1_rs10052957; NR3C1-1_rs10482605; ER22/23EK_rs6189/rs6190; N363S_rs56149945; BclI_rs41423247; GR-9beta_rs6198). A four-marker haplotype (TthIII-1-NR3C1-1-ER22/23EK) was nominally associated with ADHD. In addition, in index children with ADHD, associations with comorbid disorders, inattentive and hyperactive-impulsive symptoms were explored. N363S minor allele carriers were more likely to show comorbid conduct disorder (CD). In our study, NR3C1 variants moderately affected ADHD and had a significant effect on comorbid CD. Therefore, NR3C1 as an important gene of the hypothalamic–pituitary–adrenal axis seems to be particularly relevant for the pathophysiology of ADHD combined with comorbid CD. For a deeper understanding, investigations in larger samples of healthy, ADHD and CD individuals are warranted. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Theory of Mind as a mediator variable between neurocognition and functioning in young individuals in treatment with secondary services for non-psychotic disorders.
Authors:
Francesconi, Marta; Minichino, Amedeo; Carrión, Ricardo E.; Chiaie, Roberto Delle; Bevilacqua, Arturo; Parisi, Maurizio; Rullo, Santo; Bersani, Francesco Saverio; Biondi, Massimo; Cadenhead, Kristin;
Source:
Abstract
A large body of studies provides evidence for a link between neurocognition, theory of mind (ToM) and functioning in psychotic spectrum disorders (PSDs), with ToM mediating the effect that neurocognition has on functioning. These three constructs and the related mediation effect may characterize different psychiatric syndromes other than PSDs. Structural equation modelling (SEM) was applied to baseline data from a longitudinal study of 138 young individuals with a recent-onset psychiatric disorder. Using SEM, we tested the hypothesis that ToM mediates the effect of neurocognition on functioning independent of the level of psychosis risk and the diagnostic category. In the mediation model the bootstrapping estimate revealed a significant indirect effect that was the association of social cognition with neurocognition and with functional outcome. ToM was significantly associated with neurocognition and the path from neurocognition to functioning was no longer significant as soon as the mediator (ToM) was entered into the mediation model consistent with a complete mediation effect through ToM. This mediation was independent of the psychosis-risk status and the psychiatric diagnoses. Our results provide useful
information on a young psychiatric sample, in which specific therapeutic interventions have the potential to significantly limit functional disability. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Parenthood among patients with psychotic disorders: Gender differences in a non-selective clinical sample.

Authors:
Schrank, Beate; Rumpold, Tamara; Gmeiner, Andrea; Priebe, Stefan; Aigner, Martin;

Source:

Abstract
A large proportion of people with psychotic disorders have children and also live with them. However, research has rarely studied this in clinical populations and included male patients. This exploratory study used routine data of all 709 patients with a psychotic disorder treated in a psychiatric inpatient service in Austria between 2012 and 2015. Socio-demographic and clinical characteristics, number and age of children, and living arrangements were assessed and analysed. More female patients than male patients had children in the total sample (56% vs. 30%), and in diagnostic subgroups with bipolar disorder (71%, 53%), schizoaffective disorder (65%, 24%), and schizophrenia (45%, 21%). Being female, higher age, and living with a partner were associated with having children. Unlike female patients, most male patients with underage children (≤ 18 years) did not live with them, especially when patients had a diagnosis of schizophrenia. The gender specific differences in parenthood and custody arrangements identified in this study indicate different support needs of mothers and fathers with psychotic disorders. Not living with a child and having limited access might come with feelings of guilt and loss, which should be addressed in research and practice. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
The prognostic value of formal thought disorder following first episode psychosis.

Authors:
Roche, Eric; Lyne, John; O'Donoghue, Brian; Segurado, Ricardo; Behan, Caragh; Renwick, Laoise; Fanning, Felicity; Madigan, Kevin; Clarke, Mary;

Source:
Schizophrenia Research, Vol 178(1-3), Dec, 2016 pp. 29-34. Publisher: Elsevier Science; [Journal Article]

Abstract
Background: Formal thought disorder (FTD) is associated with poor outcome in established psychotic illnesses and it can be assessed as a categorical or dimensional variable. However, its influence on functional outcome and hospitalisation patterns in early psychosis has not been investigated. We evaluated the relationship between FTD and these outcomes in a first episode psychosis (FEP) sample. Materials and methods: A mixed diagnostic FEP cohort was recruited through an Early Intervention in Psychosis Service in Ireland. Participants were assessed at initial presentation and one year later with the MIRECC GAF to evaluate social and occupational functioning domains. Disorganisation (disFTD), verbosity (verFTD) and poverty (povFTD) dimensions of FTD were examined at both time points, as well as a unitary FTD construct. Analyses were controlled for demographic, clinical and treatment variables. Results: DisFTD was the only FTD dimension associated with functional outcome, specifically social functioning, on multivariate analysis (beta = 0.13, P < 0.05). The unitary FTD construct was not associated with functional outcome. DisFTD at FEP presentation predicted a greater number of hospitalisations (adjusted beta = 0.24, P < 0.001) and prolonged inpatient admission (adjusted OR = 1.08, 95% CI 1.02–1.15, P < 0.05) following FEP. Conclusions: Longitudinal and dimensional evaluation of FTD has a clinical utility that is distinct from a cross-sectional or unitary assessment. Dimensions of FTD may map onto different domains of functioning. These findings are supportive of some of the changes in DSM-V with an emphasis on longitudinal and dimensional appraisal of psychopathology. Communication disorders may be considered a potential target for intervention in psychotic disorders. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Teaching young children with social-communication delays to label actions using videos and language expansion models: A pilot study.

Authors: Shepley, Collin; Lane, Justin D.; Shepley, Sally B.


Abstract
Young children with autism spectrum disorder (ASD) and related social-communication delays may display difficulties commenting on actions that occur in their natural environment. One method for increasing early conversation skills is direct instruction. Using video examples of actions may increase the salient features of instructional targets and, as such, may be an effective stimulus for presenting actions during instruction. The present study used a multiple-probe design across participants replicated across behaviors to evaluate the effectiveness of a 0- to 4-s progressive time-delay (PTD) procedure using video presentation of actions to teach three preschool-aged children with ASD and related social-communication delays to label actions. In addition, the teacher provided language expansion on all instructional targets, as well as assessed generalization to novel stimuli (videos and pictures or photographs). Results indicate that all participants acquired action labels. Two of the three participants generalized responses to novel videos and pictures while expanding their responses without direct instruction. Implications for teachers targeting action labels in early childhood settings are provided. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Parental stress and ASD: Relationship with autism symptom severity, IQ, and resilience.

Authors: Pastor-Cerezuela, Gemma; Fernández-Andrés, M. Inmaculada; Tárraga-Mínguez, Raúl; Navarro-Peña, J. Miguel;


Abstract
The objectives of this study were (a) to evaluate parental stress in parents of children with autism spectrum disorders (ASD group) and compare it with the stress in parents of children with typical development (comparison group); (b) to study the relationship between parental stress, autism severity, and both verbal and performance IQ; and (c) to study the relationship between parental stress and resilience. Parental stress in the ASD group was clinically significant and higher than in the comparison group. The child’s autism severity was a significant predictor of parental stress related to the child’s distractibility and hyperactivity. The child’s verbal IQ was a significant predictor of parental stress in the child domain. Only for the ASD group, the child’s performance IQ was a significant predictor of parental stress, and parental resilience was a significant predictor of parental stress related to depression and competence variables. These results and implications for intervention are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Childhood victimization in a national sample of youth with autism spectrum disorders.

Authors: Pfeffer, Rebecca D.


Abstract
There are a number of hidden populations in the United States whose victimization goes undetected and unreported. This study aims to assess the victimization experiences of one such population: American
children diagnosed with autism spectrum disorders (ASDs). Utilizing the Juvenile Victimization Questionnaire (JVQ), this study obtained past-year and lifetime prevalence rates of interpersonal violence in a sample of children with ASDs (N = 262). Results showed that almost 89% of these children had experienced an incident of victimization in their lifetime, while almost as many (82.1%) had experienced an incident within the last year. Among those who had been victimized once within the last year, 92% experienced at least a second victimization within that same time period, pointing to significant levels of poly-victimization. Risk ratios confirm that if a child experiences an incident of victimization in the past year, s/he is at risk to experience another type of victimization during that time frame, no matter what type of initial victimization exposure was examined. Previous research specifically addressing the victimization of children with ASDs in the United States has been limited and often focuses on a specific form of victimization, such as bullying. Implications include considering the impact of exposure to multiple forms of victimization and addressing the possibility of long-term trauma resulting from chronic exposure to victimization. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Using video models to teach students with disabilities to play the Wii.
Authors: Sherrow, Lauren A.; Spriggs, Amy D.; Knight, Victoria F.;
Abstract
This study investigated effects of video modeling (VM) when teaching recreation and leisure skills to three high school students with moderate intellectual disabilities and autism spectrum disorder. Results, evaluated via a multiple probe across participants design, indicated that VM was effective for teaching all students to play the Wii. Students were able to maintain high levels of accuracy in follow-up probes. Study limitations and implications for future research are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Why is young maternal age at first childbirth a risk factor for persistent delinquency in their male offspring? Examining the role of family and parenting factors.
Authors: Van Vugt, Eveline; Loeber, Rolf; Pardini, Dustin;
Abstract
Background: Children born to mothers who were younger than average at their first childbirth are at increased risk for future persistent delinquent behaviour, but explanations for this remain unclear. Aims: Our aim was to identify possible family and parenting variables that may help explain this relationship. We hypothesised that parental stress, large number of children in the home, low socioeconomic status (including neighbourhood problems) and poor parenting would account for the link between early first motherhood and their offspring’s delinquency. Methods: Four hundred and sixty-two boys were selected from the Pittsburgh Youth Study, a longitudinal study of a random sample of school boys in Pittsburgh, initially assessed half-yearly and then annually from 7 to 19 years of age, using self-reporting and other reporting methods. Indirect effect models were used to test relationships between variables. Results: Higher levels of parental stress, poorer parent–child communication and caring for a larger number of children all mediated the relationship between maternal youth and persistent delinquency by their boys, but only explained about 20% of it. Discussion: At least partial explanations of the relationship between a mother’s age at first childbirth and persistent delinquency in her male offspring suggest that future research should test whether early interventions with younger mothers to decrease their sense of stress in parenting and improve their capacity for communication with their child(ren) may help to prevent persistent delinquency in their boys. Programmes designed to help young women make more informed and planned decisions about their pregnancies should also be evaluated. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: Validation of a brief structured interview: The Children’s Interview for Psychiatric Syndromes (ChIPS).
Authors: Young, Matthew E.; Bell, Ziv E.; Fristad, Mary A.;
Abstract
Evidence-based assessment is important in the treatment of childhood psychopathology. While researchers and clinicians frequently use structured diagnostic interviews to ensure reliability, the most commonly used instrument, the Schedule for Affective Disorders and Schizophrenia for School Aged Children (K-SADS) is too long for most clinical applications. The Children’s Interview for Psychiatric Syndromes (ChIPS/P-ChIPS) is a highly-structured brief diagnostic interview. The present study compared K-SADS and ChIPS/P-ChIPS diagnoses in an outpatient clinical sample of 50 parent–child pairs aged 7–14. Agreement between most diagnoses was moderate to high between the instruments and with consensus clinical diagnoses. ChIPS was significantly briefer to administer than the K-SADS. Interviewer experience level and participant demographics did not appear to affect agreement. Results provide further evidence for the validity of the ChIPS and support its use in clinical and research settings. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Mental health problems in young male offenders with and without sex offences: A comparison based on the MAYSI-2.
Authors: Boonmann, Cyril; Nelson, Rebecca J.; DiCataldo, Frank; Jansen, Lucre M. C.; Doreleijers, Theo A. H.; Vermeiren, Robert R. J. M.; Colins, Olivier F.; Grisso, Thomas;
Abstract
Background: There is a need for better knowledge about the relationship between sexual offending by young people and mental health problems. Aim This study aimed to compare mental health problems between young people who commit sexual offences and those who do not. Methods: After completion of the Massachusetts Youth Screening Instrument-Version 2 (MAYSI-2), 334 young people who, according to MAYSI-2 information, had committed a sex offence were compared with 334 young people whose MAYSI-2 data suggested that they had not committed a sex offence. They were matched for age, race/ethnicity, type of facility and adjudication status. We also examined the young sex offenders for within group differences. Results: The young sex offenders were less likely to report anger–irritability or substance misuse than the comparison youths. Within the sex offender group, older juveniles were more likely to report alcohol and drug use problems than younger ones, Caucasians were more likely to report anger and suicidal ideation than their non-Caucasian peers, those detained were more likely to report alcohol and drug use problems and somatic complaints than those on probation, and convicted youths were more likely to report alcohol and drug use problems and anger–irritability than those awaiting trial. Conclusions: Juvenile sexual offending seems less likely to be committed in the context of an anti-social lifestyle than other offending. Important findings among young sex offenders are their higher levels of mental health problems among those detained and convicted than among those on probation or awaiting trial. Assessment of the mental health of young sex offenders seems to be even more important the further they are into the justice system. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Family therapy for adolescents: A research-informed perspective.
Authors: Carr, Alan;
Source:
Specific research-informed models of family therapy have been developed for a range of adolescent problems. These include Brief Strategic Family Therapy (BSFT), Functional Family Therapy (FFT), Multisystemic Therapy (MST), Multidimensional Family Therapy (MDFT), and Multidimensional Treatment Foster care (MTFC) for conduct disorder and drug misuse; family-focused cognitive behaviour therapy for anxiety disorders and depression; Attachment-based Family Therapy (ABFT) for depression; family-focused therapy as an adjunct to pharmacological therapy for bipolar disorder; ABFT, youth-nominated support team, and Dialectical Behaviour Therapy (DBT) combined with Multifamily Therapy for self-harm; the Maudsley model of family therapy for eating disorders; and psychoeducational family therapy for psychosis. All of these approaches aim to reduce individual and familial risk factors which exacerbate adolescent problems, and enhance protective factors which promote resilience and recovery from psychological difficulties. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2016-61312-005&site=ehost-live

Title: Working with siblings of children with autism: A solution-focused approach.

Authors: Turns, Brie; Eddy, Brandon Paul; Jordan, Sara Smock;


Abstract The literature on how autism spectrum disorders (ASD) impact the family unit primarily focuses on the negative experiences of parents and neurotypical (NT) siblings. This unintentional focus may impact the therapist's ability to identify strengths within the family unit and further perpetuate the misconception that ASD is only a 'problem.' This paper reviews NT siblings' experiences of living with an ASD sibling. A solution-focused brief therapy framework is used in order to alter the covert message that an ASD diagnosis is a 'problem' for the families. Recommendations are provided to assist family therapists in focusing on the positive experiences reported by the NT sibling in ASD families, especially the relationship with his or her diagnosed sibling and primary caregivers. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Circle of security intervention for parents of children with autism spectrum disorder.

Authors: Fardoulys, Claire; Coyne, Joe;


Abstract Circle of Security is an attachment-based parenting intervention that aims to promote secure parent–child attachment relationships. The current study explored whether the Circle of Security intensive intervention resulted in increased attachment security (assessed before and after completing the intervention) for caregiver–child dyads with Autism Spectrum Disorder. The current study also explored caregivers’ acceptance of the intervention by seeking client feedback and measured each caregiver's perceived sense of parenting competence. Two mothers each with a child under the age of 5 years diagnosed with Autistic Spectrum Disorder participated in the intervention. Results found one dyad shifted from avoidant to secure whilst the other dyad remained secure across time with some changes in behavioural dimensions. Each mother endorsed the intervention as highly valuable to her needs. Perceived parenting competence also increased post-intervention for both mothers. Replication is recommended in order to generalise the results. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: Sleep–wake cycle phenotypes in young people with familial and non-familial mood disorders.

Authors: Scott, Jan; Naismith, Sharon; Grierson, Ashlee; Carpenter, Joanne; Hermens, Daniel; Scott, Elizabeth; Hickie, Ian;


Abstract

Objectives: Converging evidence identifies that the offspring of parents with bipolar disorder (BD), individuals at clinical high risk of BD, and young people with recent onset BD may differ from other clinical cases or healthy controls in terms of sleep–wake profiles. However, it is possible that these differences may reflect current mental state, subtype of mood disorder, or familial traits. This study aimed to determine objective and subjective sleep–wake profiles in individuals aged 15–25 years with a current major depressive episode, in relation to familial traits. Methods: Frequency matching was employed to ensure that each individual with a confirmed family history of BD (FH+) could be compared to four controls who did not have a familial mood disorder (FH–). Pre-selected objective actigraphy and subjective Pittsburgh Sleep Quality Index (PSQI) ratings were compared using one-way analysis of variance (ANOVA) and applying the Benjamini–Hochberg (BH) correction for false discoveries. Results: The sample comprised 60 individuals with a mean age of 19 years. The FH+ (n = 12) and FH– groups (n = 48) differed on three key sleep parameters: mean sleep duration on week nights (P = .049), variability in waking after sleep onset (P = .038), and daily disturbances (PSQI dimension of sleep disturbance and daytime dysfunction; P = .01). Conclusions: The sleep profiles we identified in this study, especially the daily disturbances phenotype, provide support for research into endophenotypes for BD. Also, the findings may offer the opportunity for more tailored, personalized interventions that target specific components of the sleep–wake cycle in individuals with a family history of BD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: How many children in Australia are at risk of adult mental illness?

Authors: Guy, Sophie; Furber, Gareth; Leach, Matthew; Segal, Leonie;


Abstract

Objective: To estimate the prevalence of children in the Australian population with risk factors for adult mental illness. Method: Key risk factors and risk domains were identified from a 2013 review of longitudinal studies on child and adolescent determinants of adult mental illness. Data items were identified from the Longitudinal Study of Australian Children that map onto the risk domains and were used to estimate the prevalence of these key individual risk factors and the magnitude of multiple risk in children aged 3 months to 13 years. Results: Even by infancy, risk factors for adult mental illness are highly prevalent, with 51.7% of infants having multiple risks. In 10 infants, 1 was born to mothers who consumed daily alcohol and 1 in 8 to mothers who smoked cigarettes daily during pregnancy. Also, 10.5% of infants were in families where the parents had separated, which increased to 18% in 10–11 year-olds. Psychological problems in the clinical range (based on the Strengths and Difficulties Questionnaire total problems score) ranged from 7.8% to 9.7% across the 4–13 years age range. Risks from negative parenting behaviours were highly prevalent across age groups. Two-thirds of children aged 12–13 years had parents who displayed low warmth or exhibited high hostility/anger. Across childhood, one in seven children are in families exposed to 3+ major life stressors. By age 8–9 years, more than 18% of children are exposed to ≥5 risk factors. Conclusions: We find that modifiable risk factors for adult mental illness occur at the earliest stage in the life course and at greater prevalence than is commonly recognised. Considerable capacity will be required in child and adolescent mental health services and complementary family support programmes if risk factors for adult mental illness that are already apparent in infancy and childhood are to be addressed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: Executive function predicts the development of play skills for verbal preschoolers with autism spectrum disorders.

Authors: Faja, Susan; Dawson, Geraldine; Sullivan, Katherine; Meltzoff, Andrew N.; Estes, Annette; Bernier, Raphael.


Abstract
Executive function and play skills develop in early childhood and are linked to cognitive and language ability. The present study examined these abilities longitudinally in two groups with autism spectrum disorder—a group with higher initial language (n = 30) and a group with lower initial language ability (n = 36). Among the lower language group, concurrent nonverbal cognitive ability contributed most to individual differences in executive function and play skills. For the higher language group, executive function during preschool significantly predicted play ability at age 6 over and above intelligence, but early play did not predict later executive function. These results suggested that factors related to the development of play and executive function differ for subgroups of children with different language abilities and that early executive function skills may be critical in order for verbal children with autism to develop play. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: ‘Pesky gNATs’: Investigating the feasibility of a novel computerized CBT intervention for adolescents with anxiety and/or depression in a Tier 3 CAMHS setting.

Authors: Chapman, Rosanna; Loades, Maria; O'Reilly, Gary; Coyle, David; Patterson, Mags; Salkovskis, Paul; the

Source: Cognitive Behaviour Therapist, Vol 9, Dec 1, 2016 ArtID: e35. Publisher: Cambridge University Press;

Abstract
Increasingly, evidence suggests that computerized Cognitive Behavioural Therapy (cCBT) is effective at reducing adolescent anxiety and depression for young people in the general population or those ‘at risk’. However, less is known about the acceptability, feasibility and effectiveness of cCBT for adolescents with clinically significant levels of impairment. This study aimed to investigate the feasibility of using a novel cCBT intervention, ‘Pesky gNATs’, with adolescents aged between 13–18 years with anxiety and/or depression who met the criteria for specialist mental health services. Eleven participants were recruited from a Tier 3 child and adolescent mental health service (CAMHS). Recruitment, attendance and retention rates were recorded and qualitative feedback about the benefits and disadvantages of completing cCBT were obtained during the final session. In addition, a number of outcome measures were completed pre- and post- intervention to assess reliable and clinically significant change. The intervention was very brief comprising of just seven sessions. Participants showed high recruitment and retention rates. All participants who started the intervention completed it. All described the programme as useful and the majority identified several benefits. Four of 11 participants demonstrated reliable reductions in symptoms of depression and anxiety and six of 11 showed decreases in parent-reported symptoms of anxiety and depression following the seven-session intervention. This study demonstrates the acceptability and feasibility of using cCBT in a Tier 3 CAMHS setting. Further research is required to investigate the effect of Pesky gNATs on anxiety and depression in other Tier 3 settings. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Parents’ behavioral inhibition moderates association of preschoolers’ BI with risk for age 9 anxiety disorders.

Authors:
Background: Temperamental behavioral inhibition (BI) in children predicts later anxiety disorders. However, many children with BI do not develop anxiety disorders, suggesting the importance of identifying moderating factors. The current study examined whether parents' history of BI moderates the associations between preschoolers' BI and anxiety disorders at age 9. Methods: The sample was 392 children and their parents from the community. Child BI was measured at age 3 using observational (Laboratory Temperament Assessment Battery; Lab-TAB) and parent report (Behavior Inhibition Questionnaire; BIQ) measures. In addition, both parents reported on their own history of childhood BI using the Retrospective Measure of Behavioral Inhibition (RMBI). When the children were 9 years old, a parent and the child were interviewed using the Kiddie Schedule for the Affective Disorders and Schizophrenia—Present and Lifetime version (K-SADS-PL). Results: Parents’ reports of their own BI moderated the associations of both observed and parent-reported child BI at age 3 with children's anxiety disorders at age 9. Among children whose parents reported having had higher childhood BI, those who exhibited high BI at age 3 were more likely to meet criteria for anxiety disorders at age 9. Limitations: The major limitation is the use of a retrospective measure of parental BI. Conclusions: These findings demonstrate that parents' histories of childhood BI moderate the association between their young children's BI and subsequent anxiety disorders. Thus, parental BI appears to identify a subgroup of BI children at particularly high risk for developing anxiety disorders by late childhood. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Attachment in children with autism spectrum disorder: A systematic review.
Authors: Teague, Samantha J.; Gray, Kylie M.; Tonge, Bruce J.; Newman, Louise K.;
Abstract This paper aims to synthesise the literature on attachment in children with Autism Spectrum Disorder (ASD), highlighting gaps in current research and applications for clinical practice. The research databases PsycINFO, Ovid Medline, and the Cochrane Library were searched for the terms 'autism' and 'attachment'. Forty papers investigating attachment in children with ASD were identified and narratively reviewed. Seven samples were identified that reported attachment classifications using the Strange Situation Paradigm, with an average of 47% of children with ASD classified as secure (n = 186). With research to date concluding that children with ASD can form secure attachments, studies are now looking at risk and protective factors in the development of attachment, correlates of attachment, attachment disorders in children with ASD, and attachment-based interventions for children with ASD. Many of these studies are preliminary investigations with contradictory findings reported, highlighting important directions for future research. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-05033-005&site=ehost-live

Title: Longitudinal trajectory of clinical insight and covariation with cortical thickness in first-episode psychosis.
Authors: Buchy, Lisa; Makowski, Carolina; Malla, Ashok; Joober, Ridha; Lepage, Martin;
Abstract Among people with a first-episode of psychosis, those with poorer clinical insight show neuroanatomical abnormalities in frontal, temporal and parietal cortices compared to those with better clinical insight. Whether changes in clinical insight are associated with progressive structural brain changes is unknown. We aimed to evaluate 1) associations between clinical insight and cortical thickness at a baseline
assessment, 2) covariation between clinical insight and cortical thickness across baseline, one-year and two-year follow-up assessments, and 3) the predictive value of clinical insight for cortical thickness at one-year and two-year follow-ups. Scale for the assessment of Unawareness of Mental Disorder ratings and magnetic resonance imaging scans were acquired at baseline, one-year, and two-year follow-ups in 128, 74, and 44 individuals with a first-episode psychosis, respectively. Cortical thickness metrics were then computed at baseline, one-year and two-year follow-ups and analyzed with linear mixed models. At baseline, clinical insight was not significantly associated with cortical thickness in any region. Longitudinal mixed effects models showed that a worsening in clinical insight between the one-year and two-year assessments was significantly associated with cortical thinning in dorsal pre-central and post-central gyri. Cortical thinning in left fusiform gyrus at two-years was predicted by poorer clinical insight at baseline. Results suggest that poor clinical insight soon after the onset of a first-episode psychosis may lead to progressive cortical changes in temporal lobe, while changes in clinical insight during the second year covary with cortical thinning in circumscribed dorsal frontal and parietal cortices. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Using neuroscience as an outcome measure for behavioral interventions in Autism spectrum disorders (ASD): A review.
Authors: Stavropoulos, Katherine Kuhl-Meltzoff;
Abstract
Though medications have proven effective in improving associated symptoms of autism spectrum disorder (ASD), behavioral interventions remain the most effective method of improving core symptoms (e.g. social communication, restricted and repetitive behaviors) in this population. Although the cause remains unknown, research provides evidence that ASD is a neurologically based disorder, with differences in brain activity contributing to observed social difficulties. Given the above, along with recent publications underscoring the importance of utilizing neuroscience to measure changes associated with intervention in ASD, it is surprising that studies that measure neurological changes in response to behavioral interventions remain quite rare. Using systematic searches of the PsychINFO and MEDLINE databases, the current review summarizes the extant literature on neural changes in response to behavioral interventions in ASD, and compares the state of the literature in ASD with other disorders such as anxiety, depression, and schizophrenia. We conclude that research utilizing neuroscience to measure changes in response to behavioral interventions in ASD is lacking, and suggest that future research make integrating these two lines of research a priority. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Understanding the social experiences of adolescent females on the autism spectrum.
Authors: Vine Foggo, Rebecca S.; Webster, Amanda A.;
Abstract
Background: Adolescent females with autism spectrum disorder often face numerous challenges when socially interacting with their same-sex peers. This is an area previously unconsidered in empirical research, due in part to the predominance of males with ASD. However, female teenage relationships constitute a unique culture, necessitating specific social skills. For the adolescent girl on the autism spectrum, varying degrees of difficulties with social communication and social relationships may result in unique perceptions regarding friendships with other girls. Method: Utilising a phenomenological approach, an inductive thematic approach was used to analyse the self-described accounts of social experiences and expectations, by adolescent females on the autism spectrum. Results: Through written accounts and interviews, participants revealed both a desire for, and a mature understanding of the characteristics of both friendships and best friend relationships. Participants all reported conflict with peers, and had more
difficulty ascertaining the expectations of peers or socialising in groups. Conclusions: Findings: from this study contradicts stereotypes that people on the autism spectrum are not capable of developing quality friendships. The participants in this study engage in quality relationships with their female peers, but also require time to de-stress and pursue their own interests. The information disclosed by the participants in this study facilitates an understanding of the social experiences and perceptions of social expectations of adolescent females with ASD, as a unique and often unrecognised phenomenon. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-05033-008&site=ehost-live

Title: Brief report: Influence of gender and age on parent reported subjective well-being in children with and without autism.

Authors: Begeer, Sander; Ma, Yujie; Koot, Hans M.; Wierda, Marlies; van Beijsterveldt, C. E. M. (Toos); Boomsma, Dorret I.; Bartels, Meike;


Abstract
Autism spectrum disorders (ASD) are associated with reduced Subjective well-being (SWB). To examine the influence of gender and age on well-being we collected parent reported SWB in children with or without ASD (total n = 1030), aged 8–14 years. Parents reported lower SWB for children with ASD compared to TD children. Gender did not influence SWB, in both ASD and TD groups. Age had no main effect on SWB, but in typically developing children SWB decreased with age while it increased with age in children with ASD. Thus, the difference in SWB between ASD and TD children became smaller throughout development. These findings may reflect different social developmental processes in TD and ASD during early adolescence. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Factors related to the comorbidity between oppositional defiant disorder and anxiety disorders in preschool children.

Authors: Martín, Virginia; Granero, Roser; Domènech, Josep Maria; Ezpeleta, Lourdes;


Abstract
Background and objectives: The aim of the study is to identify factors related to comorbid oppositional defiant disorder (ODD) and anxiety disorders (ADs). Design: A sample of 622 children was assessed longitudinally at 3 and 5 years of age. Methods: At baseline, there were 310 boys (49.8%), most participants were of Caucasian–white ethnicity (89.1%) and attended to public school (64.0%), and families’ socioeconomic status was 64.3% medium-high, 14.1% medium and 20.5% medium-low. Children diagnosed with ODD and/or AD were selected: n = 103 at 3 years of age (44 ODD, 42 AD and 17 ODD + AD) and n = 106 at 5 years of age (31 ODD, 60 AD and 15 ODD + AD). Results: High levels of the child’s negative affectivity and the mother’s aggressive behavior (versus AD), and high scores in the father’s psychopathology measurements (versus ODD) were related to the presence of comorbid ODD + AD at 3 years of age. High scores in approach-positive anticipation, fears (only in boys, in girls the reverse effect occurred) compared to ODD and AD independently and aggressive behavior (versus AD), and low scores for smiling and laughter (versus ODD only and AD only) were predictive of comorbidity at the 5 years of age. Conclusions: Temperament traits may be a common factor in explaining longitudinal ODD + AD comorbidity. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Objectified body consciousness (OBC) in eating psychopathology: Construct validity, reliability, and measurement invariance of the 24-item OBC Scale in clinical and nonclinical adolescent samples.

**Authors:**
Dakanalis, Antonios; Timko, Alix C.; Clerici, Massimo; Riva, Giuseppe; Carrà, Giuseppe;

**Source:**
Assessment, Vol 24(2), Mar, 2017 pp. 252-274. Publisher: Sage Publications; [Journal Article]

**Abstract**
Objectified body consciousness (OBC) appears to play a crucial role in eating and body-related disturbances, which typically emerge during adolescence. The 24-item OBC Scale (OBCS) has been employed in eating disorder (ED) research and school-based adolescent samples, but evidence for its psychometric properties exists only in adult (nonclinical) populations. We evaluated (a) the construct validity and reliability of the 24-item OBCS with data collected from 1,259 adolescent girls and boys from the community (Study 1) and 643 adolescents of both genders with an ED (Study 2) and (b) whether the instrument functions similarly and equivalently measures the underlying construct(s) across gender and samples (i.e., test of measurement equivalence/invariance; Study 3). Results upheld the three-factor structure and measurement equivalence/invariance of the 24-item OBCS across gender and samples. OBCS subscale scores were internally consistent and stable over a 4-week period. OBCS subscales discriminated community participants with high and low ED symptom levels with fair accuracy, as well as community participants from those with an ED. They were also associated with five constructs closely related to both OBC and ED psychopathology. Latent mean comparisons across samples and gender were performed and discussed. Implications and directions for future research are also outlined.

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**Title:**

**Authors:**
Oxelgren, Ulrika Wester; Myrelid, Åsa; Annerén, Göran; Ekstam, Bodil; Göransson, Cathrine; Holmbom, Agneta; Isaksson, Anne; Åberg, Marie; Gustafsson, Jan; Fernell, Elisabeth;

**Source:**

**Abstract**
Aim: To investigate the prevalence of autism spectrum disorder (ASD) and attention-deficit–hyperactivity disorder (ADHD) in a population-based group of children and adolescents with Down syndrome, and to relate the findings to level of intellectual disability and to medical conditions. Method: From a population-based cohort of 60 children and adolescents with Down syndrome, 41 individuals (29 males, 12 females; mean age 11y, age range 5–17y) for whom parents gave consent for participation were clinically assessed with regard to ASD and ADHD. The main instruments used were the Autism Diagnostic Interview–Revised, Autism Diagnostic Observation Schedule, Swanson, Nolan, and Pelham–IV Rating Scale, and the Adaptive Behavior Assessment System–II. Results: High rates of ASD and ADHD were found: 17 (42%) and 14 (34%) of the 41 children met DSM criteria for ASD and ADHD respectively. Interpretation: Children with Down syndrome and coexisting neurodevelopmental/neuropsychiatric disorders in addition to intellectual disability and medical disorders constitute a severely disabled group. Based on the results, we suggest that screening is implemented for both ASD and ADHD, at the age of 3 to 5 years and early school years respectively, to make adequate interventions possible. (PSYCHINFO Database Record (c) 2017 APA, all rights reserved)


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**Title:**
Neonatal cytokine profiles associated with autism spectrum disorder.

**Authors:**
Krakowiak, Paula; Goines, Paula E.; Tancredi, Daniel J.; Ashwood, Paul; Hansen, Robin L.; Hertz-Picciotto, Irv; Van de Water, Judy;

**Source:**
Abstract

Background: Autism spectrum disorder (ASD) is a complex neurodevelopmental condition that can be reliably diagnosed at age 24 months. Immunological phenomena, including skewed cytokine production, have been observed among children with ASD. Little is known about whether immune dysregulation is present before diagnosis of ASD. Methods: We examined neonatal blood spots from 214 children with ASD (141 severe, 73 mild/moderate), 62 children with typical development, and 27 children with developmental delay as control subjects who participated in the Childhood Autism Risks from Genetics and the Environment study, a population-based case-control study. Levels of 17 cytokines and chemokines were compared across groups and in relation to developmental and behavioral domains. Results: Interleukin (IL)-1β and IL-4 were independently associated with ASD compared with typical development, although these relationships varied by ASD symptom intensity. Elevated IL-4 was associated with increased odds of severe ASD (odds ratio [OR] = 1.40, 95% confidence interval [CI], 1.03, 1.91), whereas IL-1β was associated with increased odds of mild/moderate ASD (OR = 3.02, 95% CI, 1.43, 6.38). Additionally, IL-4 was associated with a higher likelihood of severe ASD versus mild/moderate ASD (OR = 1.35, 95% CI, 1.04, 1.75). In male subjects with ASD, IL-4 was negatively associated with nonverbal cognitive ability (β = −3.63, SE = 1.33, p = .04). Conclusions: This study is part of a growing effort to identify early biological markers for ASD. We demonstrate that peripheral cytokine profiles at birth are associated with ASD later in childhood and that cytokine profiles vary depending on ASD severity. Cytokines have complex roles in neurodevelopment, and dysregulated levels may be indicative of genetic differences and environmental exposures or their interactions that relate to ASD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Classroom-level adversity: Associations with children’s internalizing and externalizing behaviors across elementary school.

Authors:
Abry, Tashia; Bryce, Crystal I.; Swanson, Jodi; Bradley, Robert H.; Fabes, Richard A.; Corwyn, Robert F.;

Source:

Abstract

Concerns regarding the social-behavioral maladjustment of U.S. youth have spurred efforts among educators and policymakers to identify and remedy educational contexts that exacerbate children’s anxiety, depression, aggression, and misconduct. However, investigations of the influence of collective classroom student characteristics on individuals’ social-behavioral functioning are few. The present study examined concurrent and longitudinal relations between adversity factors facing the collective classroom student group and levels of children’s internalizing and externalizing behaviors across the elementary school years, and whether the pattern of relations differed for girls and boys. First-, third-, and fifth-grade teachers reported on the extent to which adversity-related factors (e.g., home/family life, academic readiness, social readiness, English proficiency, tardiness/absenteeism, student mobility, health) presented a challenge in their classrooms (i.e., classroom-level adversity [CLA]). Mothers reported on their child’s internalizing and externalizing behavior at each grade. Autoregressive, lagged panel models controlled for prior levels of internalizing and externalizing behavior, mothers’ education, family income-to-needs, and class size. For all children at each grade, CLA was concurrently and positively associated with externalizing behavior. For first-grade girls, but not boys, CLA was also concurrently and positively associated with internalizing behavior. Indirect effects suggested CLA influenced later internalizing and externalizing behavior through its influence on maladjustment in a given year. Discussion highlights possible methods of intervention to reduce CLA or the negative consequences associated with being in a higher-adversity classroom. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Latent class analysis of need descriptors within an Irish youth mental health early intervention program toward a typology of need.
Aim: Significant overlap and comorbidity has been demonstrated among young people with mental health problems. This paper examined demographic characteristics, heterogeneity of need descriptors and services provided among young people (12–25 years) engaging in brief interventions at Jigsaw in the Republic of Ireland. Method: Between 1 January 2013 and 31 December 2013, a total of 2571 young people sought help from 1 of 10 Jigsaw sites. Of these, 1247 engaged in goal-focused brief interventions, typically consisting of one to six face-to-face sessions. Descriptive statistics were used to summarize social and demographic factors. Latent class analysis was used to cluster young people into relevant typologies of presenting issues. Multinomial logistic regression was then performed to determine significant predictors of class membership. Results: The most common age of young people was 16. More women (59.6%) than men engaged in brief interventions, 56% attended school, 74% lived with their family of origin or with one parent, and 54.2% came from families where parents were married. Using established fit criteria, four relevant typologies emerged: Developmental (26.8%), Comorbid (15.8%), Anxious (42.7%) and Externalising (14.6%). Predictors varied by class membership, but general family problems and lack of adult support emerged as the strongest predictors for all classes. Conclusion: This study demonstrated that the mental health needs of young people in Ireland are significant and diverse. Because Jigsaw favours a more descriptive approach to problem identification, the four typologies suggest a need to determine program capacity in engaging youth with heterogeneous presenting issues and to tailor brief interventions to each group's clinical profiles. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Understanding access and use of technology among youth with first-episode psychosis to inform the development of technology-enabled therapeutic interventions.

Authors: Abdel-Baki, Amal; Lal, Shalini; D.-Charron, Olivier; Stip, Emmanuel; Kara, Nadija;


Abstract
Aim: Computers, video games and technological devices are part of young people’s everyday lives. However, their use in first-episode psychosis (FEP) treatment is rare. The purpose of this study was to better understand the access and use of technology among individuals with FEP, including gaming activities, to inform future development of technology-enabled therapeutic applications. Methods: Self-administered survey on use of technological tools in 71 FEP individuals. Results: PCs/laptops were used by all participants; cellphones/smartphones by 92%, consoles by 83% (mainly male and younger participants). Women texted and used social networks more frequently; men played games (mainly action) more often. The younger individuals reported playing games frequently (32% daily) with less use of the Web and social networks (favourite: Facebook). Conclusions: These data will be useful for developing Web-based psychoeducation tools and cognitive remediation video games for youth with FEP. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Prevalence and risk factors of prolonged corrected QT interval among children and adolescents treated with antipsychotic medications: A long-term follow-up in a real-world population.

Authors: Palanca-Maresca, Inmaculada; Ruiz-Antorán, Belén; Centeno-Soto, Gustavo Adolfo; Forti-Buratti, Maria Azul; Siles, Ana; Usano, Ana; Avendaño-Solá, Cristina;

Source:
Abstract
Purpose: This study aimed to describe the prevalence of corrected QT (QTc) interval disorders and the possible predisposing factors in children and adolescents treated with antipsychotic (AP) medications in a real-world population with a long-term follow-up. Methods: Data were obtained from the SaFey of NeurolepTics in Infancy and Adolescence (SENTIA) registry (https://sentia.es). The SENTIA includes patients younger than 18 years who are currently taking or initiating treatment with AP medications and have agreed to participate in the registry. The SENTIA's follow-up includes an electrocardiogram (ECG) assessment before starting treatment and at 1, 3, and 6 months after treatment initiation or after any changes in the patient's AP medication treatment. Thereafter, all participants undergo an ECG every 6 months. A QTc interval more than 450 milliseconds, increases in QTc interval of 60 milliseconds or more, or QTc dispersion more than 100 milliseconds were considered abnormal. Results: Since January 1, 2011, 101 patients have been enrolled in SENTIA and have had at least 1 ECG assessment. The mean age at inclusion was 11.5 years; 75% of the patients were men. The mean follow-up time was 20.0 ± 15.1 months. The most frequently prescribed AP medications were risperidone (52.2%) and aripiprazole (45.5%). Seven patients (6.9%) had abnormal changes in QTc. No patient had a QTc interval more than 500 milliseconds. All patients were asymptomatic. The QTc changes were observed at different times of exposure, with a range of 1 to 39 months after beginning AP treatment. Concomitant use of attention deficit and hyperactivity disorder drugs seemed a possible factor associated with QTc disorders. Conclusions: Patients should undergo a baseline ECG assessment before starting AP medication treatment, particularly patients with concomitant use of attention deficit and hyperactivity disorder drugs or a family/personal history of heart disease. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: Confabulation in children with autism.
Authors: Spitzer, David; White, Sarah J.; Mandy, Will; Burgess, Paul W.;

Abstract
Some children with high-functioning autistic spectrum conditions (ASC) have been noted clinically to produce accounts and responses akin to confabulations in neurological patients. Neurological confabulation is typically associated with abnormalities of the frontal lobes and related structures, and some forms have been linked to poor performance on source monitoring and executive function tasks. ASC has also been linked to atypical development of the frontal lobes, and impaired performance on source monitoring and executive tasks. But confabulation in autism has not to our knowledge previously been examined experimentally. So we investigated whether patterns of confabulation in autism might share similarities with neurologically-based confabulation. Tests of confabulation elicitation, source monitoring (reality monitoring, plus temporal and task context memory) and executive function were administered to four adolescents with ASC who had previously been noted to confabulate spontaneously in everyday life. Scores were compared to a typically developing (TD) and an ASC control group. One confabulating participant was significantly impaired at reality monitoring, and one was significantly worse at a task context test, relative to both the ASC and TD controls. Three of the confabulators showed impairment on measures of executive function (Brixton test; Cognitive Estimates test; Hayling Test B errors) relative to both control groups. Three were significantly poorer than the TD controls on two others (Hayling A and B times), but the ASC control group was also significantly slower at this test than the TD controls. Compared to TD controls, two of the four confabulating participants produced an abnormal number of confabulations during a confabulation elicitation questionnaire, where the ASC controls and TD controls did not differ from each other. These results raise the possibility that in at least some cases, confabulation in autism may be less related to social factors than it is to impaired source memory or poor executive function. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Core dimensions of anxiety and depression change independently during adolescence.
Authors: Conway, Christopher C.; Zinbarg, Richard E.; Mineka, Susan; Craske, Michelle G.;

Abstract
The developmental trajectories of emotional disorder symptoms during adolescence remain elusive, owing in part to a shortage of intensive longitudinal data. In the present study, we charted the temporal course of the tripartite model of anxiety and depression—which posits an overarching negative affect dimension and specific anhedonia and anxious arousal dimensions—over adolescence and emerging adulthood to construct a developmental map of the core dimensions of emotional disorders. We recruited 604 high school juniors, overselecting those at high risk for emotional disorders, and assessed the tripartite symptom domains 5 times annually. Latent curve modeling revealed that negative affect and anxious arousal declined over follow up, whereas anhedonia did not. Moreover, the correlation in rate of change varied across pairs of symptom domains. Change in negative affect was moderately correlated with change in anxious arousal, but change in anhedonia was not significantly related to change in any other domain. Symptom trajectories, and the pattern of covariation among trajectories, were equivalent across gender and comorbidity status. We discuss implications of these findings for developmental models of anxiety and depression, as well as transdiagnostic frameworks for emotional disorders. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-06006-001&site=ehost-live
Interpersonal callousness and co-occurring anxiety: Developmental validity of an adolescent taxonomy.

Authors:
Meehan, Alan J.; Maughan, Barbara; Cecil, Charlotte A. M.; Barker, Edward D.;

Source:

Abstract
Growing evidence suggests heterogeneity within interpersonal-callous (IC) youth based on co-occurring anxiety. The developmental validity of this proposed taxonomy remains unclear however, as most previous research is cross-sectional and/or limited to adolescence. We aimed to identify low-anxiety (IC/ANX−) and high-anxiety (IC/ANX+) IC variants, and compare these groups on (a) early risk exposures, (b) psychiatric symptoms from midchildhood to early adolescence, and (c) school-based functioning. Using the Avon Longitudinal Study of Parents and Children (ALSPAC), a prospective epidemiological birth cohort, model-based cluster analysis was performed on children with complete age-13 IC and anxiety scores (n = 6,791). Analysis of variance was used to compare resulting clusters on (a) prenatal and postnatal family adversity and maternal psychopathology, and harsh parenting; (b) developmental differences in attention-deficit/hyperactivity disorder (ADHD), conduct disorder (CD), oppositional defiant disorder (ODD), emotional difficulties, and low pro-social behavior at 7, 10, and 13 years; and (c) teacher-reported discipline problems, along with standardized test performance. We identified a 4-cluster solution: 'typical,' 'low,' 'IC/ANX−,' and 'IC/ANX+.' IC/ANX+ youth showed the highest prenatal and postnatal levels of family adversity and maternal psychopathology, highest levels of ADHD, CD, ODD, and emotional difficulties, greatest discipline problems, and lowest national test scores (all p < .001). IC/ANX+ also showed a distinct pattern of increasing psychopathology from age 7 to 13 years. Adolescent IC subtypes were successfully validated in ALSPAC across multiple raters using prenatal and early postnatal risk, repeated measures of psychopathology, and school-based outcomes. Greater prenatal environmental risk among IC/ANX+ youth suggests an important target for early intervention. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
The Youth Mental Health Risk and Resilience Study (YouR-Study).

Authors:
Uhlhaas, Peter J.; Gajwani, Ruchika; Gross, Joachim; Gumley, Andrew I.; Lawrie, Stephen M.; Schwannauer, Matthias;

Source:
BMC Psychiatry, Vol 17, Jan 26, 2017 ArtID: 43. Publisher: BioMed Central Limited; [Journal Article]

Abstract
Background: The transition from adolescence to adulthood is associated with the emergence of psychosis and other mental health problems, highlighting the importance of this developmental period for the understanding of developing psychopathology and individual differences in risk and resilience. The Youth Mental Health Risk and Resilience Study (YouR-Study) aims to identify neurobiological mechanisms and predictors of psychosis-risk with a state-of-the-art neuroimaging approach (Magnetoencephalography, Magnetic Resonance Spectroscopy, Magnetic Resonance Imaging) in combination with core psychological processes, such as affect regulation and attachment, that have been implicated in the development and maintenance of severe mental health problems. Methods/Design: One hundred participants meeting clinical high-risk criteria (CHR) for psychosis through the Comprehensive Assessment of At-Risk Mental State and Schizophrenia Proneness Instrument, Adult Version, in the age range from 16 to 35 years of age will be recruited. Mental-state monitoring up to a total of 2 years will be implemented to detect transition to psychosis. In addition, a sample of n = 40 help-seeking participants will be recruited who do not meet CHR-criteria, a group of n = 50 healthy control participants and a sample of n = 25 patients with first-episode psychosis. MEG-activity will be obtained during auditory and visual tasks to examine neural oscillations and event-related fields. In addition, we will obtain estimates of GABA and Glutamate levels through Magnetic Resonance Spectroscopy (MRS) to examine relationships between neural synchrony and excitatory-inhibition (E/I) balance parameters. Neuroimaging will be complemented by detailed neuropsychological assessments as well as psychological measures investigating the impact of childhood abuse, attachment experiences and affect regulation. Discussion: The YouR-study could potentially provide important insights into the neurobiological mechanisms that confer risk for psychosis as well as biomarkers for early diagnosis of severe mental health problems. Moreover, we expect novel data related to the contribution of affect regulation and attachment-processes in the development of mental health problems, leading to an integrative model of early stage psychosis and the factors underlying risk
and resilience of emerging psychopathology. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Overdiagnosis of mental disorders in children and adolescents (in developed countries).
Authors:
Merten, Eva Charlotte; Cwik, Jan Christopher; Margraf, Jürgen; Schneider, Silvia; Child and Adolescent Source:
Psychiatry and Mental Health, Vol 11, Jan 17, 2017 ArtID: 5. Publisher: BioMed Central Limited;
Abstract
During the past 50 years, health insurance providers and national registers of mental health regularly report significant increases in the number of mental disorder diagnoses in children and adolescents. However, epidemiological studies show mixed effects of time trends of prevalence of mental disorders. Overdiagnosis in clinical practice rather than an actual increase is assumed to be the cause for this situation. We conducted a systematic literature search on the topic of overdiagnosis of mental disorders in children and adolescents. Most reviewed studies suggest that misdiagnosis does occur; however, only one study was able to examine overdiagnosis in child and adolescent mental disorders from a methodological point-of-view. This study found significant evidence of overdiagnosis of attention-deficit/hyperactivity disorder. In the second part of this paper, we summarize findings concerning diagnostician, informant and child/adolescent characteristics, as well as factors concerning diagnostic criteria and the health care system that can lead to mistakes in the routine diagnostic process resulting in misdiagnoses. These include the use of heuristics instead of data-based decisions by diagnosticians, misleading information by caregivers, ambiguity in symptom description relating to classification systems, as well as constraints in most health systems to assign a diagnosis in order to approve and reimburse treatment. To avoid misdiagnosis, standardized procedures as well as continued education of diagnosticians working with children and adolescents suffering from a mental disorder are needed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Female adolescents with eating disorders, parental psychopathological risk and family functioning.
Authors:
Tafà, Mimma; Cimino, Silvia; Ballarotto, Giulia; Bracaglia, Fabrizia; Bottone, Chiara; Cerniglia, Luca;
Source:
Abstract
Epidemiological studies on adolescents with eating disorders demonstrate a high prevalence of disordered eating behaviors, with a higher prevalence of eating disorders among girls. Several studies have recently demonstrated an association between female adolescents’ eating disorders, parental psychopathological risk, and an impaired family functioning with poor quality of the relationships among family members. On the basis of these premises, we conducted a cross-sectional study initially recruiting 243 families of female adolescents affected by anorexia nervosa (Group A), bulimia nervosa (Group B), and binge eating disorder (Group C) (average age 14–17) to assess their psychological profile (SCL90-R), specific representations of their family functioning (FACES-IV), and the possible effect of adolescents’ psychological profiles and parents’ psychopathological risk on family functioning. Our results indicate that adolescents and parents in Groups A, B, and C show an unequivocal psychopathological profile; in particular, adolescents with anorexia present the most severe psychopathological risk. Further, our results show that adolescents and their parents differ in their perception of their family functioning. More specifically, adolescents with anorexia perceive their family as highly disengaged, poorly interwoven, and rigid, in addition cohesion and communication qualities are perceived as low. Interestingly, parental psychopathological risk predicts adolescents’ specific perception of their family functioning. These findings may guide clinical interventions as they suggest that distinct maternal psychopathological symptoms can be associated with a variety of clinical configurations in their offspring, whereas paternal psychopathological risk may be present in adolescents suffering from all forms of eating disorders. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Employment and Mental Health

Title:
Predictors of acquisition of competitive employment for people enrolled in supported employment programs.

Authors:
Corbière, Marc; Lecomte, Tania; Reinharz, Daniel; Kirsh, Bonnie; Goering, Paula; Menear, Matthew; Berbiche, Djamal; Genest, Karine; Goldner, Elliot M.;

Source:
Journal of Nervous and Mental Disease, Vol 205(4), Apr, 2017 pp. 275-282. Publisher: Lippincott Williams & Wilkins; [Journal Article]

Abstract
This study aims at assessing the relative contribution of employment specialist competencies working in supported employment (SE) programs and client variables in determining the likelihood of obtaining competitive employment. A total of 489 persons with a severe mental illness and 97 employment specialists working in 24 SE programs across three Canadian provinces were included in the study. Overall, 43% of the sample obtained competitive work. Both client variables and employment specialist competencies, while controlling for the quality of SE programs implementation, predicted job acquisition. Multilevel analyses further indicated that younger client age, shorter duration of unemployment, and client use of job search strategies, as well as the working alliance perceived by the employment specialist, were the strongest predictors of competitive employment for people with severe mental illness, with 51% of variance explained. For people with severe mental illness seeking employment, active job search behaviors, relational abilities, and employment specialist competencies are central contributors to acquisition of competitive employment. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
On the relationship between atypical work(s) and mental health: New insights from the Italian case.

Authors:
Pirani, Elena;

Source:

Abstract
The new forms of atypical contracts increasingly diffused beside standard permanent full-time employment has been argued being detrimental for workers' mental health. Despite a growing body of studies is now appearing on the topic, they generally fail to recognize that atypical workers represent a heterogeneous group. This study addresses such oversight for Italy by scrutinizing the association between four major domains of mental health—vitality, social functioning, role emotional, and general mental health—and six types of atypical contract—temporary, casual, part-time by choice permanent, part-time by choice temporary, not chosen part-time permanent, and not chosen part-time temporary. First, we find that mental health is compromised by atypical working arrangements depending on the specific atypical contract considered. Second, we verify that the choice of the atypical experience is relevant in shaping the relationship with mental health (a novelty for Italy). Third, we prove that, regardless the type of contract, variations across mental health outcomes exist. We conclude that more reflection is needed when designing studies on atypical works and their consequences on workers' well-being. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Further evidence of a cumulative effect of social disadvantage on risk of psychosis.

Authors:
Source:

Abstract
Background A growing body of evidence suggests that indicators of social disadvantage are associated with an increased risk of psychosis. However, only a few studies have specifically looked at cumulative effects and long-term associations. The aims of this study are: To compare the prevalence of specific indicators of social disadvantage at, and prior to, first contact with psychiatric services in patients suffering their first episode of psychosis and in a control sample. To explore long-term associations, cumulative effects, and direction of effects. Method We collected information on social disadvantage from 332 patients and from 301 controls recruited from the local population in South London. Three indicators of social disadvantage in childhood and six indicators of social disadvantage in adulthood were analysed. Results Across all the domains considered, cases were more likely to report social disadvantage than were controls. Compared with controls, cases were approximately two times more likely to have had a parent die and approximately three times more likely to have experienced a long-term separation from one parent before the age of 17 years. Cases were also more likely than controls to report two or more indicators of adult social disadvantage, not only at first contact with psychiatric services [odds ratio (OR) 9.5], but also at onset of psychosis (OR 8.5), 1 year pre-onset (OR 4.5), and 5 years pre-onset (OR 2.9). Conclusions Greater numbers of indicators of current and long-term exposure are associated with progressively greater odds of psychosis. There is some evidence that social disadvantage tends to cluster and accumulate. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Action-based cognitive remediation for individuals with serious mental illnesses: Effects of real-world simulations and goal setting on functional and vocational outcomes.

Authors:
Bowie, Christopher R.; Grossman, Michael; Gupta, Maya; Holshausen, Katherine; Best, Michael W.;

Source:
Publisher: Educational Publishing Foundation; [Journal Article]

Abstract
Objective: Cognitive remediation programs often have larger effects on cognition compared with everyday outcomes. We compared changes across cognitive, functional competence, and vocational domains in 2 cognitive remediation programs. Method: A sequential enrollment, nonrandom design with 50 individuals with serious mental illnesses (psychotic and mood disorders) from a community vocational rehabilitation program. Action-Based Cognitive Remediation (ABCR), a new program that combines traditional cognitive training techniques with simulated workplace situations and goal setting for engaging with cognitively demanding activities (N = 24; 19 completers) was compared with traditional cognitive remediation (tCR; N = 26; 15 completers). Both groups met twice-weekly for 2-hr sessions over 10 weeks. Repeated measures analysis of variance was used to examine effects pre- and posttreatment and 10 weeks after treatment. Univariate analysis of variance and chi-square tests were used to compare work outcomes 6 months after intervention. Results: Significantly more ABCR participants (83%) were retained in the intervention compared with tCR (57%) and reported greater increases in perceived competence with cognitively challenging tasks (η2 = .23). ABCR effects were significantly larger than tCR on functional competence (η2 = .53), with smaller, nonsignificant differences in social cognition (η2 = .14) and neurocognition (η 2 = .16). ABCR participants were marginally more likely to be competitively employed (68.4% vs. 40%) and, among those employed, ABCR participants experienced less job-related stress (η2 = .37). Conclusions and Implications for Practice: Cognitive rehabilitative programs for serious mental illness that rely on computer-based training for neuroplasticity should ensure opportunities for active skill development and therapist-supported techniques to overcome challenges with generalizing cognitive effects to everyday outcomes. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Characteristics associated with the pursuit of work and school among participants in a treatment program for first episode of psychosis.
Objective: In this study, we examined the pursuit of education and employment among participants in the Recovery After an Initial Schizophrenia Episode (RAISE) Connection Program (Dixon et al., 2015; Essock et al., 2015), a first-episode psychosis (FEP) treatment program emphasizing participation in school and work. Method: Data were collected between 2011 and 2013 from all 65 individuals in the RAISE Connection Program. Descriptive statistics, analysis of variance, and multinomial logit random-effects models were used to examine rates and predictors of work/school participation. Results: Most participants who eventually engaged in vocational activities did so within the first year of participation. Many engaged in both school and work. Those working (alone or with school) had better premorbid functioning and cognition and less severe concurrent symptoms. Conclusion and Implications for Practice: Participants in FEP programs emphasizing school and work can have high rates of vocational participation and early engagement, often simultaneously in work and school. (PsycINFO Database Record (c) 2017 APA, all rights reserved)