Current Awareness Service

Issue no. 1 of 2018

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 (example shown below)](https://www.ckn.org.au/register) link on the left. You will find link/s for Item held on CKN (example shown below).

![Item held on CKN](https://www.ckn.org.au/register)

**Article is not available on CKN?**

- If the article is not available on CKN, [Request this item](https://www.ckn.org.au/register) will display on the left.

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

![Request this item](https://www.ckn.org.au/register)

- 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)

[Back to top](#)
# Queensland Health Libraries and Contact Numbers

<table>
<thead>
<tr>
<th>Library Name</th>
<th>P:</th>
<th>E:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cairns Hospital Library &amp; Knowledge Centre</td>
<td>4226 6679</td>
<td><a href="mailto:cairns_library@health.qld.gov.au">cairns_library@health.qld.gov.au</a></td>
</tr>
<tr>
<td>Caboolture Hospital Library</td>
<td>3883 7726</td>
<td><a href="mailto:cablib@health.qld.gov.au">cablib@health.qld.gov.au</a></td>
</tr>
<tr>
<td>Forensic and Scientific Services Library</td>
<td>32749159</td>
<td><a href="mailto:FSS_IRS@health.qld.gov.au">FSS_IRS@health.qld.gov.au</a></td>
</tr>
<tr>
<td>Gold Coast University Hospital Library</td>
<td>5687 1585</td>
<td><a href="mailto:gchlibrary@health.qld.gov.au">gchlibrary@health.qld.gov.au</a></td>
</tr>
<tr>
<td>Ipswich Hospital Library</td>
<td>3810 1344</td>
<td><a href="mailto:Ipswich_library@health.qld.gov.au">Ipswich_library@health.qld.gov.au</a></td>
</tr>
<tr>
<td>Logan Hospital Library</td>
<td>3299 8508</td>
<td><a href="mailto:loganlib@health.qld.gov.au">loganlib@health.qld.gov.au</a></td>
</tr>
<tr>
<td>Mackay Hospital and Health Service Library</td>
<td>4885 7361</td>
<td><a href="mailto:mackay-library@health.qld.gov.au">mackay-library@health.qld.gov.au</a></td>
</tr>
<tr>
<td>The Park Library</td>
<td>3271 8614</td>
<td><a href="mailto:parklibrary@health.qld.gov.au">parklibrary@health.qld.gov.au</a></td>
</tr>
<tr>
<td>The Prince Charles Hospital Library</td>
<td>3139 4085</td>
<td><a href="mailto:tpch_library@health.qld.gov.au">tpch_library@health.qld.gov.au</a></td>
</tr>
<tr>
<td>Princess Alexandra Hospital Library</td>
<td>07 3176 2571</td>
<td><a href="mailto:PAH_Library@health.qld.gov.au">PAH_Library@health.qld.gov.au</a></td>
</tr>
<tr>
<td>QEII Jubilee Hospital Library</td>
<td>3275 6261</td>
<td><a href="mailto:qei_lib@health.qld.gov.au">qei_lib@health.qld.gov.au</a></td>
</tr>
<tr>
<td>Redcliffe Hospital Library</td>
<td>3883 7726</td>
<td><a href="mailto:redb@health.qld.gov.au">redb@health.qld.gov.au</a></td>
</tr>
<tr>
<td>Redland Hospital Library</td>
<td>3488 3289</td>
<td><a href="mailto:bayside-lib@health.qld.gov.au">bayside-lib@health.qld.gov.au</a></td>
</tr>
<tr>
<td>Robina Hospital Library</td>
<td>5668 6543</td>
<td><a href="mailto:robinahospitallibrary@health.qld.gov.au">robinahospitallibrary@health.qld.gov.au</a></td>
</tr>
<tr>
<td>Rockhampton Hospital Health Sciences Library</td>
<td>4920 6287</td>
<td><a href="mailto:libhelp@health.qld.gov.au">libhelp@health.qld.gov.au</a></td>
</tr>
<tr>
<td>Sunshine Coast Health Service Library</td>
<td>5202 2935</td>
<td><a href="mailto:SC-library@health.qld.gov.au">SC-library@health.qld.gov.au</a></td>
</tr>
<tr>
<td>Townsville Health Library</td>
<td>4433 1763</td>
<td><a href="mailto:tsv-library@health.qld.gov.au">tsv-library@health.qld.gov.au</a></td>
</tr>
<tr>
<td>Yacca Library (Mt Isa)</td>
<td>4745 4521</td>
<td><a href="mailto:mt_isa_library@health.qld.gov.au">mt_isa_library@health.qld.gov.au</a></td>
</tr>
</tbody>
</table>

## University of Queensland Libraries

<table>
<thead>
<tr>
<th>Library Name</th>
<th>P:</th>
<th>E:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Herston Health Sciences Library</td>
<td>3365 5353</td>
<td><a href="mailto:hhsl@library.uq.edu.au">hhsl@library.uq.edu.au</a></td>
</tr>
<tr>
<td>UQ/Mater McAuley Library</td>
<td>3163 1689</td>
<td><a href="mailto:mati@library.uq.edu.au">mati@library.uq.edu.au</a></td>
</tr>
<tr>
<td>PACE Health Sciences Library</td>
<td>3346 1180</td>
<td><a href="mailto:pace@library.uq.edu.au">pace@library.uq.edu.au</a></td>
</tr>
</tbody>
</table>
Anxiety

Title:
Common and distinct brain networks underlying panic and social anxiety disorders.

Authors:
Kim, Yong-Ku; Yoon, Ho-Kyoung;

Source:

Abstract:
Although panic disorder (PD) and phobic disorders are independent anxiety disorders with distinct sets of diagnostic criteria, there is a high level of overlap between them in terms of pathogenesis and neural underpinnings. Functional connectivity research using resting-state functional magnetic resonance imaging (rsfMRI) shows great potential in identifying the similarities and differences between PD and phobias. Understanding common and distinct networks between PD and phobic disorders is critical for identifying both specific and general neural characteristics of these disorders. We review recent rsfMRI studies and explore the clinical relevance of resting-state functional connectivity (rsFC) in PD and phobias. Although findings differ between studies, there are some meaningful, consistent findings. Social anxiety disorder (SAD) and PD share common default mode network alterations. Alterations within the sensorimotor network are observed primarily in PD. Increased connectivity in the salience network is consistently reported in SAD. This review supports hypotheses that PD and phobic disorders share common rsFC abnormalities and that the different clinical phenotypes between the disorders come from distinct brain functional network alterations. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
PTSD symptom presentation among people with alcohol and drug use disorders: Comparisons by substance of abuse.

Authors:
Dworkin, Emily R.; Wanklyn, Sonya; Stasiewicz, Paul R.; Coffey, Scott F.;

Source:
Addictive Behaviors, Vol 76, Jan, 2018 pp. 188-194. Publisher: Elsevier Science; [Journal Article]

Abstract:
Posttraumatic stress disorder (PTSD) and substance use disorders (SUDs) commonly co-occur, and there is some evidence to suggest that PTSD symptom clusters are differentially related to various substances of abuse. However, few studies to date have compared PTSD symptom patterns across people with different types of SUDs, and fewer still have accounted for the presence of comorbidity across types of SUDs in understanding symptom patterns. Thus, in the current study, we use a treatment-seeking sample of people with elevated symptoms of PTSD and problem alcohol use to explore differential associations between past-year SUDs with active use and PTSD symptoms, while accounting for the presence of multiple SUDs. When comparing alcohol and drug use disorders, avoidance symptoms were elevated in those with alcohol use disorder, and hyperarousal symptoms were elevated in those who had a drug use disorder. In the subsample with alcohol use disorder, hyperarousal symptoms were elevated in people with co-occurring cocaine use disorders and numbing symptoms were elevated in people with co-occurring sedative/hypnotic/anxiolytic use disorder. These findings provide evidence for different symptom cluster patterns between PTSD and various types of SUDs and highlight the importance of examining the functional relationship between specific substances of abuse when understanding the interplay between PTSD and SUDs. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Food addiction and substance addiction in women: Common clinical characteristics.
Authors: Hardy, Raven; Fani, Negar; Jovanovic, Tanja; Michopoulos, Vasiliki;
Source: Appetite, Vol 120, Jan 1, 2018 pp. 367-373. Publisher: Elsevier Science; [Journal Article]
Abstract: Food addiction is characterized by poorly controlled intake of highly-palatable, calorically-dense, foods. While previous studies indicate that risk factors for food addiction are similar to substance use disorders (SUD), these studies have looked at food addiction and SUD in independent samples, limiting the ability to directly compare food addiction to SUD. The present study was conducted to assess rates of posttraumatic stress disorder (PTSD), depression, childhood and adult trauma exposure, as well as presence and severity of emotion dysregulation, in a sample of women (N = 229) who either meet criteria for no addiction, food addiction only or SUD only. The prevalence of food addiction was 18.3% and the prevalence of SUD was 30.6% in this sample. Women with food addiction and women with SUD endorsed more depression and PTSD symptoms when compared with individuals with no addiction. Individuals with food addiction and SUD had higher total emotion dysregulation scores, specifically with difficulties in goal directed behaviors, non-acceptance of emotional responses, impulse control, limited access to emotion regulation strategies, and lack of emotional clarity, when compared to individuals with no addiction (all p’s < 0.05). There were no differences in PTSD and depression symptoms and emotion dysregulation scores between food addiction and SUD groups (all p > 0.05). However, women with SUD endorsed higher levels of total childhood (p < 0.01) and adulthood trauma (p < 0.01) as compared with women with no addiction or food addiction. These results suggest that women with food addiction and those with SUD share similar psychological characteristics and risk factors, with the exception of trauma histories. These findings have implications for the detection of risk for and treatment of these disorders. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: A review of current evidence regarding the ICD-11 proposals for diagnosing PTSD and complex PTSD.
Authors: Brewin, Chris R.; Cloitre, Marylène; Hyland, Philip; Shevlin, Mark; Maercker, Andreas; Bryant, Richard A.; Humayun, Asma; Jones, Lynne M.; Kagee, Ashraf; Rousseau, Cécile; Somasundaram, Daya; Suzuki, Yuriko; Wessely, Simon; van Ommeren, Mark; Reed, Geoffrey M.; Clinical
Abstract: The World Health Organization's proposals for posttraumatic stress disorder (PTSD) in the 11th edition of the International Classification of Diseases, scheduled for release in 2018, involve a very brief set of symptoms and a distinction between two sibling disorders, PTSD and Complex PTSD. This review of studies conducted to test the validity and implications of the diagnostic proposals generally supports the proposed 3-factor structure of PTSD symptoms, the 6-factor structure of Complex PTSD symptoms, and the distinction between PTSD and Complex PTSD. Estimates derived from DSM-based items suggest the likely prevalence of ICD-11 PTSD in adults is lower than ICD-10 PTSD and lower than DSM-IV or DSM-5 PTSD, but this may change with the development of items that directly measure the ICD-11 re-experiencing requirement. Preliminary evidence suggests the prevalence of ICD-11 PTSD in community samples of children and adolescents is similar to DSM-IV and DSM-5. ICD-11 PTSD detects some individuals with significant impairment who would not receive a diagnosis under DSM-IV or DSM-5. ICD-11 CPTSD identifies a distinct group who have more often experienced multiple and sustained traumas and have greater functional impairment than those with PTSD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Executive function predicts cognitive-behavioral therapy response in childhood obsessive-compulsive disorder.

Authors: Hybel, Katja Anna; Mortensen, Erik Lykke; Lambek, Rikke; Højgaard, Davíð R. M. A.; Thomsen, Per Hove; 

Abstract: Cognitive-behavioral therapy (CBT) is considered first-line treatment for childhood obsessive-compulsive disorder (OCD). Despite CBT’s efficacy, too many children and adolescents do not fully respond to treatment, making the identification of predictors of treatment response highly relevant. Executive functions (EF) have been suggested to constitute such predictors, but studies with pediatric samples are scarce. In the present study, we investigated latent level EF test performance and ratings of daily life EF behavior as predictors of CBT response in pediatric OCD. We further examined the stability of EF from pre-to post-treatment and the association of EF changes with OCD severity change. EF test performance significantly predicted exposure-based CBT outcome. Patients with better EF test performance had significantly elevated risk of non-response relative to patients with poorer performance. Daily life EF behavior in OCD probands improved after treatment relative to controls. The findings suggest that EF performance impacts CBT outcome, and that exposure-based CBT is well-suited for children and adolescents with OCD and poorer EF test performance. This study supports the relevance of EF in CBT for childhood OCD and denotes a possible need for development of enhanced treatments for children and adolescents with OCD and superior EF performance. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Authors: Pozza, Andrea; Dèttore, Davide; 

Abstract: Cognitive behavioural therapy (CBT) is the first-line psychological treatment for Obsessive-Compulsive Disorder (OCD). However, a relevant proportion of individuals with OCD remain untreated or inadequately treated. Group cognitive behavioural therapy (GCBT) may be an alternative treatment modality. Little knowledge is available about the efficacy between GCBT versus individual CBT, particularly on long-term secondary outcomes including anxiety and depression. In addition, drop-out rates have not been investigated by previous meta-analyses. The current systematic review and meta-analysis summarized evidence comparing drop-out rates between GCBT and individual CBT and efficacy at post-treatment and follow-up on OCD symptoms, depression and anxiety. A systematic review and meta-analysis according to PRISMA guidelines was conducted. Online databases were searched. Studies were included if using randomized designs comparing GCBT versus individual CBT. Six studies were included (n = 327). No difference was found between GCBT and individual CBT on drop-out rates with a medium non-significant effect. No difference resulted at post-treatment on OCD symptoms, depression, and anxiety. Analyses on a smaller number of studies indicated no difference at follow-up. Findings provided preliminary evidence that GCBT can be as effective as individual CBT. Further trials are required with higher quality and long-term assessments of quality of life. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: A longitudinal examination of the role of attentional control in the relationship between posttraumatic stress and threat-related attentional bias: An eye-tracking study.

Authors: Bardeen, Joseph R.; Daniel, Thomas A.; 
Source: 
The purpose of the present study was to use eye-tracking technology to (a) show that attentional control can be used to reduce attentional bias to threat (ABT) among those with higher levels of posttraumatic stress (PTS) symptoms, (b) identify the specific attentional control (AC) processes (i.e., inhibition, shifting, working memory updating) that account for this effect, and (c) determine the short- (sympathetic nervous system reactivity) and long-term effects (PTS symptoms) of using attentional control in this manner. At Time 1 (T1), participants (N = 116 trauma exposed) completed self-report measures, an eye-tracking task assessing ABT, and behavioral measures assessing cognitive processes. A subsample (n = 49) completed an online follow-up assessment (T2). AC at T1 moderated the PTS-ABT relationship. Inhibitory ability appears to be driving this effect. Those with higher PTS symptoms and higher AC at T1, who spent less time attending to threat stimuli and had the lowest sympathetic response, had the highest levels of PTS symptoms at T2. Findings suggest that the habitual use of AC (especially inhibition) to shift attention from threat to neutral stimuli may alleviate distress in the short-term for those with higher PTS symptoms, but maintain, and perhaps exacerbate, PTS symptoms over longer periods. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
The impact of lifetime PTSD on the seven-year course and clinical characteristics of OCD.
Authors:
Ojserkis, Rachel; Boisseau, Christina L.; Reddy, Madhavi K.; Mancebo, Maria C.; Eisen, Jane L.; Rasmussen, Steven A.;
Source:
Abstract:
Research has suggested that the co-occurrence of PTSD in individuals with OCD is associated with more severe symptoms and less responsivity to empirically supported treatment as compared to individuals with OCD and no history of PTSD. However, much of this work has been limited by non-empirical case report design, cross-sectional and retrospective analyses, or small sample sizes. The current study extended this research by comparing the clinical characteristics of individuals with OCD with and without a lifetime PTSD diagnosis in a large, naturalistic, longitudinal sample over the course of seven years. At baseline, individuals with comorbid lifetime PTSD reported significantly more severe symptoms of OCD (including symptom levels and insight), lower quality of life, and higher rates of comorbid lifetime mood and substance use disorders than participants without lifetime PTSD. Further, individuals with comorbid OCD and lifetime PTSD reported significantly more severe OCD symptoms over the course of seven years than those without lifetime PTSD. These results are largely consistent with the existing literature and support the need to consider PTSD symptoms in the assessment and treatment of OCD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Differences in posttraumatic stress characteristics by duration of exposure to trauma.
Authors:
Goral, Aviva; Lahad, Mooli; Aharonson-Daniel, Limor;
Source:
Abstract:
Ongoing exposure of civilian populations to war and terror is associated with adverse responses beyond those specified in DSM-5 for PTSD. Current PTSD assessment practices are not fully sensitive to the complex symptomatic picture observed among individuals exposed to ongoing stress and are therefore limited for use in these situations. The current survey aimed to portray the posttraumatic characteristics most salient to ongoing exposure to political conflict. A questionnaire enquiring about various aspects of the posttraumatic consequences of ongoing exposure to political conflict as compared with those associated with a single exposure to trauma was disseminated to therapists throughout the country. Participants were asked to rank 75 posttraumatic characteristics for their relevance to each trauma type
(about the symptom frequency and severity) and item mean scores were compared. The sample consisted of 66 responses valid for analysis. Our findings pinpoint some of the posttraumatic characteristics most salient to ongoing exposure to political conflict and highlight the complexity of the posttraumatic picture observed in these situations. Incorporating these in post trauma assessment tools will allow for the development of standardized, reliable definitions, which in turn will allow for more accurate diagnosis and more effective treatment protocols. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip.athens&db=psyh&AN=2017-49580-017&site=ehost-live

Title: Meditation and yoga for posttraumatic stress disorder: A meta-analytic review of randomized controlled trials.
Authors: Gallegos, Autumn M.; Crean, Hugh F.; Pigeon, Wilfred R.; Heffner, Kathi L.;
Abstract: Posttraumatic stress disorder (PTSD) is a chronic and debilitating disorder that affects the lives of 7–8% of adults in the U.S. Although several interventions demonstrate clinical effectiveness for treating PTSD, many patients continue to have residual symptoms and ask for a variety of treatment options. Complementary health approaches, such as meditation and yoga, hold promise for treating symptoms of PTSD. This meta-analysis evaluates the effect size (ES) of yoga and meditation on PTSD outcomes in adult patients. We also examined whether the intervention type, PTSD outcome measure, study population, sample size, or control condition moderated the effects of complementary approaches on PTSD outcomes. The studies included were 19 randomized control trials with data on 1173 participants. A random effects model yielded a statistically significant ES in the small to medium range (ES = −0.39, p < 0.001, 95% CI [−0.57, −0.22]). There were no appreciable differences between intervention types, study population, outcome measures, or control condition. There was, however, a marginally significant higher ES for sample size ≤ 30 (ES = −0.78, k = 5). These findings suggest that meditation and yoga are promising complementary approaches in the treatment of PTSD among adults and warrant further study. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: The mediating role of changes in harm beliefs and coping efficacy in youth with specific phobias.
Authors: Ollendick, Thomas H.; Ryan, Sarah M.; Capriola-Hall, Nicole N.; Reuterskiöld, Lena; Öst, Lars-Göran;
Abstract: Individuals with specific phobias (SPs) often experience catastrophic cognitions and compromised efficacy regarding their ability to cope when in the presence of the phobic object/situation. In the current study, 165 children (7–16 years; 62% male) received either One Session Treatment or Educational Support Therapy for their SP. The children identified their feared belief and rated 'how bad' it was, 'how likely' it was to occur, and their ability to cope if it did occur. All of these ratings were reduced from pre-treatment to 6-month follow-up, across both treatment conditions. However, ratings of 'how bad' and 'how likely' reduced to a significantly greater degree for children who received OST. Greater change in each of the three beliefs predicted lower clinician severity ratings (CSRs) at post-treatment and 6-month follow-up. Additionally, changes in 'how bad' and 'how likely' the children rated their beliefs, and their reported ability to cope, partially mediated the relationship between treatment and post-treatment and follow-up CSRs. Overall, these findings suggest that although both treatment conditions produced changes in harm beliefs and coping efficacy, OST elicited greater changes and these changes may be important mechanisms in reduction of SP clinical severity. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Avoidance in posttraumatic stress among refugee survivors of violent conflict and atrocities: Testing trans-cultural risk processes and candidate intervention targets.

Authors: Yuval, Kim; Bernstein, Amit;


Abstract: Background: A fast-growing population of refugees and survivors of violent conflict and atrocities are at risk for trauma-related mental health problems. Experimental clinical research key to the development of interventions tailored to this population is limited. Aims: In an experimental psychopathology laboratory paradigm, we tested the expression and function of avoidance in posttraumatic stress (PTS) among a highly traumatized community sample of forcibly displaced refugees seeking asylum. Method: We measured behavioral avoidance and emotional reactivity to repeated exposure to threatening stimuli (trauma-, war-, and geographically-relevant natural threat) in 110 Sudanese male asylum seekers (M(SD)age = 32.7(6.5)) recruited from the community in Israel. Results: First, we found evidence of sensitization—traumatized refugees expressed increasing levels of behavioral avoidance and emotional reactivity in response to repeated exposure to threatening stimuli. Second, as predicted, refugees suffering from more severe PTS were more likely to exhibit greater behavioral avoidance and emotional reactivity reflexively or immediately upon exposure to threat stimuli. Finally, as predicted, behavioral avoidance mediated the effect of PTS severity on emotional reactivity to threat exposure. Conclusions: Findings are consistent with theorizing that avoidance may function as a trans-cultural malleable risk process serving PTS and thereby a promising intervention target among highly traumatized refugees from E. Africa. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Seasonal mood changes in patients with obsessive–compulsive disorder.

Authors: Tan, Oğuz; Metin, Barış; Ünsalver, Barış Önen; Sayar, Gökben Hızlı;


Abstract: Obsessive–compulsive disorder (OCD) is frequently associated with mood disorders. However, to date, the co-occurrence of OCD with seasonal affective disorder (SAD) has not been investigated. We have aimed to estimate the prevalence of seasonal mood changes in patients with OCD and explore the contribution of seasonality in mood to the severity of OCD. The Seasonal Pattern Assessment Questionnaire (SPAQ), the Yale-Brown Obsession and Compulsion Scale (Y-BOCS), the Hamilton Depression Rating Scale-17 Items (HDRS-17), and the Beck Anxiety Inventory (BAI) were administered to patients with OCD (n = 104) and controls (n = 125). The degree of seasonality was measured by the Global Seasonality Score (GSS) calculated from the SPAQ. SAD and subsyndromal seasonal affective disorder (S-SAD) were significantly more prevalent in patients with OCD (53%, n = 55) than controls (25%, n = 31). When patients were assessed in the season in which SAD occurs, depression and compulsions (but not obsessions, OCD or anxiety) were more severe than those assessed in a season during which SAD does not occur. SAD frequently co-occurs with OCD and, given this co-occurrence, depression symptoms in some patients with OCD might be expected to vary on a seasonal basis. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Value-based decision making under uncertainty in hoarding and obsessive- compulsive disorders.

Authors: Pushkarskaya, Helen; Tolin, David; Ruderman, Lital; Henick, Daniel; Kelly, J. MacLaren; Pittenger, Christopher; Levy, Ifat;

Source:
Difficulties in decision making are a core impairment in a range of disease states. For instance, both obsessive-compulsive disorder (OCD) and hoarding disorder (HD) are associated with indecisiveness, inefficient planning, and enhanced uncertainty intolerance, even in contexts unrelated to their core symptomology. We examined decision-making patterns in 19 individuals with OCD, 19 individuals with HD, 19 individuals with comorbid OCD and HD, and 57 individuals from the general population, using a well-validated choice task grounded in behavioral economic theory. Our results suggest that difficulties in decision making in individuals with OCD (with or without comorbid HD) are linked to reduced fidelity of value-based decision making (i.e. increase in inconsistent choices). In contrast, we find that performance of individuals with HD on our laboratory task is largely intact. Overall, these results support our hypothesis that decision-making impairments in OCD and HD, which can appear quite similar clinically, have importantly different underpinnings. Systematic investigation of different aspects of decision making, under varying conditions, may shed new light on commonalities between and distinctions among clinical syndromes. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Prolonged grief and posttraumatic stress in bereaved children: A latent class analysis.
Authors: Boelen, Paul A.; Spuij, Mariken; Reijntjes, Albert H. A.;
Abstract: Few studies have yet examined subgroups among children (aged 8–18) confronted with the death of a close loved one, characterized by different profiles of symptoms of prolonged grief disorder (PGD) and symptoms of bereavement-related posttraumatic stress disorder (PTSD). This study sought to identify such subgroups and socio-demographic and loss-related variables associated with subgroup membership. We used data from 332 children, most of whom (> 80%) were confronted with the death of a parent, mostly (> 50%) due to illness. Latent class analysis revealed three classes of participants: a resilient class (38.6%), a predominantly PGD class (35.2%), and a combined PGD/PTSD class (26.2%). Class membership was associated with self-rated levels of depression and functional impairment, and parent-rated behavioural problems. No significant between-class differences on demographics or loss-related variables were found. The current findings of distinct classes of PGD, and PGD plus PTSD attest to the construct validity of PGD as a distinct disorder, and can inform theory building and the development of diagnostic instruments relevant to children with pervasive distress following loss. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Posttraumatic stress disorder symptoms and problematic overeating behaviors in young men and women.
Authors: Mason, Susan M.; Frazier, Patricia A.; Austin, S. Bryn; Harlow, Bernard L.; Jackson, Benita; Raymond, Nancy C.; Rich-Edwards, Janet W.;
Source: Annals of Behavioral Medicine, Vol 51(6), Dec, 2017 pp. 822-832. Publisher: Springer; [Journal Article]
Abstract: Background: Posttraumatic stress disorder (PTSD) is a risk factor for obesity, but the range of behaviors that contribute to this association are not known. Purpose: The purpose of this study was to examine associations between self-reported PTSD symptoms in 2007, with and without comorbid depression symptoms, and three problematic overeating behaviors in 2010, and to estimate the associations of PTSD-related overeating behaviors with obesity. Methods: Cross-sectional and longitudinal analyses included 7438 male (n = 2478) and female (n = 4960) participants from the Growing Up Today Study (mean age 22–29 years in 2010). Three eating behavior outcomes were assessed: binge eating (eating a large amount of food in a short period of time with loss of control), top quartile of coping-motivated eating (from the Motivations to Eat scale), and top quartile of disinhibited eating (from the Three-Factor Eating
Questionnaire). Results: PTSD symptoms were associated with two- to threefold increases in binge eating and top-quartile coping-motivated eating; having ≥ 4 PTSD symptoms, relative to no PTSD symptoms, was associated with covariate-adjusted RR of 2.7 (95% CI 2.1, 3.4) for binge eating, 2.1 (95% CI 1.9, 2.4) for the top quartile of coping-motivated eating, and 1.5 (95% CI 1.3, 1.7) for the top quartile of disinhibited eating. There was a trend toward PTSD symptoms in 2007 predicting new onset binge eating in 2010. Having depression symptoms comorbid with PTSD symptoms further increased risk of binge eating and coping-motivated eating. All eating behaviors were associated with obesity. Conclusion: Clinicians treating patients with PTSD should know of potential comorbid problematic eating behaviors that may contribute to obesity. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Experiential avoidance and bordering psychological constructs as predictors of the onset, relapse and maintenance of anxiety disorders: One or many?
Authors: Spinhoven, Philip; van Hemert, Albert M.; Penninx, Brenda W. J. H.;
Source: Cognitive Therapy and Research, Vol 41(6), Dec, 2017 pp. 867-880. Publisher: Springer; [Journal Article]
Abstract: To investigate (a) the incremental predictive validity of experiential avoidance over and above bordering psychological constructs (i.e., rumination, worry, neuroticism and anxiety sensitivity) in predicting onset, relapse and maintenance of anxiety disorders; and (b) whether these related constructs can be represented by a single, higher-order latent factor with similar predictive power as the separate psychological constructs while offering a more parsimonious predictive model. Longitudinal cohort study with repeated assessments after 4 years in a sample of 2157 adults aged 18–65, consisting of 1614 persons with past or current anxiety disorder (Panic Disorder with or without Agoraphobia, Social Anxiety Disorder, Generalized Anxiety Disorder, Agoraphobia without panic) according to the Composite Interview Diagnostic Instrument (CIDI) and 543 controls. Experiential avoidance (Acceptance and Action Questionnaire—I) manifested substantial overlap with bordering cognitive constructs. Experiential avoidance and anxiety sensitivity both uniquely predicted maintenance of anxiety disorders and neuroticism uniquely predicted relapse of anxiety disorders, over and above the effect of the other cognitive constructs. Moreover, a latent factor of psychological vulnerability loaded strongly on each of these psychological constructs. This latent factor predicted onset, maintenance and relapse of anxiety disorders. The tendency to frequently experience strong negative emotions, to evaluate these experiences as aversive and to engage in avoidant coping strategies may constitute a transdiagnostic factor predictive of anxiety disorders. Further developing and testing of interventions targeting transdiagnostic construct underlying anxiety and mood disorders seem warranted. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Trauma and aggression: Investigating the mediating role of mentalizing in female and male inpatient adolescents.
Authors: Abate, Anna; Marshall, Kaisa; Sharp, Carla; Venta, Amanda;
Abstract: High rates of posttraumatic stress disorder (PTSD) symptoms and elevated levels of aggression are common among youth in inpatient psychiatric settings. Several models link trauma exposure to aggression through anomalous mental state reasoning. Some theoretical frameworks linking trauma to aggression specify that the over-attribution of hostile mental states contributes to the development of aggressive behavior whereas other theories suggest that an inhibition of mental state reasoning leads to aggressive behavior. Using a sample of inpatient adolescents, the current study examined relations between PTSD symptoms and four forms of aggression, exploring the role of both over- and under-mentalizing (i.e., hypo- and hypermentalizing) as mediators and gender as a moderator. The results suggest that
hypermentalizing, but not hypomentalizing, mediates the relation between trauma and aggression, extending prior research related to inpatient adolescents for the first time. Evidence of moderated mediation was noted, such that this mediational relation was evident for females but not males. The current study offers support for differential underlying causes of aggression among males and females with PTSD symptoms. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Unique correlates of problem solving effectiveness in individuals with generalized anxiety disorder.

Authors: Pawluk, Elizabeth J.; Koerner, Naomi; Tallon, Kathleen; Antony, Martin M.;


Abstract: Over the last decade, research on the problem-solving characteristics of individuals high in chronic worry has waned. It is proposed that there remains a lot to be learned about the way in which excessive and uncontrollable worrying affects the way in which people approach problems. The present study examined the relations of negative problem orientation, problem solving styles, intolerance of uncertainty, and worry to in vivo problem-solving performance in people with generalized anxiety disorder (GAD; N = 43). Problem-solving performance was assessed by rating participants’ ability to develop effective problem solutions. Impulsive/careless problem-solving style was uniquely predictive of lower effectiveness of problem solutions; whereas negative problem orientation, habitual avoidant problem solving style, intolerance of uncertainty and chronic worrying were not. After controlling for state anxiety, none of the variables were unique correlates of problem-solving effectiveness. The study represents an initial examination of the potential impact of negative problem orientation, dysfunctional problem-solving style, intolerance of uncertainty, and worry on problem-solving quality. The findings are discussed in relation to theoretical models and therapeutic approaches for GAD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Are anxiety disorders in children and adolescents less impairing than ADHD and autism spectrum disorders? Associations with child quality of life and parental stress and psychopathology.

Authors: Telman, Liesbeth G. E.; van Steensel, Francisca J. A.; Maric, Marija; Bögels, Susan M.;


Abstract: We compared clinically referred children with anxiety disorders (AD; n = 63) to children with autism spectrum disorder (ASD; n = 39), ADHD Combined (ADHD-C; n = 62), ADHD Predominantly Inattentive (ADHD-I; n = 64), and typically developing children (n = 42) on child quality of life (QOL), paternal and maternal psychopathology and parental stress. Diagnoses were based on DSM-IV-TR criteria. Multilevel analyses showed that QOL in AD was higher on school and social functioning, compared to respectively ADHD and ASD, and lower compared to normal controls on all five domains. Fathers reported their AD children higher QOL than mothers. Also, AD appeared to be associated with less parental stress and paternal psychopathology than other child psychopathology. Therefore, parental factors may need to be considered more in treatment of children with ADHD/ASD than AD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Interactive effects of traumatic brain injury and anxiety sensitivity cognitive concerns on post-traumatic stress among active duty soldiers.

Authors:
Albanese, Brian J.; Macatee, Richard J.; Schmidt, Norman B.; Leeson, Bruce; Clemans, Tracy A.; Mintz, Jim; Rudd, M. David; Bryan, Craig J.;


Abstract:
Traumatic brain injury (TBI) history has been repeatedly linked with heightened risk for post-traumatic stress (PTS) among active duty soldiers. Yet, no research to date has examined the relationship between TBI and PTS in the context of anxiety sensitivity cognitive concerns (ASCC), a well-established cognitive-affective risk factor for PTS that may intensify the effects of TBI on PTS via the amplification of TBI-related symptoms of cognitive dyscontrol. The present study tested the moderating effects of ASCC on the relationship between the number of lifetime probable TBIs and PTS among a sample of 89 trauma-exposed active duty soldiers. Results demonstrated that high ASCC potentiated the relationship between number of probable TBIs and PTS while low ASCC muted this association. Interestingly, ASCC was more closely related to PTS among those with a greater number of probable TBIs compared to those with zero past TBIs. These results underscore the importance of ASCC in the association of TBI and PTS.

(http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-24797-001&site=ehost-live)

Title: Restricted, repetitive behaviors in autism spectrum disorder and obsessive–compulsive disorder: A comparative review.

Authors: Jiujias, Marina; Kelley, Elizabeth; Hall, Layla;


Abstract: This review paper critically examines literature regarding restricted and repetitive behaviors (RRBs) in Autism Spectrum Disorder (ASD) and Obsessive–Compulsive Disorder (OCD). The similar behavioral profiles of these disorders presents the potential for confusion regarding diagnoses and intervention efforts. As such, this review highlights the similarities and differences between RRBs in ASD and OCD. The developmental trajectories of RRBs are presented, followed by an exploration of three constructs implicated in RRB manifestation: anxiety, executive functioning, and sensory phenomena. While RRBs tend to develop with some similarity in both disorders, the differing role of anxiety highlights important distinctions between ASD and OCD. We urge researchers and clinicians to think critically about the dimensions that affect RRB presentation. Future research should use this review as a starting point to further elucidate the differences between RRBs in these two populations. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

(http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-11546-001&site=ehost-live)

Title: Tic severity and treatment in children: The effect of comorbid attention deficit hyperactivity disorder and obsessive compulsive behaviors.

Authors: Pringsheim, Tamara;


Abstract: While attention deficit hyperactivity disorder (ADHD) and obsessive compulsive disorder have been shown to have major impacts on quality of life in individuals with Tourette syndrome, there is comparatively little data on how the presence of these comorbidities influence tic severity and treatment. 114 children (mean age 10.25 years) were extensively clinically phenotyped at a single specialty clinic. While there was no difference in Yale Global Tic Severity Scale (YGTSS) scores in children with versus without ADHD, children with obsessive compulsive behaviors had significantly higher YGTSS scores (p = 0.008). There was a significant correlation between YGTSS scores and age (r = 0.344, p < 0.001). Children with ADHD were more likely to be treated for their tics within the first two years of diagnosis (OR 3.51, p = 0.009). As tic severity does not appear to be greater in children with ADHD, this association may relate to greater
Title:
A multi-informant examination of maternal symptoms and autonomy granting in youth anxiety.

Authors:
Wei, Chiaying; Swan, Anna J.; Makover, Heather B.; Kendall, Philip C.;

Source:

Abstract:
Evidence suggests the important role of (a) parenting behaviors and (b) parental psychopathology in the development and maintenance of youth anxiety. Using a multi-informant approach, the current study examined the association of maternal autonomy granting and maternal symptoms (i.e., anxiety and depression) with youth anxiety among mothers and 88 youth (ages of 6–17) diagnosed with a principal anxiety disorder. Results from the generalized estimating equations (GEE) analyses indicated that mothers reported higher youth anxiety symptoms compared to youth self-reports. Youth-perceived maternal autonomy granting was inversely associated with youth anxiety, and maternal self-reported anxiety and depressive symptoms significantly moderated this relationship: As mothers reported higher anxiety and depressive symptoms, the inverse association between parental autonomy granting and youth anxiety weakened. The interaction between parenting behavior and parental psychopathology significantly influenced youth anxiety symptoms, which presents important clinical implications to integrate into parenting work in the treatment of youth anxiety disorders. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Applying network analysis to psychological comorbidity and health behavior: Depression, PTSD, and sexual risk in sexual minority men with trauma histories.

Authors:
Choi, Karmel W.; Batchelder, Abigail W.; Ehlinger, Peter P.; Safren, Steven A.; O'Cleirigh, Conall;

Source:

Abstract:
Objective: High rates of depression and posttraumatic stress disorder (PTSD) contribute to sexual risk, particularly in men who have sex with men (MSM) who have experienced childhood sexual abuse. The comorbidity between depression and PTSD and mechanisms by which they contribute to sexual risk in MSM remain unclear. This study sought to demonstrate the feasibility and utility of a network approach to (a) characterize symptom interconnections between depression and PTSD in MSM, (b) identify specific symptoms related to sexual risk behavior, and (c) compare symptom networks across groups at different levels of risk. Method: Cross-sectional baseline data were collected from 296 HIV-negative urban MSM as part of a multisite randomized intervention trial. Symptoms of depression and PTSD were self-reported along with sexual risk behavior. Analyses were performed in R using regularized partial correlation network modeling. Results: Network analyses revealed complex associations between depression and PTSD symptoms and in relation to sexual risk behavior. While symptoms clustered within their respective disorders, depression and PTSD were connected at key symptom nodes (e.g., sleep, concentration). Specific symptoms (e.g., avoiding thoughts and feelings) were linked to sexual risk behavior. Network comparisons across risk groups suggested avoidant processes could be more readily activated in higher-risk individuals, whereas hyperarousal symptoms may be more salient and protective for lower-risk individuals. Conclusions: This study is one of the earliest network analyses of depression and PTSD, and first to extend this inquiry to health behavior. Symptom-level investigations may clarify mechanisms underlying psychological comorbidity and behavioral risk in MSM and refine targets for intervention/prevention. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title:
Anxiety disorders in Williams syndrome contrasted with intellectual disability and the general population: A systematic review and meta-analysis.

Authors:
Royston, R.; Howlin, P.; Waite, J.; Oliver, C.;

Source:

Abstract:
Individuals with specific genetic syndromes associated with intellectual disability (ID), such as Williams syndrome (WS), are at increased risk for developing anxiety disorders. A systematic literature review identified sixteen WS papers that could generate pooled prevalence estimates of anxiety disorders for WS. A meta-analysis compared these estimates with prevalence estimates for the heterogeneous ID population and the general population. Estimated rates of anxiety disorders in WS were high. WS individuals were four times more likely to experience anxiety than individuals with ID, and the risk was also heightened compared to the general population. The results provide further evidence of an unusual profile of high anxiety in WS. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Are generalized anxiety and depression symptoms associated with social competence in children with and without Autism Spectrum Disorder?

Authors:
Johnston, Krista Haley Smith; Iarocci, Grace;

Source:

Abstract:
Generalized anxiety and depression symptoms may be associated with poorer social outcomes among children with Autism Spectrum Disorder (ASD) without intellectual disability. The goal of this study was to examine whether generalized anxiety and depression symptoms were associated with social competence after accounting for IQ, age, and gender in typically developing children and in children with ASD. Results indicated that for the TD group, generalized anxiety and depression accounted for 38% of the variance in social competence and for children with ASD, they accounted for 29% of the variance in social competence. However, only depression accounted for a significant amount of the variance. The findings underscore the importance of assessing the social impact of internalizing symptoms in children with ASD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Morbidity persistence and comorbidity of mood, anxiety, and eating disorders among preoperative bariatric patients.

Authors:
Duarte-Guerra, Leorides Severo; Coelho, Bruno Mendonca; Santo, Marco Aurelio; Lotufo-Neto, Francisco; Wang, Yuan-Pang;

Source:

Abstract:
The current study investigates the patterns of disease persistence and comorbidity of psychiatric disorders among patients with class III obesity in pre-operative period. For 393 treatment-seeking patients with severe obesity recruited from a bariatric center, we ascertained their psychiatric diagnosis through Structured Clinical Interview for DSM-IV (SCID-I). Following, the frequency, persistence and comorbidity pattern of psychiatric disorders in this sample were determined. Current psychiatric disorders were
observed in over half of patients during preoperative period, being anxiety disorders the most frequent diagnosis. For lifetime disorders, mood disorders were the most frequent diagnosis. Most of the sample presented 2 or more concurrent lifetime psychiatric disorders. While mood and eating disorders were frequent conditions, anxiety disorders were the most persistent conditions (the highest one month-to-lifetime prevalence ratio) and were significantly correlated with bipolar, depressive and eating disorders. Psychiatric disorders are frequent and enduring conditions among patients looking for bariatric surgery. Comorbid anxiety, mood, and eating disorders are remarkable features in treatment-seeking patients with obesity. Prognostic implications of preoperative psychiatric disorders on surgery outcome should be demonstrated prospectively in intervention studies. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
The spider and the snake—A psychometric study of two phobias and insights from the Hungarian validation.
Authors:
Zsido, Andras N.;
Source:
Abstract:
Specific phobias—particularly zoophobias—are prevalent worldwide and can have fairly dramatic health consequences. Self-report measurements play a crucial role in phobia research studies; thus, it is important to have a reliable tool in different languages. The present investigation examined the psychometric properties of the Hungarian version of two commonly used measures of fear: the Spider Phobia Questionnaire (i.e. SPQ) and the Snake Questionnaire (i.e. SNAQ). The SPQ and SNAQ scores both demonstrated excellent reliability, including a test-retest over a 4-week period. Supportive evidence for the validity of the SPQ and SNAQ scores was found using questions assessing fainting and avoidance history, regarding snakes and spiders, based on DSM-V criteria. Both questionnaires could discriminate between participants who reported such an event and those who did not. Further analyses also revealed a sex difference, with women scoring higher than men on both scales. Moreover, 9.5% and 4.24% of the respondents reached the cut-off point, set by previous studies, for spider and snake phobias, respectively. These findings suggest that the SPQ and SNAQ have excellent psychometric properties, making them suitable for use in further cross-cultural research and epidemiological studies. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Schizophrenia dissection by five anxiety and depressive subtype comorbidities: Clinical implications and evolutionary perspective.
Authors:
Veras, André B.; Cougo, Simone; Meira, Fernanda; Peixoto, Clayton; Barros, Jorge A.; Nardi, Antonio E.; Malaspina, Dolores; Poyurovsky, Michael; Kahn, Jeffrey P.;
Source:
Abstract:
Twenty patients with DSM5 schizophrenia were comprehensively and formally assessed by an experienced psychiatrist. All subjects were assessed for: positive and negative psychotic symptoms; social anxiety; panic anxiety; obsessive compulsive disorder, atypical depression; major depression; suicide risk; and global assessment of functioning. Different profiles of clinical presentation and symptom evolution emerged for patients with schizophrenia who had co-morbid depression (15%), OCD (15%), panic or limited symptom attacks (55%) and social anxiety (5%). At least eighty percent of the sample had one or more of these co-morbidities. Summing up, the data support our previous finding that panic is highly prevalent in Schizophrenia with Auditory Hallucinations (> 73% here, versus 100% before), and panic was paroxysmally concurrent with voice onset. Moreover, characteristic clinical findings may help point clinicians to five specific co-morbidity psychosis subtype. Moreover, co-morbidity dissection of psychotic diagnoses recalls and parallels the historical psychopharmacologic dissection of non-psychotic
anxiety and depressive subtypes diagnoses. Larger studies should further test and explore these preliminary findings. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
The unique associations between rape acknowledgment and the DSM-5 PTSD symptom clusters.
Authors:
Wilson, Laura C.; Scarpa, Angela;
Source:
Abstract:
It is well documented in the sexual assault literature that more than half of rape survivors do not label their experience as rape. This is called unacknowledged rape. Although this phenomenon is common and undoubtedly has huge implications for psychotherapy, the impact of acknowledgment status on psychological adjustment is unclear. The present study aimed to delineate the unique impact of rape acknowledgment on psychopathology by examining PTSD symptoms at the cluster level. To examine this, 178 female college students who reported rape completed an online survey, including an assessment of PTSD symptoms in the past month. The results suggested that, after accounting for several covariates, acknowledged rape survivors reported significantly greater levels of intrusion and avoidance symptoms compared to unacknowledged rape survivors. The findings suggest that examining PTSD symptoms at the cluster level may provide more insight into the process of recovery following rape and therefore may better inform treatment decisions. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Religious coping and posttraumatic stress symptoms following trauma: The moderating effects of gender.
Authors:
Zukerman, Gil; Korn, Liat; Fostick, Leah;
Source:
Abstract:
This study examined the effects of gender on the relationships between religious coping and 2 outcome variables: posttraumatic stress (PTS) and somatic symptoms. Gender effects on the associations between an individual’s perceptions about the world and self and between PTS/somatic symptoms were also examined. Participants were 388 religious or traditional Jews who were exposed to a traumatic event according to the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM–5). Gender significantly moderated the relationship between negative religious coping and PTS, as well as the relationship between negative religious coping and somatic symptoms; whereas no differences between the sexes were found for low negative religious coping, high negative religious coping was associated with higher levels of PTS and somatic symptoms among women than men. Among women, negative perception of self was associated with a higher level of somatic symptoms. These findings suggest that among women, negative religious coping is associated with elevated PTS and somatic symptoms. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Distress, psychotic symptom exacerbation, and relief in reaction to talking about trauma in the context of beneficial trauma therapy: Perspectives from young people with post-traumatic stress disorder and first episode psychosis.
Authors:
Tong, Janet; Simpson, Katrina; Alvarez-Jimenez, Mario; Bendall, Sarah;
Source:
Background: Of young people with first episode psychosis (FEP), over half report exposure to childhood trauma and consequent co-morbid post-traumatic stress disorder (PTSD) or symptoms. Currently no evidence-based interventions exist for PTSD in FEP. Clinicians report concerns that trauma-focused interventions with young people with FEP could result in distress and symptom exacerbation. Scant research suggests that talking about trauma in therapy can be distressing for some people. Aims: To explore young people’s reactions to a trauma-focused treatment for PTSD in FEP. Method: Semi-structured interviews were conducted with eight participants (age 18–27 years) with co-morbid PTSD and FEP, after completing a trauma-focused intervention. Transcripts were analysed using an interpretative phenomenological approach. Participants’ baseline and end-of-treatment PTSD and psychotic symptoms were assessed. Results: Three themes related to participants’ reactions were identified from the analysis: (1) distress in session; (2) feeling relieved in and out of session; and (3) symptom exacerbation out of session. All but one participant reported experiencing increased distress in session. Four participants described PTSD, psychotic symptoms and/or suicidal ideation worsening in immediate reaction to talking about trauma in therapy sessions. 86% of participants showed improvement in their PTSD and psychotic symptoms at end of treatment. All participants described the intervention as beneficial and worthwhile. Conclusions: Results suggest that feelings of distress are to be expected from individuals with PTSD and FEP during trauma-focused treatment. Psychotic and PTSD symptom exacerbation can occur in PTSD treatment in FEP. Clinicians should be aware of, plan for, and clearly inform their clients of treatment risks.


Title: Personality traits in panic disorder patients with and without comorbidities.
Authors: Zugliani, Morena M.; Martin-Santos, Rocío; Nardi, Antonio Egidio; Freire, Rafael Christophe;
Source: Journal of Nervous and Mental Disease, Vol 205(11), Nov, 2017 pp. 855-858. Publisher: Lippincott Williams & Wilkins; [Journal Article]
Abstract: Panic disorder (PD) is often correlated with high neuroticism and low extraversion. This study aims to ascertain whether PD patients differ from healthy controls in regard to personality traits and determine if these traits are correlated with comorbid disorders, anxiety, and depression symptoms. Personality traits of 69 PD patients and 42 controls were compared using the Maudsley Personality Inventory. In PD patients, comorbidities, anxiety, and depression symptoms were also evaluated. PD patients showed higher neuroticism and lower extraversion compared with healthy controls. Patients without comorbidities presented similar results to controls, whereas those with comorbidities presented higher neuroticism and lower extraversion scores. PD per se may be unrelated to deviant personality traits, although comorbidities with major depressive disorder and agoraphobia are probably associated with high neuroticism and low extraversion. These traits show a strong correlation with the accumulation and severity of these disorders.


Title: Posttraumatic stress disorder symptoms among trauma-exposed inpatient adolescents: The role of emotional nonacceptance and anxiety symptom severity.
Authors: Viana, Andres G.; Hanna, Abigail E.; Raines, Elizabeth M.; Woodward, Emma C.; Paulus, Daniel J.; Berenz, Erin C.; Žvolensky, Michael J.;
Source: Journal of Nervous and Mental Disease, Vol 205(11), Nov, 2017 pp. 879-885. Publisher: Lippincott Williams & Wilkins; [Journal Article]
Abstract:
The present investigation examined the role of anxiety symptom severity in the relation between emotional nonacceptance and posttraumatic stress disorder (PTSD) symptoms in a diverse sample of trauma-exposed adolescents admitted for acute psychiatric care at an inpatient state hospital (N = 50; 52.0% women; 44% white; mean [SD] age, 15.1 [0.51] years; range, 12–17 years). Anxiety symptom severity partially accounted for the association between emotional nonacceptance and PTSD total symptoms, and fully accounted for the association between emotional nonacceptance and PTSD symptom cluster severity, even after controlling for covariates. Reverse model testing provided confidence in the direction of hypothesized effects. These findings add to a body of literature underscoring the detrimental effect of nonaccepting reactions to negative emotions in the context of PTSD and provide preliminary support for a possible underlying role of anxiety symptom severity in the association between emotional nonacceptance and PTSD symptoms. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
One-year outcome for responders of cognitive-behavioral therapy for pediatric obsessive-compulsive disorder.

Authors:
Højgaard, Davíð R. M. A.; Hybel, Katja A.; Ivarsson, Tord; Skarphedinsson, Gudmundur; Becker Nissen, Judith; Weidle, Bernhard; Melin, Karin; Torp, Nan Christian; Valderhaug, Robert; Dahl, Kitty; Mortensen, Erik Lykke; Compton, Scott; Jensen, Sanne; Lenhard, Fabian; Thomsen, Per Hove;

Source:

Abstract:
Objective: This study describes 1-year treatment outcomes from a large sample of cognitive-behavioral therapy (CBT) responders, investigates age as a possible moderator of these treatment outcomes, and evaluates clinical relapse at the 1-year follow-up. Method: This study is the planned follow-up to the Nordic Long-term OCD [obsessive-compulsive disorder] Treatment Study (NordLOTS), which included 177 children and adolescents who were rated as treatment responders following CBT for OCD. Participants were assessed with the Children's Yale–Brown Obsessive-Compulsive Scale (CY-BOCS) at 6- and 12-month follow-up. Treatment response and remission were defined as CY-BOCS total scores ≤ 15 and ≤ 10, respectively. Linear mixed-effects models were used to analyze all outcomes. Results: At 1 year, a total of 155 children and adolescents (87.6%) were available for follow-up assessment, with 142 of these (91.6%) rated below a total score of ≤ 15 on the CY-BOCS. At 1-year follow-up, 121 (78.1%) were in remission. On average, CY-BOCS total scores dropped by 1.72 points during the first year after terminating treatment (p = .001). A total of 28 participants (15.8%) relapsed (CY-BOCS ≥ 16) at either the 6- or 12-month assessment; only 2 patients required additional CBT. Conclusion: Results suggest that manualized CBT in a community setting for pediatric OCD has durable effects for those who respond to an initial course of treatment; children and adolescents who respond to such treatment can be expected to maintain their treatment gains for at least 1 year following acute care. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Repeated cortisol administration does not reduce intrusive memories – a double blind placebo controlled experimental study.

Authors:
Graebener, Alexandra Heike; Michael, Tanja; Holz, Elena; Lass-Hennemann, Johanna;

Source:
European Neuropsychopharmacology, Vol 27(11), Nov, 2017 pp. 1132-1143. Publisher: Elsevier Science;

Abstract:
PTSD is a severe mental disorder, which may develop after exposure to traumatic events and is characterized by intrusive memories. Intrusions are sudden brief sensory memories of the traumatic event, that cause immense distress and impairment in every day functioning. Thus, the reduction of intrusive memories is one of the main aims of PTSD therapy. Recently, the glucocorticoid cortisol has been proposed as a pharmacological option to reduce intrusive memories, because cortisol is known to have memory retrieval inhibiting effects. However, the research on the effects of cortisol administration on
intrusive memories is not conclusive. The aim of the present study was to examine if repeated cortisol administration inhibits intrusions and recognition memory in an experimental study using the trauma film paradigm. In a randomized double-blind placebo controlled design participants were exposed to a traumatic film (known to induce intrusions in healthy participants) and received either a low dose of cortisol (20mg) or placebo on the three days following ‘trauma exposure’. Intrusive memories were assessed with an Electronic Diary and an Intrusion Triggering Task. Furthermore, we assessed explicit memory for the traumatic film clip with a recognition test. Contrary to our predictions, the cortisol group did not report fewer intrusions than the placebo group nor did it show diminished performance on the recognition test. Our results show that sole cortisol administration after a traumatic experience cannot reduce intrusive re-experiencing. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Anterior cingulate cortex grey matter volume abnormalities in adolescents with PTSD after childhood sexual abuse.

Authors:
Rinne-Albers, Mirjam A.; Pannekoek, J. Nienke; van Hoof, Marie-José; van Lang, Natasja D.; Lamers-Winkelman, Francien; Rombouts, Serge A.; van der Wee, Nic J.; Vermeiren, Robert R.;

Source:
European Neuropsychopharmacology, Vol 27(11), Nov, 2017 pp. 1163-1171. Publisher: Elsevier Science;

Abstract:
Adverse childhood experiences (ACE) substantially increase the risk of later psychiatric and somatic pathology. While neurobiological factors are likely to play a mediating role, specific insights are lacking. The scarce neuroimaging studies in traumatised pediatric populations have provided inconsistent results, potentially due to the inclusion of different types of trauma. To further improve our understanding of the neurobiology of pediatric psychotrauma, this study seeks to investigate abnormalities in grey matter volume (GMV) in a homogeneous group of adolescents with posttraumatic stress disorder (PTSD) due to childhood sexual abuse (CSA) and the relationship between GMV and symptom severity. We performed a voxel based morphometry (VBM) analysis in 21 adolescents with CSA-related PTSD and 25 matched non-traumatised, non-clinical adolescents. Hippocampus, amygdala, anterior cingulate cortex (ACC), medial PFC (mPFC) and superior temporal gyrus (STG) were chosen as regions of interest (ROIs). Trauma symptomatology was measured with the Trauma Symptom Checklist for Children (TSCC) and dissociation symptoms with the Adolescent Dissociative Experiences Scale (A-DES). The ROI analysis showed that the CSA-related PTSD group had significant smaller volumes of the dorsal ACC as compared to healthy controls. However, no correlations were found between GMV and scores on the TSCC and A-DES. The smaller ACC volume is partly in line with previous studies in traumatised youth and is a consistent finding in traumatised adults. Taken together our results suggest that the dorsal ACC is implicated in the neurobiological sequelae of CSA, potentially associated with an altered evaluative processing of emotion, but not directly with PTSD severity. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Anxiety disorders, gender nonconformity, bullying and self-esteem in sexual minority adolescents: Prospective birth cohort study.

Authors:
Jones, Abbeygail; Robinson, Emily; Oginni, Olakunle; Rahman, Qazi; Rimes, Katharine A.;

Source:

Abstract:
Background: Sexual minority adolescents (i.e. youth not exclusively heterosexual) report more anxiety than heterosexual youth on symptom questionnaires but no research has used standardised diagnostic tools to investigate anxiety disorder risk. This study uses a UK birth cohort to investigate the risk of anxiety disorders in sexual minority and heterosexual youth using a computerised structured clinical interview and explores the influence of gender nonconformity, bullying and self-esteem. Methods: Participants were 4,564 adolescents (2,567 girls and 1,996 boys) from the Avon Longitudinal Study of Parents and Children
Logistic regression analyses were performed to investigate the association between sexual orientation at 15.5 years and the presence of an anxiety disorder at 17.5 years. Covariates including maternal occupation, ethnicity, mother-reported childhood gender nonconformity at 30, 42 and 57 months, child-reported gender nonconformity at 8 years, child-reported bullying between 12 and 16 years and self-esteem at 17.5 years were added sequentially to regression models. Results: Sexual minority adolescents (i.e. those not exclusively heterosexual) had higher early childhood gender nonconformity (CGN), lower self-esteem and reported more bullying than adolescents identifying as 100% heterosexual. Minority sexual orientation at 15.5 years was associated with increased risk of an anxiety disorder at 17.5 years for girls (OR 2.55, CI 1.85–3.52) and boys (OR 2.48, CI 1.40–4.39). Adjusting for ethnicity, maternal occupation, mother-reported and child-reported CGN had minimal impact on this association. Adjusting for bullying between 12 and 16 years and self-esteem at 17.5 years reduced the strength of the associations, although the overall association remained significant for both sexes (girls OR 2.14 and boys OR 1.93).

Conclusions: Sexual minority youth are at increased risk of anxiety disorders relative to heterosexual youth at 17.5 years. Bullying between 12–16 years and lower self-esteem may contribute to this risk.


Title: Long-term effects of telephone-delivered psychotherapy for late-life GAD.
Authors: Brenes, Gretchen A.; Danhauer, Suzanne C.; Lyles, Mary F.; Anderson, Andrea; Miller, Michael E.;
Abstract: Objective: To examine the long-term effects of telephone-delivered cognitive-behavioral therapy (CBT-T) compared with nondirective supportive therapy (NST-T) in rural older adults with generalized anxiety disorder (GAD). Methods: 141 adults aged 60 years and older with a principal/co-principal diagnosis of GAD were randomized to either CBT-T or NST-T. CBT-T consisted of up to 11 sessions (9 were required) focused on recognition of anxiety symptoms, relaxation, cognitive restructuring and use of coping statements, problem-solving, worry control, behavioral activation, exposure therapy, and relapse prevention, with optional chapters on sleep and pain. NST-T consisted of 10 sessions focused on providing a supportive atmosphere in which participants could share and discuss their feelings and did not provide any direct suggestions. Primary outcomes included interviewer-rated anxiety severity and self-report worry severity measured at 9 months and 15 months after randomization. Mood-specific secondary outcomes included self-report GAD symptoms and depressive symptoms. Results: At 15 months, after adjustment for multiple testing, there was a significantly greater decline in general anxiety symptoms (difference in improvement: 3.31; 95% CI: 0.45–6.17; t = 2.29; df = 136; p = 0.024) and worry (difference in improvement: 3.13; 95% CI: 0.59–5.68; t = 2.43; df = 136; p = 0.016) among participants in CBT-T compared with those in the NST-T group. There were no significant differences between the conditions in terms of depressive symptoms (difference in improvement: 2.88; 95% CI: 0.17–5.60; t = 2.10; df = 136; p = 0.0376) and GAD symptoms (difference in improvement: 1.65; 95% CI: -0.20 to 3.50; t = 1.76; df = 136; p = 0.080). Conclusions: treatment. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Testing measurement invariance of the Depression, Anxiety, and Stress Scales (DASS-21) across four countries.
Authors: Scholten, Saskia; Velten, Julia; Bieda, Angela; Zhang, Xiao Chi; Margraf, Jürgen;
Abstract: The rising burden of mental and behavioral disorders has become a global challenge (Murray et al., 2012). Measurement invariant clinical instruments are necessary for the assessment of relevant symptoms.
across countries. The present study tested the measurement invariance of the 21-item version of the Depression, Anxiety, and Stress Scales (DASS; Lovibond & Lovibond, 1995b) in Poland, Russia, the United Kingdom (U.K.), and the United States of America (U.S.). Telephone interviews were conducted with population-based samples (nPL = 1003, nRU = 3020, nU.K. = 1002, nU.S. = 1002). The DASS-21 shows threshold measurement invariance. Comparisons of latent means did not indicate differences between U.K. and U.S. samples. However, Polish and Russian samples reported more depressive symptoms compared with U.K. and U.S. samples; the Russian sample had the highest levels of anxiety symptoms and the Polish sample demonstrated the highest stress levels. The DASS-21 can be recommended to meaningfully compare the relationships between variables across groups and to compare latent means in Polish-, Russian-, and English-speaking populations. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: When social support is not enough: Trauma and PTSD symptoms in a risk-sample of adolescents.

Authors: Pinto, Ricardo J.; Morgado, Diogo; Reis, Sara; Monteiro, Rita; Levendosky, Alytia; Jongenelen, Inês;


Abstract: Social support can mitigate the severity of posttraumatic stress disorder (PTSD) in children and adults following traumatic events. However, little is known about the role of social support in high-risk samples of adolescents from the community. The present study examined the relationship between social support and PTSD symptoms in adolescents exposed to traumatic events and childhood adversity, after adjusting for the effects of potential covariates, including sociodemographic factors, previous childhood adversity, level of exposure, comorbid anxiety, depression symptoms, and substance abuse, and coping strategies. Method: The participants of the study were 183 adolescents, mean age of 16 years old (M = 15.71, SD = 1.31), ranged between 13 and 17 years old, 89 (48.6%) males and 94 (51.4%) females. Results: The results revealed that 26.2% of the sample met the criteria for probable PTSD. Our statistical model explained 64% of the variance in PTSD symptoms, but social support was not significant after adjusting for covariates. This study found that social support was not enough to reduce PTSD symptoms in adolescents exposed to trauma and adversity. Programs focused only on improving social support may not be effective in reducing mental health symptoms for adolescents, particularly when there has been severe and/or multiple forms of childhood adversity. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Spiritual well-being after trauma: Correlates with appraisals, coping, and psychological adjustment.

Authors: Park, Crystal L.;


Abstract: Spiritual issues are often implicated in trauma, yet little research has examined the specific pathways through which trauma may affect spiritual well-being or relations between spiritual well-being and other aspects of adjustment following trauma. Such information would be helpful in developing psychological interventions for trauma recovery. In a sample of 436 college students who had survived a traumatic experience, a transactional stress and coping perspective were used to examine both predictors of three components of spiritual well-being (faith, meaning, and peace) and relations between spiritual well-being and other aspects of psychological adjustment. Results suggest that different patterns of appraisals and coping predict each component of spiritual well-being and that all three components—particularly those of meaning and peace—are related to psychological adjustment. These results suggest that spiritual well-being is an important posttraumatic outcome warranting future research and clinical attention. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: Trajectories of post-traumatic stress and externalizing psychopathology among maltreated foster care youth: A parallel process latent growth curve model.

Authors: Barboza, Gia Elise; Dominguez, Silvia; Pinder, Jyda;


Abstract: Few longitudinal studies have analyzed how violence exposure (e.g. child maltreatment, witnessing community violence) influence both externalizing and Post-Traumatic Stress (PTS) symptoms among children in foster care. Data from three waves of the National Survey of Child and Adolescent Well-Being (1999–2007) (NSCAW; National Data Archive on Child Abuse and Neglect, 2002) were analyzed to investigate the change trajectories of both externalizing and PTS symptomatology among children with a substantiated report of child maltreatment by Child Protective Services (CPS) between October 1999 and December 2000. This study uses data collected at three time points: baseline and approximately 18 (Wave 3) and 36 (Wave 4) months post-baseline. The Child Behavior Checklist (CBCL) scale measured externalizing symptoms and the Post Traumatic Stress Disorder section of a version of the Trauma Symptom Checklist for Children (TSCC) provided the measure of current trauma-related symptoms or distress. Analyses were conducted using a parallel process growth curve model with a sample of n = 280 maltreated youth between the ages of 8 and 15 following home removal. Findings revealed that initial levels of externalizing and PTS symptomatology were both significantly and positively related and co-develop over time. Externalizing symptom severity remained in the borderline range during the first two years in out-of-home care. Both direct and indirect forms of interpersonal violence exposure were associated with initial level of externalizing symptom and PTS symptom severity, respectively. Taken together, our results suggest an underlying process that links early violence exposure to the co-development and cumulative impact of PTS on externalizing behavior above and beyond experiences of maltreatment. We conclude by discussing the key points of intervention that result from a more nuanced understanding of the longitudinal relationship between PTS and externalizing symptoms and the effect of complex trauma on growth in these symptoms over time. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Posttraumatic stress symptoms and dissociation between childhood trauma and two different types of psychosis-like experience.

Authors: Choi, Ji Young;


Abstract: This study examined the roles of posttraumatic stress (PTS) symptoms and dissociation in the relationship between childhood trauma and two different types of psychosis-like experience, including persecutory ideation and aberrant experience, in non-psychotic psychiatric patients. From August 2015 to August 2016, among psychiatric out patients seeking treatment at the Department of Psychiatry at a major teaching medical hospital in Seoul, Korea, 169 patients who had never been diagnosed with a psychotic disorder, including schizophrenia spectrum disorder, bipolar disorder, and/or depressive disorder with psychotic features, completed the Korean Childhood Trauma Questionnaire, the Korean version of the Impact of Event Scale-Revised, the modified Korean version of the Peritraumatic Dissociation Experiences Questionnaire, and the Korean Minnesota Multiphasic Personality Inventory-2 (MMPI-2). The RC 6 (Ideas of Persecution) and RC 8 (Aberrant Experiences) of the restructured scales of the MMPI-2 were used as a measure of persecutory ideation and aberrant experience. Structural equation modeling analyses confirmed a partial mediation model in which PTS symptoms partially mediated the relationship between childhood trauma and persecutory ideation, and dissociation partially mediated the relationship between childhood trauma and aberrant experience. This implies that there are distinct mechanisms
depending on the type of psychosis-like experience in relation to childhood trauma. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:

Authors:
Vasileva, Mira; Petermann, Franz;

Source:

Abstract:
Children in foster care often experience traumatic events which increase their risk for posttraumatic stress symptoms (PTSS). Until now, no research has investigated the developmentally sensitive PTSS criteria for preschoolers among children in foster care. The current study estimated the prevalence of potentially traumatic experiences and clinical PTSS in German foster care children aged 3 to 7 years. The foster parents of 324 children completed questionnaires about children's PTSS, foster parental stress, parenting, and family functioning. Linear regression models tested trauma-related variables, placement history, and foster family characteristics as predictors of PTSS. Approximately 45.4% of the foster children had experienced at least one traumatic event and 15.4% had clinical PTSS. Physical abuse, β = .34, p < .001; hospitalization, β = −.17, p = .026; witnessing someone being hurt, β = −.15, p = .047; and parental stress, β = .43, p < .001, were significantly associated with PTSS. Results demonstrate the impact the foster family has on children who are coping with trauma, and suggest the necessity of trauma-sensitive trainings for foster parents, with stress management as an important component. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Coping strategies as moderators of the association between combat exposure and posttraumatic stress disorder symptoms.

Authors:
Britt, Thomas W.; Adler, Amy B.; Sawhney, Gargi; Bliese, Paul D.;

Source:

Abstract:
The present research examined selected coping strategies as moderators of the relationship between combat exposure and posttraumatic stress disorder (PTSD) symptoms among service members who were deployed to Iraq (N = 2,023) and Afghanistan (N = 1,023). A three-factor model of coping was confirmed for both military operations: positive emotion-focused, self-blame, and prayer/spirituality. Positive emotion-focused coping was inversely associated with PTSD symptoms (r = −.14) and buffered service members from the negative effects of combat exposure in both Iraq (r² = .01) and Afghanistan (r² = .02). Self-blame coping was positively associated with PTSD symptoms in both samples (Iraq, r = .36; Afghanistan, r = .29) but only magnified the relationship between combat exposure and PTSD symptoms among service members in Iraq (r² = .01) . These findings were replicated when controlling for unit cohesion and symptoms of depression. Prayer/spirituality coping was not significantly associated with PTSD symptoms, regardless of combat exposure. Discussion focuses on how specific positive emotion-focused coping strategies may be helpful for military personnel in combat operations given the uncontrollable and chaotic nature of the environment. Implications include providing training for deploying personnel that covers the use of these positive emotion-focused coping strategies and the potential problems with self-blame. Such training may also be suitable for other high-risk occupations in which employees face uncontrollable situations. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

The neuropsychological mechanism of therapy in depression and anxiety disorder: A meta-analysis of functional neuroimaging studies.

**Authors:**
Ren, Zhihong; Ruan, Yijun; Zhao, Qingbai; Zhang, Wei; Lai, Lizu; Jiang, Guangrong;

**Source:**

**Abstract:** depression disorder; anxiety disorder; neuroimaging; ALE meta-analysis; psychotherapy; pharmacological therapy (PsycINFO Database Record (c) 2017 APA, all rights reserved)


---

Title:
Staying in service with posttraumatic headache: A retrospective cohort study of patient outcome.

**Authors:**
Finkel, Alan G.; Klaric, John S.; Yerry, Juanita A.; Choi, Young S.;

**Source:**
Neurology, Vol 89(11), Sep 12, 2017 pp. 1186-1194. Publisher: Lippincott Williams & Wilkins;

**Abstract:**
Objective: To predict the probability of a military outcome (medical discharge/retirement) in patients with mild traumatic brain injury from a clinical analysis of predetermined patient and headache characteristics. Methods: This retrospective cohort study sampled all new patients referred for headache evaluation at the Brain Injury Clinic of the Womack Army Medical Center, Ft. Bragg, NC (August 2008–January 2010). Headache characteristics were extracted and analyzed. Multivariable binary logistic regressions were conducted to predict probability of medical discharge/retirement. Results: Ninety-five soldiers (age 31.3 ± 7.4 years, male 93.7%) reported 166 headaches. The most common injury cited was a blast (53.7%). Patients with a continuous headache have almost 4 times the odds of a medically related discharge/retirement compared to patients without such a headache (continuous headache regression coefficient estimate: p < 0.042, odds ratio 3.98, 95% Wald confidence interval 1.05–15.07). Results suggest that, compared to service members who did not have a continuous headache, patients with headache histories with severe holocephalic pain who medicate to keep functioning had the highest probability of medical discharge/retirement. Conclusions: Certain headache characteristics may be predictive of military outcomes after mild traumatic brain injury, and we propose a profile that may be useful in that prediction. These data could be useful in future attempts to assess and treat patients with posttraumatic headache and to advise longer-term planning for return to duty or discharge. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


---

Title:

**Authors:**
Müller-Engelmann, Meike; Wünsch, Susanne; Volk, Marina; Steil, Regina;

**Source:**

**Abstract:**
Objectives: There is promising evidence that mindfulness-based interventions are effective in reducing the symptoms of posttraumatic stress disorder (PTSD). However, until now, studies have often lacked a full clinical PTSD assessment, and interventions are often administered in addition to other interventions. This study examined the feasibility of mindfulness-based stress reduction (MBSR) as a standalone intervention in patients with PTSD who have experienced mixed traumatic events. Method: Fourteen patients participated in 8 weeks of MBSR. The patients were assessed prior to treatment, post-treatment and at a 1-month follow-up through self-ratings (e.g., the Davidson Trauma Scale) and the Clinician-Administered PTSD Scale to determine the effects of the intervention. Furthermore, after the intervention, the patients participated in qualitative interviews regarding their experiences with MBSR and their ideas for future improvements. Results: Nine patients finished the program, and these patients considered the exercises to be applicable and helpful. In the Clinician-Administered PTSD Scale, we found large effects regarding
the reduction of PTSD symptoms among completers (Cohen's d = 1.2). In the Davidson Trauma Scale, the effect sizes were somewhat lower (Cohen's d = 0.6) but nevertheless confirmed the efficacy of MBSR in reducing PTSD symptoms. In the qualitative interviews, the patients reported an augmentation of wellbeing and improvement regarding the handling of difficult situations and more distance from the traumatic event. Conclusion: Despite the large effects, the high dropout rates and the results of the post-treatment interviews suggest that the intervention should be better adapted to the needs of PTSD patients, e.g., by giving more information regarding the exercises and by including shorter exercises to manage acute distress. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Genetic and psychosocial predictors of alcohol use trajectories among disaster-exposed adolescents.

Authors: Bountress, Kaitlin; Danielson, Carla Kmett; Williamson, Vernell; Vladimirov, Vladimir; Gelernter, Joel; Ruggiero, Kenneth; Amstadter, Ananda;


Abstract: Background and Objectives: Adolescent alcohol misuse is associated with numerous long-term adverse outcomes, so we examined predictors of alcohol use among disaster-exposed adolescents, a group at-risk for alcohol misuse. Methods: The current study (n = 332) examined severity of tornado-related exposure, posttraumatic stress disorder (PTSD) symptoms, emotional support, and a genetic risk sum score (GRSS) as predictors of alcohol use trajectories. Results: Severity of exposure interacted with the GRSS to predict both intercept (12-month follow up quantity of alcohol use) and growth rate. Emotional support also interacted with adolescent PTSD symptoms to predict intercept and growth rate. Discussion and Conclusions: Adolescents with greater severity of disaster exposure and high genetic risk comprise a high risk group, on which efforts to prevent alcohol use should be focused. Additionally, emotional support is essential in buffering the effects of PTSD symptoms on alcohol use outcomes among adolescents. Scientific Significance: Toward the aim of reducing adolescent alcohol misuse following disaster exposure, there is utility in inserting immediate supports (e.g., basic resources) into communities/families that have experienced significant disaster-related severity, particularly among adolescents at high levels of genetic risk for alcohol use/misuse. Additionally, prevention efforts aimed at improving emotional supports for adolescents with more PTSD symptoms may reduce propensity for alcohol misuse following disaster. This information can be easily incorporated into existing web-based interventions. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: A structural MRI study of excoriation (skin-picking) disorder and its relationship to clinical severity.

Authors: Harries, Michael D.; Chamberlain, Samuel R.; Redden, Sarah A.; Odlaug, Brian L.; Blum, Austin W.; Grant, Jon E.;


Abstract: Excoriation (skin-picking) disorder (SPD) shares symptomology with other obsessive-compulsive and related disorders. Few studies, however, have examined the neurological profile of patients with SPD. This study examined differences in cortical thickness and basal ganglia structural volumes between 20 individuals with SPD and 16 healthy controls using magnetic resonance imaging (MRI). There were no significant differences in demographic variables (age, gender, education and race) between groups. All subjects completed a structural MRI scan and completed a battery of clinical assessments focusing on SPD symptom severity, depression and anxiety symptoms, and quality of life. No statistically significant differences in basal ganglia (caudate, putamen, and nucleus accumbens) structural volumes were found between groups. In individuals with SPD, increasing impulsiveness correlated positively with increased cortical thickness in the left insula, and skin picking severity correlated negatively with cortical thickness in the left supramarginal gyrus and a region encompassing the right inferior parietal, right temporal and right
supramarginal gyrus. This study suggests similarities and differences exist in symptomology between SPD and the other obsessive-compulsive and related disorders. Additional neuroimaging research is needed to better delineate the underlying neurobiology of SPD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-46464-005&site=ehost-live

Title:
¹H magnetic resonance spectroscopy suggests neural membrane alteration in specific regions involved in obsessive-compulsive disorder.

Authors:
Hatchondo, Laura; Jaafari, Nematollah; Langbour, Nicolas; Maillochaud, Sylvie; Herpe, Guillaume; Guillevin, Rémy; Guillevin, Carole;

Source:

Abstract:
Considering these methodological aspects, the aim of our study was to compare brain changes for N-acetylaspartate (NAA), Cr and Cho and their ratios in three regions of interest (ROI) of the Cortico-Striato-Thalamo-Cortical (CSTC): perigenual ACC (pACC), striatum and thalamus, between severe OCD patients and healthy control subjects, while applying a technically improved protocol using 3 T 1H-MRS. Due to methodological and clinical constraints, we did not study glutamate or gamma-aminobutyric acid (GABA) concentrations. A spectral editing sequence is mandatory for optimal quantification of glutamate and GABA but it is timeconsuming. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Neural dysfunction during temporal discounting in paediatric Attention-Deficit/Hyperactivity Disorder and Obsessive-Compulsive Disorder.

Authors:
Norman, Luke J.; Carlisi, Christina O.; Christakou, Anastasia; Chantiluke, Kaylita; Murphy, Clodagh; Simmons, Andrew; Giampietro, Vincent; Brammer, Michael; Mataix-Cols, David; Rubia, Katya;

Source:

Abstract:
Both Attention-Deficit/Hyperactivity Disorder (ADHD) and Obsessive-Compulsive Disorder (OCD) are associated with choice impulsivity, i.e. the tendency to prefer smaller immediate rewards over larger delayed rewards. However, the extent to which this impulsivity is mediated by shared or distinct underlying neural mechanisms is unclear. Twenty-six boys with ADHD, 20 boys with OCD and 20 matched controls (aged 12-18) completed an fMRI version of an individually adjusted temporal discounting (TD) task which requires choosing between a variable amount of money now or £100 in one week, one month or one year. Activations to immediate and delayed reward choices were compared between groups using a three-way ANCOVA. ADHD patients had steeper discounting rates on the task relative to controls. OCD patients did not differ from controls or patients with ADHD. Patients with ADHD and OCD showed predominantly shared activation deficits during TD in fronto-striato-insular-cerebellar regions responsible for self-control and temporal foresight, suggesting that choice impulsivity is mediated by overlapping neural dysfunctions in both disorders. OCD patients alone showed dysfunction relative to controls in right orbitofrontal and rostrolateral prefrontal cortex, extending previous findings of abnormalities in these regions in OCD to the domain of choice impulsiveness. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:

Authors:
Murray, Hannah; El-Leithy, Sharif; Billings, Jo;
Objectives: Intensive cognitive therapy for post-traumatic stress disorder (PTSD) has been shown to be as effective as weekly treatment in controlled trials. In this study, outcome data comparing standard and intensive treatments delivered in routine clinical practice were analysed. Methods: A consecutive case series of intensive treatment cases were compared to matched control cases who had completed weekly treatment. Results: Both groups showed significant improvements on PTSD and depression measures. The intensive group showed larger PTSD symptomatic improvement. There were differences between the groups in age and time since trauma, suggesting selection biases in who is offered, and/or who chooses intensive treatment. Conclusions: For some individuals, an intensive format may be more effective than weekly treatment. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Back to top
Title:
Are there differences in lipid peroxidation and immune biomarkers between major depression and bipolar disorder: Effects of melancholia, atypical depression, severity of illness, episode number, suicidal ideation and prior suicide attempts.

Authors:
Sowa-Kućma, Magdalena; Styczeń, Krzysztof; Siwek, Marcin; Misztak, Paulina; Nowak, Rafał J.; Dudek, Dominika; Rybakowski, Janusz K.; Nowak, Gabriel; Maes, Michael;

Source:
Publisher: Elsevier Science; [Journal Article]

Abstract:
Background: There is evidence that major depression (MDD) and bipolar disorder (BD) are accompanied by activated immune & oxidative (I&O) pathways. Methods: To compare I&O biomarkers between MDD and BD we assessed serum levels of thiobarbituric acid reactive substances (TBARS; a lipid peroxidation marker), soluble interleukin-2 receptor (sIL-2R), sIL-6R, IL-α, sIL-1R antagonist (sIL-1RA), tumor necrosis factor receptor 60kDa/80kDa (sTNFR60/R80) in 114 MDD and 133 BD patients, and 50 healthy controls. We computed z-unit weighted indices reflecting the 5 cytokine receptor levels (zCytR), cell-mediated immunity (zCMI) and I&O pathways (zCMI + TBARS). Results: There are no significant differences in biomarkers between MDD and BD. BD/MDD with atypical features is characterized by increased sIL-6R and TBARS, whereas melancholia is associated with higher TBARS and lower sTNFR60 levels. Severity of illness, as measured with the Hamilton Depression Rating Scale, is correlated with increased sIL-6R, sTNFR80, TBARS, zCytR and zCMI+TBARS. The number of episodes the year prior to blood sampling is positively associated with sTNFR80, TBARS, zCMI, zCMI + TBARS, while number of hospitalizations is positively associated with sIL-1RA. Prior suicidal attempts are associated with increased sIL-1RA, IL-α, zCMI, TBARS and zCMI + TBARS, while TBARS is associated with current suicidal ideation. Conclusions: There are no I&O biomarker differences between MDD and BD. Atypical depression is associated with increased IL-6 trans-signaling and lipid peroxidation. Severity of depression, number of episodes and suicidal attempts are associated with activated I&O pathways. Increased TBARS is the single best predictor of BD/MDD, atypical depression, melancholia and current suicidal ideation. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Decreased cerebral blood flow in the primary motor cortex in major depressive disorder with psychomotor retardation.

Authors:
Yin, Yingying; Wang, Meijian; Wang, Ze; Xie, Chunming; Zhang, Haisan; Zhang, Hongxing; Zhang, Zhijun; Yuan, Yonggui;

Source:
Publisher: Elsevier Science; [Journal Article]

Abstract:
Psychomotor retardation (PMR) is one of the core symptoms of major depressive disorder (MDD) and has a specific pathophysiology, but studies of PMR remains sparse. The purpose of this study was to explore the cerebral blood flow (CBF) of PMR in MDD. One-hundred-seven antidepressant-free MDD patients and 48 normal controls (NCs) were recruited for this study. All subjects underwent arterial spin labeling-magnetic resonance imaging (ASL-MRI) for the CBF calculation. MDD patients were divided into the PMR group (N = 35) and NPMR (non-PMR) group (N = 72) according to the Salpetriere Retardation Rating Scale (SRRS) score. After a baseline MRI scan, patients began to receive antidepressant treatment. Thirty-nine patients (15 PMR, 24 NPMR) who were remitted after 8weeks participated in the follow-up MRI scan. For statistical analysis, subjects with unqualified MRI image and unmatched demographic data were ruled out. Consequently, 30 NCs and 60 patients (30 PMR, 30 NPMR) at baseline as well as 22 patients (11 PMR, 11 NPMR) at follow-up underwent statistical analysis. The PMR group showed significantly
decreased CBF in the right primary motor cortex (PMC) at baseline, and the CBF value of the right PMC was significantly correlated with the SRRS score, whereas the CBF of the right PMC was increased in the PMR group at follow-up compared with the baseline in longitudinal comparison. Our findings suggest that the CBF of the right PMC is a potential biomarker of PMR in MDD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Training in a comprehensive everyday-like virtual reality environment compared to computerized cognitive training for patients with depression.

Authors:
Dehn, Lorenz B.; Kater, Leona; Piefke, Martina; Botsch, Mario; Driessen, Martin; Beblo, T.;

Source:

Abstract:
Neurocognitive impairments in patients with depression compromise everyday functioning. Thus, should neuropsychological therapy be designed as real-life-like as possible to maximize transfer effects? We investigated whether ecological validity of computerized cognitive training could be increased by a comprehensive everyday-life-simulating training device combining virtual reality, 360°-all-around visibility and autonomous navigation motions. In an eight days training program, patients exercised the learning and purchasing of shopping list products in a virtual supermarket using either the novel training device (n = 21) or a corresponding desktop application (n = 17). In a pre-post-design, effects of the two training conditions were compared regarding several outcome measures. Altogether, results did not prove a benefit of the more naturalistic training setting regarding different training performances (recognition, performance speed, spatial orientation), self-perceived daily cognitive impairments, a real-life shopping task as well as various neuropsychological capabilities. Findings are discussed in the context of general challenges in striving after ecological validity in neuropsychology. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Emotional reactivity, intensity, and perseveration: Independent dimensions of trait affect and associations with depression, anxiety, and stress symptoms.

Authors:
Ripper, Chloe A.; Boyes, Mark E.; Clarke, Patrick J. F.; Hasking, Penelope A.;

Source:

Abstract:
Background: Individual differences in emotional reactivity and perseveration have recently been demonstrated to account for independent variance in trait positive and negative affect. We extend this research and investigate: 1) if individual differences in the tendency to experience intense emotions (emotional intensity) represent an additional dimension of trait positive and negative affect, and 2) if emotional reactivity, intensity, and perseveration are differentially associated with psychological distress and symptoms of depression, anxiety, and stress. Method: Undergraduate students (n = 472) completed the Positive and Negative Affect Schedule (PANAS), the Emotional Reactivity Intensity and Perseveration Scale (ERIPS, adapted from the PANAS), the Kessler Psychological Distress Scale (K10), and the Depression Anxiety and Stress scales (DASS). Results: Psychometric analyses confirmed the hypothesised structure of the ERIPS, with all subscales demonstrating excellent internal consistency. Correlations with the K10 established criterion validity. Emotional reactivity, intensity and perseveration accounted for unique variance in trait positive and negative affect scores and were differentially associated with psychological distress, depression, anxiety and stress scores. Conclusion: Findings provide a preliminary validation of the ERIPS and suggest emotional reactivity, intensity, and perseveration represent independent dimensions of trait affect. Future research investigating these dimensions could enhance understanding of normal emotional responding and emotional vulnerability. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: Peripheral markers of inflammation, oxidative & nitrosative stress pathways and memory functions as a new target of pharmacotherapy in depression.

Authors: Gałecki, Piotr;

Publisher: Elsevier Science; [Journal Article]

Abstract: This article discusses the peripheral markers of inflammation, oxidative & nitrosative stress pathways and memory functions as a new target of pharmacotherapy in depression. Depression is a disease in which we observe constant mobilization of the immune system regarding both the peripheral and central nervous system. Both depression and a series of civilization diseases have the same immunologic background. In case of each episode of depression, even a mild one, the efficiency of cognitive functions is reduced. This phenomenon is observed in our patients regardless of whether we deal with depression only or with accompanying and broadly understood somatic comorbidity as well. It is still undecided how depression should be treated. It seems that anti-inflammatory products should be the future in the therapy of depressive disorders and civilization diseases. Not only is depression a significant clinical problem, but also a social and economic one. Depression will have been the most frequent cause of incapacity for work in the general population by 2030. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Cytokine alterations and cognitive impairment in major depressive disorder: From putative mechanisms to novel treatment targets.

Authors: Misiak, Błażej; Beszljej, Jan Aleksander; Kotowicz, Kamila; Szewczuk-Bogusławska, Monika; Samochowiec, Jerzy; Kucharska-Mazur, Jolanta; Frydecka, Dorota;

Publisher: Elsevier Science; [Journal Article]

Abstract: Overwhelming evidence indicates the involvement of immune-inflammatory processes in the pathophysiology of major depressive disorder (MDD). Peripheral cytokine alterations serve as one of most consistently reported indices of subthreshold inflammatory state observed in MDD. Although cytokines cannot pass directly through the blood-brain barrier, a number of transport mechanisms have been reported. In addition, peripheral cytokines may impact central nervous system via downstream effectors of their biological activity. Animal model studies have provided evidence that cytokines might impact cognitive performance through direct and indirect effects on long-term potentiation, neurogenesis and synaptic plasticity. Therefore, it has been hypothesized that cytokine alterations might contribute to cognitive impairment that is widely observed in MDD and persists beyond episodes of acute relapse in the majority of patients. Although several studies have provided that peripheral cytokine alterations might be related to cognitive deficits in patients with MDD, the quality of evidence still leaves much to be desired due to methodological heterogeneity and limitations. In this article, we provide an overview of studies investigating the association between peripheral cytokine alterations and cognitive performance in MDD, discuss underlying mechanisms and neural substrates. Finally, we propose possible treatment targets related to cytokine alterations taking into account existing evidence for antidepressant efficacy of anti-inflammatory pharmacological treatment modalities. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Depressive disorders: Processes leading to neurogeneration and potential novel treatments.

Authors:
Brown, Gregory M.; McIntyre, Roger S.; Rosenblat, Joshua; Hardeland, Rüdiger; 


Abstract: Mood disorders are widespread with estimates that one in seven of the population are affected at some time in their life (Kessler et al., 2012). Many of those affected with severe depressive disorders have cognitive deficits which may progress to frank neurodegeneration. There are several peripheral markers shown by patients who have cognitive deficits that could represent causative factors and could potentially serve as guides to the prevention or even treatment of neurodegeneration. Circadian rhythm misalignment, immune dysfunction and oxidative stress are key pathologic processes implicated in neurodegeneration and cognitive dysfunction in depressive disorders. Novel treatments targeting these pathways may therefore potentially improve patient outcomes whereby the primary mechanism of action is outside of the monoaminergic system. Moreover, targeting immune dysfunction, oxidative stress and circadian rhythm misalignment (rather than primarily the monoaminergic system) may hold promise for truly disease modifying treatments that may prevent neurodegeneration rather than simply alleviating symptoms with no curative intent. Further research is required to more comprehensively understand the contributions of these pathways to the pathophysiology of depressive disorders to allow for disease modifying treatments to be discovered. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Effect of antidepressant treatment on peripheral inflammation markers – A meta-analysis. Więdłocha, Authors: Magdalena; Marcinowicz, Piotr; Krupa, Renata; Janoska-Jaździk, Marlena; Janus, Marta; Dębowska, Weronika; Mosiolek, Anna; Waszkiewicz, Napoleon; Szulc, Agata; 


Abstract: Introduction: Major Depressive Disorder (MDD) in accordance to the inflammatory concept is associated with complex immunological disturbances in the central nervous system (CNS). This is reflected by elevated plasma levels of inflammatory cytokines in depressed subjects. Although numerous studies report significant influence of antidepressants on pro-inflammatory/anti-inflammatory cytokines balance, the available data is often inconsistent regarding specific cytokines and drugs used. We aimed to perform a comprehensive meta-analysis of the effect of antidepressant treatment on a wide array of cytokines. Methods: We performed a systematic search of 6 databases, which yielded 32 studies measuring the levels of selected cytokines before and at a second time-point during antidepressant treatment. For meta-analysis of selected studies with a continuous measure we analysed variables containing the number of cases, mean and standard deviation of the level of IL-1ß, IL-2, IL-5, IL-6, IL-8, IL-10, CRP, TNF-α, IFN-γ levels observed in the different studies, in the intervention groups before and after antidepressant treatment. Results: Statistical analysis revealed significant decreases of IL-4, IL-6, and IL-10 in MDD subjects after antidepressant treatment. In case of IL-1ß the decrease was significant exclusively for SSRIs. We did not find any significant effect of antidepressant medication on IL-2, TNF-α IFN-γ and CRP. Conclusions: Antidepressant treatment affects the levels of cytokines in depression. The immunological imbalance in MDD is complex and seems to be mediated by other factors yet to be elucidated. The credibility of our results is limited by high heterogeneity among studies and very few studies with a placebo-controlled design. Research with MDD subtypes, response to treatment status and cytokine associations with the kynurenine pathway taken into account pose a promising target for future studies. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Linking the biological underpinnings of depression: Role of mitochondria interactions with melatonin, inflammation, sirtuins, tryptophan catabolites, DNA repair and oxidative and nitrosative stress, with consequences for classification and cognition.
The pathophysiological underpinnings of neuroprogressive processes in recurrent major depressive disorder (rMDD) are reviewed. A wide array of biochemical processes underlie MDD presentations and their shift to a recurrent, neuroprogressive course, including: increased immune-inflammation, tryptophan catabolites (TRYCATs), mitochondrial dysfunction, aryl hydrocarbon receptor activation, and oxidative and nitrosative stress (O&NS), as well as decreased sirtuins and melatonergic pathway activity. These biochemical changes may have their roots in central, systemic and/or peripheral sites, including in the gut, as well as in developmental processes, such as prenatal stressors and breastfeeding consequences. Consequently, conceptualizations of MDD have dramatically moved from simple psychological and central biochemical models, such as lowered brain serotonin, to a conceptualization that incorporates whole body processes over a lifespan developmental timescale. However, important hubs are proposed, including the gut-brain axis, and mitochondrial functioning, which may provide achievable common treatment targets despite considerable inter-individual variability in biochemical changes. This provides a more realistic model of the complexity of MDD and the pathophysiological processes that underpin the shift to rMDD and consequent cognitive deficits. Such accumulating data on the pathophysiological processes underpinning MDD highlights the need in psychiatry to shift to a classification system that is based on biochemical processes, rather than subjective phenomenology. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Neurodevelopmental theory of depression.

Authors:
Gałecki, Piotr; Talarowska, Monika;

Source:
Publisher: Elsevier Science; [Journal Article]

Abstract:
The aim of research studies in the field of psychiatry conducted in recent years is to formulate a consistent theory that would exhaustively explain the aetiology of depression. So far, biochemical, genetic, anatomical and environmental factors, which may play a role in the occurrence of the first symptoms of depressive disorders, have been sought. The authors of this paper present a theory that combines the previously mentioned elements into one whole and links them to one another. We have called our theory 'neurodevelopmental' to underline the importance and impact of earlier stages of human life, including the prenatal period, on the occurrence of depressive disorders. We will make an attempt to find an answer to why this time in the life of a human being is so important, what kind of biological mechanisms are activated then, and what aspects of our later functioning are affected by them. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-27165-001&site=ehost-live

Title:
The interplay between inflammation, oxidative stress, DNA damage, DNA repair and mitochondrial dysfunction in depression.

Authors:
Czarny, Piotr; Wigner, Paulina; Galecki, Piotr; Sliwinski, Tomasz;

Source:
Publisher: Elsevier Science; [Journal Article]

Abstract:
A growing body of evidence suggests that inflammation, mitochondrial dysfunction and oxidant-antioxidant imbalance may play a significant role in the development and progression of depression. Elevated levels
of reactive oxygen and nitrogen species—a result of oxidant-antioxidant imbalance—may lead to increased damage of biomolecules, including DNA. This was confirmed in depressed patients in a research study conducted by our team and other scientists. 8-oxoguanine—a marker of oxidative DNA damage—was found in the patients' lymphocytes, urine and serum. These results were confirmed using a comet assay on lymphocytes. Furthermore, it was shown that the patients' cells repaired peroxide-induced DNA damage less efficiently than controls' cells and that some single nucleotide polymorphisms (SNP) of the genes involved in oxidative DNA damage repair may modulate the risk of depression. Lastly, less efficient DNA damage repair observed in the patients can be, at least partly, attributed to the presence of specific SNP variants, as it was revealed through a genotype-phenotype analysis. In conclusion, the available literature shows that both oxidative stress and less efficient DNA damage repair may lead to increased DNA damage in depressed patients. A similar mechanism may result in mitochondrial dysfunction, which is observed in depression. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Vegetarian diets and depressive symptoms among men.
Authors: Hibbeln, Joseph R.; Northstone, Kate; Evans, Jonathan; Golding, Jean;
Source: Journal of Affective Disorders, Vol 225, Jan 1, 2018 pp. 13-17. Publisher: Elsevier Science;
Abstract:
Background: Vegetarian diets are associate with cardiovascular and other health benefits, but little is known about mental health benefits or risks. Aims: To determine whether self-identification of vegetarian dietary habits is associated with significant depressive symptoms in men. Method: Self-report data from 9668 adult male partners of pregnant women in the Avon Longitudinal Study of Parents and Children (ALSPAC) included identification as vegetarian or vegan, dietary frequency data and the Edinburgh Post Natal Depression Scale (EPDS). Continuous and binary outcomes were assessed using multiple linear and logistic regression taking account of potential confounding variables including: age, marital status, employment status, housing tenure, number of children in the household, religion, family history of depression previous childhood psychiatric contact, cigarette and alcohol consumption. Results: Vegetarians [n = 350 (3.6% of sample)], had higher depression scores on average than non-vegetarians (mean difference 0.96 points [95%CI +0.53,+1.40]) and a greater risk for EPDS scores above 10 (adjusted OR = 1.67 [95% CI: 1.14,2.44]) than non-vegetarians after adjustment for potential confounding factors. Conclusions: Vegetarian men have more depressive symptoms after adjustment for socio-demographic factors. Nutritional deficiencies (e.g. in cobalamin or iron) are a possible explanation for these findings, however reverse causation cannot be ruled out. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-46363-003&site=ehost-live

Title: Performance of the biological rhythms interview for assessment in neuropsychiatry: An item response theory and actigraphy analysis.
Authors: Allega, Olivia R.; Leng, Xiamin; Vaccarino, Anthony; Skelly, Matthew; Lanzini, Mariana; Hidalgo, Maria Paz; Soares, Claudio N.; Kennedy, Sidney H.; Frey, Benicio N.;
Source: Journal of Affective Disorders, Vol 225, Jan 1, 2018 pp. 54-63. Publisher: Elsevier Science;
Abstract:
Background: Biological rhythm disturbances are widely associated with the pathophysiology of mood disorders. The Biological Rhythms Interview for Assessment in Neuropsychiatry (BRIAN) is a self-report that indexes rhythm disturbance in sleep, activity, social and eating patterns. The aim of this study was to perform an Item Response Theory (IRT) analysis of the BRIAN and investigate its associations with objective sleep and rhythm disturbance measures. Methods: 103 subjects (31 bipolar, 32 major depression and 40 healthy volunteers) wore an actiwatch for fifteen days, and completed a first morning urine sample and the BRIAN on day 15. IRT analysis assessed individual BRIAN items and their
relationship to total score. Individual actiwatch records were processed to produce a sequence of
transitions between rest/activity, and a likelihood of transitioning between states was calculated to
investigate sleep-wake dynamics. Cosinor analysis produced daily activity rhythms (DARs). Spearman
correlations were used to assess the association between sleep/DAR variables and the BRIAN. Results:
IRT analyses showed that 11 of 18 BRIAN items displayed a high level of discrimination between item
options across a range of BRIAN total scores. Total BRIAN score correlated with wake after sleep onset,
total activity count during sleep, and urinary 6-sulphatoxytomelatonin. BRIAN Activity domain correlated with
the daytime transition probability from rest to activity. Limitations: The sample size may have been
underpowered for the graded-response model employed in IRT. The study lacked an objective
comparison for BRIAN eating and social domain. Conclusion: The present study reveals the BRIAN
displays promising external validity compared to objective parameters of circadian rhythmicity. (PsycINFO
Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-46363-008&site=ehost-live

Title:
3Prefrontal activation during a working memory task differs between patients with unipolar and bipolar depression: A preliminary exploratory study.
Authors:
Zhu, Yue; Quan, Wenxiang; Wang, Huali; Ma, Yantao; Yan, Jun; Zhang, Hua; Dong, Wentian; Yu, Xin;
Source:
Journal of Affective Disorders, Vol 225, Jan 1, 2018 pp. 64-70. Publisher: Elsevier Science
Abstract:
Background: To identify bipolar disorder during the initial stages of a depressive episode has always been a great clinical challenge. Patterns of functional brain activity may underlie the differences in the neural mechanisms of bipolar depression (BD) and unipolar depression (UD). This study aimed to investigate the differences in neural activity between BD and UD patients during executive task. Methods: We performed a 52-channel near-infrared spectroscopy (NIRS) scan in 39 patients with BD, 35 patients with UD, and 36 healthy controls (HCs). The relative concentration changes in oxygenated hemoglobin ([oxy-Hb]) and deoxygenated hemoglobin ([deoxy-Hb]) during a 1-back working memory task were measured for each channel. Clinical characteristics including current mood were evaluated within one week prior to NIRS examination. Results: Compared to HCs, BD (CH34: Z = −2.354, P = 0.019) and UD patients (CH18: Z = −2.358, P = 0.018; CH30: Z = −2.174, P = 0.030; CH34: Z = −1.990, P = 0.047) showed reduced activation of [oxy-Hb] in the inferior prefrontal region. Compared to patients with UD, patients with BD showed less decreased [oxy- Hb] changes in the left frontopolar cortex (FPC) (CH18: Z = −2.366, P = 0.018), left pars opercularis and pars triangularis (POPE/PTRI) regions (Broca's area) (CH30: Z = −2.333, P = 0.020). No correlation existed between clinical characteristics and NIRS measurements. Limitations: The effect of medication could not be excluded, and behavioral data was not systematically collected. Conclusion: The results from this preliminary exploratory study suggest distinct prefrontal activation patterns underlie BD and UD, especially in the left frontopolar region and Broca's area. The NIRS-based prefrontal activation measurement may serve as a potential marker to aid in differentiating bipolar from unipolar depression. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Brain activation during processing of genuine facial emotion in depression: Preliminary findings.
Authors:
Groves, Samantha J.; Pitcher, Toni L.; Melzer, Tracy R.; Jordan, Jennifer; Carter, Janet D.; Malhi, Gin S.;
Johnston, Lucy C.; Porter, Richard J.;
Source:
Journal of Affective Disorders, Vol 225, Jan 1, 2018 pp. 91-96. Publisher: Elsevier Science;
Abstract:
Objective: The current study aimed to examine the neural correlates of processing genuine compared with
posed emotional expressions, in depressed and healthy subjects using a novel functional magnetic
resonance imaging (fMRI) paradigm Method: During fMRI scanning, sixteen depressed patients and ten
healthy controls performed an Emotion Categorisation Task, whereby participants were asked to
distinguish between genuine and non-genuine (posed or neutral) facial displays of happiness and
sadness. Results: Compared to controls, the depressed group showed greater activation whilst processing genuine versus posed facial displays of sadness, in the left medial orbitofrontal cortex, caudate and putamen. The depressed group also showed greater activation whilst processing genuine facial displays of sadness relative to neutral displays, in the bilateral medial frontal/orbitofrontal cortex, right dorsolateral prefrontal cortex, right dorsal anterior cingulate, bilateral posterior cingulate, right superior parietal lobe, left lingual gyrus and cuneus. No differences were found between the two groups for happy facial displays. Limitations: Relatively small sample sizes and due to the exploratory nature of the study, no correction was made for multiple comparisons. Conclusion: The findings of this exploratory study suggest that depressed individuals may show a different pattern of brain activation in response to genuine versus posed facial displays of sadness, compared to healthy individuals. This may have important implications for future studies that wish to examine the neural correlates of facial emotion processing in depression. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Adult attachment predicts the seven-year course of recurrent depression in primary care.

Authors:
Conradi, Henk Jan; Kamphuis, Jan H.; de Jonge, Peter;

Source:
Journal of Affective Disorders, Vol 225, Jan 1, 2018 pp. 160-166. Publisher: Elsevier Science;

Abstract:
Background: Attachment theory posits that attachment has a persistent, long-term impact on depression. Empirical data on associations between adult attachment and the long-term course of depression is, however, scarce. The present study addresses this omission. Method: Primary care patients with a history of depression (n = 103) completed the Experiences in Close Relationships questionnaire measuring adult attachment dimensions (avoidance and anxiety) and styles (secure, preoccupied, dismissing and fearful). The subsequent seven-year course of depression was assessed with the face-to-face administered Composite International Diagnostic Interview (CIDI) and a life-chart interview based on the Longitudinal Interval Follow-up Evaluation (LIFE). At the end of the seven-year follow-up severity of depression was additionally measured with the Beck Depression Inventory (BDI). Results: The attachment dimensions avoidance and anxiety both showed significant associations during the seven-year course with lower proportions of depressive symptom-free time and higher severity of depression (LIFE and BDI). The secure style predicted compared to preoccupied attachment a significantly higher proportion of symptom-free time (4.97 vs. 1.10 years), compared to dismissing attachment a higher proportion of symptom-free time (4.97 vs. 2.20 years) and lower severity of depression (LIFE: 1.65 vs. 2.14; BDI 6.04 vs. 9.52), and compared to fearful attachment a lower relapse/recurrence rate (45.7% vs. 76.9%), higher proportions of depression diagnosis-free time (7.31 vs. 6.65 years) and symptom-free time (4.97 vs. 0.29 years), and lower severity of depression (LIFE: 1.65 vs. 2.19; BDI 6.04 vs. 15.54). Limitations: Sample size was restricted. Conclusion: Insecure attachment predicts an unfavorable course of depression over a seven-year period. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Latent classes of trait affect and cognitive affective regulation strategies are associated with depression, non-suicidal self-injury, and well-being.

Authors:
Burke, Taylor A.; McArthur, Brae Anne; Daryanani, Issar; Abramson, Lyn Y.; Alloy, Lauren B.;

Source:

Abstract:
Background: The present study sought to better understand the unique profiles of late adolescents’ affective functioning by exploring patterns of trait affect and cognitive affective regulation strategies. The study also examined whether these unique profiles significantly predicted depressive symptoms, non-suicidal self-injury (NSSI), and well-being outcomes. Methods: Data from a sample of 590 late adolescents were examined (M = 19.14 years, SD = 1.41, 63% Female, 62% Caucasian, 38% African American/Biracial). Participants were followed for an average of 14 months (SD = 2.53) and completed measures of trait affect, cognitive affective regulation, depression, NSSI, and well-being. Data were examined using latent class analysis. Results: Five subgroups with unique patterns of affective functioning
were identified. Late adolescents who reported above average levels of negative affect, dampening of positive affect, brooding, and reflection, coupled with below average levels of positive affect and positive rumination, were more likely to report having higher levels of depressive symptoms and greater engagement in NSSI during the one-year period prior to baseline. Similarly, the late adolescents fitting this profile also reported lower levels of well-being and were more likely to report engaging in NSSI at the follow-up. Limitations: Limitations include a narrow exploration of affective regulation strategies and the addition of key variables after the initiation of the larger study. Conclusions: These findings shed light on affective regulation factors relevant to the experience of depressive symptoms and NSSI, and the promotion of well-being. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Association of obesity with cognitive function and brain structure in patients with major depressive disorder.

Authors:
Hidese, Shinsuke; Ota, Miho; Matsuo, Junko; Ishida, Ikki; Hiraishi, Moeko; Yoshida, Sumiko; Noda, Takamasa; Sato, Noriko; Teraishi, Toshiya; Hattori, Kotaro; Kunugi, Hiroshi;

Source:
Journal of Affective Disorders, Vol 225, Jan 1, 2018 pp. 188-194. Publisher: Elsevier Science;

Abstract:
Background: Obesity has been implicated in the pathophysiology of major depressive disorder (MDD), which prompted us to examine the possible association of obesity with cognitive function and brain structure in patients with MDD. Methods: Three hundred and seven patients with MDD and 294 healthy participants, matched for age, sex, ethnicity (Japanese), and handedness (right) were recruited for the study. Cognitive function was assessed using the Brief Assessment of Cognition in Schizophrenia (BACS). Gray and white matter structures were analyzed using voxel-based morphometry and diffusion tensor imaging in a subsample of patients (n = 114) whose magnetic resonance imaging (MRI) data were obtained using a 1.5 T MRI system. Results: Verbal memory, working memory, motor speed, attention, executive function, and BACS composite scores were lower for the MDD patients than for the healthy participants (p < 0.05). Among the patient group, working memory, motor speed, executive function, and BACS composite scores were lower in obese patients (body mass index ≥ 30, n = 17) than in non-obese patients (n = 290, p < 0.05, corrected). MRI determined frontal, temporal, thalamic, and hippocampal volumes, and white matter fractional anisotropy values in the internal capsule and left optic radiation were reduced in obese patients (n = 7) compared with non-obese patients (n = 107, p < 0.05, corrected). Limitations: Sample size for obese population was not very large. Conclusions: Obesity is associated with decreased cognitive function, reduced gray matter volume, and impaired white matter integrity in cognition-related brain areas in patients with MDD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Impact of early and recent stress on white matter microstructure in major depressive disorder.

Authors:
Sara, Poletti; Veronica, Aggio; Silvia, Brioschi; Irene, Bollettini; Andrea, Falini; Cristina, Colombo; Francesco, Benedetti;

Source:

Abstract:
Background: Major Depressive Disorder (MDD) is a worldwide-spread pathology, characterized by lifetime-recurrent episodes. Adverse childhood experiences (ACE) increase the lifetime risk of developing depression and affect the structure of the brain. Recent stressful events (RSE) can trigger the onset of depressive episodes, and affect grey matter volume. The aim of our study is to analyse the effect of both early and recent stress events on white matter microstructure in MDD patients and healthy volunteers. Methods: Sixty-five MDD inpatients and fifty-nine healthy controls underwent MRI acquisition of diffusion tensor images with a 3.0 T scanner. Severity of ACE and RSE was rated, respectively, on the Risky Families Questionnaire and on the Social Readjustment Rating Scale. Results: A significant effect of diagnosis was observed, with MDD subjects showing reduced fractional anisotropy (FA) and axial
diffusivity (AD) compared to healthy controls in all the major association, projection and commissural tracts. In patients with MDD, but not in healthy controls, both ACE and RSE correlated with measures of WM microstructure: ACE correlated negatively with AD and MD, whereas RSE correlated negatively with FA. Limitations: The two diagnostic groups differed for age and education, previous and current medications, and treatment periods. Conclusions: Exposure to both early and recent stress exerts a widespread effect on WM microstructure of MDD patients, with a different impact possibly depending from the developmental period in which the stress has occurred. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Association between hypovitaminosis D and cognitive inhibition impairment during major depression episode.

Authors:

Source:
Journal of Affective Disorders, Vol 225, Jan 1, 2018 pp. 302-305. Publisher: Elsevier Science

Abstract:
Background: Major depressive episode (MDE) has been associated with cognitive functioning alteration and hypovitaminosis D (hypoVD), but the relationship between hypoVD, depression, and cognition is not well understood. We aimed to compare patient with MDE with or without hypoVD in regard of cognitive functioning. Methods: 91 patients (38.5 years old, 65.9% female) with MDE were included in a cross-sectional study and were evaluated with a complete cognitive battery. None of the participants were medicated at the time of the inclusion. Serum 25-hydroxyvitamin D was measured using LC-MS/MS method, and hypovitaminosis was defined as 25OHD < 50 nmol/L. Covariates were gender, season of dosage, first MDE onset, age, body mass index and depression severity Results: Patients with hypoVD demonstrated a higher stroop interference index time underscoring that means low cognitive inhibition ability. Multiple logistic regression confirmed that hypoVD was significantly associated with high stroop interference time index after controlling by gender, season of dosage, first MDE onset, age, body mass index and depression severity. Conclusion: Our results suggest that patient with MDE having hypoVD may be more prone to cognitive impairment. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
ERP investigation of attentional disengagement from suicide-relevant information in patients with major depressive disorder.

Authors:
Baik, Seung Yeon; Jeong, Minkyung; Kim, Hyang Sook; Lee, Seung-Hwan;

Source:
Journal of Affective Disorders, Vol 225, Jan 1, 2018 pp. 357-364. Publisher: Elsevier Science

Abstract:
Background: Previous studies suggest the presence of attentional bias towards suicide-relevant information in suicidal individuals. However, the findings are limited by their reliance on behavioral measures. This study investigates the role of difficulty in disengaging attention from suicide-relevant stimuli using the P300 component of event-related potentials (ERPs). Methods: Forty-four adults with Major Depressive Disorder (MDD) were administered the spatial cueing task using suicide-relevant and negatively-valenced words as cue stimuli. Disengagement difficulty was measured using reaction time and P300 during invalid trials. Results: P300 amplitudes at Pz were higher in suicide-relevant compared to negatively-valenced word condition on invalid trials for participants with low rates of suicidal behavior. However, no such difference was found among participants with high rates of suicidal behavior. P300 amplitudes for suicide-relevant word condition were negatively correlated with ‘lifetime suicide ideation and attempt’ at Pz. No significant results were found for the reaction time data, indicating that the ERP may be more sensitive in capturing the attentional disengagement effect. Limitations: The groups were divided according to Suicidal Behaviors Questionnaire-Revised (SBQ-R) total score. Neutral stimulus was not included as cue stimuli. Most participants were under medication during the experiment. Conclusions:
Our results indicate that patients with MDD and low rates of suicidal behavior show difficulty in disengaging attention from suicide-relevant stimuli. We suggest that suicide-specific disengagement difficulties may be related to recentness of suicide attempt and that acquired capability for suicide may contribute to reduced disengagement difficulties. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Specificity and overlap of attention and memory biases in depression.
Authors:
Marchetti, Igor; Everaert, Jonas; Dainer-Best, Justin; Loeys, Tom; Beevers, Christopher G.; Koster, Ernst H. W.;
Source:
Journal of Affective Disorders, Vol 225, Jan 1, 2018 pp. 404-412. Publisher: Elsevier Science;
Abstract:
Background: Attentional and memory biases are viewed as crucial cognitive processes underlying symptoms of depression. However, it is still unclear whether these two biases are uniquely related to depression or whether they show substantial overlap. Methods: We investigated the degree of specificity and overlap of attentional and memory biases for depressotypic stimuli in relation to depression and anxiety by means of meta-analytic commonality analysis. By including four published studies, we considered a pool of 463 healthy and subclinically depressed individuals, different experimental paradigms, and different psychological measures. Results: Memory bias is reliably and strongly related to depression and, specifically, to symptoms of negative mood, worthlessness, feelings of failure, and pessimism. Memory bias for negative information was minimally related to anxiety. Moreover, neither attentional bias nor the overlap between attentional and memory biases were significantly related to depression. Limitations: Limitations include cross-sectional nature of the study. Conclusions: Our study showed that, across different paradigms and psychological measures, memory bias (and not attentional bias) represents a primary mechanism in depression. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Interaction between early-life stress and FKBP5 gene variants in major depressive disorder and post-traumatic stress disorder: A systematic review and meta-analysis.
Authors:
Wang, Qingzhong; Shelton, Richard C.; Dwivedi, Yogesh;
Source:
Journal of Affective Disorders, Vol 225, Jan 1, 2018 pp. 422-428. Publisher: Elsevier Science;
Abstract:
Background: Gene-environment interaction contributes to the risks of psychiatric disorders. Interactions between FKBP5 gene variants and early-life stress may enhance the risk not only for mood disorder, but also for a number of other behavioral phenotypes. The aim of the present study was to review and conduct a meta-analysis on the results from published studies examining interaction between FKBP5 gene variants and early-life stress and their associations with stress-related disorders such as major depression and PTSD. Methods: A literature search was conducted using PsychINFO and PubMed databases until May 2017. A total of 14 studies with a pooled total of 15109 participants met the inclusion criteria, the results of which were combined and a meta-analysis was performed using the differences in correlations as the effect measure. Based on literature, rs1360780, rs3800373, and rs9470080 SNPs were selected within the FKBP5 gene and systematic review was conducted. Results: Based on the Comprehensive Meta-Analysis software, no publication bias was detected. Sensitivity analysis and credibility of meta-analysis results also indicated that the analyses were stable. The meta-analysis showed that individuals who carry T allele of rs1360780, C-allele of rs3800373 or T-allele of rs9470080 exposed to early-life trauma had higher risks for depression or PTSD. Limitations: The effects of ethnicity, age, sex, and different stress measures were not examined due to limited sample size. Conclusions: These results provide strong evidence of interactions between FKBP5 genotypes and early-life stress, which could pose a significant risk factor for stress-associated disorders such as major depression and PTSD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: Are self-report scales as effective as clinician rating scales in measuring treatment response in routine clinical practice?

Authors: Zimmerman, Mark; Walsh, Emily; Friedman, Michael; Boerescu, Daniela A.; Attiullah, Naureen

Source: Journal of Affective Disorders, Vol 225, Jan 1, 2018 pp. 449-452. Publisher: Elsevier Science

Abstract: Objective: Recent treatment guidelines have suggested that outcome should be measured in routine clinical practice. In the present report from the Rhode Island Methods to Improve Diagnostic Assessment and Services (MIDAS) project, we compared three self-report scales of depressive symptoms and the two most widely used clinician administered scales in treatment studies in their sensitivity to change and evaluation of treatment response in depressed patients treated in routine practice. Methods: At baseline and 4-month follow-up 153 depressed outpatients with DSM-IV MDD completed the Clinically Useful Depression Outcome Scale (CUDOS), Quick Inventory of Depressive Symptomatology—Self-report version (QIDS-SR), and Patient Health Questionnaire (PHQ-9). The patients were rated on the 17-item Hamilton Depression Rating Scale (HAMD) and the Montgomery-Asberg Depression Rating Scale (MADRS). On each scale treatment response was defined as a 50% or greater reduction in scores from baseline. Results: While there were some differences in the percentage of patients considered to be responders on the different scales, a large effect size was found for each scale, with little variability amongst the scales. The level of agreement between the three self-report scales and the clinician rating scales was approximately the same. Limitations: The present study was conducted in a single clinical practice in which the majority of the patients were white, female, and had health insurance. Discussion: When measuring outcome in clinical practice the magnitude of change in depressive symptoms is as great on self-report scales as on clinician rating scales. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Affective reactivity to daily life stress: Relationship to positive psychotic and depressive symptoms in a general population sample.

Authors: Booij, Sanne H.; Snippe, Evelien; Jeronimus, Bertus F.; Wichers, Marieke; Wigman, Johanna T. W.;

Source: Journal of Affective Disorders, Vol 225, Jan 1, 2018 pp. 474-481. Publisher: Elsevier Science;

Abstract: Introduction: Increased affective reactivity to daily life stress has been found in individuals with psychosis and depression, and in those at risk for these conditions. Because depressive and psychotic symptoms often co-occur, increased affective reactivity in these disorders may be explained by the presence of depressive symptoms, psychotic symptoms, or both. Therefore, we examined whether affective reactivity to daily stress is related to positive psychotic symptoms, independently of depressive symptoms, and vice versa. Methods: We used data from an intensive sampling study in the general population (n = 411), with three measurements a day (t = 90). The following subjective stressors were assessed: appraisal of activities, appraisal of social interactions, and experienced physical discomfort. Affective reactivity was conceptualized as both the positive affect (PA) and negative affect (NA) response to these stressors. By means of mixed model analyses, it was examined whether affective reactivity was independently related to depressive and/or positive psychotic symptoms. Results: The PA response to activities and NA response to social interactions were negatively and positively related to depressive symptoms, respectively, independent of psychotic symptoms. In contrast, no (in)dependent association was found between positive psychotic symptoms and affective reactivity to any of the daily life stressors. These findings were confirmed in a subsample with increased symptoms. Limitations: The prevalence of positive psychotic symptoms was relatively low in this general population sample. Conclusions: Increased affective reactivity predicts depressive symptoms, but not positive psychotic symptoms. Affective reactivity may still facilitate the development of psychotic symptomatology via its impact on depressive symptoms. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: The psychometric properties of depression screening tools in primary healthcare settings: A systematic review.

Authors: El-Den, Sarira; Chen, Timothy F.; Gan, Yuh-Lin; Wong, Eling; O'Reilly, Claire L.;

Source: Journal of Affective Disorders, Vol 225, Jan 1, 2018 pp. 503-522. Publisher: Elsevier Science

Abstract:
Background: Consensus on a tool for depression screening among adults in primary healthcare (PHC) settings is lacking. This systematic review aimed to explore the psychometric properties of depression screening tools. Methods: A systematic literature search composed of four terms (screening AND psychometric AND depression AND primary healthcare) was conducted in PubMed, EMBASE, PsycINFO and MEDLINE, between January 1995 through October 2015. Studies that aimed to psychometrically test a depression screening tool among the general adult population in a PHC setting were included. Studies exploring the diagnostic properties of depression screening tools among specific populations were excluded. Results: Sixty publications, evaluating the psychometric properties of 55 tools or adaptations, were included. Studies were conducted in 24 countries and 18 languages on 48234 adults. The Patient Health Questionnaire-9 was the most evaluated tool with 14 studies evaluating its psychometric properties. Fifty-four studies reported on at least one measure of receiver operating characteristics. Sensitivity and specificity values ranged from 28% to 100% and 43% to 100%, respectively. Cronbach alpha values ranged from 0.56 to 0.94. Other forms of reliability and validity testing were less consistently and commonly reported. Limitations: The inclusion of studies regardless of methodological quality or design may have limited generalizability, but allowed for a comprehensive and detailed overview of the current literature. Conclusions: Depression screening tools vary in their psychometric properties. The PHQ-9 was the most extensively psychometrically tested tool. This systematic review may aid PHC professionals in choosing a depression screening tool for universal use as it provides a comprehensive overview of their psychometric properties. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: The impact of personality disorder pathology on the effectiveness of Cognitive Therapy and Interpersonal Psychotherapy for Major Depressive Disorder.

Authors: van Bronswijk, Suzanne C.; Lemmens, Lotte H. J. M.; Viechtbauer, Wolfgang; Huibers, Marcus J. H.; Arntz, Arnoud; Peeters, Frenk P. M. L.;

Source: Journal of Affective Disorders, Vol 225, Jan 1, 2018 pp. 530-538. Publisher: Elsevier Science;

Abstract:
Background: Despite extensive research, there is no consensus how Personality Disorders (PD) and PD features affect outcome for Major Depressive Disorder (MDD). The present study evaluated the effects of PD (features) on treatment continuation and effectiveness in Cognitive Therapy (CT) and Interpersonal Psychotherapy (IPT) for MDD. Methods: Depressed outpatients were randomized to CT (n = 72) and IPT (n = 74). Primary outcome was depression severity measured repeatedly with the Beck Depression Inventory-II (BDI-II) at baseline, three months, at the start of each therapy session, at post-treatment and monthly during five months follow-up. Results: Comorbid PD and PD features did not affect dropout. Multilevel and Cox regression models indicated no negative effect of PD on BDI-II change and remission rates during treatment and follow-up, irrespective of the treatment received. For both therapies, higher dependent PD features predicted overall lower BDI-II scores during treatment, however this effect did not sustain through follow-up. Cluster A PD features moderated treatment outcome during treatment and follow-up: individuals with high cluster A PD features had greater BDIII reductions over time in CT as compared to IPT. Limitations: Not all therapists and participants were blind to the assessment of PD (features), and assessments were performed by one rater. Further research must investigate the state and trait dependent changes of PD and MDD over time. Conclusions: We found no negative impact of PD on the effectiveness and treatment retention of CT and IPT for MDD during treatment and follow-up. If replicated, cluster A PD features can be used to optimize treatment selection. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: Disrupted topology of hippocampal connectivity is associated with short-term antidepressant response in major depressive disorder.

Authors: Gong, Liang; Hou, Zhenghua; Wang, Zan; He, Cancan; Yin, Yingying; Yuan, Yonggui; Zhang, Haisan; Lv, Luxian; Zhang, Hongxing; Xie, Chunming; Zhang, Zhijun;

Source: Journal of Affective Disorders, Vol 225, Jan 1, 2018 pp. 539-544. Publisher: Elsevier Science;

Abstract: Background: Graph theoretical analyses have identified disrupted functional topological organization across the brain in patients with major depressive disorder (MDD). However, the relationship between brain topology and short-term treatment responses in patients with MDD remains unknown. Methods: Sixty-eight patients with MDD and 63 cognitively normal (CN) subjects were recruited at baseline and underwent resting-state functional magnetic resonance imaging scans. Graph theory analysis was used to examine group differences in the whole-brain functional topological properties. The association between altered brain topology and the early antidepressant response was examined. Results: Patients with MDD showed lower normalized clustering coefficients, lower small-worldness scalars and increased nodal efficiencies in the default mode network and decreased nodal efficiencies in basal ganglia and hippocampal networks. In addition, the decreased nodal efficiency in left hippocampus was negatively correlated with depressive severity at baseline and positively correlated with changes in the depressive scores after two weeks of antidepressant treatment. Limitations: The patients in the present study received different medications. Conclusion: These findings indicated that the altered brain functional topological organization in patients with MDD is associated with the treatment response in the early phase of medication. Therefore, brain topology assessments might be considered a useful and convenient predictor of short-term antidepressant responses. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Cognition in depression: Can we THINC-it better?

Authors: Baune, Bernhard T.; Malhi, Gin S.; Morris, Grace; Outhred, Tim; Hamilton, Amber; Das, Pritha; Bassett, Darryl; Berk, Michael; Boyce, Philip; Lyndon, Bill; Mulder, Roger; Parker, Gordon; Singh, Ajeet B.;

Source: Journal of Affective Disorders, Vol 225, Jan 1, 2018 pp. 559-562. Publisher: Elsevier Science;

Abstract: Background: Cognitive compromise is a common experience for patients with depression and other mood disorders. Depressed patients sustain deficits in working memory and attentional distortions in emotional processing and negative attention biases, which may contribute to maintaining their depressive state. Methods: The Mood Assessment and Classification (MAC) Committee comprised academic psychiatrists with clinical expertise in the management of mood disorders. The independently convened committee met to discuss contentious aspects of mood disorders diagnosis and assessment with the express aim of informing clinical practice and future research. Results: The Committee specifically identified cognition as an important aspect for clinicians to consider in the context of depression and mood disorders. This article highlights some of the barriers to assessment and proposes tools that have the potential to be implemented in clinical practice. Limitations: The conclusions drawn within this article are based on expert opinion. We have noted the limitations of the literature that informs this opinion. Conclusions: As cognitive ability has been closely linked to patients’ ability to achieve functional recovery, it is imperative that clinicians are able to identify patients with cognitive deficits and are equipped with tools to conduct effective cognitive assessments. Examining cognitive factors may generate a deeper understanding of the pathogenesis of depression and mood disorders which can ultimately be used to inform treatment. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title:
The relationship between gluten free diet adherence and depressive symptoms in adults with coeliac disease: A systematic review with meta-analysis.

Authors:
Sainsbury, Kirby; Marques, Marta M.;

Source:
Appetite, Vol 120, Jan 1, 2018 pp. 578-588. Publisher: Elsevier Science; [Journal Article]

Abstract:
Purpose: Depressive symptoms are common in patients with coeliac disease (CD) and may represent a barrier to gluten free diet (GFD) adherence. The aims of this meta-analysis were: (1) to synthesise the evidence on the relationship between depression or depressive symptoms and degree of adherence to a GFD in patients with CD who are already attempting a GFD (i.e., post-diagnosis and onset of GFD), and (2) to summarise the direction of causation of any observed relationship. Methods: A random effects meta-analysis of 8 cross-sectional studies (N = 1644) was conducted. Included studies measured self-reported depressive symptoms and GFD adherence using either a dietitian interview or validated self-report questionnaire that considered unintentional gluten consumption. Results: There was a moderate association between poorer GFD adherence and greater depressive symptoms (r = 0.398, 95% CI = 0.321 – 0.469), with marked heterogeneity in the effects (I² = 66.8%). A sensitivity analysis excluding studies with a moderate/high (k = 1) or unclear risk of bias (k = 1) did not change the results. Conclusion: The low number of studies meeting inclusion criteria limits the strength of the conclusions. Available evidence suggests there is an association between poorer GFD adherence and self-reported depressive symptoms; however, studies using longitudinal and prospective designs, and reliable measures, particularly for adherence, are needed to confirm this association. The direction of causation between depression and adherence remains unclear. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
The potential impact of biochemical mediators on telomere attrition in major depressive disorder and implications for future study designs: A narrative review.

Authors:
Manoliu, Andrei; Bosch, Oliver G.; Brakowski, Janis; Brühl, Annette B.; Seifritz, Erich;

Source:
Journal of Affective Disorders, Vol 225, Jan 1, 2018 pp. 630-646. Publisher: Elsevier Science;

Abstract:
Background: Major depressive disorder (MDD) has been proposed to represent a 'disease of premature aging', which is associated with certain biomarkers of cellular ageing and numerous other age-related diseases. Over the last decade, telomere length (TL) arose as a surrogate for cellular aging. Recent data suggests that TL might be reduced in patients with MDD, however, results are still inconclusive. This might be explained by the lack of assessment of potential biochemical mediators that are directly associated with telomere shortening and frequently observed in patients with MDD. Methods: A narrative review was performed. The PubMed database was searched for relevant studies. Results: We identified four major mediators, which are recurrently reported in patients with MDD and are associated with reduced TL: inflammation/oxidative stress, dysregulation of the hypothalamic-pituitary-adrenal axis, metabolic dysbalance including insulin resistance, and decreased brain-derived neurotrophic factor. These mediators are also mutually associated and were not systematically assessed in current studies investigating TL and MDD, which might explain inconclusive findings across current literature. Finally, we discuss possible ways to assess those mediators and potential implications of such approaches for future research. Limitations: The majority of identified studies had cross-sectional designs and used heterogeneous methods to assess TL and associated relevant biochemical mediators. Conclusions: A better understanding of the complex interactions between biochemical mediators, somatic comorbidities and shortened telomeres in patients with MDD might further specify the pathophysiology-based conceptualization and, based on that, personalized treatment of MDD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Local functional connectivity density is closely associated with the response of electroconvulsive therapy in major depressive disorder.

**Authors:**
Wang, Jiaojian; Wei, Qiang; Yuan, Xinru; Jiang, Xiaoyan; Xu, Jiping; Zhou, Xiaoqin; Tian, Yanghua; Wang, Kai;

**Source:**

**Abstract:**
Background: Electroconvulsive therapy (ECT) has been demonstrated to be an effective treatment of major depressive disorder (MDD). However, the neuroanatomical basis of response to ECT is still largely unknown. Methods: In present study, we used functional connectivity density (FCD) and resting-state functional connectivity (RSFC) to identify the relationship between the changes of resting-state activities and ECT responses in 23 MDD patients before and after ECT. In addition, the identified neural indices as classification characteristics were entered into multivariate pattern analysis using linear support vector machine (SVM) to classify 23 MDD patients before ECT from 25 gender, age and years of education matched healthy controls. Results: We found that the changes of local FCD (lFCD), not long-range FCD, of the left pre-/postcentral gyrus (Pre-/postCG), left superior temporal gyrus (STG), and right STG were significantly correlated with the changes of Hamilton Rating Scale for Depression (HRSD) scores in MDD patients before and after ECT. The subsequent functional connectivity analysis revealed significantly decreased functional connectivity between right STG and right intraparietal sulcus (IPS) in MDD after ECT in spite of no correlation with HRSD scores. Finally, SVM-based classification achieved an accuracy of 72.92% with a sensitivity of 73.91% and a specificity of 72% by leave-one-out cross-validation.

Conclusions: Our findings indicated that Pre-/postCG and bilateral STG play an important role in response of ECT in MDD patients, and the lFCD in these areas may serve as a biomarker for predicting ECT response. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


---

**Title:**
Uric acid in major depressive and anxiety disorders.

**Authors:**
Black, Catherine N.; Bot, Mariska; Scheffer, Peter G.; Snieder, Harold; Penninx, Brenda W. J. H.;

**Source:**
Journal of Affective Disorders, Vol 225, Jan 1, 2018 pp. 684-690. Publisher: Elsevier Science

**Abstract:**
Background: Uric acid has neuroprotective effects, owing to its antioxidant properties. Lowered antioxidant capacity, causing increased oxidative stress, may be involved in affective disorders and might be altered by antidepressants. This study investigated the association of plasma uric acid, the greatest contributor to blood antioxidant capacity, with major depressive disorder (MDD) and anxiety disorders. Methods: Data were from the Netherlands Study of Depression and Anxiety including patients with current (N = 1648), remitted (N = 609) MDD and/or anxiety disorders (of which N = 710 antidepressant users) and 618 controls. Diagnoses were established with the Composite International Diagnostic Interview. Symptom severity was assessed with the Inventory of Depressive Symptoms-Self Report, Beck Anxiety Inventory and Fear Questionnaire. Uric acid was measured in plasma. Analyses were adjusted for sociodemographic, health and lifestyle variables. Results: Plasma uric acid adjusted mean levels were lower in current MDD and/or anxiety disorder(s) (289 μmol/l) compared to remitted disorders (298 μmol/l, p < .001) and controls (299 μmol/l, p < .001; Cohen's d .10). This finding was independent of antidepressant use. Depressive (β-.05, p = .0012), anxiety (β-.04, p = .009) and phobic (β-.03, p = .036) symptom severity, and symptom duration (β-.04, p = .009) were negatively associated with uric acid. Limitations: Limitations include the lack of data on dietary intake which could be a potential confounding factor. From these cross-sectional findings, the association between uric acid and psychopathology cannot be inferred to be causal. Conclusion: This large scale study finds plasma uric acid levels are lower in current, but not remitted, MDD and/or anxiety disorders, according to a dose-response gradient. This suggests the involvement of decreased antioxidant status in affective disorders, and points to their potential as an avenue for treatment. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Adolescent socioeconomic status and depressive symptoms in later life: Evidence from structural equation models.
Authors: Pino, Elizabeth C.; Damus, Karla; Jack, Brian; Henderson, David; Milanovic, Snezana; Kalesan, Bindu; Source: Journal of Affective Disorders, Vol 225, Jan 1, 2018 pp. 702-708. Publisher: Elsevier Science
Abstract: Background: The complex association between socioeconomic status (SES) and depressive symptoms is not entirely understood and the existing literature does not address the relationship between early-life SES and laterlife depression from a life-course perspective, incorporating mediating events. Methods: Using data from the Wisconsin Longitudinal Study, we employed structural equation modeling to examine how SES measured at age 18 affects depressive symptoms at age 54 directly and through mediating variables college graduation, marriage, and household income level at age 36. Results: The total effect of adolescent SES on later-life depressive symptoms is largely mediated through college graduation. Our final model was driven by the effects of women. The variables contributing most to depressive symptoms in women were the direct effect of being raised in a home with a low SES and the indirect effect of low adolescent SES mediated through non-completion of college. Limitations: Cohort was exclusively comprised of white, high school graduates born in 1939 (± 2 years). In our analysis we assume that missing values are missing at random (MAR); however, attrition both from death (excluded from our population) and from non-response could be associated with depression, i.e. missing not at random (MNAR). Conclusions: This study demonstrates the impact of completion of college, particularly among women, and supports the social mobility hypothesis to explain the relationship between adolescent socioeconomic circumstances and late-life health. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Persistent antidepressant effect of low-dose ketamine and activation in the supplementary motor area and anterior cingulate cortex in treatment-resistant depression: A randomized control study.
Authors: Chen, Mu-Hong; Li, Cheng-Ta; Lin, Wei-Chen; Hong, Chen-Jee; Tu, Pei-Chi; Bai, Ya-Mei; Cheng, Chih-Ming; Su, Tung-Ping;
Source: Journal of Affective Disorders, Vol 225, Jan 1, 2018 pp. 709-714. Publisher: Elsevier Science;
Abstract: Background: A single low-dose ketamine infusion exhibited a rapid antidepressant effect within 1 h. Despite its short biological half-life (approximately 3 h), the antidepressant effect of ketamine has been demonstrated to persist for several days. However, changes in brain function responsible for the persistent antidepressant effect of a single low-dose ketamine infusion remain unclear Methods: Twenty-four patients with treatment-resistant depression (TRD) were randomized into three groups according to the treatment received: 0.5 mg/kg ketamine, 0.2 mg/kg ketamine, and normal saline infusion. Standardized uptake values (SUVs) of glucose metabolism measured through 18F-FDG positron-emission-tomography before infusion and 1 day after a 40-min ketamine or normal saline infusion were used for subsequent whole-brain voxel-wise analysis and were correlated with depressive symptoms, as defined using the Hamilton Depression Rating Scale-17 (HDRS-17) score Results: The voxel-wise analysis revealed that patients with TRD receiving the 0.5 mg/kg ketamine infusion had significantly higher SUVs (corrected for family-wise errors, P = 0.014) in the supplementary motor area (SMA) and dorsal anterior cingulate cortex (dACC) than did those receiving the 0.2 mg/kg ketamine infusion. The increase in the SUV in the dACC was negatively correlated with depressive symptoms at 1 day after ketamine infusion Discussion: The persistent antidepressant effect of a 0.5 mg/kg ketamine infusion may be mediated by increased activation in the SMA and dACC. The higher increase in dACC activation was related to the reduction in depressive symptoms after ketamine infusion. A 0.5 mg/kg ketamine infusion facilitated the glutamatergic neurotransmission in the SMA and dACC, which may be responsible for the persistent antidepressant effect of ketamine much beyond its half-life. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: Economic evaluations of internet- and mobile-based interventions for the treatment and prevention of depression: A systematic review.

Authors: Paganini, Sarah; Teigelkötter, Wiebke; Buntrock, Claudia; Baumeister, Harald;

Source: Journal of Affective Disorders, Vol 225, Jan 1, 2018 pp. 733-755. Publisher: Elsevier Science;

Abstract: Background: Internet- and mobile-based interventions (IMIs) targeting depression have been shown to be clinically effective and are considered a cost-effective complement to established interventions. The aim of this review was to provide an overview of the evidence for the cost-effectiveness of IMIs for the treatment and prevention of depression. Methods: A systematic database search was conducted (Medline, PsychInfo, CENTRAL, PSYNDEX, OHE HEED). Relevant articles were selected according to defined eligibility criteria. IMIs were classified as cost-effective if they were below a willingness-to-pay threshold (WTP) of €22,845 (£20,000) - €34,267 (£30,000) per additional quality-adjusted life year (QALY) according to the National Institute for Health and Clinical Excellence (NICE) standard. Study quality was assessed using the Consolidated Health Economic Evaluation Reporting Standard guidelines and the Cochrane Risk of Bias Tool. Results: Of 1538 studies, seven economic evaluations of IMIs for the treatment of major depression, four for the treatment of subthreshold/minor depression and one for the prevention of depression. In six studies, IMIs were classified as likely to be cost-effective with an incremental cost-utility ratio between €3088 and €22,609. All of these IMIs were guided. Overall quality of most economic evaluations was evaluated as good. All studies showed some risk of bias. Limitations: The studies used different methodologies and showed some risk of bias. These aspects as well as the classification of cost-effectiveness according to the WTP proposed by NICE should be considered when interpreting the results. Conclusions: Results indicate that guided IMIs for the treatment of (subthreshold) depression have the potential to be a cost-effective complement to established interventions, but more methodologically sound studies are needed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Mixed symptoms in major depressive and bipolar disorders: A systematic review.

Authors: Vázquez, Gustavo H.; Lolich, María; Cabrera, Casimiro; Jokic, Ruzica; Kolar, Dusan; Tondo, Leonardo; Baldessarini, Ross J.;

Source: Journal of Affective Disorders, Vol 225, Jan 1, 2018 pp. 756-760. Publisher: Elsevier Science;

Abstract: Background: The DSM-5 mixed features specifier for mood disorders encourages renewed interest in mixed states and led us to pool research findings regarding prevalence of mixed features in episodes of major depressive (MDD) and bipolar disorders (BD). Methods: We systematically searched to July 2017 for reports on mixed symptoms in depressive episodes of MDD and in depression and mania or hypomania in types I and II BD. For primary mood-states and diagnostic groups we compared rates of the presence of mixed symptoms: as defined by DSM-5 (≥ 3 features opposite to the dominant mood-polarity but not overlapping those of the primary disorder) or as having any ≥ 3 features of opposite polarity. Results: We identified 17 reports, from 13 world regions involving 19,198 participants meeting standard diagnostic criteria for an index major depressive or [hypo]manic episode. Prevalence of cases with ≥ 3 features of opposite polarity averaged 27.8% [CI: 27.2–28.5] overall, and differed significantly between BD and MDD disorders, ranking: BD-depressed (35.2% [33.8–36.5]) = BD-[hypo]manic (35.1% [32.9–37.3]) > MDD-depressed (23.8% [23.0–24.5]). Limitations: Available findings were limited to mood disorders with mixed features by particular criteria, with few comparisons to other criteria or to their prognostic or therapeutic implications. Conclusions: Prevalence of ≥ 3 features of opposite polarity ranked: depressive = [hypo]manic episodes of BD > depression in MDD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Increased anterior default-mode network homogeneity in first-episode, drug-naive major depressive disorder: A replication study.

**Authors:** Guo, Wenbin; Cui, Xilong; Liu, Feng; Chen, Jindong; Xie, Guangrong; Wu, Renrong; Zhang, Zhikun; Chen, Huafu; Zhao, Jingping;

**Source:** Journal of Affective Disorders, Vol 225, Jan 1, 2018 pp. 767-772. Publisher: Elsevier Science;

**Abstract:**
Background: Abnormal default-mode network (DMN) homogeneity has been involved in the neurophysiology of major depressive disorder (MDD) with inconsistent findings. The inconsistency may be due to clinical and methodological variability, and the reproducibility of the findings is limited. The present study aimed to examine alterations of the DMN homogeneity in two independent samples of patients with first-episode, drug-naive MDD. Methods: The samples included 59 patients with MDD and 31 comparison subjects from Sample 1 and 29 patients with MDD and 24 comparison subjects from Sample 2. Network homogeneity (NH) was computed with an overlapping technique, which was employed to define brain regions with abnormal NH common to the MDD samples. Results: Compared with comparison subjects, patients with MDD exhibited increased NH in an overlapped brain region of the left superior medial prefrontal cortex (MPFC). No correlations were found between abnormal NH and HAMD total/subscale scores in the patients of each sample and in the combined patients from both samples. Conclusions: This study is the first to examine alterations of DMN homogeneity in first-episode, drug-naive patients with MDD in two independent samples by using an overlapping technique. Patients with MDD exhibit increased NH in an overlapped region in the anterior DMN. The present study thus highlights the importance of the DMN in the neurophysiology of MDD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Distance-dependent alterations in local functional connectivity in drug-naive major depressive disorder.

**Authors:** Zhu, Jiajia; Lin, Xiaodong; Lin, Chongguang; Zhuo, Chuanjun;

**Source:** Psychiatry Research: Neuroimaging, Vol 270, Dec 30, 2017 pp. 80-85. Publisher: Elsevier Science;

**Abstract:**
Previous studies using resting-state functional magnetic resonance imaging (fMRI) have found abnormal functional connectivity in patients with major depressive disorder (MDD). Yet, effect of distance thresholds on local functional connectivity changes in MDD is largely unknown. Here, we used resting-state fMRI data and functional connectivity strength (FCS) method to test local functional connectivity differences at different distance thresholds between 47 drug-naive patients with MDD and 47 healthy controls. For the distribution of functional brain hubs with high local FCS, the overall changing trend from distance thresholds of 10mm to 100mm was from lateral to medial. Compared to controls, MDD patients exhibited decreased local FCS independent of distance threshold in the sensorimotor system (postcentral gyrus, paracentral lobule, and supplementary motor area). MDD Patients exhibited increased local FCS in the inferior temporal gyrus at two lower distance thresholds (20mm and 30mm) and a higher distance threshold (100mm). In addition, MDD patients showed increased local FCS in the putamen at higher distance thresholds (80–100mm). These findings suggest that local functional connectivity abnormalities in MDD are dependent on distance thresholds and that future studies should take the distance thresholds into account when measuring local functional connectivity in MDD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Long-term effects of exercise at different intensity levels on depression: A randomized controlled trial.  

**Authors:** Helgadóttir, Björg; Forsell, Yvonne; Hallgren, Mats; Möller, Jette; Ekblom, Örjan;
Source:

Abstract:
Previous research has shown positive effects of exercise on depression but studies have mainly focused on the short-term effects; few have examined the long-term effect, especially with regard to differences in intensity. The aim of this study was to examine the long-term effects of prescribed exercise on depression, performed at three intensity levels. People aged 18–67 years with mild to moderate depression (Patient Health Questionnaire-9 score of ≥ 10) participated in a single-blind, parallel randomized control trial lasting 12 weeks (Sweden 2011–2013). Four arms were included: Treatment as usual (TAU, n = 310), light (n = 106), moderate (n = 105) and vigorous exercise (n = 99). Severity of depression was measured at baseline, post-treatment and 12-month follow-up using the Montgomery-Åsberg Depression Rating Scale (MADRS). Coefficients (β) and odds ratios were estimated using linear mixed models with time × group interactions. The results showed that at the 12 month follow-up the light exercise group had significantly lower depression severity scores than the TAU (−1.9, 95% CI: −3.7, −0.04) and the moderate exercise group (−2.94, 95% CI: −5.2, −0.7). The vigorous exercise group had significantly lower scores than the moderate exercise group only (−2.7, 95% CI: −4.9, −0.4). In conclusion, compared to usual care for depression, only light exercise resulted in significantly lower depression severity at 12-month follow-up. Both light and vigorous exercise was more effective than moderate exercise. (PsycINFO Database Record (c) 2017 APA, all rights reserved) http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-48380-008&site=ehost-live

Title:
The long-term effects of bibliotherapy in depression treatment: Systematic review of randomized clinical trials.
Authors:
Source:

Abstract:
Objective: Literature shows bibliotherapy can be helpful for moderate depression treatment. The aim of this systematic review is to verify the long-term effects of bibliotherapy. Methods: After bibliographic research, we included RCTs articles about bibliotherapy programme treatment of depression published in English language between 1990 and July 2017. All RCTs were assessed with Cochrane’s Risk of Bias tool. Results: Ten articles (reporting 8 studies involving 1347 subjects) out of 306 retrieved results were included. All studies analyze the effects of bibliotherapy after follow-up periods ranging from 3 months to 3 years and show quiet good quality in methods and analyses. The treatment was compared to standard treatments or no intervention in all studies. After long-term period follow-ups, six studies, including adults, reported a decrease of depressive symptoms, while four studies including young people did not show significant results. Conclusion: Bibliotherapy appears to be effective in the reduction of adults depressive symptoms in the long-term period, providing an affordable prompt treatment that could reduce further medications. The results of the present review suggest that bibliotherapy could play an important role in the treatment of a serious mental health issue. Further studies should be conducted to strengthen the evidence of bibliotherapy’s efficacy. (PsycINFO Database Record (c) 2017 APA, all rights reserved) http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-45873-001&site=ehost-live

Title:
Improving the efficiency of psychological treatment using outcome feedback technology.
Authors:
Delgadillo, Jaime; Overend, Karen; Lucock, Mike; Groom, Martin; Kirby, Naomi; McMillan, Dean; Gilbody, Simon; Lutz, Wolfgang; Rubel, Julian A.; de Jong, Kim;
Source:

Abstract:
Aims: This study evaluated the impact of applying computerized outcome feedback (OF) technology in a stepped care psychological service offering low and high intensity therapies for depression and anxiety.
Methods: A group of therapists were trained to use OF based on routine outcome monitoring using depression (PHQ-9) and anxiety (GAD-7) measures. Therapists regularly reviewed expected treatment response graphs with patients and discussed cases that were 'not on track' in clinical supervision. Clinical outcomes data were collected for all patients treated by this group (N = 594), six months before (controls = 349) and six months after the OF training (OF cases = 245). Symptom reductions in PHQ-9 and GAD-7 were compared between controls and OF cases using longitudinal multilevel modelling. Treatment duration and costs were compared using MANOVA. Qualitative interviews with therapists (N = 15) and patients (N = 6) were interpreted using thematic analysis. Results: OF technology was generally acceptable and feasible to integrate in routine practice. No significant between-group differences were found in post-treatment PHQ-9 or GAD-7 measures. However, OF cases had significantly lower average duration and cost of treatment compared to controls. Conclusions: After adopting OF into their practice, this group of therapists attained similar clinical outcomes but within a shorter space of time and at a reduced average cost per treatment episode. We conclude that OF can improve the efficiency of stepped care. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Moving towards the benign: Automatic interpretation bias modification in dysphoria.

Authors:
Cowden Hindash, Alexandra H.; Rottenberg, Jonathan A.;

Source:

Abstract:
Automatic cognitive biases are important to theories of depression and reducing such biases may contribute to therapeutic gains. The present study examined (1) whether it was possible to reduce automatic interpretation biases (AIB) in a single session among dysphoric subjects and (2) whether the effects of modifying AIB generalized to other measures of cognition and emotion. 76 dysphoric students completed a modified semantic association paradigm in which they were randomized to receive active or random-feedback-based training. Groups did not differ on AIB at baseline. Compared to the placebo group, the active training group demonstrated decreased endorsement of negative AIB, faster endorsement of benign AIB, and slower rejection of benign AIB. AIB modification generalized to a separate measure of interpretation bias. Further, greater reductions in AIB predicted a more resilient emotional response pattern to a laboratory stressor. Implications of AIB modification for basic and clinical research are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Brief training in mindfulness meditation reduces symptoms in patients with a chronic or recurrent lifetime history of depression: A randomized controlled study.

Authors:
Winnebeck, Emilia; Fissler, Maria; Gärtner, Matti; Chadwick, Paul; Barnhofer, Thorsten;

Source:

Abstract:
Background: Training in mindfulness has been introduced to the treatment of depression as a means of relapse prevention. However, given its buffering effects on maladaptive responses to negative mood, mindfulness training would be expected to be particularly helpful in those who are currently suffering from symptoms. This study investigated whether a brief and targeted mindfulness-based intervention can reduce symptoms in acutely depressed patients. Methods: Seventy-four patients with a chronic or recurrent lifetime history were randomly allocated to receive either a brief mindfulness-based intervention (MBI) encompassing three individual sessions and regular home practice or a control condition that combined psycho-educational components and regular rest periods using the same format as the MBI. Self-reported severity of symptoms, mindfulness in every day life, ruminative tendencies and cognitive reactivity were assessed before and after intervention. Results: Treatment completers in the MBI condition showed pronounced and significantly stronger reductions in symptoms than those in the control condition. In the MBI group only, patients showed significant increases in mindfulness, and significant reductions in ruminative tendencies and cognitive reactivity. Conclusions: Brief targeted mindfulness interventions can
help to reduce symptoms and buffer maladaptive responses to negative mood in acutely depressed patients with chronic or recurrent lifetime history. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: What works best for reducing symptoms and improving quality of life? A 6-months follow-up study on the effectiveness of group cognitive behaviour therapy and group information and support for adults suffering from depression.

Authors: Moore, Lucy; Carr, Alan; Hodgins, Sinead; Duffy, Daniel; Rooney, Brendan;


Abstract: A non-randomized effectiveness trial was conducted in an urban secondary care public mental health service in Ireland. The effectiveness of an 8 session group cognitive behavior therapy program (gCBT-8), where the focus was on behavioral activation and cognitive restructuring, was compared with that of an enhanced 12 session group cognitive behavior therapy program (gCBT-12), which contained additional sessions on schema work, and a 12 session information and support control group program (gIS-12) in which there was no CBT skills training. One hundred and eighty-one adults with unipolar mood disorders were allocated to gCBT-8 (N = 67), gCBT-12 (N = 62), or gIS-12 (N = 52). Before and after treatment, and at 6 months follow-up participants completed the Beck Depression Inventory II (BDI-II), the Beck Anxiety Inventory, the Clinical Outcome and Routine Evaluation, the Dysfunctional Attitudes Scale, and the brief World Health Organization Quality of Life Scale. An intention-to-treat analysis of mean scores showed that the three programs had similar outcomes. There were significant improvements on all dependent variables with post-treatment gains maintained at follow-up. The three programs also led to similar remission and combined reliable improvement and remission rates on the BDI-II. It was concluded that all three programs had similar levels of effectiveness. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: An uncontrolled clinical trial of guided respiration mindfulness therapy (GRMT) in the treatment of depression and anxiety.

Authors: Lalande, Lloyd; King, Robert; Bambling, Matthew; Schweitzer, Robert D.;


Abstract: Guided respiration mindfulness therapy (GRMT) is a manualized intervention that synthesizes a sustained focus on self-regulation of respiration, mindfulness, and relaxation. In our previous publication (in Lalande et al. J Contemp Psychother 46(2):107–116, 2016) we reported an evaluation of a manual-based GRMT therapist training program for the treatment of depression and anxiety. Here we report the outcomes of the manualized treatment program for depression and anxiety with clients. Forty-two participants with a primary diagnosis of depression or anxiety disorder participated in an uncontrolled clinical trial evaluating treatment response using standardised outcome measures with data collected on a session-by-session basis. For the majority of participants, treatment led to statistically and clinically significant reduction in symptoms of depression, anxiety and stress, along with reduced anxiety sensitivity and increases in overall wellbeing. Results suggested GRMT shows promise as an effective brief treatment option that does not rely on cognitive or behavioural techniques. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Medical and psychosocial determinants of risk of postpartum depression: A cross-sectional study.

**Authors:**
Maliszewska, Karolina; Bidzan, Mariola; Świątkowska-Freund, Małgorzata; Preis, Krzysztof;

**Source:**

**Abstract:**
Objective: The aim of this study was to investigate the degree of risk of maternal postpartum depression during the second month of puerperium. Method: In total, 387 postnatal women filled out a questionnaire concerning their health and social status, as well as the following tests: the Edinburgh Postnatal Depression Scale (EPDS), the Patient Health Questionnaire-9 (PHQ-9), the Neo Five-Factor Inventory (NEO-FFI) Personality Inventory and the Berlin Social Support Scales. After 4–8 weeks, patients responded to another questionnaire with the EPDS and the PHQ-9. Results: In total, 48 patients (12.40%) were found to be at risk of postpartum depression between the fourth and eighth weeks after delivery. Premenstrual syndrome [adjusted odds ratio (ORa) = 2.93, confidence interval (CI) 1.30–6.63] and EPDS > 12 points during the first week after the delivery (ORa = 3.74, CI 1.59–9.04) increased the risk of postnatal depression. A similar role is played by a high result in neuroticism scale of the NEO-FFI (ORa = 1.50, CI 1.17–1.92) and a positive family history of any psychiatric disorder (ORa = 1.03, CI 1.01–1.06).

Conclusion: A history of premenstrual syndrome and a higher risk of affective disorder soon after a childbirth are associated with greater chances of depressive symptoms in the second month postpartum. This is also the case if a patient is neurotic and has a relative with a history of any psychiatric disorder. Such women should have their mental status carefully evaluated. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-52498-005&site=ehost-live

---

**Title:**
Treatment of gambling disorder patients with comorbid depression.

**Authors:**
Linnet, Jakob; Jeppsen Mensink, Monique; de Neergaard Bonde, Johanne; Winterdahl, Michael;

**Source:**

**Abstract:**
Objective: This study was conducted to investigate and clinically assess comorbid depression and its relevance in individuals suffering from gambling disorders. The DSM-V defines the condition of gambling disorder as a persistent and recurrent problematic gambling behaviour leading to clinically significant impairment or distress. Method: A total of 61 subjects with gambling disorders were assessed using the Structured Clinical Interview for the DSM-IV (SCID-I), the South Oaks Gambling Screen (SOGS) and the Major Depression inventory (MDI). Results: Two-way analysis of variance showed highly significant treatment outcomes associated with reductions in SOGS, F(1,60) = 84.79, p < 0.0001, MDI, F (1,60) = 38.13, p < 0.0001, craving, F(1,60) = 29.59, p < 0.0001, and gambling control, 47.65, p < 0.0001. There was also a highly significant outcome associated with comorbidity in MDI, F(1,60) = 9.17, p < 0.0001. Finally, there was a significant interaction effect between treatment outcome and comorbidity, F(1,60) = 3.90, p < 0.005, suggesting that both treatment and comorbidity contributed to reductions in depressive symptoms. Conclusion: These results suggest and highlights the importance and benefits of integrated treatment of gambling disorders and its comorbidity, but also stresses the importance of adequate screening and detection of these two variables. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


---

**Title:**
Understanding the relationship between suicidality, current depressed mood, personality, and cognitive factors.

**Authors:**
Cameron, Shri; Brown, Verity J.; Dritschel, Barbara; Power, Kevin; Cook, Malcolm;

**Source:**
Abstract:
Objectives: Links between suicidality and depressed mood are well established. There is, however, little information about the emotional regulation processes that underlie the relationship between suicidality and current low mood, and how these processes differ between groups of never-suicidal (NS), suicidal ideators, and suicide attempters. As suicidality and depression are heterogeneous constructs, this study aimed to conduct within- and between-group comparisons of known suicide risk factors that are associated with emotion regulation (neuroticism, trait aggression, brooding, impulsivity, and overgeneral autobiographical memories). Design: Correlational design using between- and within-group comparisons from self-report measures. Methods: Inter- and intragroup differences were identified using Pearson's correlation coefficients and tests of difference. An analysis of indirect effects was used to investigate whether the relationship between suicidality and current low mood was mediated by neuroticism, trait aggression, brooding, impulsivity, and overgeneral autobiographical memories, and if this relationship varied according to group type. Results: Brooding appeared to be a consistent feature of all three groups and was closely related to current low mood. Compared to the NS group, the relationship between suicide attempts and current low mood showed greater associations with brooding, trait aggression, and overgeneral autobiographical memories. Compared to the NS group, the suicidal ideation group showed stronger associations with neuroticism and impulsivity, but these factors did not correlate with low mood. Conclusion: These results suggest a need for larger studies to focus on heterogeneity within suicidal populations and consider how different combinations of risk factors may heighten or reduce suicide risk. Practitioner points It is well known that the severity and intensity of suicide and depressed presentations vary because of underlying dispositional and contextual factors (Fried & Nesse, ) which, in turn, affect how events are interpreted and responded to. Despite this, there is little research about how these mechanisms operate in different types of suicide groups, and their influence on the relationship between suicidality and current low mood. Understanding interrelationships that affect current low mood is of clinical significance because past suicidal history and deteriorations in already negative mood are linked to repeated suicide attempts and completion. Our findings show that ruminative brooding, defined as a tendency to repeatedly think about emotional aspects of an event, consistently correlates with current low mood across different types of suicidal groups (NS, suicidal ideators, and suicide attempters), and across analyses. Findings also show that suicidal ideation and attempt groups were associated with specific personality characteristics that increased the propensity of emotional responding and interpretation compared to the NS group. The relationship between suicide attempt and current low mood had a higher propensity to be influenced by trait aggression, brooding, and overgenerality compared to the NS group. In contrast, although the suicidal ideation group correlated more strongly with neuroticism and impulsivity, these factors did not influence current low mood. In terms of clinical practice, these findings imply that specific styles of interpretation and thinking may maintain the relationship between suicidality and current low mood. Given the cross-sectional nature of the study, however, it is not possible to imply causality. Nevertheless, the findings obtained provide some support for transdiagnostic models of cognitive–behavioural processes that could be developed further. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
greater negative perfectionism. Compared to those with depression, the eating disorder group reported harsher self-criticism, felt it was more part of their personality, and was more beneficial. Conclusions: The findings highlight the importance of exploring people’s beliefs about their self-criticism, and imply that treatment for self-criticism may be more challenging with people with eating disorders than people with depression. Practitioner points This study highlights that self-criticism is common in depression and eating disorders and that some people find this a significant problem in its own right. Careful assessment of self-criticism is recommended when working with these clinical presentations, which should include the perceived positive consequences and desire to change. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Maintaining mental health through positive writing: Effects of a resource diary on depression and emotion regulation.
Authors: Suhr, M.; Risch, A. K.; Wilz, G.;
Abstract: Objective: The present study investigated the beneficial effects of the resource-oriented positive writing intervention resource diary (RD) on mental health variables among patients recently discharged from psychiatric inpatient treatment. Method: Eighty-nine patients were randomly assigned to either an intervention group completing RD over the course of 4 weeks (n = 45) or a control group receiving no intervention (n = 44). To measure changes in mental health, patients filled out a number of self-report questionnaires on depression, emotion regulation, and resource activation before and after the intervention. Results: Participants completing RD had significantly lower depression scores than controls and reported an increased use of the functional emotion regulation strategy 'reappraisal' 5 weeks after discharge. A decreased use of the dysfunctional strategy 'expressive suppression' was found in the female subsample. No differences were found for resource activation. Conclusion: These findings suggest that a resource-oriented positive writing intervention has potential for stabilizing mental health after psychiatric discharge and could therefore present an economical alternative or addition to established aftercare programs. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-06569-001&site=ehost-live

Title: Electroconvulsive therapy does not alter the synaptic protein neurogranin in the cerebrospinal fluid of patients with major depression.
Authors: Kranaster, Laura; Blennow, Kaj; Zetterberg, Henrik; Sartorius, Alexander;
Abstract: Neurogranin (Ng) is a dendritic protein associated with synaptic plasticity, proposed to be a novel biomarker to measure synaptic dysfunction and degeneration in Alzheimer's disease. Since electroconvulsive therapy (ECT) has been suggested to facilitate neurogenesis and neural plasticity, we tested whether ECT could modify CSF Ng concentrations measured before and after a course of ECT in 12 patients with major depression. CSF Ng concentrations did not change, but baseline levels were positively correlated with the therapeutic response. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Back to top
**Schizophrenia**

**Title:**
Impairments of spontaneous and deliberative mentalizing co-occur, yet dissociate, in schizophrenia.

**Langdon,**

**Authors:**
Robyn; Flynn, Michaela; Connaughton, Emily; Brüne, Martin;

**Source:**

**Abstract:**
Objectives: Evidence of impairment in explicit mentalizing in people with schizophrenia has inspired interventions to improve awareness of others’ mental states in these individuals. Less is known of implicit mentalizing in schizophrenia, with current findings mixed. We sought to resolve previous inconsistencies using Heider & Simmel's (H & S) classic animation to elicit spontaneous mentalizing and examined relations between spontaneous and deliberative mentalizing.

Methods: Forty-five schizophrenia outpatients and 27 general-community controls completed two explicit theory-of-mind (TOM) tasks and then described the H & S animation (to elicit spontaneous social attributions about emotionally driven, as well as goal-driven, behaviours), before and after an instruction to think of the shapes as people. Accuracy of basic and social facts and frequencies of personification and different mental-state terms were recorded. Results: Explicit TOM performance was impaired in patients. Patients also generated fewer social (but not basic) facts than controls to describe the H & S animation, and used less mental-state language, before, and even more so, after the ‘people’ instruction, despite that both groups had used more personification terms after the ‘people’ instruction. Measures of explicit and spontaneous mentalizing contributed independently to discriminating between groups. Conclusions: Patients respond less to the bottom-up signals of agency that ought normally to elicit spontaneous social attributions, even when cued to think of the stimuli as people, and the stimuli depict emotionally driven, as well as goal-driven, behaviour. That impairments of spontaneous and deliberative mentalizing dissociate in schizophrenia suggests that training deliberative mentalizing may not be enough; interventions to improve spontaneous mentalizing are also needed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:**
Effects of transcranial direct current stimulation on the auditory mismatch negativity response and working memory performance in schizophrenia: A pilot study.

**Authors:**
Impey, Danielle; Baddeley, Ashley; Nelson, Renee; Labelle, Alain; Knott, Verner;

**Source:**

**Abstract:**
Cognitive impairment has been proposed to be the core feature of schizophrenia (Sz). Transcranial direct current stimulation (tDCS) is a non-invasive form of brain stimulation which can improve cognitive function in healthy participants and in psychiatric patients with cognitive deficits. tDCS has been shown to improve cognition and hallucination symptoms in Sz, a disorder also associated with marked sensory processing deficits. Recent findings in healthy controls demonstrate that anodal tDCS increases auditory deviance detection, as measured by the brain-based event-related potential, mismatch negativity (MMN), which is a putative biomarker of Sz that has been proposed as a target for treatment of Sz cognition. This pilot study conducted a randomized, double-blind assessment of the effects of pre- and post-tDCS on MMN-indexed auditory discrimination in 12 Sz patients, moderated by auditory hallucination (AH) presence, as well as working memory performance. Assessments were conducted in three sessions involving temporal and frontal lobe anodal stimulation (to transiently excite local brain activity), and one control session involving ‘sham’ stimulation (meaning with the device turned off, i.e., no stimulation). Results demonstrated a trend for pitch MMN amplitude to increase with anodal temporal tDCS, which was significant in a subgroup of Sz individuals with AHs. Anodal frontal tDCS significantly increased WM performance on the 2-back task, which was found to positively correlate with MMN-tDCS effects. The findings contribute to our understanding of tDCS effects for sensory processing deficits and working memory performance in Sz and may have implications for psychiatric disorders with sensory deficits. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: Combining two model systems of psychosis: The effects of schizotypy and sleep deprivation on oculomotor control and psychotomimetic states.

Authors: Meyhöfer, Inga; Steffens, Maria; Faiola, Eliana; Kasparbauer, Anna-Maria; Kumari, Veena; Ettinger, Ulrich;


Abstract: Model systems of psychosis, such as schizotypy or sleep deprivation, are valuable in informing our understanding of the etiology of the disorder and aiding the development of new treatments. Schizophrenia patients, high schizotypes, and sleep-deprived subjects are known to share deficits in oculomotor biomarkers. Here, we aimed to further validate the schizotypy and sleep deprivation models and investigated, for the first time, their interactive effects on smooth pursuit eye movements (SPEM), prosaccades, antisaccades, predictive saccades, and measures of psychotomimetic states, anxiety, depression, and stress. To do so, n = 19 controls and n = 17 high positive schizotypes were examined after both a normal sleep night and 24 h of sleep deprivation. Schizotypes displayed higher SPEM global position error, catch-up saccade amplitude, and increased psychotomimetic states. Sleep deprivation impaired SPEM, prosaccade, antisaccade, and predictive saccade performance and increased levels of psychotomimetic experiences. Additionally, sleep deprivation reduced SPEM gain in schizotypes but not controls. We conclude that oculomotor impairments are observed in relation to schizotypy and following sleep deprivation, supporting their utility as biomarkers in model systems of psychosis. The combination of these models with oculomotor biomarkers may be particularly fruitful in assisting the development of new antipsychotic or pro-cognitive drugs. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

---

Title: Can circular inference relate the neuropathological and behavioral aspects of schizophrenia?

Authors: Leptourgos, Pantelis; Denève, Sophie; Jardri, Renaud;


Abstract: Schizophrenia is a complex and heterogeneous mental disorder, and researchers have only recently begun to understand its neuropathology. However, since the time of Kraepelin and Bleuler, much information has been accumulated regarding the behavioral abnormalities usually encountered in patients suffering from schizophrenia. Despite recent progress, how the latter are caused by the former is still debated. Here, we argue that circular inference, a computational framework proposed as a potential explanation for various schizophrenia symptoms, could help end this debate. Based on Marr's three levels of analysis, we discuss how impairments in local and more global neural circuits could generate aberrant beliefs, with far-ranging consequences from probabilistic decision making to high-level visual perception in conditions of ambiguity. Interestingly, the circular inference framework appears to be compatible with a variety of pathophysiological theories of schizophrenia while simulating the behavioral symptoms. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

---

Title: A comparison of the neutrophil-lymphocyte, platelet-lymphocyte and monocyte-lymphocyte ratios in schizophrenia and bipolar disorder patients—A retrospective file review.

Authors: Özdin, Selçuk; Sarisoys, Gökhan; Böke, Ömer;

Source:
Neutrophil-lymphocyte ratio (NLR), platelet-lymphocyte ratio (PLR) and monocyte-lymphocyte ratio (MLR) have recently been used as indicators of inflammation. Higher MLR and PLR values have been determined in the euthymic and manic periods in patients with bipolar disorder compared to a control group. High NLR values were determined in the only study investigating this ratio in schizophrenia patients. The purpose of this study was to compare NLR, PLR and MLR values and complete blood count elements in patients receiving treatment and hospitalized due to schizophrenic psychotic episode and bipolar disorder manic episode. All patients meeting the inclusion criteria among subjects receiving treatment and hospitalized due to schizophrenia-psychotic episode and bipolar affective disorder-manic episode at the Ondokuz Mayis University Medical Faculty Psychiatry Department, Turkey, in 2012–2016 were included in our study. A total of 157 healthy donors were included as a control group. White blood cell (WBC), neutrophil, lymphocyte, platelet and monocyte numbers were noted retrospectively from complete blood counts at time of admission, and NLR, PLR and MLR were calculated from these. NLR, PLR and MLR values and platelet numbers in this study were higher and lymphocyte numbers were lower in bipolar disorder patients compared to the controls. Elevation in NLR, MLR and PLR values and neutrophil numbers and lower lymphocyte numbers were determined in schizophrenia patients compared to the controls. Higher NLR and MLR values were found in schizophrenia patients compared to bipolar disorder. Findings of our study supported the inflammation hypothesis for schizophrenia and bipolar disorder.

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-40171-005&site=ehost-live

Title:
Brain-derived neurotrophic factor serum and plasma levels in the treatment of acute schizophrenia with olanzapine or risperidone: 6-week prospective study.
Authors:
Mikulic, Suzan Kudlek; Mihaljevic-Peles, Alma; Sagud, Marina; Janovic, Maja Bajs; Ganoci, Lana; Grubisin, Jasmina; Rojnic, Martina Kuzman; Cusa, Bjanka Vuksan; Bradaš, Zoran; Božina, Nada
Source:
Abstract:
Antipsychotics have been the mainstay of the treatment of schizophrenia, and their potential role in neuroprotection could be related to brain-derived neurotrophic factor (BDNF). So far different effects on both serum and plasma levels of BDNF were reported related to the various antipsychotic treatments. Aim of this study was to investigate the influence of olanzapine or risperidone on both plasma and serum levels of BDNF in patients with acute schizophrenia. For 50 participants with acute episode of schizophrenia both plasma and serum BDNF, along with the Positive and Negative Syndrome Scale (PANSS) and the Clinical Global Impression scale, were assessed pretreatment and post treatment – after 6 weeks of either risperidone or olanzapine. Results show that a weak correlation between pretreatment plasma and serum levels of BNDF was found no longer significant after 6 weeks of treatment. Antipsychotics, olanzapine and risperidone showed no significant effect on post treatment plasma and serum levels of BDNF. Pretreatment plasma level of BDNF and PANSS positive subscale were positively correlated. Post treatment serum level of BDNF and Clinical Global Impression were negatively correlated. In conclusion, plasma and serum BDNF levels could be different markers to some extent with regard to clinical symptoms, response to therapy and outcome. The interrelation between serum and plasma BDNF should be established in further studies. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Elevation of plasma neutrophil gelatinase-associated lipocalin (NGAL) levels in schizophrenia patients.
Authors:
Wei, Li; Du, Yupeng; Wu, Wei; Fu, Xuyan; Xia, Qi;
Source:
Abstract:
Background: Psychiatric diseases are usually accompanied by immune dysregulation and activation of the inflammatory response system. However, the characteristics of immunoinflammatory markers in psychiatric diseases are not well defined. Methods: Seventy-three patients with psychiatric diseases were divided into four groups, including a schizophrenia group, an anxiety disorder group, a unipolar depression group, and a bipolar disorder group, according to the ICD-10 and DSM-IV codes. Neutrophil gelatinase-associated lipocalin (NGAL) and associated classical immunoinflammatory markers including C-reactive protein (CRP), Th1/Th2 cytokines (IL-2, IL-4, IL-6, IL-10, TNF-α, and IFN-γ), total leukocyte count (TLC), and neutrophilic granulocyte percentage (NEU%) were analysed; patients with physical diseases were excluded to avoid confounders. Fifteen healthy, age- and gender-matched individuals served as controls. Results: Compared with the corresponding values in the control group, the level of CRP in each psychiatric disease group, the levels of IFN-γ and NGAL in the schizophrenia group, and the NEU% in the depression group were significantly elevated (P < 0.05). Compared with the levels in the schizophrenia group, the levels of CRP in the bipolar disorder and depression groups, the level of IFN-γ in the bipolar disorder group, and the levels of NGAL in the anxiety disorder and depression groups were significantly decreased (P < 0.05). Compared with the depression group, the bipolar disorder group showed significant elevation the NGAL level. Limitation: The sample size was relatively small. Conclusions: Immunoinflammatory markers were elevated in patients with psychiatric diseases, especially schizophrenia. We are the first to report that the level of NGAL is significantly increased in schizophrenia patients. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
order social cognition, despite their conceptual similarity. Therefore, the purpose of this study was to examine the relative contribution of different social cognitive abilities, as well as metacognition, to clinical insight in a large sample of 139 enduring schizophrenia patients, and controlling for established predictors of clinical insight. Hierarchical regression analyses were used to evaluate the portion of variance explained by 3 social cognitive abilities: emotion recognition, TOM, and affective empathy, and the metacognitive ability of self-reflectiveness. Clinical insight levels were assessed using the Schedule for the Assessment of Insight-Expanded version. Results indicated that affective empathy and self-reflectiveness are the strongest predictors of clinical insight. These results provide insights on the development of targeted interventions for improving clinical insight in this population. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Life review therapy enhances mental time travel in patients with schizophrenia.
Authors: Chen, Gui-fang; Liu, Lu-lu; Cui, Ji-fang; Chen, Tao; Qin, Xiao-jing; Gan, Jie-chun; Bi, Bin; Neumann, David L.; Shum, David H. K.; Wang, Ya; Chan, Raymond C. K.
Abstract: Mental Time Travel (MTT) is the ability of individuals to project themselves to the past or to the future. Studies have shown that schizophrenia (SZ) patients are impaired in MTT. The present study aimed to examine whether MTT in patients with SZ can be improved through Life Review Therapy. Fifty patients with SZ were randomly assigned to the training (SZ-training) or control (SZ-control) group. Whereas the SZ-training group received four-week Life Review Therapy in addition to conventional treatment, the SZ-control group only received conventional treatment. MTT, emotional status, life satisfaction and cognitive functions were assessed before and after the training. We also recruited 25 matched healthy controls to complete all the assessments at baseline. After training, the SZ-training group showed higher specificity and more field perspective than the SZ-control group. No significant difference was found between the SZ-training group post-training assessment and the healthy controls. The SZ-training group also showed significant improvements in emotional expression, semantic memory and verbal fluency, but the SZ-control group did not show such improvements. These results indicated that Life Review Therapy is effective in improving MTT of SZ patients. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Measuring pathology using the PANSS across diagnoses: Inconsistency of the positive symptom domain across schizophrenia, schizoaffective, and bipolar disorder.
Authors: Anderson, Ariana E.; Mansolf, Maxwell; Reise, Steven P.; Savitz, Adam; Salvadori, Giacomo; Li, Qingqin; Bilder, Robert M.
Abstract: Although the Positive and Negative Syndrome Scale (PANSS) was developed for use in schizophrenia (SZ), antipsychotic drug trials use the PANSS to measure symptom change also for bipolar (BP) and schizoaffective (SA) disorder, extending beyond its original indications. If the dimensions measured by the PANSS are different across diagnoses, then the same score change for the same drug condition may have different meanings depending on which group is being studied. Here, we evaluated whether the factor structure in the PANSS was consistent across schizophrenia (n = 3647), bipolar disorder (n = 858), and schizoaffective disorder (n = 592). Along with congruency coefficients, Hancock's H, and Jaccard indices, we used target rotations and statistical tests of invariance based on confirmatory factor models. We found the five symptom dimensions measured by the 30-item PANSS did not generalize well to schizoaffective and bipolar disorders. A model based on an 18-item version of the PANSS generalized better across SZ and BP groups, but significant problems remained in generalizing some of the factors to the SA sample. Schizophrenia and bipolar disorder showed greater similarity in factor structure than did schizophrenia and schizoaffective disorder. The Anxiety/Depression factor was the most consistent across
disorders, while the Positive factor was the least consistent. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Increased risk of concurrent hepatitis C among Male patients with schizophrenia.
Authors: Chiu, Yu-Lung; Lin, Heng-Ching; Kao, Nai-Wen; Kao, Senyong; Lee, Hsin-Chien;
Abstract: Prior studies attempted to explore the association between schizophrenia and hepatitis C virus (HCV). However, their conclusions were inconsistent. This study aimed to examine the association of schizophrenia with HCV using a population-based dataset in Taiwan. There were 6097 patients with schizophrenia and 6097 sex- and age-matched comparison patients without schizophrenia included in this study. We defined the dependent variable of interest as whether or not a patient had received a diagnosis of HCV. We found that of the sampled patients, 2.1% of patients with schizophrenia and 1.4% of comparison patients had concurrent HCV. We further found that schizophrenia was not significantly associated with concurrent HCV after adjusting for sex, age, urbanization level, geographic region, monthly income, and drug abuse. However, of the sampled male patients, the adjusted odds of concurrent hepatitis C for patients with schizophrenia were 1.72-times higher than the odds of concurrent HCV among comparison patients. We failed to observe this association among female sampled patients. We concluded that schizophrenia was not significantly associated with concurrent HCV. However, of the sampled male patients, the risk of concurrent HCV among patients with schizophrenia was higher than comparison patients. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Symptomatic remission in schizophrenia: Results from a risperidone maintenance treatment study.
Authors: Bo, Qijing; Li, Feng; Li, Xianbin; Wang, Zhimin; Dong, Fang; He, Fan; Li, Anning; Ma, Xin; Wang, Chuanyue;
Abstract: This study aimed to investigate remission following the treatment of schizophrenia patients with risperidone. Clinically stabilized patients with schizophrenia (n = 374) were randomly assigned to 4-week, 26-week, or no-dose-reduction groups, in which the baseline risperidone dose was continued for 4, 26, or all weeks during 1-year period. The ‘Positive and Negative Syndrome Scale’ (PANNS) was assessed at baseline and monthly for six months, followed by every two months until the last recruited patient completed 1-year follow-up. Symptomatic remission was defined according to criteria established by the Schizophrenia Working Group. A Generalized Linear Mixed Model indicated significant variation in remission over time, which increased after baseline in the entire group (F = 49.32, df = 1, 3114, P < 0.001). The overall length of risperidone treatment (F = 4.34, df = 1, 416, P = 0.038) and the duration of illness (F = 8.51, df = 1, 359, P = 0.004) had significantly negative effects upon remission. Baseline remission patients were associated with a significantly increased time to relapse compared with the baseline of non-remission patients over a one year follow up period (F = 5.74, df = 1, 367, P = 0.017). One-year risperidone maintenance treatment increased remission rates in schizophrenia. A shorter illness duration, risperidone treatment length, and a lower total PANSS score were clinically useful predictors of remission. Achieving remission may postpone relapse. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Measuring learning potential in people with schizophrenia: A comparison of two tasks.
Learning potential measures utilize dynamic assessment methods to capture performance changes following training on a cognitive task. Learning potential has been explored in schizophrenia research as a predictor of functional outcome and there have been calls for psychometric development in this area. Because the majority of learning potential studies have utilized the Wisconsin Card Sorting Test (WCST), we extended this work using a novel measure, the Rey Osterrieth Complex Figure Test (ROCFT). This study had the following aims: 1) to examine relationships among different learning potential indices for two dynamic assessment tasks, 2) to examine the association between WCST and ROCFT learning potential measures, and 3) to address concurrent validity with a performance-based measure of functioning (Test of Grocery Shopping Skills; TOGSS). Eighty-one adults with schizophrenia or schizoaffective disorder completed WCST and ROCFT learning measures and the TOGSS. Results indicated the various learning potential computational indices are intercorrelated and, similar to other studies, we found support for regression residuals and post-test scores as optimal indices. Further, we found modest relationships between the two learning potential measures and the TOGSS. These findings suggest learning potential includes both general and task-specific constructs but future research is needed to further explore this question. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Pläschke, Rachel N.; Cieslik, Edna C.; Müller, Veronika I.; Hoffstaedter, Felix; Plachti, Anna; Varikuti, Deepthi P.; Goosses, Mareike; Latz, Anne; Caspers, Svenja; Jockwitz, Christiane; Moebus, Susanne; Gruber, Oliver; Eickhoff, Claudia R.; Reetz, Kathrin; Heller, Julia; Südmeyer, Martin; Mathys, Christian; Caspers, Julian; Grefkes, Christian; Kal enscher, Tobias; Langner, Robert; Eickhoff, Simon B.;

Source:

Abstract:
Previous whole-brain functional connectivity studies achieved successful classifications of patients and healthy controls but only offered limited specificity as to affected brain systems. Here, we examined whether the connectivity patterns of functional systems affected in schizophrenia (SCZ), Parkinson's disease (PD), or normal aging equally translate into high classification accuracies for these conditions. We compared classification performance between pre-defined networks for each group and, for any given network, between groups. Separate support vector machine classifications of 86 SCZ patients, 80 PD patients, and 95 older adults relative to their matched healthy/young controls, respectively, were performed on functional connectivity in 12 task-based, meta-analytically defined networks using 25 replications of a nested 10-fold cross-validation scheme. Classification performance of the various networks clearly differed between conditions, as those networks that best classified one disease were usually non-informative for the other. For SCZ, but not PD, emotion-processing, empathy, and cognitive action control networks distinguished patients most accurately from controls. For PD, but not SCZ, networks subserving autobiographical or semantic memory, motor execution, and theory-of-mind cognition yielded the best classifications. In contrast, young–old classification was excellent based on all networks and outperformed both clinical classifications. Our pattern-classification approach captured associations between clinical and developmental conditions and functional network integrity with a higher level of specificity than did previous whole-brain analyses. Taken together, our results support resting-state connectivity as a marker of functional dysregulation in specific networks known to be affected by SCZ and PD, while suggesting that aging affects network integrity in a more global way. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Central and non-central networks, cognition, clinical symptoms, and polygenic risk scores in schizophrenia.

**Authors:**
Alloza, Clara; Bastin, Mark E.; Cox, Simon R.; Gibson, Jude; Duff, Barbara; Semple, Scott I.; Whalley, Heather C.; Lawrie, Stephen M.;

**Source:**

**Abstract:**
Schizophrenia is a complex disorder that may be the result of aberrant connections between specific brain regions rather than focal brain abnormalities. Here, we investigate the relationships between brain structural connectivity as described by network analysis, intelligence, symptoms, and polygenic risk scores (PGRS) for schizophrenia in a group of patients with schizophrenia and a group of healthy controls. Recently, researchers have shown an interest in the role of high centrality networks in the disorder. However, the importance of non-central networks still remains unclear. Thus, we specifically examined network-averaged fractional anisotropy (mean edge weight) in central and non-central subnetworks. Connections with the highest betweenness centrality within the average network (> 75% of centrality values) were selected to represent the central subnetwork. The remaining connections were assigned to the non-central subnetwork. Additionally, we calculated graph theory measures from the average network (connections that occur in at least 2/3 of participants). Density, strength, global efficiency, and clustering coefficient were significantly lower in patients compared with healthy controls for the average network (pFDR < 0.05). All metrics across networks were significantly associated with intelligence (pFDR < 0.05). There was a tendency towards significance for a correlation between intelligence and PGRS for schizophrenia (r = −0.508, p = 0.052) that was significantly mediated by central and non-central mean edge weight and every graph metric from the average network. These results are consistent with the hypothesis that intelligence deficits are associated with a genetic risk for schizophrenia, which is mediated via the disruption of distributed brain networks. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:**
Brainstem auditory evoked potentials for diagnosing autism spectrum disorder, ADHD and schizophrenia spectrum disorders in adults. A blinded study.

**Authors:**
Manouilenko, Irina; Humble, Mats B.; Georgieva, Jeanette; Bejerot, Susanne;

**Source:**

**Abstract:**
The aim of the present study was to examine the clinical utility of complex auditory brainstem response (c-ABR) and investigate if c-ABR is helpful in the diagnostic procedure. Thirty-one adult psychiatric patients, thoroughly diagnosed with autism spectrum disorder (ASD) (n = 16), ADHD (n = 8), or schizophrenia spectrum disorder (SSD) (n = 7) and 15 healthy controls (HC), were blindly assessed with SensoDetect BERA. This c-ABR correctly identified psychiatric diagnoses in 4 patients (13%) and provided partially correct diagnoses in 11 more patients. Of the 15 HC, 6 were misclassified as psychiatric patients. The Cohen’s kappa coefficient (κ) was substantial for HC (κ = 0.67), fair for SSD (κ = 0.37), slight for ADHD (κ = 0.09) and without agreement in ASD (κ = −0.03). In conclusion, we found the c-ABR method unhelpful and unreliable as a tool in clinical diagnostics. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:**
Metacognitive profiles in schizophrenia and bipolar disorder: Comparisons with healthy controls and correlations with negative symptoms.

**Authors:**
Popolo, Raffaele; Smith, Elizabeth; Lysaker, Paul H.; Lestindi, Krizia; Cavallo, Francesca; Melchiorre, Luisa; Santone, Cristina; Dimaggio, Giancarlo;

**Source:**
Abstract:
While deficits in metacognition, or the ability to notice and reflect upon mental states has been observed in schizophrenia and linked with poorer concurrent and future function, it is unknown whether these deficits are unique to schizophrenia. Accordingly, this study assessed metacognition using the Metacognitive Assessment Scale—Abbreviated (MAS-A) and the Metacognitions Questionnaire—30 (MCQ-30) among 26 adults with schizophrenia, 23 with bipolar disorder and 23 healthy controls. Symptom levels of the psychiatric groups were assessed with the Brief Psychiatric Rating Scale. ANCOVA controlling for age and education revealed that the schizophrenia group had lower scores on the MAS-A total and its subscales compared to the bipolar group and healthy controls. The bipolar disorder group also had lower MAS-A scores than the healthy control group. No group differences were found for the MCQ-30. Examination of symptom correlates revealed MAS-A scores were most commonly related to negative symptoms in both clinical groups. The total score and need for control subscale of MCQ-30 was related to total symptomatology and positive symptoms in patients with bipolar disorder. Correlations between the two measures of metacognition revealed that higher MAS-A scores were significantly related to lower scores on the Need to Control Thoughts MCQ-30 subscale. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
The mediator effect of personality traits on the relationship between childhood abuse and depressive symptoms in schizophrenia.
Authors:
Okubo, Ryo; Inoue, Takeshi; Hashimoto, Naoki; Suzukawa, Akio; Tanabe, Hajime; Oka, Matsuhiro; Narita, Hisashi; Ito, Koki; Kako, Yuko; Kusumi, Ichiro;
Source:
Abstract:
Previous studies indicated that personality traits have a mediator effect on the relationship between childhood abuse and depressive symptoms in major depressive disorder and nonclinical general adult subjects. In the present study, we aimed to test the hypothesis that personality traits mediate the relationship between childhood abuse and depressive symptoms in schizophrenia. We used the following questionnaires to evaluate 255 outpatients with schizophrenia: the Child Abuse and Trauma Scale, temperament and character inventory, and Patients Health Questionnaire-9. Univariate analysis, multiple regression analysis, and structured equation modeling (SEM) were used to analyze the data. The relationship between neglect and sexual abuse and the severity of depressive symptoms was mostly mediated by the personality traits of high harm avoidance, low self-directedness, and low cooperativeness. This finding was supported by the results of stepwise multiple regression analysis and the acceptable fit indices of SEM. Thus, our results suggest that personality traits mediate the relationship between childhood abuse and depressive symptoms in schizophrenia. The present study and our previous studies also suggest that this mediator effect could occur independent of the presence or type of mental disorder. Clinicians should routinely assess childhood abuse history, personality traits, and their effects in schizophrenia. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Schizophrenia dissection by five anxiety and depressive subtype comorbidities: Clinical implications and evolutionary perspective.
Authors:
Veras, André B.; Cougo, Simone; Meira, Fernanda; Peixoto, Clayton; Barros, Jorge A.; Nardi, Antonio E.; Malaspina, Dolores; Poyurovsky, Michael; Kahn, Jeffrey P.;
Source:
Abstract:
Twenty patients with DSM5 schizophrenia were comprehensively and formally assessed by an experienced psychiatrist. All subjects were assessed for: positive and negative psychotic symptoms;
social anxiety; panic anxiety; obsessive compulsive disorder, atypical depression; major depression; suicide risk; and global assessment of functioning. Different profiles of clinical presentation and symptom evolution emerged for patients with schizophrenia who had co-morbid depression (15%), OCD (15%), panic or limited symptom attacks (55%) and social anxiety (5%). At least eighty percent of the sample had one or more of these co-morbidities. Summing up, the data support our previous finding that panic is highly prevalent in Schizophrenia with Auditory Hallucinations (> 73% here, versus 100% before), and panic was paroxysmally concurrent with voice onset. Moreover, characteristic clinical findings may help point clinicians to five specific co-morbidity psychosis subtypes. Moreover, co-morbidity dissection of psychotic diagnoses recalls and parallels the historical psychopharmacologic dissection of non-psychotic anxiety and depressive subtypes diagnoses. Larger studies should further test and explore these preliminary findings. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Action (verb) fluency deficits in schizophrenia spectrum disorders: Linking language, cognition and interpersonal functioning.
Authors:
Smirnova, Daria; Clark, Melanie; Jablensky, Assen; Badcock, Johanna C.;
Source:
Abstract:
Deficits in action (verb) fluency have previously been reported in schizophrenia spectrum disorders. The degree to which this reflects difficulties generating verbs in different semantic categories is unknown. Here, action fluency responses of 46 patients with schizophrenia spectrum disorders and 76 healthy controls were classified as action or mental state verbs, using well-established taxonomies. The word length, frequency, age of acquisition, valence and concreteness of the verbs produced were also examined. Participants also completed measures of cognitive function, and clinical symptoms. Independent inter-rater agreement of semantic categorization was high. The percentage of action verbs produced was significantly lower in patients than controls, whilst the percentage of mental state verbs produced did not differ. Patients’ action verbs were: significantly less concrete; positively correlated with memory and intelligence; and negatively correlated with interpersonal symptoms. Impaired action verb, but intact mental state verb generation is consistent with the neural separability of these processes. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Conflict adaptation in patients diagnosed with schizophrenia.
Authors:
Abrahamse, Elger; Ruitenberg, Marit; Boddewyn, Sarah; Oreel, Edith; de Schryver, Maarten; Morrens, Manuel; van Dijck, Jean-Philippe;
Source:
Abstract:
Cognitive control impairments may contribute strongly to the overall cognitive deficits observed in patients diagnosed with schizophrenia. In the current study we explore a specific cognitive control function referred to as conflict adaptation. Previous studies on conflict adaptation in schizophrenia showed equivocal results, and, moreover, were plagued by confounded research designs. Here we assessed for the first time conflict adaptation in schizophrenia with a design that avoided the major confounds of feature integration and stimulus-response contingency learning. Sixteen patients diagnosed with schizophrenia and sixteen healthy, matched controls performed a vocal Stroop task to determine the congruency sequence effect—a marker of conflict adaptation. A reliable congruency sequence effect was observed for both healthy controls and patients diagnosed with schizophrenia. These findings indicate that schizophrenia is not necessarily accompanied by impaired conflict adaptation. As schizophrenia has been related to abnormal functioning in core conflict adaptation areas such as anterior cingulate and dorsolateral prefrontal cortex, further research is required to better understand the precise impact of such
Title: Continuum beliefs and schizophrenia stigma: Correlational and experimental evidence.
Authors: Thibodeau, Ryan;
Source: Stigma and Health, Vol 2(4), Nov, 2017 pp. 266-270. Publisher: Educational Publishing Foundation;
Abstract: Recent correlational research has indicated that belief in a continuum of psychiatric problems is related to decreased psychiatric stigma. These findings have generated enthusiasm to conceive antistigma programming centered on encouraging embrace of continuum beliefs. However, the extant correlational literature does little to support the prospects of manipulation of continuum beliefs. Moreover, several factors converge to suggest that an experimental manipulation of continuum beliefs cannot easily be achieved. Volunteers in an online study read a detailed description of a young man with schizophrenia and were then randomized to read either (a) a summary of research attesting to a continuum view of schizophrenia, (b) a summary of research attesting to a categorical view of schizophrenia, or (c) no additional material. Respondents also completed self-report measures of the strength of their endorsement of continuum and categorical views of schizophrenia. Consistent with published correlational findings, greater endorsement of the continuum view was related to less desire for social distance, lesser endorsement of the unpredictability stereotype, and marginally less fear. On the other hand, there was no evidence that experimental manipulation of continuum beliefs affected stigma. The current findings are discussed in the context of other recent continuum-based antistigma interventions. Additional work is needed to more fully evaluate the prospects of such an approach. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Medication adherence in schizophrenia: The role of insight, therapeutic alliance and perceived trauma associated with psychiatric care.
Authors: Tessier, Arnaud; Boyer, Laurent; Husky, Mathilde; Baylé, Franck; Llorca, Pierre-Michel; Misdrahi, David;
Abstract: Medication non adherence in schizophrenia is a major cause of relapse and hospitalization and remains for clinicians an important challenge. This study investigates the associations between insight, therapeutic alliance, perceived trauma related to psychiatric treatment and medication adherence in patients with schizophrenia. In this multicenter study, 72 patients were assessed regarding symptomatology, self-reported adherence with medication, insight, medication side-effects, therapeutic alliance and perceived trauma related to psychiatric treatment. Structural Equation Modeling (SEM) was used to test predicted paths among these variables. The data fit a model in which medication adherence was directly predicted by insight, therapeutic alliance and perceived trauma related to psychiatric treatment. Perceived trauma moderates the role of insight on medication adherence. The final model showed good fit, based on four reliable indices. Greater adherence was correlated with higher insight, higher therapeutic alliance and lower perceived trauma. These three variables appear to be important determinants of patient's medication adherence. Medication adherence could be enhanced by reducing perceived trauma and by increasing insight. The need for mental health providers to acknowledge patients' potentially traumatic experience with psychiatric treatment and the need to encourage greater involvement in care are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Contrasting metacognitive, social cognitive and alexithymia profiles in adults with borderline personality disorder, schizophrenia and substance use disorder.

**Authors:**
Lysaker, Paul H.; George, Sunita; Chaudoin–Patzoldt, Kelly A.; Pec, Ondrej; Bob, Petr; Leonhardt, Bethany L.; Vohs, Jennifer L.; James, Alison V.; Wickett, Amanda; Buck, Kelly D.; Dimaggio, Giancarlo

**Source:**

**Abstract:**
Deficits in the ability to recognize and think about mental states are broadly understood to be a root cause of dysfunction in Borderline Personality Disorder (PD). This study compared the magnitude of those deficits relative to other forms of serious mental illness or psychiatric conditions. Assessments were performed using the metacognition assessment scale-abbreviated (MAS-A), emotion recognition using the Bell Lysaker Emotion Recognition Test and alexithymia using the Toronto Alexithymia Scale among adults with schizophrenia (n = 65), Borderline PD (n = 34) and Substance Use disorder without psychosis or significant Borderline traits (n = 32). ANCOVA controlling for age revealed the Borderline PD group had significantly greater levels of metacognitive capacity on the MAS-A than the schizophrenia group and significantly lower levels of metacognitive capacity than the Substance Use group. Multiple comparisons revealed the Borderline PD group had significantly higher self-reflectivity and awareness of the other's mind than the schizophrenia group but lesser mastery and decentration on the MAS-A than substance use group, after controlling for self-report of psychopathology and overall number of PD traits. The Borderline PD and Schizophrenia group had significantly higher levels of alexithymia than the substance use group. No differences were found for emotion recognition. Results suggest metacognitive functioning is differentially affected in different mental disorders. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


---

**Title:**
Psychometric properties of three measures assessing advanced Theory of Mind: Evidence from people with schizophrenia.

**Authors:**
Chen, Kuan-Wei; Lee, Shih-Chieh; Chiang, Hsin-Yu; Syu, Ya-Cing; Yu, Xiao-Xuan; Hsieh, Ching-Lin

**Source:**

**Abstract:**
Patients with schizophrenia tend to have deficits in advanced Theory of Mind (ToM). The 'Reading the mind in the eyes' test (RMET), the Faux Pas Task, and the Strange Stories are commonly used for assessing advanced ToM. However, most of the psychometric properties of these 3 measures in patients with schizophrenia are unknown. The aims of this study were to validate the psychometric properties of the 3 advanced ToM measures in patients with schizophrenia, including: (1) test-retest reliability; (2) random measurement error; (3) practice effect; (4) concurrent validity; and (5) ecological validity. We recruited 53 patients with schizophrenia, who completed the 3 measures twice, 4 weeks apart. The Revised Social Functioning Scale-Taiwan short version (R-SFST) was completed within 3 days of first session of assessments. We found that the intraclass correlation coefficients of the RMET, Strange Stories, and Faux Pas Task were 0.24, 0.5, and 0.76. All 3 advanced ToM measures had large random measurement error, trivial to small practice effects, poor concurrent validity, and low ecological validity. We recommend that the scores of the 3 advanced ToM measures be interpreted with caution because these measures may not provide reliable and valid results on patients’ advanced ToM abilities. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

**http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-45232-081&site=ehost-live**

---

**Title:**
Variation in global DNA hydroxymethylation with age associated with schizophrenia.

**Authors:**
Jiang, Tingyun; Zong, Lu; Zhou, Lin; Hou, Yu; Zhang, Lulu; Zheng, Xianzhen; Han, Hongying; Li, Shufen; Zhang, Wenwei; Zhang, Jian; Deng, Cong; Jia, Yanbin; Zhao, Cunyou

**Source:**
Abstract:
To improve understanding of DNA hydroxymethylation (5hmC) and methylation (5mC) in the development of schizophrenia, this study examined global 5hmC and 5mC levels in peripheral blood DNA of 264 patients with schizophrenia and 221 controls and observed increased 5mC levels in the patients and increased 5hmC levels in male patients but decreased levels in female patients as compared with the controls. The 5mC level displayed a gender-dependent positive correlation with age and the 5hmC level displayed a correlation with age positively in controls but negatively in patients, and their role in the pathogenesis of schizophrenia remains to be elucidated. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Untangling the complex relationships between symptoms of schizophrenia and emotion dynamics in daily life: Findings from an experience sampling pilot study.

Authors:
Westermann, Stefan; Grezellschak, Sarah; Oravecz, Zita; Moritz, Steffen; Lüdtke, Thies; Jansen, Andreas;

Source:

Abstract:
The unfolding of emotions over time (i.e., emotion dynamics) has been characterized by baseline, intraindividual variability and regulatory tendency (return time to baseline after deflection). Mounting evidence suggests that compared to healthy individuals, individuals with schizophrenia are characterized by a more negatively valenced baseline and a higher intraindividual variability. However, the regulatory tendency has not been investigated in schizophrenia so far. We hypothesize that the severity of positive symptoms is linked to increased emotional variability and that the severity of negative symptoms is associated with an increased regulatory tendency. Fifteen individuals diagnosed with schizophrenia took part in this pilot experience sampling study and reported their emotional state ten times a day. The dynamics of valence and arousal and their relationship with symptomatology were estimated with the DynAffect model. Regulatory tendency in valence and arousal was positively associated with negative symptom severity and negatively associated with positive symptom severity. However, the severity of positive symptoms was not credibly associated with the variability of valence. The study only partly corroborates findings on increased stress reactivity in schizophrenia, which might be due to the small sample size. However, results suggest that negative symptoms could stem from over-regulated emotion dynamics, which may impede goal-directed behavior. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Altered spatial profile of distraction in people with schizophrenia.

Authors:
Leonard, Carly J.; Robinson, Benjamin M.; Hahn, Britta; Luck, Steven J.; Gold, James M.;

Source:

Abstract:
Attention is critical for effective processing of incoming information and has long been identified as a potential area of dysfunction in people with schizophrenia (PSZ). In the realm of visual processing, both spatial attention and feature-based attention are involved in biasing selection toward task-relevant stimuli and avoiding distraction. Evidence from multiple paradigms has suggested that PSZ may hyperfocus and have a narrower 'spotlight' of spatial attention. In contrast, feature-based attention seems largely preserved, with some suggestion of increased processing of stimuli sharing the target-defining feature. In the current study, we examined the spatial profile of feature-based distraction using a task in which participants searched for a particular color target and attempted to ignore distractors that varied in distance from the target location and either matched or mismatched the target color. PSZ differed from
healthy controls in terms of interference from peripheral distractors that shared the target-color presented 200 ms before a central target. Specifically, PSZ showed an amplified gradient of spatial attention, with increased distraction to near distractors and less interference to far distractors. Moreover, consistent with hyperfocusing, individual differences in this spatial profile were correlated with positive symptoms, such that those with greater positive symptoms showed less distraction by target-colored distractors near the task-relevant location. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Altered global signal topography in schizophrenia.
Authors: Yang, Genevieve J.; Murray, John D.; Glasser, Matthew; Pearlson, Godfrey D.; Krystal, John H.; Schleifer, Charlie; Repovs, Grega; Anticevic, Alan;
Source: Cerebral Cortex, Vol 27(11), Nov, 2017 pp. 5156-5169. Publisher: Oxford University Press
Abstract: Schizophrenia (SCZ) is a disabling neuropsychiatric disease associated with disruptions across distributed neural systems. Resting-state functional magnetic resonance imaging has identified extensive abnormalities in the blood-oxygen level-dependent signal in SCZ patients, including alterations in the average signal over the brain—i.e. the 'global' signal (GS). It remains unknown, however, if these 'global' alterations occur pervasively or follow a spatially preferential pattern. This study presents the first network-by-network quantification of GS topography in healthy subjects and SCZ patients. We observed a nonuniform GS contribution in healthy comparison subjects, whereby sensory areas exhibited the largest GS component. In SCZ patients, we identified preferential GS representation increases across association regions, while sensory regions showed preferential reductions. GS representation in sensory versus association cortices was strongly anti-correlated in healthy subjects. This anti-correlated relationship was markedly reduced in SCZ. Such shifts in GS topography may underlie profound alterations in neural information flow in SCZ, informing development of pharmacotherapies. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Community-based psychosocial interventions for people with schizophrenia in low and middle-income countries: Systematic review and meta-analysis.
Authors: Asher, Laura; Patel, Vikram; De Silva, Mary J.;
Abstract: Background: There is consensus that the treatment of schizophrenia should combine anti-psychotic medication and psychosocial interventions in order to address complex social, economic and health needs. It is recommended that family therapy or support; community-based rehabilitation; and/or self-help and support groups should be provided for people with schizophrenia in low and middle-income countries. The effectiveness of community-based psychosocial interventions in these settings is unclear. Methods: Studies evaluating community-based psychosocial interventions for people with schizophrenia were identified through database searching up to April 2016. Randomised controlled trials were included if they compared the intervention group with a control group receiving treatment as usual including medication. Only studies set in low and middle-income countries were included. Random effects meta-analyses were performed separately for each intervention type. Results: Eleven randomised controlled trials in five middle-income countries were identified, with a total of 1580 participants. The content of included interventions varied from single-faceted psychoeducational interventions, to multi-component rehabilitation-focused interventions, to case management interventions. A third of the included studies did not incorporate any community involvement in the intervention. The quality of evidence was often low. Amongst the seven studies that reported on symptom severity up to 18 months post intervention, the pooled standardised mean difference (SMD) across all intervention types was 0.95 (95% CI 0.28, 1.61; P 0.005; I² = 95%; n = 862), representing a strong effect. A strong effect on symptom severity remained
after excluding two studies with a high risk of bias (SMD 0.80; 95% CI 0.07, 1.53; P = 0.03; I² = 94%; n = 676). Community-based psychosocial interventions may also have beneficial impacts on functioning (SMD 1.12; 95% CI 0.25, 2.00; P = 0.01; I² = 94%; n = 511) and reducing hospital readmissions (SMD 0.68; 95% CI 0.27, 1.09; P = 0.001; I² = 33%; n = 167). Conclusion: The limited evidence from low and middle-income countries supports the feasibility and effectiveness of community-based psychosocial interventions for schizophrenia, even in the absence of community mobilisation. Community-based psychosocial interventions should therefore be provided in these settings as an adjuvant service in addition to facility-based care for people with schizophrenia. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Comparison and predictors of treatment adherence and remission among patients with schizophrenia treated with paliperidone palmitate or atypical oral antipsychotics in community behavioral health organizations.

Authors: Anderson, Jeffrey P.; Icten, Zeynep; Alas, Veronica; Benson, Carmela; Joshi, Kruti;


Abstract:
Background: Nonadherence to antipsychotic treatment increases the likelihood of relapse and progressive symptomatology in patients with schizophrenia. Atypical long-acting injectables, including paliperidone palmitate (PP), may increase adherence and improve symptoms. This study compared and assessed predictors of treatment patterns and symptom remission among schizophrenia patients treated with PP versus atypical oral antipsychotic therapy (OAT) in community behavioral health organizations (CBHOs).

Methods: This retrospective cohort analysis evaluated 763 patients with schizophrenia and new (PP-N; N = 174) or continuing (PP-C; N = 308) users of PP, or new users of OAT (N = 281) at enrollment in the REACH-OUT study (2010–2013). Treatment outcomes assessed at 1 year were discontinuation, and adherence, measured by proportion of days covered (PDC) or medication possession ratio (MPR). Remission status was assessed using the Structured Clinical Interview for Symptoms of Remission (SCISR). A machine learning platform, Reverse Engineering and Forward Simulation (REFS™), was used to identify predictors of study outcomes. Multivariate Cox and generalized linear regressions estimated the adjusted hazard ratios (HRs) or odds ratios (ORs) with 95% confidence intervals. Results: Among PP-N users, 27% discontinued their initial treatment regimen versus 51% (p < 0.001) of OAT users. PP-N (vs OAT; HR = 0.49 [0.31–0.76]) users and males (HR = 0.65 [0.46–0.92]) had significantly lower rates of discontinuation. Relative to OAT, PP-N had a 36% [31%–42%] higher MPR and a 10-fold increased achievement of PDC ≥ 80% (OR = 10.46 [5.72–19.76]). PP users were significantly more likely to achieve remission in follow-up (PP-N vs OAT: OR = 2.65 [1.39–5.05]; PP-C vs OAT: OR = 1.83 [1.03–3.25]). Conclusions: Relative to OAT, PP was associated with improved adherence, less frequent treatment discontinuation, and improved symptom remission in this CBHO study population. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Elevated serum adenosine deaminase levels in neuroleptic-naïve patients with recent-onset schizophrenia.

Authors: Sasidharan, Arun; Kumar, Sunil; John, John P.; Philip, Mariamma; Subramanian, Sarada; Jain, Sanjeev; Kutty, Bindu M.; Asian


Abstract: The present study examined serum levels of adenosine deaminase (ADA), an adenosine metabolizing enzyme, in neuroleptic-naive patients with recent-onset schizophrenia and age-matched healthy comparison subjects. ADA levels were found to be higher among patients, and revealed a possible link between evening rise and severity of auditory hallucinations as well as morning rise and severity of avolition-apathy in patients with schizophrenia. These findings suggest the potential utility of serum ADA
as a peripheral biomarker of schizophrenia. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:**
Neuropsychological profile of schizophrenia with and without obsessive compulsive disorder.

**Authors:**
Kazhungil, Firoz; Kumar, Keshav J.; Viswanath, Biju; Shankar, Ravi Girikematha; Kandavel, Thennarasu; Math, Suresh Bada; Venkatasubramanian, Ganesan; Reddy, Y. C. J.;

**Source:**

**Abstract:**
Neuropsychological profile of schizophrenia with obsessive compulsive disorder (OCD) in comparison with that of schizophrenia without OCD is understudied and the results are inconsistent. We hypothesize that patients having schizophrenia with OCD (schizo-obsessive disorder) may have unique neuropsychological deficits in comparison with those with schizophrenia alone, particularly with respect to executive functions. Thirty patients with schizo-obsessive disorder and 30 individually matched patients with schizophrenia without any obsessive-compulsive symptoms formed the sample of the study. Neuropsychological assessment included tests for attention, executive functions and memory. Patients with schizo-obsessive disorder did not differ from those with schizophrenia alone with respect to measures of attention, executive functions and memory. Our findings do not support unique neuropsychological profile of schizo-obsessive disorder. Studying a larger sample of drug-naive patients in a longitudinal design may provide us more insights in to this. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:**
CYP2C1917 protects against metabolic complications of clozapine treatment.

**Authors:**
Piatkov, Irina; Caetano, Dorgival; Assur, Yolinda; Lau, Sue Lynn; Coelho, Micheline; Jones, Trudi; Nguyen, Tristan; Boyages, Steven; McLean, Mark;

**Source:**

**Abstract:**
Objectives: Clozapine (CZ) is the most effective drug for managing treatment-resistant schizophrenic disorders. Its use has been limited due to adverse effects, which include weight gain and new-onset diabetes, but the incidence of these varies between patients. Methods: We investigated 187 Clozapine Clinic patients (of whom 137 consented for genotyping) for the presence of CYP2C1917 and its association with CZ and norclozapine (NCZ) levels, and clinical outcomes. Results: Thirty-nine percent of genotyped patients were carriers of the CYP2C 1917 polymorphism. This group demonstrated significantly higher NCZ serum levels, and significantly lower fasting glucose (5.66 ± 1.19 vs 6.72 ± 3.01 mmol/l, P = 0.009) and Hb1Ac (35.36 ± 4.78 vs 49.40 ± 20.60 mmol/mol, P = 0.006) levels compared to non-carriers of this polymorphism. CZ-treated patients with CYP2C1917/17 had a significantly lower prevalence of diabetes as well as a higher likelihood of clinical improvement of their schizophrenia, compared to those without this polymorphism (P = 0.012 and P = 0.031, respectively). Conclusions: Our data suggest that CYP2C1917 ultra-rapid-metaboliser status is a protective factor against the development of diabetes during clozapine treatment, and increases the likelihood of improvement in schizophrenia. The role of NCZ in treatment response and side effects, including metabolic syndrome, warrants further pharmacogenetic, pharmacokinetic and pharmacodynamic studies. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:**
Abnormalities of language pathways in schizophrenia patients with and without a lifetime history of auditory verbal hallucinations: A DTI-based tractography study.

Authors: Leroux, Elise; Delcroix, Nicolas; Dollfus, Sonia;


Abstract: Objectives: Auditory verbal hallucinations (AVHs) are frequently observed in patients with schizophrenia (SZ) and could be the result of white matter (WM) fibre abnormalities involved in speech production/comprehension and perception. We evaluated WM integrity changes in SZ with (SZ+) and without (SZ−) lifetime AVHs compared to healthy controls (HCs), using diffusion tensor imaging-based tractography, with a novel focus on the structural connectivity within both intra- and interhemispheric fasciculi. Methods: The study included 27 SZ+, 12 SZ− and 34 HCs. Fractional anisotropy (FA) and mean and radial diffusivities (MD and RD) were extracted in each participant in two left interhemispheric fasciculi and in the interhemispheric auditory pathway (IAP) to test integrity differences among groups. Results: SZ− and SZ + compared to HCs presented increased diffusivities and/or decreased FA in the interhemispheric fasciculi. Decreased FA was significant only between SZ + and HCs for the IAP. Conclusions: In this first comparison of integrity changes within both intra- and interhemispheric fasciculi, abnormalities in the intrahemispheric fasciculi were observed in both SZ− and SZ+, but an alteration in the IAP was seen only in SZ+. These results suggest that the IAP may be more involved in patients with AVHs-proneness. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-40164-005&site=ehost-live

Title: Olanzapine modulates the default-mode network homogeneity in recurrent drug-free schizophrenia at rest.

Authors: Guo, Wenbin; Liu, Feng; Chen, Jindong; Wu, Renrong; Li, Lehua; Zhang, Zhikun; Chen, Huafu; Zhao, Jingping;


Abstract: Background: Previous studies on brain function alterations associated with antipsychotic treatment for schizophrenia have produced conflicting results because they used short treatment periods and different designs. Methods: Resting-state functional magnetic resonance imaging scans were obtained from 17 drug-free patients with recurrent schizophrenia and 24 healthy controls. The patients were treated with olanzapine for 6 months and were scanned at three time points (baseline, 6 weeks of treatment and 6 months of treatment). Network homogeneity was used to analyze the imaging data to examine default-mode network homogeneity alterations associated with antipsychotic treatment. Results: Compared with the controls, the patients at baseline showed increased network homogeneity in the bilateral precuneus and decreased network homogeneity in the bilateral middle temporal gyrus. Network homogeneity values in the bilateral precuneus decreased, and network homogeneity values in the left superior medial prefrontal cortex and the right middle temporal gyrus increased in patients administered olanzapine as antipsychotic treatment. By contrast, network homogeneity values in the left middle temporal gyrus remained unchanged in patients after treatment. Conclusion: This study provides evidence that antipsychotic treatment with olanzapine modulates the default-mode network homogeneity in schizophrenia. These findings contribute to the understanding of antipsychotic treatment effects on brain functions. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Sexual dimorphism of the planum temporale in schizophrenia: A MRI study.

Authors: Delvecchio, Giuseppe; Pigoni, Alessandro; Perlini, Cinzia; Barillari, Marco; Ruggeri, Mirella; Altamura, Alfredo Carlo; Bellani, Marcella; Brambilla, Paolo;

Source:
Abstract:
Objective: Anatomical alterations in the superior temporal gyrus have been consistently reported in patients with schizophrenia, and they have mostly been linked to positive symptoms, including hallucinations and thought disorders. The superior temporal gyrus is considered one of the most asymmetric and lateralized structure of the human brain, and the process of lateralization seems to vary according to gender in the normal population. However, although it has been consistently suggested that patients with schizophrenia did not show normal brain lateralization in several regions, only few studies investigated it in the superior temporal gyrus and its sub-regions considering the effects of gender. In this context, the aim of this study was to evaluate sexual dimorphism in superior temporal gyrus volumes in a sample of patients with schizophrenia compared to age- and gender-matched healthy controls. Methods: A total of 72 right/left-handed males (40 schizophrenia patients and 32 healthy controls) and 45 right/left-handed females (18 schizophrenia patients and 27 healthy controls) underwent clinical evaluation and a 1.5T magnetic resonance imaging scan. Gray and white matter volumes of regions of interest within the superior temporal gyrus were manually detected, including the Heschl’s gyrus and the planum temporale. Results: Female patients with schizophrenia presented a reduction in left planum temporale gray matter volumes (F = 4.58, p = 0.03) and a lack of the normal planum temporale asymmetry index (t = 0.27; p = 0.79) compared to female controls (t = 5.47; p = 0.001). No differences were found between males for any volumes or laterality indices. Finally, in female patients with schizophrenia, Heschl’s gyrus gray and white matter volumes negatively correlated with positive symptoms (r = −0.56, p = 0.01). Conclusion: Our results showed that sexual dimorphism plays a key role on planum temporale in schizophrenia, underlining the importance of gender as a modulator of brain morphology and lateralization of schizophrenia. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Impact of social disadvantage and parental offending on rates of criminal offending among offspring of women with severe mental illness.

Authors:
Valuri, Giulietta Maria; Morgan, Frank; Jablensky, Assen; Morgan, Vera Anne;

Source:

Abstract:
Objective: Children of parents with severe mental illness have an increased risk of offending. Studies suggest that risk factors such as parental offending and social disadvantage may be associated with the increased risk. This paper assesses the impact of these risk factors on offending rates in the offspring of women with severe mental illness compared to offspring of unaffected women. Methods: This is part of a longitudinal record-linked whole-population study of 467,945 children born in Western Australia from 1980 to 2001 to mothers with severe mental illness and mothers with no recorded psychiatric illness. These data were linked to Western Australia corrective services data producing a dataset of 12,999 people with at least one offence (3.7% of birth cohort). Cox proportional hazard was used to calculate incidence rate ratios of offspring offending. Results: The offending rate for offspring of mothers with severe mental illness (cases) was almost three times the rate for offspring of unaffected women (comparison) with an unadjusted incidence rate ratio of 2.75 (95% confidence interval: [2.58, 2.93]). Adjusting for sex, indigenous status, socio-economic status and geographical remoteness reduced the rate ratio by 24% to incidence rate ratio 2.10, 95% confidence interval: [1.97, 2.23]. Adjusting for parental offending further reduced the rate ratio by 23% to incidence rate ratio 1.62, 95% confidence interval: [1.52, 1.72]. The mean age at first recorded offence was significantly lower for cases compared to comparison offspring. Conclusion: Children of mothers with a severe mental illness have a higher rate of offending than children of unaffected mothers, and social disadvantage and parental offending have a major impact on this rate. Services supporting these vulnerable children need to focus on improving the social environment in which they and their families live in. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title:
Do continuum beliefs reduce schizophrenia stigma? Effects of a laboratory intervention on behavioral and self-reported stigma.

Authors:
Thibodeau, Ryan; Shanks, Lindsay N.; Smith, Brian P.;

Source:

Abstract:
Background and objectives: Correlational research shows that belief in a continuum of psychiatric problems predicts decreased public stigma. However, the correlational findings fail to inform the stigma reduction prospects of manipulating continuum beliefs. All extant experimental work has been executed online. This study examined effects of a laboratory-based continuum intervention on behavioral and self-report measures of psychiatric stigma. Methods: Sixty-nine undergraduates believed that they would meet a man with schizophrenia. They then read a bogus scientific article that attested to a categorical view of schizophrenia, a continuum view, or that merely described schizophrenia. Some participants then completed a task that required reflection on their differences from (categorical group) or similarities to (continuum group) the man with schizophrenia. Participants eventually moved to an adjacent room and sat in one of several seats that varied in their proximity to a seat ostensibly occupied by the man with schizophrenia. Results: The continuum intervention decreased self-reported social distance and the categorical intervention increased endorsement of damaging stereotypes. Seat selection was unaffected by our manipulation, but we obtained evidence of significant links to validated stigma measures. Limitations: Our sample was small, and our behavioral stigma measure could be modified to maximize variability in participants’ seat selection. Conclusions: The study offers modest support of the stigma reduction effect of continuum belief intervention. It offers new evidence of the pernicious consequences of interventions that inflate perceptions of the ‘otherness’ of individuals with psychiatric problems. Finally, it shines new light on stigma-related behavior measurable in the laboratory. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
DNA methylation and antipsychotic treatment mechanisms in schizophrenia: Progress and future directions.

Authors:
Ovenden, Ellen S.; McGregor, Nathaniel W.; Emsley, Robin A.; Warnich, Louise;

Source:

Abstract:
Antipsychotic response in schizophrenia is a complex, multifactorial trait influenced by pharmacogenetic factors. With genetic studies thus far providing little biological insight or clinical utility, the field of pharmacoeigenomics has emerged to tackle the so-called 'missing heritability' of drug response in disease. Research on psychiatric disorders has only recently started to assess the link between epigenetic alterations and treatment outcomes. DNA methylation, the best characterised epigenetic mechanism to date, is discussed here in the context of schizophrenia and antipsychotic treatment outcomes. The majority of published studies have assessed the influence of antipsychotics on methylation levels in specific neurotransmitter-associated candidate genes or at the genome-wide level. While these studies illustrate the epigenetic modifications associated with antipsychotics, very few have assessed clinical outcomes and the potential of differential DNA methylation profiles as predictors of antipsychotic response. Results from other psychiatric disorder studies, such as depression and bipolar disorder, provide insight into what may be achieved by schizophrenia pharmacoeigenomics. Other aspects that should be addressed in future research include methodological challenges, such as tissue specificity, and the influence of genetic variation on differential methylation patterns. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Gene polymorphisms of DISC1 is associated with schizophrenia: Evidence from a meta-analysis.

Authors:
Wang, Hong-Yu; Liu, Yong; Yan, Jun-Wei; Hu, Xing-Long; Zhu, Dao-Min; Xu, Xiao-Tong; Li, Xiao-Si;

Source:

Abstract:
Background: Previous studies suggest an association between Disrupted in schizophrenia 1 (DISC1) polymorphisms and schizophrenia (SCZ). However, the available data are often inconsistent, regarding the difference in sample size, ethnicity, genotyping method, etc. Thus, we carried out a meta-analysis to determine whether DISC1 polymorphisms contributed susceptibility to SCZ. Methods: A methodological literature review was operated using the English and Chinese core electronic databases. Odds ratios (ORs) with 95% confidence intervals (CIs) were applied to determine the correlation between DISC1 gene polymorphisms and SCZ susceptibility. Subgroup analyses were carried out by stratification of ethnicity. P values were Bonferroni adjusted to account for multiple testing. Publication bias was evaluated by funnel plots, Egger's test and the trim and fill method. Results: Meta-analyses results suggested that DISC1 polymorphisms (rs821616 and rs821597) increased SCZ risk in overall populations. In subgroups of ethnicity, DISC1 polymorphisms (rs821616 and rs821597) was associated with susceptibility to SCZ among the Chinese population (for rs821616: TT + AT vs. AA: OR = 1.338, 95% CI = 1.124–1.592, P = 0.001; T vs. A: OR = 1.300, 95% CI = 1.124–1.504, P < 0.000; for rs821597: AA + AG vs. GG: OR = 1.508, 95% CI = 1.268–1.794, P < 0.001; A vs. G: OR = 1.345, 95% CI = 1.184–1.527, P < 0.001). A positive correlation was also observed between the single marker rs821616 and SCZ among the Japanese population in the recessive model (TT vs. AT + AA: OR = 1.524, 95% CI = 1.185–1.959, P = 0.001). There was no significant relationship between other DISC1 polymorphisms (rs3738401, rs2273890, rs3738398, rs3738402, rs2492367, rs843979, rs3737597, rs4658971, rs1538979, rs1000731 and rs3738399) and SCZ. Conclusions: DISC1 polymorphisms increased a risk of SCZ, especially in the Chinese population. In order to further corroborate our findings, large well-designed epidemiological studies are needed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Treatment resistant schizophrenia and neurological soft signs may converge on the same pathology: Evidence from explanatory analysis on clinical, psychopathological, and cognitive variables.

Authors:
de Bartolomeis, Andrea; Prinzivalli, Emiliano; Callovini, Gemma; D'Ambrosio, Luigi; Altavilla, Benedetta; Avagliano, Camilla; Iasevoli, Felice;

Source:

Abstract:
Here, we investigated neurological soft signs (NSSs) in treatment resistant schizophrenia (TRS) vs treatment responder schizophrenia (SZ) patients. TRS is a severe condition, affecting approximately one-third of schizophrenia patients and representing a relevant clinical challenge. NSSs are neurological abnormalities reportedly described in schizophrenia patients and linked to dysregulated network connections. We explored the possibility that NSSs may be: i) more severe in TRS patients; ii) differentially associated to clinical/cognitive variables in TRS vs SZ; iii) predictive of having TRS. In addition, we evaluated whether diagnosis may mediate NSSs associations with the above-mentioned variables. Consecutive patients with schizophrenia diagnosis underwent stringent assessment for TRS diagnosis. Demographics and clinical variables were recorded. Psychopathology (by Positive and Negative Syndrome Scale, PANSS), cognitive performances, and NSSs (by Neurological Evaluation Scale, NES) were tested. TRS had higher scores than SZ patients in total NES score and in almost all NES subscales, even after correction for duration of illness and antipsychotic dose (ANCOVA, p < 0.05). NSSs significantly correlated with multiple clinical, psychopathological, and cognitive variables (above all: duration of disease and negative symptoms) in TRS but not in SZ patients. Two-way ANOVA showed NSS-x-diagnosis interaction in determining outcomes on multiple cognitive performances, but not in other clinical variables. However, simple main effect analysis detected a significant relationship between high severity NSSs and TRS diagnosis on multiple clinical and cognitive outcomes. Hierarchical regression analysis showed that diagnosis was among a discrete number of predictors yielding significant increases
in variance explained on NES total, Sensory Integration and Other Signs subscales' scores. NSSs, together with antipsychotic dose and disease severity, were found to be significantly predictive of TRS diagnosis in a binary logistic regression model. These results suggest a stringent association between NSSs and TRS diagnosis, and may imply that NSSs association with clinical, psychopathological, and cognitive variables may be in part mediated by TRS diagnosis. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Abnormal long- and short-range functional connectivity in adolescent-onset schizophrenia patients: A resting-state fMRI study.

Authors: Wang, Shuai; Zhan, Yajing; Zhang, Yan; Lyu, Luxian; Lyu, Hailong; Wang, Guodong; Wu, Renrong; Zhao, Jingping; Guo, Wenbin;


Publisher: Elsevier Science; [Journal Article]

Abstract:
Background: Human brain is a topologically complex network embedded in anatomical space, and anatomical distance may affect functional connectivity (FC) in schizophrenia. However, little is known if and how this effect occurs in adolescent-onset schizophrenia (AOS). Methods: We explored long- and short-range FC through resting-state functional magnetic resonance imaging in 48 first-episode, drug-naive AOS patients and 31 healthy controls, and we examined if these abnormalities could be utilized to separate patients from controls using receiver operating characteristic curves and support vector machines (SVM). Results: Patients had increased long-range positive FC (lpFC) and short-range positive FC (spFC) in the right middle frontal gyrus and right superior medial prefrontal cortex within the anterior default mode network (DMN), decreased lpFC and spFC in several regions of the posterior DMN, and decreased lpFC within the important hubs of salience network (SN). The decreased lpFC in the left superior temporal gyrus was positively correlated with cognitive impairment. We found that SVM has high accuracy (up to 92.4%) in classifying patients and control. Conclusion: Disrupted anatomical distance would underlie network-level dysconnectivity, highlighting the importance of the DMN and SN in the neurodevelopment of schizophrenia. Abnormalities of long- and short-range FC in brain regions could discriminate patients from controls with high accuracy. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Importance of intervention timing in the effectiveness of antipsychotics.

Authors: Liu, Yia-Ping; Yang, Yu-Yin; Wan, Fang-Jung; Tung, Che-Se;


Publisher: Elsevier Science; [Journal Article]

Abstract:
The use of early pharmacological intervention in treating young patients with schizophrenia is a debating issue for psychiatrists. However, on the basis of developmental theory, early antipsychotic intervention can be beneficial in terms of protecting neurons from further deterioration. This study investigated whether the initiation of second-generation antipsychotic (SGA) treatment at a younger age can effectively reverse schizophrenia-relevant behavioral and neurochemical features, namely acoustic prepulse inhibition (PPI) and accumbal dopamine (DA) efflux, respectively. Risperidone (RIS, 1 mg/kg/day) or olanzapine (OLA, 2.5 mg/kg/day) was administered for 6 weeks in rats subjected to isolation rearing (IR) in adolescence or young adulthood. Behavioral testing was performed at 3 and 5 (for locomotor activity) and 2 and 4 (for PPI) weeks after the initiation of the pharmacological regimen. An additional PPI test was performed 6 weeks after the initiation of the pharmacological regimen to assess the acute add-on effect of RIS or OLA. Dopamine (DA) efflux of the nucleus accumbens was evaluated through in vivo microdialysis at the end of the study, for measuring both the baseline levels after the chronic regimen and the responsiveness to acute add-on RIS or OLA treatment. Our results demonstrated that the effects of SGAs on PPI and accumbal DA efflux were dissociated. Specifically, RIS intervention was more beneficial for adolescent
than young adult IR rats in restoring their PPI deficit, whereas OLA was age-independently effective in stimulating the accumbal DA efflux. Both PPI and accumbal DA could be employed to reflect IR-induced abnormalities, in which accumbal DA appeared to be more suitable in depicting the long-term effect of IR, whereas PPI might be a more accurate biological index for revealing the advantages of early RIS intervention. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Imaging genetics of schizophrenia in the post-GWAS era.
Authors:
Arslan, Ayla;
Source:
Publisher: Elsevier Science; [Journal Article]
Abstract:
Imaging genetics is a research methodology studying the effect of genetic variation on brain structure, function, behavior, and risk for psychopathology. Since the early 2000s, imaging genetics has been increasingly used in the research of schizophrenia (SZ). SZ is a severe mental disorder with no precise knowledge of its underlying neurobiology, however, new genetic and neurobiological data generate a climate for new avenues. The accumulating data of genome wide association studies (GWAS) continuously decode SZ risk genes. Global neuroimaging consortia produce collections of brain phenotypes from tens of thousands of people. In this context, imaging genetics will be strategically important both for the validation and discovery of SZ related findings. Thus, the study of GWAS supported risk variants as candidate genes to validate by neuroimaging is one trend. The study of epigenetic differences in relation to variations of brain phenotypes and the study of large scale multivariate analysis of genome wide and brain wide associations are other trends. While these studies hold a big potential for understanding the neurobiology of SZ, the problem of reproducibility appears as a major challenge, which requires standardizations in study designs and compensations of methodological limitations such as sensitivity and specificity. On the other hand, advancements of neuroimaging, optical and electron microscopy along with the use of genetically encoded fluorescent probes and robust statistical approaches will not only catalyze integrative methodologies but also will help better design the imaging genetics studies. In this invited paper, I will discuss the current perspective of imaging genetics and emerging opportunities of SZ research. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Affective symptoms in schizophrenia are strongly associated with neurocognitive deficits indicating disorders in executive functions, visual memory, attention and social cognition.
Authors:
Kanchanatawan, Buranee; Thika, Supaksorn; Anderson, George; Galecki, Piotr; Maes, Michael;
Source:
Publisher: Elsevier Science; [Journal Article]
Abstract:
The aim of this study was to assess the neurocognitive correlates of affective symptoms in schizophrenia. Towards this end, 40 healthy controls and 80 schizophrenia patients were investigated with six tests of the Cambridge Neuropsychological Test Automated Battery (CANTAB), assessing spatial working memory, paired-association learning, one touch stocking, rapid visual information (RVP), emotional recognition test and intra/extradimensional set shifting. The Hamilton Depression (HDRS) and Anxiety (HAMA) Rating Scales and the Calgary Depression Scale for Schizophrenia (CDSS) as well as the Positive and Negative Syndrome Scale (PANSS) were also used. There were highly significant associations between all 6 CANTAB tests and HDRS, HAMA and CDSS (except RVP) scores. The most significant items associating with neurocognitive impairments in schizophrenia were self-depreciation (CDSS), fatigue, psychomotor retardation and agitation, psychic and somatic anxiety (HDS), fears, cognitive symptoms, somatic-muscular, genito-urinary and autonomic symptoms and anxious behavior (HAMA). The selected HDRS and HAMA symptoms indicate fatigue, fears, anxiety, agitation, retardation, somatization and subjective
cognitive complaints (SCC) and are therefore labeled 'FAARS'. Up to 28.8% of the variance in the 6 CANTAB measurements was explained by FAARS, which are better predictors of neurocognitive impairments than the PANSS negative subscale score. Neurocognitive deficits in schizophrenia are best predicted by FAARS combined with difficulties in Abstract thinking. In conclusion, depression and anxiety symptoms accompanying the negative and positive symptoms of schizophrenia are associated with neurocognitive deficits indicating disorders in executive functions, attention, visual memory, and social cognition. Neurocognitive deficits in schizophrenia reflect difficulties in Abstract thinking and FAARS, including subjective cognitive complaints. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:**
Depressive, anxiety and hypomanic symptoms in schizophrenia may be driven by tryptophan catabolite (TRYCAT) patterning of IgA and IgM responses directed to TRYCATs.

**Authors:**
Kanchanatawan, Buranee; Sirivichayakul, Sunee; Carvalho, André F.; Anderson, George; Galecki, Piotr; Maes, Michael;

**Source:**
Publisher: Elsevier Science; [Journal Article]

**Abstract:**
The aim of this study was to delineate the associations between the tryptophan catabolite (TRYCAT) pathway and affective symptoms in schizophrenia. Towards this end we measured immunoglobulin (Ig)A and IgM responses to relatively noxious TRYCATs, namely quinolinic (QA), xanthurenic (XA), picolinic (PA) acid and 3-OH- kynurenine (3HK), and generally protective TRYCATs, namely anthranilic (AA) and kynurenic (KA) acid in 80 patients with schizophrenia and 40 healthy controls. The Hamilton Rating Scale for Depression (HDRS) and anxiety (HAMA), Young Mania Rating Scale (YMRS) as well as the Positive and Negative Symptoms Scale of Schizophrenia (PANSS) were measured. Depression, anxiety and hypomanic as well as negative and positive symptoms were associated with increased IgA responses to PA. Increased IgA responses to XA were associated with anxiety, hypomanic and negative symptoms. Moreover, depressive, anxiety, hypomanic and negative symptoms were characterized by increased IgA responses to the noxious (XA + 3HK + QA + PA)/protective (AA + KA) TRYCAT ratio. All symptom dimensions were associated with increased IgM responses to QA, while depressive, anxiety, positive and negative symptoms were accompanied by lowered IgM responses to 3HK. Hypomanic symptoms were additionally accompanied by lowered IgM responses to AA, and negative symptoms by increased IgM responses to KA. In conclusion, both shared and distinct alterations in the activity of the TRYCAT pathway, as well as its regulatory factors and consequences, may underpin affective and classical psychotic symptoms of schizophrenia. Increased mucosa-generated production of noxious TRYCATs, especially PA, and specific changes in IgM-mediated regulatory activities may be associated with the different symptom dimensions of schizophrenia. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:**
Hypertension risk and clinical care in patients with bipolar disorder or schizophrenia; a systematic review and meta-analysis.

**Authors:**
Ayerbe, Luis; Forgnone, Ivo; Addo, Juliet; Siguero, Ana; Gelati, Stefano; Ayis, Salma;

**Source:**

**Abstract:**
Background: A higher cardiovascular morbidity and mortality has been observed in patients with bipolar disorder (BPD) or schizophrenia, partly due to an increased risk of hypertension (HTN), or a less effective care of it. This systematic review and meta-analysis, presents a critical appraisal and summary of the studies addressing the risk of HTN, or the differences in its care, for those with schizophrenia or BPD. Methods: Prospective studies were searched in PubMed, Embase, PsycINFO, Scopus, and the Web of Science, from database inception to June 2017. A meta-analysis was undertaken to obtain pooled
estimates of the risk of HTN. Results: Five studies reporting the risk of HTN, and five studies presenting differences in its clinical care, were identified. An increased risk of HTN was observed for BPD patients, with an overall Incidence Rate Ratio 1.27 (1.15–1.40). The pooled Incidence Rate Ratio of HTN for those with schizophrenia was 0.94 (0.75 – 1.14). A poorer care of HTN (lower rates of screening, prescription, and adherence) was reported in four studies of schizophrenia, and two of BPD patients, compared to people without these conditions. Limitations: reduced number of studies on risk and care of HTN on patients with BPD or schizophrenia. Conclusions: Limited evidence suggests that patients with BPD have a higher risk of HTN. Patients with schizophrenia and BPD receive poor care of HTN. Understanding the risk of HTN, and the differences in its care, is essential for clinicians to reduce the cardiovascular morbidity and overall mortality of these patients. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
High C-reactive protein levels are associated with depressive symptoms in schizophrenia.

Authors:

Source:
Journal of Affective Disorders, Vol 225, Jan 1, 2018 pp. 671-675. Publisher: Elsevier Science;

Abstract:
Background: Depressive symptoms are frequently associated with schizophrenia symptoms. C - Reactive protein (CRP), a marker of chronic inflammation, had been found elevated in patients with schizophrenia and in patients with depressive symptoms. However, the association between CRP level and depressive symptoms has been poorly investigated in patients with schizophrenia. The only study conducted found an association between high CRP levels and antidepressant consumption, but not with depressive symptoms investigated with the Calgary Depression Rating Scale for Schizophrenia (CDSS). Objectives: The aim of this study was to evaluate CRP levels and depressive symptoms in patients with schizophrenia, and to determine whether high CRP levels are associated with depressive symptoms and/or antidepressant consumption, independently of potential confounding factors, especially tobacco-smoking and metabolic syndrome. Methods: Three hundred and seven patients with schizophrenia were enrolled in this study (mean age = 35.74 years, 69.1% male gender). Depressive symptoms was investigated with the CDSS. Patients were classified in two groups: normal CRP level (≤ 3.0 mg/L) and high CRP level (> 3.0 mg/L). Current medication was recorded. Results: 124 subjects (40.4%) were classified in the high CRP level group. After adjusting for confounding factors, these patients were found to have higher CDSS scores than those with normal CRP levels in multivariate analyses (p = 0.035, OR = 1.067, 95% CI = 1.004–1.132). No significant association between CRP levels and antidepressants consumption was found. Limitations: The size sample is relatively small. The cut-off point for high cardiovascular risk was used to define the two groups. CRP was the sole marker of inflammation in this study and was collected at only one time point. The design of this study is cross-sectional and there are no conclusions about the directionality of the association between depression and inflammation in schizophrenia. Conclusion: This study found an association between high rates of CRP levels and depressive symptoms in patients with schizophrenia, but no association with antidepressant consumption. Further studies are needed to investigate the impact of inflammation in schizophrenia. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
White matter and schizophrenia: A meta-analysis of voxel-based morphometry and diffusion tensor imaging studies.

Authors:
Vitolo, Enrico; Tatu, Mona Karina; Pignolo, Claudia; Cauda, Franco; Costa, Tommaso; Ando', Agata; Zennaro, Alessandro;

Source:

Abstract:
Voxel-based morphometry (VBM) and diffusion tensor imaging (DTI) are the most implemented methodologies to detect alterations of both gray and white matter (WM). However, the role of WM in mental disorders is still not well defined. We aimed at clarifying the role of WM disruption in schizophrenia and at identifying the most frequently involved brain networks. A systematic literature search was conducted to identify VBM and DTI studies focusing on WM alterations in patients with schizophrenia compared to control subjects. We selected studies reporting the coordinates of WM reductions and we performed the anatomical likelihood estimation (ALE). Moreover, we labeled the WM bundles with an anatomical atlas and compared VBM and DTI ALE-scores of each significant WM tract. A total of 59 studies were eligible for the meta-analysis. WM alterations were reported in 31 and 34 foci with VBM and DTI methods, respectively. The most occurred WM bundles in both VBM and DTI studies and largely involved in schizophrenia were long projection fibers, callosal and commissural fibers, part of motor descending fibers, and fronto-temporal-limbic pathways. The meta-analysis showed a widespread WM disruption in schizophrenia involving specific cerebral circuits instead of well-defined regions. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Decreased functional connectivity in schizophrenia: The relationship between social functioning, social cognition and graph theoretical network measures.
Authors: Erdeniz, Burak; Serin, Emin; İbadi, Yelda; Taş, Cumhur;
Abstract: Schizophrenia is a complex disorder in which abnormalities in brain connectivity and social functioning play a central role. The aim of this study is to explore small-world network properties, and understand their relationship with social functioning and social cognition in the context of schizophrenia, by testing functional connectivity differences in network properties and its relation to clinical behavioral measures. Resting-state fMRI time series data were acquired from 23 patients diagnosed with schizophrenia and 23 healthy volunteers. The results revealed that patients with schizophrenia show significantly decreased connectivity between a range of brain regions, particularly involving connections among the right orbitofrontal cortex, bilateral putamen and left amygdala. Furthermore, topological properties of functional brain networks in patients with schizophrenia were characterized by reduced path length compared to healthy controls; however, no significant difference was found for clustering coefficient, local efficiency or global efficiency. Additionally, we found that nodal efficiency of the amygdala and the putamen were significantly correlated with the independence-performance subscale of social functioning scale (SFC), and Reading the Mind in the Eyes test; however, the correlations do not survive correction for multiple comparison. The current results help to clarify the relationship between social functioning deficits and topological brain measures in schizophrenia. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Defining functioning levels in patients with schizophrenia: A combination of a novel clustering method and brain SPECT analysis.
Authors: Catherine, Faget-Agius; Aurélie, Vincenti; Eric, Guedj; Pierre, Michel; Raphaëlle, Richieri; Marine, Alessandrini; Pascal, Auquier; Christophe, Lançon; Laurent, Boyer;
Abstract: This study aims to define functioning levels of patients with schizophrenia by using a method of interpretable clustering based on a specific functioning scale, the Functional Remission Of General Schizophrenia (FROGS) scale, and to test their validity regarding clinical and neuroimaging characterization. In this observational study, patients with schizophrenia have been classified using a hierarchical top-down method called clustering using unsupervised binary trees (CUBT). Socio-
demographic, clinical, and neuroimaging SPECT perfusion data were compared between the different clusters to ensure their clinical relevance. A total of 242 patients were analyzed. A four-group functioning level structure has been identified: 54 are classified as 'minimal', 81 as 'low', 64 as 'moderate', and 43 as 'high'. The clustering shows satisfactory statistical properties, including reproducibility and discriminacy. The 4 clusters consistently differentiate patients. 'High' functioning level patients reported significantly the lowest scores on the PANSS and the CDSS, and the highest scores on the GAF, the MARS and S-QoL 18. Functioning levels were significantly associated with cerebral perfusion of two relevant areas: the left inferior parietal cortex and the anterior cingulate. Our study provides relevant functioning levels in schizophrenia, and may enhance the use of functioning scale. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-50432-005&site=ehost-live

Title:
Biological and cognitive correlates of cortical curvature in schizophrenia.

Authors:
Lubeiro, Alba; de Luis-García, Rodrigo; Rodríguez, Margarita; Álvarez, Aldara; de la Red, Henar; Molina, Vicente;

Source:

Abstract:
Mean cortical curvature may relate to cortico-cortical connections integrity. We explored the association between prefrontal (PFC) cortical curvature and fractional anisotropy (FA) values for tracts connecting PFC and relevant cortical regions. In schizophrenia Anatomical and diffusion magnetic resonance images were obtained from 34 patients (16 of them first-episodes) and 32 healthy controls. We calculated curvature at rostral lateral prefrontal (RLPF) and superior medial prefrontal (SMPF) areas and mean FA for the tracts respectively connecting RLPF and SMPF areas with anterior caudal cingulate (ACC), superior temporal gyrus (STG) and superior parietal SP regions. Cognitive and clinical data were collected, including baseline symptoms, Clinical Global Impression change scores from baseline to follow-up, illness duration and treatment dosage. Patients showed significantly lower FA values in the tracts linking right RLPF-ACC, right SMPF-SPG and bilaterally PFC-STG. FA values in short-range cortico-cortical connections (linking PFC and ACC) were inversely associated with PFC curvature. In patients, cognitive performance was negatively associated with PFC curvature. Larger curvature values were associated to lack of clinical improvement at follow-up. We conclude that cortical curvature is influenced by integrity in short-range cortico-cortical connections and relates to cognition and clinical outcome in schizophrenia patients. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Verbal working memory and functional large-scale networks in schizophrenia.

Authors:
Dauvermann, Maria R.; Moorhead, Thomas W. J.; Watson, Andrew R.; Duff, Barbara; Romaniuk, Liana; Hall, Jeremy; Roberts, Neil; Lee, Graham L.; Hughes, Zoë A.; Brandon, Nicholas J.; Whitcher, Brandon; Blackwood, Douglas H. R.; McIntosh, Andrew M.; Lawrie, Stephen M.;

Source:

Abstract:
The aim of this study was to test whether bilinear and nonlinear effective connectivity (EC) measures of working memory fMRI data can differentiate between patients with schizophrenia (SZ) and healthy controls (HC). We applied bilinear and nonlinear Dynamic Causal Modeling (DCM) for the analysis of verbal working memory in 16 SZ and 21 HC. The connection strengths with nonlinear modulation between the dorsolateral prefrontal cortex (DLPFC) and the ventral segmental area/substantia nigra (VTA/SN) were evaluated. We used Bayesian Model Selection at the group and family levels to compare the optimal bilinear and nonlinear models. Bayesian Model Averaging was used to assess the connection strengths with nonlinear modulation. The DCM analyses revealed that SZ and HC used different bilinear networks despite comparable behavioral performance. In addition, the connection strengths with nonlinear modulation between the DLPFC and the VTA/SN area showed differences between SZ and HC. The
adoption of different functional networks in SZ and HC indicated neurobiological alterations underlying working memory performance, including different connection strengths with nonlinear modulation between the DLPFC and the VTA/SN area. These novel findings may increase our understanding of connectivity in working memory in schizophrenia. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Hazardous alcohol use among patients with schizophrenia and depression.
Subramaniam, Mythily; Mahesh, Mithila Valli; Peh, Chao Xu; Tan, Junda; Fauziana, Restria; Satghare, Pratika; Gupta, Bhanu; Gomathinayagam, Kandasami; Chong, Siow Ann;
Authors:
Source:
Abstract:
Aims: The current study aimed to 1) report the prevalence of hazardous alcohol use in an outpatient population among those with schizophrenia and depressive disorders, 2) assess the sociodemographic and clinical correlates of hazardous alcohol use, 3) examine the association of hazardous alcohol use with severity of depression, anxiety and smoking, and 4) assess the association of hazardous alcohol use with quality of life. Methods: Three hundred ten outpatients seeking treatment at a tertiary psychiatric institute with a diagnosis of either schizophrenia spectrum disorder or depressive disorder were included in the study. Patients were assessed for hazardous alcohol use using the Alcohol Use Disorders Identification Test. Information on sociodemographic correlates, clinical history, severity of symptoms of depression and anxiety, as well as quality of life (QOL) was collected. Results: The overall prevalence of hazardous alcohol use among the sample was 12.6%. The prevalence of hazardous alcohol use among patients with depression and schizophrenia was 18.8% and 6.4%, respectively. Compared to those who were students, patients who were gainfully employed or unemployed were more likely to engage in hazardous alcohol use (Odds Ratio (OR) = 5.5 and 7.7, respectively). Patients with depression compared to those with schizophrenia (OR = 11.1) and those who were current smokers compared to those who had never smoked (OR = 14.5) were more likely to engage in hazardous alcohol use. Hazardous alcohol use was associated with lower QOL in the physical health domain (p = 0.002). Conclusion: Given the significant prevalence of hazardous alcohol use in this population, routine screening for hazardous alcohol use and brief interventions could be an effective way of managing this comorbidity. There is a need to develop and evaluate culturally appropriate brief interventions based on patient preference in this setting. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Correlation of reduced social communicational and interactional skills with regional Grey matter volumes in schizophrenia patients.
Authors:
Ota, Miho; Matsuo, Junko; Sato, Noriko; Teraishi, Toshiya; Hori, Hiroaki; Hattori, Kotaro; Kamio, Yoko; Kunugi, Hiroshi;
Source:
Abstract:
Objective: Recent studies have detected similarities between autism spectrum disorder and schizophrenia. We investigated structural abnormalities associated with autistic-like traits in patients with schizophrenia by voxel-based morphometry. Methods: Patients with schizophrenia and healthy subjects were evaluated by the adult version of the social responsiveness scale (SRS-A), which is sensitive to autistic traits and symptoms even under subthreshold conditions, and magnetic resonance imaging. Results: There were significant decreases in the anterior cingulate cortex, bilateral hippocampi, cerebellums, and right insula of patients with schizophrenia, compared with healthy subjects. We found significant negative correlations of the social communication and interaction (SCI) score, a subscale of SRS-A, with grey matter volume in the left posterior superior temporal region of schizophrenia patients. When subscales of SCI were examined separately in schizophrenic patients, negative correlations were observed between the social cognition score and the volumes of the left posterior superior temporal region, and between social motivation and the posterior cingulate cortex. Conclusion: We found significant
negative correlation between the SCI score and the grey matter volume in the left posterior superior temporal region of schizophrenia patients. This area was the region affected in previous studies of autistic spectrum disorders. Further, this area was associated with the theory of mind. Schizophrenia patients not necessarily show the impairment of SCI, nor this correlated region was not always the point with schizophrenia-specific change. However, we reveal the relationship between the left posterior superior temporal gyrus and the severity of the SCI in schizophrenia by using with SRS-A. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-52498-008&site=ehost-live

Title:
Long-term outcomes of metacognitive narrative psychotherapy for people diagnosed with schizophrenia.
Authors:
Schweitzer, Robert D.; Greben, Melissa; Bargenquast, Rebecca;
Source:
Abstract:
Objectives: This study investigated long-term outcomes of Metacognitive Narrative Psychotherapy. Previous studies have shown the approach to be effective in enhancing recovery and metacognition in people with a diagnosis of schizophrenia. Design: A 2-year longitudinal follow-up case study design. Methods Eight people with a diagnosis of schizophrenia received an average of 52 sessions over 13–26 months. Follow-up interviews were conducted and self-report measures administered at approximately 2 years (22–30 months) post-completion of therapy. Results: The majority of participants demonstrated reliable improvement from pre-treatment to 2-year follow-up on one or more of the outcome measures with some variation in patterns of improvement. Conclusions: This study provides the first evidence that therapeutic gains in recovery and metacognition during Metacognitive Narrative Psychotherapy for people with a diagnosis of schizophrenia can be maintained at 2-year follow-up. Larger, controlled trials are warranted to ascertain the most important factors contributing to the facilitation and maintenance of gains over time. Practitioner points: 1. Research demonstrates the value of longer-term psychotherapy for patients with more severe and longer-term difficulties resulting from psychotic spectrum disorders. 2. Metacognitive Narrative Psychotherapy has been demonstrated to facilitate improvement in a proportion of patients who present with a diagnosis of schizophrenia. 3. Components of Metacognitive Narrative Psychotherapy can be incorporated into a range of therapeutic approaches for the benefit of patients. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
White matter fiber integrity of the saccadic eye movement network differs between schizophrenia and healthy groups.
Authors:
Schaeffer, David J.; Rodrigue, Amanda L.; Burton, Courtney R.; Pierce, Jordan E.; Murphy, Megan N.; Clementz, Brett A.; McDowell, Jennifer E.;
Source:
Abstract:
Recent diffusion tensor imaging (DTI) studies suggest that altered white matter fiber integrity is a pathophysiological feature of schizophrenia. Lower white matter integrity is associated with poor cognitive control, a characteristic of schizophrenia that can be measured using antisaccade tasks. Although the functional neural correlates of poor antisaccade performance have been well documented, fewer studies have investigated the extent to which white matter fibers connecting the functional nodes of this network contribute to antisaccade performance. The aim of the present study was to assess the white matter structural integrity of fibers connecting two functional nodes (putamen and medial frontal eye fields) of the saccadic eye movement network implicated in poor antisaccade performance in schizophrenia. To evaluate white matter integrity, DTI was acquired on subjects with schizophrenia and two comparison groups: (a) behaviorally matched healthy comparison subjects with low levels of cognitive control (LCC group), and (b) healthy subjects with high levels of cognitive control (HCC group). White matter fibers
were tracked between functional regions of interest generated from antisaccade fMRI activation maps, and measures of diffusivity were quantified. The results demonstrated lower white matter integrity in the schizophrenia group than in the HCC group, but not the LCC group who showed similarly poor cognitive control performance. Overall, the results suggest that these alterations are not specific to the disease process of schizophrenia, but may rather be a function of uncontrolled cognitive factors that are concomitant with the disease but also observed in some healthy people. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Changes in antipsychotics and other psychotropic drugs during a 30-month lifestyle intervention among outpatients with schizophrenia.

Authors:
Højlund, Mikkel; Elliott, Anja Friis; Madsen, Nikolaj Juul; Viuff, Anne Grethe; Munk-Jørgensen, Povl; Hjorth, Peter;

Source:

Abstract:
Background: Patients with schizophrenia have high risk of early death from diabetes and cardiovascular diseases, partly because of poor lifestyle and partly because of long-lasting exposure to antipsychotic treatment. Aims: To investigate the influence of a lifestyle intervention program on changes in psychotropic medication in a non-selected cohort of patients with schizophrenia. Methods: Observational study of outpatients in the Central Denmark Region during a 30-month lifestyle program. Results: One hundred and thirty-six patients were enrolled and 130 were available for analysis. Median follow-up time was 15.9 months (range 1–31 months). Nineteen patients (15%) were not treated with antipsychotic drugs during the study period. 54% of the 111 patients exposed to antipsychotics were subject to monotherapy at index and at follow-up. The median defined daily dose (DDD) of antipsychotics was 1.33 at index (interquartile range (IQR) 0.67–2.00) and 1.07 at follow-up (IQR 0.40–1.50). 52% of the patients experienced a decrease in DDD during the study period (median change 0.33; IQR 1.00–0.43). There were no significant differences between the patients with decreased, stable or increased DDD with regard to age, sex, follow-up time and time since diagnosis. The number of prescriptions was significantly higher in the patients who decreased their DDD and the proportion of antipsychotic depot formulation was higher in those who increased their DDD. Conclusions: Most patients decreased or stabilized their total dose of antipsychotic medication during the study period. Many patients were subject to antipsychotic polypharmacy. The extent of participation in the lifestyle intervention program did not correlate with the changes in dosing of antipsychotic medication. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Association between social functioning and prefrontal cortex function during a verbal fluency task in schizophrenia: A near-infrared spectroscopic study.

Authors:
Itakura, Masashi; Pu, Shenghong; Ohdachi, Hiroaki; Matsumura, Hiroshi; Yokoyama, Katsutoshi; Nagata, Izumi; Iwata, Masaaki; Kaneko, Koichi;

Source:

Abstract:
Aim: Impaired social functioning is a common characteristic of patients with schizophrenia. Social functioning requires the complex operation of various executive functions. Deficits in the prefrontal cortex (PFC) have been implicated in executive dysfunction. Here we aimed to clarify the relation between subjectively and objectively assessed social functioning, and their associations with PFC function in patients with schizophrenia. Methods: Twenty-three patients and 22 age- and sex-matched healthy controls (HC) were assessed. In the schizophrenia group, self- and caregiver-rated social functioning were measured using the Specific Level of Functioning Assessment (SLOF). The hemodynamic responses
elicited by a verbal fluency task (VFT) in three regions of interest in the frontotemporal area were measured using multi-channel near-infrared spectroscopy (NIRS). We also investigated psychiatric symptoms, neurocognition, and cognitive insight to assess possible confounding factors. Results: Significant positive correlations were found between self- and caregiver-rated SLOF composite scores and three subdomain scores. Self- and caregiver-rated SLOF composite scores were significantly associated with dorsolateral PFC and frontopolar cortex (DLPFC/FPC) activation during the VFT. Psychiatric symptoms, global functioning, neurocognition, and cognitive insight were not associated with NIRS signals. General psychopathology was associated with NIRS signals in the ventrolateral PFC and the anterior temporal cortex. DLPC and FPC activity may be associated with social functioning in patients with schizophrenia. Conclusion: Our results suggest that the two distinct assessments of social functioning were significantly correlated. Moreover, DLPFC and FPC function was strongly associated with social functioning and the ability to carry out daily life in patients with schizophrenia. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Positive mental health in schizophrenia and healthy comparison groups: Relationships with overall health and biomarkers.

Authors: Edmonds, Emily C.; Martin, Averria Sirkin; Palmer, Barton W.; Eyler, Lisa T.; Rana, Brinda K.; Jeste, Dilip V.;


Abstract: Objective: Positive psychological factors (PPFs) have been reported to have a significant impact on health in the general population. However, little is known about the relationship of these factors with mental and physical health in schizophrenia. Method: One hundred and thirty-five outpatients with schizophrenia and 127 healthy comparison subjects (HCs), aged 26–65 years, were evaluated with scales of resilience, optimism, happiness, and perceived stress. Measures of mental and physical health were also obtained. Regression analyses examined associations of a PPF composite with health variables. Results: Relative to the HCs, the schizophrenia group had lower levels of PPFs. However, there was considerable heterogeneity, with over one-third of schizophrenia participants having values within the ‘normative’ range. The PPF composite was positively related to mental and physical health variables and with biomarkers of inflammation and insulin resistance. The relationship between PPFs and mental health was particularly strong for individuals with schizophrenia. Conclusion: A sizable minority of adults with chronic schizophrenia have levels of resilience, optimism, happiness, and perceived stress similar to HCs. Psychosocial interventions to enhance PPFs should be tested in patients with serious mental illnesses, with the goal of improving their mental health (beyond controlling symptoms of psychosis) and their physical health. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Recovery from schizophrenia: An autoethnography.

Authors: Helman, Daniel S.;


Abstract: Medication- and symptom-free recovery has been the author’s experience since March 2006. Details of 127 potentially therapeutic lifestyle activities were explored using a structured reflective analysis. These activities were divided into twelve communities: family, arts, romance, etc. Perceived therapeutic effects are noted. Also included is the author’s method for weaning from psychiatric medication very slowly, plus personal details of success. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
A survey of caregiver burden in those providing informal care for patients with schizophrenia or bipolar disorder with agitation: Results from a European study.

Authors:
Blanthorn-Hazell, Sophee; Gracia, Alfredo; Roberts, Jenna; Boldeanu, Anca; Judge, Davneet;

Source:

Abstract:
Background: Agitation is a common feature of bipolar disorder and schizophrenia. Previous research indicates that specific symptoms impact caregiver burden in these conditions, but the impact of agitation on caregiver experience is poorly understood. The aim of this study was to characterise caregiver burden in providers of informal care for patients with bipolar disorder and schizophrenia who experience agitation.

Methods: In total, 297 matched patient and caregiver surveys were collected across the UK, Germany and Spain between October 2016 and January 2017. To be eligible, caregivers needed to provide informal care to a patient with a diagnosis of bipolar disorder or schizophrenia with agitation managed in a community setting and participating in the patient survey. The caregiver survey captured information on demographics and their role in managing the patient’s agitation. Caregiver burden was assessed using the Involvement Evaluation Questionnaire. Descriptive analysis was conducted. Results: Caregivers provided 38.3 h (SD ± 40.34) a week of support to the patient with 20% providing 50 h or more. Most caregivers reported that they recognised an episode of agitation all of the time (44%, n = 130) or sometimes (40%, n = 119). Verbal de-escalation techniques (talking (80%, n = 239) and soothing (73%, n = 218) were the most commonly reported strategies used by caregivers during an episode of agitation; 14% (n = 43) reported resorting to physically restraining the patient. Caregivers supervised rescue medication administration regularly (41%, n = 69) or occasionally (49%, n = 82). Mean Involvement Evaluation Questionnaire score was 32.2 (± 15.27), equivalent to 28.4 (± 13.56) in Germany, 35.6 (± 16.55) in Spain and 33.3 (± 15.15) in the UK. Involvement Evaluation Questionnaire scores were higher for caregivers who reported hostile (41.7 ± 17.07) lack of control (40.3 ± 16.35) and violent (39.5 ± 16.40) patient behaviours when agitated. Over excitement (31.8 ± 15.05), restless (32.6 ± 14.77) and tense (32.9 ± 15.64) behaviours were associated with a lower Involvement Evaluation Questionnaire score.

Conclusions: Caregivers are active participants in the recognition and management of agitation episodes. The substantial burden reported by these caregivers is impacted by factors including the number of hours of care provided, patient behaviours and country. These may be viable targets for effective interventions to reduce caregiver burden. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: The microbiome-gut-brain axis: Implications for schizophrenia and antipsychotic induced weight gain.
Authors: Kanji, S.; Fonseka, T. M.; Marshe, V. S.; Siretnakumar, V.; Hahn, M. K.; Müller, D. J.;
Abstract: With the emergence of knowledge implicating the human gut microbiome in the development and regulation of several physiological systems, evidence has accumulated to suggest a role for the gut microbiome in psychiatric conditions and drug response. A complex relationship between the enteric nervous system, the gut microbiota and the central nervous system has been described which allows for the microbiota to influence and respond to a variety of behaviors and psychiatric conditions. Additionally, the use of pharmaceuticals may interact with and alter the microbiota to potentially contribute to adverse effects of the drug. The gut microbiota has been described in several psychiatric disorders including depression and anxiety, but only a few reports have discussed the role of the microbiome in schizophrenia. The following review examines the evidence surrounding the gut microbiota in behavior and psychiatric illness, the role of the microbiota in schizophrenia and the potential for antipsychotics to alter the gut microbiota and promote adverse metabolic events. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Suicide

Title: Measuring acquired capability for suicide within an ideation-to-action framework.
Authors: Burke, Taylor A.; Ammerman, Brooke A.; Knorr, Anne C.; Alloy, Lauren B.; McCloskey, Michael S.;
Abstract: Objective: Despite the large literature on risk factors for suicide-related outcomes, few studies have examined risk for acting on suicidal thoughts among suicide ideators. The current study aimed to fill this gap by examining the role of acquired capability, as well as its hypothesized facilitator, painful and provocative events (PPEs), as motivators for behavior among individuals along the suicide continuum. Method: Undergraduates reporting suicidal ideation, suicide plans, suicide attempts without intent to die, or suicide attempts with intent to die (N = 546) completed a measure of acquired capability for suicide, as well as assessments of exposure to PPEs. Results: Our findings demonstrated that acquired capability for suicide did not distinguish between individuals falling along the ideation-to-action spectrum. Among the several PPEs assessed, the frequency of nonsuicidal self-injury, and the presence of childhood emotional abuse, physical abuse, and physical neglect each significantly differentiated between groups, with individuals having a history of a suicide attempt with the intent to die reporting the highest levels. Conclusions: These findings implicate the PPEs that may be most important to assess in determining suicide risk, and, further, call into question the utility of acquired capability in differentiating between individuals along the suicide continuum. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Understanding self-harm in older people: A systematic review of qualitative studies.
Authors: Wand, Anne Pamela Frances; Peisah, Carmelle; Draper, Brian; Brodaty, Henry;
Abstract: Objective: Rates of suicide in older adults are generally higher than other age groups. Although risk factors for suicide attempts, and self-harm more generally, in this population are well-characterised, many of these vulnerabilities are common to older people and individual motivations are less well understood. Qualitative research may reveal more about the underlying thought processes, meaning and experiences of older people who self-harm. Methods: A systematic review of qualitative studies examining the reasons why older people have self-harmed was undertaken by searching databases and screening the reference lists of articles. The quality of studies was critically appraised. A content analysis was performed to identify themes. Results: The search yielded eight studies of variable quality which met the inclusion criteria; three pertained to indirect self-harm (refusal to eat or take medications and self-neglect) and five related to suicidal behaviour. Themes emerging from the analysis of studies of people who had self-neglected included control, impaired decision-making and coping skills and threats to self-identity and continuity. In those who had suicidal behaviour, themes related to loss of and regaining control; alienation, disconnectedness and invisibility; meaningless and raison d’etre; and accumulated suffering and a ‘painful life’. Conclusions: There is scant literature evaluating self-harm in older people using qualitative methods. Nonetheless, this review suggests that active and passive self-harm should be considered as distinct entities as the underlying motivations and intents differ. Understanding individual perceptions and experiences which lead to self-harm may guide clinicians in delivering more sensitive, holistic interventions and counter ageism. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Closing the gap in Aboriginal and Torres Strait Islander youth suicide: A social–emotional wellbeing service innovation project.
Authors: Skerrett, Delaney Michael; Gibson, Mandy; Darwin, Leilani; Lewis, Suzie; Rallah, Rahm; De Leo, Diego; Darwin, Leilani; Lewis, Suzie; Rallah, Rahm; De Leo, Diego; Source: Australian Psychologist, Vol 53(1), Feb, 2018 pp. 13-22. Publisher: Wiley-Blackwell Publishing Ltd.;
Abstract: Objective: The suicide rate for Queensland’s Aboriginal and Torres Strait Islander young people is over four times that of their non-Indigenous counterparts, with Aboriginal and Torres Strait Islander children (under 15) dying by suicide at 12 times the non-Indigenous rate. There is a need for interventions that are culturally validated and community-endorsed. The aim of this article is to describe the design and implementation of a group-based intervention, as well to report the results of the various qualitative and quantitative measures. Method: Sixty-one Aboriginal and Torres Strait Islander persons aged 11–21 years completed a social–emotional wellbeing (SEWB) program at headspace Inala. Data were available through to 2-month follow-up for 49 participants. The program was designed and delivered in collaboration with the local Aboriginal and Torres Strait Islander community. Results: There was a statistically significant decrease in suicidal ideation experienced by the participants after completing the program. Qualitative measures indicated that participants experienced improved understanding of holistic health and an increased number of coping skills. Conclusions: Not only was this the first evaluated intervention in Aboriginal and Torres Strait Islander youth to ever report a decrease in individual suicidality, the program was carefully designed and implemented in consultation with community in a culturally sensitive manner and thus provides an invaluable framework for future SEWB work. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Suicidal ideation, suicide attempts, and psychological distress among intoxicated adolescents in the pediatric emergency department.
Authors: Puuskari, Varpu; Aalto-Setälä, Terhi; Komulainen, Erkki; Marttunen, Mauri; Source: Nordic Journal of Psychiatry, Vol 72(2), Feb, 2018 pp. 137-144. Publisher: Taylor & Francis
Abstract: Background: Studies have emphasized screening for psychiatric disorders, especially suicide risk in emergency departments. Psychiatric disorders and experimentation with alcohol increase in adolescence and intoxications among patients challenge the staff in emergency departments. Aims: This study examined the degree of suicidal ideation (SI) and suicidal behavior in adolescents, and the extent to which they differed from non-suicidal patients in terms of alcohol use, psychological distress, self-esteem, and perceived social support. Methods: The study comprised 120 adolescents, a mean age of 14.2 years. Of them 60% were females. We collected data on the clinical characteristics and assessed the patient’s psychiatric status using self-report scales and analyzed blood samples for alcohol. A consulting psychiatrist interviewed each patient before discharge to evaluate potential SI or suicide attempt (SA) using structured and semi-structured scales. Results: Of the 120 patients 20% had SI or had made a SA. High psychological distress in girls, low blood alcohol levels (BALs), as well as low scores on self-esteem, on social support and on familial support were associated with patients with SI/SA. Logistic regression showed that the most significant variables with suicidal patients included low BAL and low self-esteem and high alcohol consumption. Psychological distress had a direct and mediational role in the suicidal patients. Conclusions: Adolescents referred to the pediatric emergency department with intoxication displaying high psychological distress and low self-esteem represent a high-risk group of teens. In this group, careful assessment of mental health status, screening for suicidal ideation, and SAs seems warranted. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Authors: Geulayov, Galit; Casey, Deborah; McDonald, Keltie C.; Foster, Pauline; Pritchard, Kirsty; Wells, Claudia; Clements, Caroline; Kapur, Navneet; Ness, Jennifer; Waters, Keith; Hawton, Keith;
Background: Little is known about the relative incidence of fatal and non-fatal self-harm in young people. We estimated the incidence of suicide, hospital-presenting non-fatal self-harm, and community-occurring non-fatal self-harm in adolescents in England. Methods: We used national mortality statistics (Jan 1, 2011, to Dec 31, 2013), hospital monitoring data for five hospitals derived from the Multicentre Study of Self-Harm in England (Jan 1, 2011, to Dec 31, 2013), and data from a schools survey (2015) to estimate the incidence of fatal and non-fatal self-harm per 100 000 person-years in adolescents aged 12–17 years in England. We described these incidences in terms of an iceberg model of self-harm. Findings: During 2011–13, 171 adolescents aged 12–17 years died by suicide in England (119 [70%] male and 133 [78%] aged 15–17 years) and 1320 adolescents presented to the study hospitals following non-fatal self-harm (1028 [78%] female and 977 [74%] aged 15–17 years). In 2015, 322 (6%) of 5506 adolescents surveyed reported self-harm in the past year in the community (250 [78%] female and 164 [51%] aged 15–17 years). In 12–14 year olds, for every boy who died by suicide, 109 attended hospital following self-harm and 3067 reported self-harm in the community, whereas for every girl who died by suicide, 1255 attended hospital for self-harm and 21 995 reported self-harm in the community. In 15–17 year olds, for every male suicide, 120 males presented to hospital with self-harm and 838 self-harmed in the community; whereas for every female suicide, 919 females presented to hospital for self-harm and 6406 self-harmed in the community. Hanging or asphyxiation was the most common method of suicide (125 [73%] of 171), self-poisoning was the main reason for presenting to hospital after self-harm (849 [71%] of 1195), and self-cutting was the main method of self-harm used in the community (286 [89%] of 322). Interpretation: Ratios of fatal to non-fatal rates of self-harm differed between males and females and between adolescents aged 12–14 years and 15–17 years, with a particularly large number of females reporting self-harm in the community. Our findings emphasise the need for well resourced community and hospital-based mental health services for adolescents, with greater investment in school-based prevention. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Trace lithium and mental health.

Authors:
Ishii, Nobuyoshi; Terao, Takeshi;

Source:

Abstract:
Lithium therapy is generally accepted as a first-line treatment for bipolar disorder, and it is also identified as one of the best augmenting options for treatment-resistant depression. Furthermore, lithium has been investigated in association with suicide, dementia and aggressiveness. In this review, we examined articles about the effects of very small amounts of lithium in treating suicide, dementia, bipolar disorder and temperament, to assess the present state of trace lithium’s effect on mental state. The results indicate that trace lithium may be effective for suicide prevention but randomized, placebo-controlled trials are required to draw a definite conclusion. Indications for using trace lithium in treating such conditions as dementia, bipolar disorder and temperament are supported by very limited evidence and such effects are yet to be determined. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Tensions in perspectives on suicide prevention between men who have attempted suicide and their support networks: Secondary analysis of qualitative data.

Authors:
Fogarty, Andrea S.; Spurrier, Michael; Player, Michael J.; Wilhelm, Kay; Whittle, Erin L.; Shand, Fiona; Christensen, Helen; Proudfoot, Judith;

Source:
Abstract:
Background: Men generally have higher rates of suicide, despite fewer overt indicators of risk. Differences in presentation and response suggest a need to better understand why suicide prevention is less effective for men. Objective: To explore the views of at-risk men, friends and family about the tensions inherent in suicide prevention and to consider how prevention may be improved. Design: Secondary analysis of qualitative interview and focus group data, using thematic analysis techniques, alongside bracketing, construction and contextualisation. Setting and participants: A total of 35 men who had recently made a suicide attempt participated in interviews, and 47 family and friends of men who had made a suicide attempt took part in focus groups. Participants recounted their experiences with men’s suicide attempts and associated interventions, and suggested ways in which suicide prevention may be improved. Results: Five tensions in perspectives emerged between men and their support networks, which complicated effective management of suicide risk: (i) respecting privacy vs monitoring risk, (ii) differentiating normal vs risky behaviour changes, (iii) familiarity vs anonymity in personal information disclosure, (iv) maintaining autonomy vs imposing constraints to limit risk, and (v) perceived need for vs failures of external support services. Conclusion: Tension between the different perspectives increased systemic stress, compounding problems and risk, thereby decreasing the effectiveness of detection of and interventions for men at risk of suicide. Suggested solutions included improving risk communication, reducing reliance on single source supports and increasing intervention flexibility in response to individual needs. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Patients admitted to hospital after suicide attempt with violent methods compared to patients with deliberate self-poisoning - a study of background variables, somatic and psychiatric health and suicidal behavior.

Authors:
Persett, Per Sverre; Grimholt, Tine K.; Ekeberg, Oivind; Jacobsen, Dag; Myhren, Hilde

Source:

Abstract:
Background: In Norway, there are about 550 suicides recorded each year. The number of suicide attempts is 10–15 times higher. Suicide attempt is a major risk factor for suicide, in particular when violent methods are used. Suicide attempts with violent methods have hardly been studied in Norway. This study describes demographic, psychiatric and somatic health in patients admitted to somatic hospitals in Norway after suicide attempt by violent methods compared with suicide attempters using deliberate self-poisoning (DSP). Methods: Patients admitted to somatic hospital after suicide attempt aged > 18 years were included in a prospective cohort study, enrolled from December 2010 to April 2015. Demographics (gender, age, marital and living condition, educational and employment status), previous somatic and psychological health were registered. Patients who had used violent methods were compared with patients admitted after suicide attempt by DSP. Results: The study included 80 patients with violent methods and 81 patients with DSP (mean age both groups 42 yrs.). Violent methods used were cutting (34%), jumping from heights (32%), hanging (14%), others (10%), shooting (7%) and drowning (4%). Patients with violent methods had more often psychosis than patients admitted with DSP (14% vs 4%, p < 0.05), less anxiety disorders (4% vs 19%, p < 0.01) and less affective disorders (21% vs 36%, p < 0.05). There were no significant differences between the numbers of patients who received psychiatric treatment at the time of the suicide attempt (violent 55% versus DSP 48%) or reported previous suicide attempt, 58% in patients with violent methods and 47% in DSP. Patients with violent methods stayed longer in hospital (14.3 (mean 8.3–20.3) vs. 2.3 (mean 1.6–3.1) days, p < 0.001), stayed longer in intensive care unit (5 days vs. 0.5 days, p < 0.001) and were in need of longer mechanical ventilation (1.4 vs 0.1 days, p < 0.001). Conclusions: Patients with violent methods had more often psychosis, less anxiety disorders and affective disorders than patients with DSP. Psychiatric treatment before the attempt and previous suicide attempt was not significantly different between the groups and about half of the patients in both groups were in psychiatric treatment at the time of the suicide attempt. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Psychotic (delusional) depression and suicidal attempts: A systematic review and meta-analysis.

Authors:
Gournellis, R.; Tournikioti, K.; Touloumi, G.; Thomadakis, C.; Michalopoulou, P. G.; Christodoulou, C.; Papadopoulou, A.; Douzenis, A.;

Source:

Abstract:
Objective: It still remains unclear whether psychotic features increase the risk of suicidal attempts in major depressive disorder. Thus, we attempted, through a systematic review coupled with a meta-analysis, to elucidate further whether unipolar psychotic depression (PMD) compared to non-PMD presents higher levels of suicidal attempts. Method: A systematic search was conducted in PubMed, EMBASE, PsycINFO as well as in various databases of the so-called gray literature for all studies providing data on suicidal attempts in PMD compared to non-PMD, and the results were then subjected to meta-analysis. Results: Twenty studies met our inclusion criteria, including in total 1,275 PMD patients and 5,761 non-PMD patients. An elevated risk for suicide attempt for PMD compared to non-PMD patients was found: The total (lifetime) fixed-effects pooled OR was 2.11 (95% CI: 1.81–2.47), and the fixed-effects pooled OR of the five studies of the acute phase of the disorder was 1.93 (95% CI: 1.33–2.80). This elevated risk of suicidal attempt for PMD patients remained stable across all age groups of adult patients. Conclusion: Despite data inconsistency and clinical heterogeneity, this systematic review and meta-analysis showed that patients with PMD are at a two-fold higher risk, both during lifetime and in acute phase, of committing a suicidal attempt than patients with non-PMD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
A behavioral and cognitive neuroscience perspective on impulsivity, suicide, and non-suicidal self-injury: Meta-analysis and recommendations for future research.

Authors:
Liu, Richard T.; Trout, Zoë M.; Hernandez, Evelyn M.; Cheek, Shayna M.; Gerlus, Nimesha;

Source:

Abstract:
We conducted a meta-analysis of neurobehavioral and neurocognitive indices of impulsivity in relation to suicidal thoughts and behaviors, as well as non-suicidal self-injury (NSSI). In our systematic review, 34 studies were identified and submitted to a random-effects meta-analysis. A small pooled effect size was observed for the association between behavioral impulsivity and NSSI (OR = 1.34, p < 0.05). A small-to-medium pooled effect size (OR = 2.23, p < 0.001) was found for the association between behavioral impulsivity and suicide attempts, and a medium-to-large pooled effect size was observed for this outcome in relation to cognitive impulsivity (OR = 3.14, p < 0.01). Length of time between suicide attempt and impulsivity assessment moderated the strength of the relation between impulsivity and attempts, with a large pooled effect size (OR = 5.54, p < 0.001) evident when the suicide attempt occurred within a month of behavioral impulsivity assessment. Studies of clinically significant NSSI temporally proximal to impulsivity assessment are needed. Longitudinal research is required to clarify the prognostic value of behavioral and cognitive impulsivity for short-term risk for self-harm. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Identifying and responding to suicide risk in schools.

Authors:
Singer, Jonathan B.;

Source:

Abstract:
Schools provide a unique environment in which to identify and respond to youth suicide risk. A comprehensive approach to school-based suicide prevention, intervention, and postvention requires a multilevel systemic plan for screening suicide risk, programs that increase awareness of suicide risk factors and warning signs, access to community-based interventions including psychotherapies and hospitalization, and school-based responses to suicide deaths. Prevention programs with empirical support include the Good Behavior Game for elementary school students and Signs of Suicide for middle and high school students. Once youth have been identified as being at-risk for suicide, either by a peer or an adult, there are three categories of intervention: suicide risk monitoring, outpatient psychotherapy, and hospitalization. After hospitalization, (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Suicide among college students: Risk and approaches to prevention and management.
Authors: Schwartz, Victor;
Abstract: College campuses are a unique setting for the delivery of mental health care. Approximately 20 million people attend institutions of higher education in the United States. There has been growing recognition in recent years that a community/public health approach to suicide prevention on college campuses can be effective. Psychiatrists can play an important role in supporting suicide prevention on college campuses. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Attachment-based family therapy with suicidal adolescents: An overview.
Authors: Hunt, Quintin; Sandoval-Barrett, Jesse; Diamond, Guy;
Abstract: Suicide is one of the leading causes of death in adolescents worldwide. Recent studies have identified familial and relational risk factors for suicide in adolescence. Unfortunately, few family-based treatments have been developed and tested for this challenging population. Attachment-based family therapy (ABFT) is a brief family-based treatment that has been shown to effectively reduce suicide ideation and attempts. Using five treatment tasks, ABFT focuses on reframing the problem to a systemic issue, developing understanding of the system and the depression, and creating corrective attachment experiences. Based on attachment theory, ABFT helps the adolescent and their parent(s) to develop a more secure relationship that will function as a buffer against suicide-related thoughts and behaviors in the future. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: An overview and comparison of two proposed suicide-specific diagnoses: Acute suicidal affective disturbance and suicide crisis syndrome.
Authors: Rogers, Megan L.; Galynker, Igor; Yaseen, Zimri; DeFazio, Kayla; Joiner, Thomas E.;
Abstract: Current psychological diagnostic classification systems do not fully capture the scope of suicidality, leading to recent advocacy for the inclusion of a suicide-specific diagnosable condition. We contend that a suicide-specific diagnosable condition should parsimoniously reflect acuity and characterize not only if, but
also when, a person will engage in suicidal behavior. Two potential solutions to this diagnostic void have been proposed: (1) acute suicidal affective disturbance (ASAD) and (2) suicide crisis syndrome (SCS). This article provides an overview of the phenomenology and existing empirical evidence for ASAD and SCS, as well as a comparison between the two conditions. It also outlines a number of future research directions, including the need to examine both conditions prospectively in heterogeneous samples of people across the lifespan, as well as the necessity of comparing the reliability, validity, and clinical utility of these two syndromes directly within single studies. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-39558-005&site=ehost-live

---

Title: Uncovering a patient’s hidden method of choice for suicide: Insights from the chronological assessment of suicide events (CASE approach).
Authors: Shea, Shawn Christopher;
Abstract: Patients with an extremely strong intention to die by suicide may be predisposed to both withhold their method of choice as well as to minimize their intention to act upon that method. The interviewing skills required to uncover such dangerous ideation in patients who are at immediate risk (next 24 hours) or imminent risk (next 72 hours) may be significantly more sophisticated than the skills needed to screen for suicide in patients with mild to moderately severe risk. This article delineates validity techniques from the Chronological Assessment of Suicide Events (CASE Approach), a well-recognized interviewing strategy designed to flexibly expand to elicit suicidal ideation, planning, behaviors, and intent from simple screening to uncovering hidden plans and lethal intent. Five interviewing techniques for use with high-risk patients prone to withhold (the behavioral incident, gentle assumption, denial of the specific, the catch-all question, and symptom amplification) are described and illustrated in detail. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


---

Title: Bisexual-specific minority stressors, psychological distress, and suicidality in bisexual individuals: The mediating role of loneliness.
Authors: Mereish, Ethan H.; Katz-Wise, Sabra L.; Woulfe, Julie;
Abstract: Bisexual individuals are at higher risk for poor mental health outcomes compared to heterosexual as well as lesbian and gay individuals and experience minority stressors, such as discrimination, from both heterosexual and sexual minority communities. However, there is little research examining the negative effects of bisexual-specific minority stressors on bisexual individuals' mental health as well as psychological factors that might help explain minority stressors' deleterious effects. This research examined the effects of distal minority stressors (i.e., anti-bisexual experiences from both heterosexual as well as lesbian and gay people) and proximal stressors (i.e., internalized heterosexism and sexual orientation concealment) on psychological distress and suicidality among bisexual adults (N = 503). Building on the relational framing of the minority stress model, we also tested one relational factor (i.e., loneliness) as a mediator of the associations between distal and proximal minority stressors and poor mental health (i.e., psychological distress and suicidality). Structural equation modeling analyses were used to test the mediating effects of loneliness on the associations between minority stressors and psychological distress and suicidality. Although distal and proximal minority stressors were not associated with each other, loneliness mediated the effects of distal and proximal minority stressors on psychological distress and suicidality. The results of this study underscore the importance of targeting bisexual-specific minority stressors as well as loneliness in preventive interventions to improve the mental health of bisexual individuals. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title:
Subtypes of suicide attempters based on longitudinal childhood profiles of co-occurring depressive, anxious and aggressive behavior symptoms.

Authors:
Hart, Shelley R.; Van Eck, Kathryn; Ballard, Elizabeth D.; Musci, Rashelle J.; Newcomer, Alison; Wilcox, Holly C.;

Source:

Abstract:
Because suicide attempts are multi-determined events, multiple pathways to suicidal behaviors exist. However, as a low-frequency behavior, within group differences in trajectories to attempts may not emerge when examined in samples including non-attempters. We used longitudinal latent profile analysis to identify subtypes specific for suicide attempters based on longitudinal trajectories of childhood clinical symptoms (i.e., depression, anxiety, and aggression measured in 2nd, 4th–7th grades) for 161 young adults (35.6% male; 58.6% African American) who attempted suicide between ages 13–30 from a large, urban community-based, longitudinal prevention trial (n = 2311). Differences in psychiatric diagnoses, suicide attempt characteristics, criminal history and traumatic stress history were studied. Three subtypes emerged: those with all low (n = 32%), all high (n = 16%), and high depressive/anxious, but low aggressive (n = 52%) symptoms. Those with the highest levels of all symptoms were significantly more likely to report a younger age of suicide attempt, and demonstrate more substance abuse disorders and violent criminal histories. Prior studies have found that childhood symptoms of depression, anxiety and aggression are malleable targets; interventions directed at each reduce future risk for suicidal behaviors. Our findings highlight the link of childhood aggression with future suicidal behaviors extending this research by examining childhood symptoms of aggression in the context of depression and anxiety.

(PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Distinguishing pathways from negative emotions to suicide ideation and to suicide attempt: The differential mediating effects of nonsuicidal self-injury.

Authors:
Zhang, Xu; Ren, Yaxuan; You, Jianing; Huang, Chao; Jiang, Yongqiang; Lin, Min-Pei; Leung, Freedom;

Source:
Journal of Abnormal Child Psychology, Vol 45(8), Nov, 2017 pp. 1609-1619. Publisher: Springer

Abstract:
Negative emotion (NE) is one of the most widely examined risk factors for suicide ideation (SI) and suicide attempt (SA). However, little is known about the possibly different mechanisms underlying the pathways from NE to these two different suicide phenomena. Nonsuicidal self-injury (NSSI) is related to both negative emotions and suicidality. Thus, the present study aimed to test the differential roles of NSSI in the pathways from NE (specified by depression, anxiety, and stress) to SI and from NE to SA. This study hypothesized that NSSI served as a mediator in the relationship from NE to SA, but not in the relationship from NE to SI. We assessed the study variables among 3600 Chinese students (56.6% females, mean age = 14.63 years) for 3 times at 6-month intervals. Structural equation modeling was used to test the hypotheses. Results partly supported the hypothesized longitudinal mediation model, such that NSSI fully mediated the relation from NE to SA in females, while partially mediated the relation from NE to SI in both females and males. Findings of this study may help to better understand the distinct mechanisms underlying the relationships from NE to SI and SA. Moreover, our finding regarding gender differences suggests the different emphases in suicide prevention and intervention programs across genders.

(PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Serum lithium levels and suicide attempts: A case-controlled comparison in lithium therapy-naive individuals.

**Authors:** Kanehisa, Masayuki; Terao, Takeshi; Shiotsuki, Ippei; Kurosawa, Keiko; Takenaka, Ryuichi; Sakamoto, Teruo; Shigemitsu, Osamu; Ishii, Nobuyoshi; Hatano, Koji; Hirakawa, Hirofumi;

**Source:** Psychopharmacology, Vol 234(22), Nov, 2017 pp. 3335-3342. Publisher: Springer; [Journal Article]

**Abstract:**

Background: Several epidemiological studies have shown the inverse association of lithium levels in drinking water and suicide rates; however, it is necessary to perform a clinical study dealing with individual patients. Methods: We analyzed 199 patients including 31 patients with suicide attempts, 21 patients with self-harm, and 147 control patients. All were transferred to a university emergency department suffering from intoxication or injury, were aged 20 or more years, and were alive at the start of the study. The exclusion criteria consisted of suffering from schizophrenia and a past or present history of lithium therapy. These exclusions were applied because it is difficult to determine whether their suicide attempt was induced by the intent to end their life or by psychotic symptoms such as auditory hallucinations, and if the patient had received lithium therapy, the association between the small amount of lithium taken from drinking water and food and serum lithium levels cannot be detected. Results: There was a significant difference (p = 0.043) between the three groups whereby patients with suicide attempts had significantly lower lithium levels than control patients (p = 0.012) in males but not females. Multivariate logistic regression analysis with adjustment for age and gender revealed that patients with suicide attempts had significantly lower lithium levels than control patients (p = 0.032, odds ratio 0.228, 95% CI 0.059–0.883). Limitations: The limitations of the present study are the nature of observational research which cannot reveal a causal relationship and the relatively small number of subjects. Conclusions: The present findings suggest that higher serum lithium levels may be protective against suicide attempts in lithium therapy-naive individuals. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:** Dark traits and suicide: Associations between psychopathy, narcissism, and components of the interpersonal–psychological theory of suicide.

**Authors:** Harrop, Tiffany M.; Preston, Olivia C.; Khazem, Lauren R.; Anestis, Michael D.; Junearick, Regis; Green, Bradley A.; Anestis, Joye C.;


**Abstract:**

Studies have identified independent relationships between psychopathy, narcissism, and suicidality. The current study expands upon the extant literature by exploring psychopathic and narcissistic personality traits and components of the interpersonal–psychological theory of suicide, utilizing a 3-factor model of psychopathy and 2-factor model of pathological narcissism in community, undergraduate, and military individuals. We hypothesized that the impulsive–antisocial facets of psychopathy would be related to suicidal desire, whereas all facets of psychopathy would relate to the capability for suicide. We anticipated an association between pathological narcissism, thwarted belongingness, and capability for suicide, but not perceived burdensomeness. We further hypothesized a relationship between physical pain tolerance and persistence and the affective (i.e., callousness) facet of psychopathy. Results partially supported these hypotheses and underscore the need for further examination of these associations utilizing contemporary models of psychopathy and narcissism. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:** Relationship between bullying and suicidal behaviour in youth presenting to the emergency department.

**Authors:**
Alavi, Nazanin; Reshetukha, Taras; Prost, Eric; Antoniak, Kristen; Patel, Charmy; Sajid, Saad; Groll, Dianne;


Abstract:
Objective: Increasing numbers of adolescents are visiting emergency departments with suicidal ideation. This study examines the relationship between bullying and suicidal ideation in emergency department settings. Method: A chart review was conducted for all patients under 18 years of age presenting with a mental health complaint to the emergency departments at Kingston General or Hotel Dieu Hospitals in Kingston, Canada, between January 2011 and January 2015. Factors such as age, gender, history of abuse, history of bullying, type and time of bullying, and diagnoses were documented. Results: 77% of the adolescents had experienced bullying, while 68.9% had suicide ideation at presentation. While controlling for age, gender, grade, psychiatric diagnosis, and abuse, a history of bullying was the most significant predictor of suicidal ideation. Individuals in this study who reported cyber bullying were 11.5 times more likely to have suicidal ideation documented on presentation, while individuals reporting verbal bullying were 8.4 times more likely. Conclusions: The prevalence of bullying in adolescent patients presenting to emergency departments is high. The relationship found between suicidal ideation and bullying demonstrates that clinicians should ask questions about bullying as a risk factor for suicide ideation during the assessment of children and adolescents. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Mental health, substance abuse, and suicide among homeless adults.
Authors: Lee, Kyoung Hag; Jun, Jung Sim; Kim, Yi Jin; Roh, Soonhee; Moon, Sung Seek; Bukonda, Ngoyi; Hines, Lisa;
Abstract: This study explored the role of mental health and substance abuse problems on the suicidal ideation and suicide attempts of 156 homeless adults. The logistic regression results indicated that homeless adults with anxiety were significantly more likely than those without anxiety to have both suicidal ideation and suicide attempts. Also, homeless adults with drug abuse were significantly more likely than those without drug abuse to have suicidal ideation. The study suggests that to reduce the suicide of the homeless, case managers need to screen mental health and substance abuse issues and to provide appropriate treatment services at homeless shelters. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Online media reporting of suicides: Analysis of adherence to existing guidelines.
Authors: Utterson, Michael; Daoud, Jason; Dutta, Rina;
Abstract: Aims and method: To assess the compliance of contemporary online media output with guidelines for the responsible reporting of suicidal acts. A search engine was used to identify online media reports of suicide from UK sources over the course of 1 month. Each article was assessed against guidelines for the responsible reporting of suicide produced by the Samaritans, a UK mental health charity. Results: We identified 229 articles, of which 199 failed to comply with at least one of the Samaritans’ guidelines. Failure to mention support sources, excessive detail about the method used and undue speculation about the trigger for suicide were the most commonly breached guidelines. Significant differences were found between the quality of local and national media sources, with local media sources being broadly more
compliant with guidelines. Clinical implications: This study highlights the urgent need for the implementation of responsible reporting guidelines in online media articles as a component of suicide prevention efforts. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Best practices for suicide prevention messaging and evaluating California’s ‘Know the Signs’ media campaign.
Authors:
Acosta, Joie; Ramchand, Rajeev; Becker, Amariah; Crisis:
Source:
The Journal of Crisis Intervention and Suicide Prevention, Vol 38(5), 2017 pp. 287-299. Publisher:
Hogrefe Publishing; [Journal Article]
Abstract:
Background: Although communication is a key component of US strategies to prevent suicide and there are a number of marketing campaigns promoting messages that suicide is a preventable public health problem, there has been little evaluation of these campaigns. Aims: The study describes the development of a checklist of best practices for suicide prevention communication campaigns and the use of the checklist to evaluate California’s investment in 'Know the Signs' (KTS-M), a suicide prevention mass media campaign. Method: We conducted a literature review and solicited expert feedback to identify best practices and then used the RAND/UCLA appropriateness method to assess whether KTS-M was consistent with the identified best practices. Results: Overall, experts agreed that KTS-M adhered to most of the 46 checklist items and suggested that the campaign was among the best suicide prevention media campaigns they had observed. Limitations: The checklist was developed through expert input and literature review and focuses only on media campaigns. Conclusion: Given the nascent state of the evidence about what makes an effective suicide prevention message and the growing number of campaigns, the checklist of best practices reflects one way of promoting quality in this evolving field. The consistency between the experts' comments and their ratings of KTS-M suggests that the checklist may provide important guidance to inform the development of future campaigns and the evaluation of ongoing campaigns. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-08713-001&site=ehost-live

Title:
Universal suicide prevention in young people: An evaluation of the safeTALK program in Australian high schools.
Authors:
Bailey, Eleanor; Spittal, Matthew J.; Pirkis, Jane; Gould, Madelyn; Robinson, Jo; Crisis:
Source:
The Journal of Crisis Intervention and Suicide Prevention, Vol 38(5), 2017 pp. 300-308. Publisher:
Hogrefe Publishing; [Journal Article]
Abstract:
Background: Universal education and awareness programs in schools are a promising suicide prevention intervention but to date no research has evaluated the iatrogenic effects of such programs. Aims: To evaluate the efficacy and acceptability of the safeTALK program for secondary school students and determine whether it is associated with any iatrogenic effects. Method: Participants were 129 students from the three main high schools in Alice Springs who attended the safeTALK training and consented to participate in the evaluation. Participants were assessed immediately before and immediately after the training using a purpose-designed survey. Follow-up questionnaires were administered online 4 weeks after completion of the training. Results: Participants demonstrated increases in knowledge about suicide, confidence in talking about issues related to suicide, willingness to talk about suicide, and likelihood of seeking help for suicidal thoughts. There was no evidence that the training induced suicidal thoughts or caused distress; in fact both appeared to decrease following the training. Most participants did not find the training upsetting; they reported the training to be worthwhile and most said that they would recommend it to a friend. Limitations: The lack of control group, use of non-validated measures, and relatively short follow-up period are limitations of this study. Conclusion: Universal suicide prevention workshops in
schools can be beneficial and do not appear to be associated with iatrogenic effects. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Known unknowns and unknown unknowns in suicide risk assessment: evidence from meta-analyses of aleatory and epistemic uncertainty.

Authors:
Large, Matthew; Galletly, Cherrie; Myles, Nicholas; Ryan, Christopher James; Myles, Hannah; The Source:

Abstract:
Suicide risk assessment aims to reduce uncertainty in order to focus treatment and supervision on those who are judged to be more likely to die by suicide. In this article we consider recent meta-analytic research that highlights the difference between uncertainty about suicide due to chance factors (aleatory uncertainty) and uncertainty that results from lack of knowledge (epistemic uncertainty). We conclude that much of the uncertainty about suicide is aleatory rather than epistemic, and discuss the implications for clinicians. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Should compulsory admission to hospital be part of suicide prevention strategies?

Authors:
Wang, Daniel Wei L.; Colucci, Erminia;

Source:

Abstract:
The World Health Organization report Preventing Suicide: A Global Imperative provides governments with guidance for comprehensive suicide prevention strategies. However, it does not mention the role that compulsory admission to hospital of psychiatric patients should have in policies for suicide prevention. This was a missed opportunity for international discussion and guidance about a measure that, although widely used, is becoming increasingly controversial in light of the existing evidence and human rights norms. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Non-suicidal self-injury and suicidal behavior in a diverse sample: The moderating role of social problem-solving ability.

Authors:

Source:

Abstract:
Non-suicidal self-injury and suicidal behavior are prevalent in young adults, and often constitute a continuum of self-destructiveness. Not all those who self-injure, however, engage in suicidal behaviors with intent to die, perhaps due to protective intrapersonal characteristics. We examined the role of one such potential buffer, social problem-solving ability, as a moderator of the association between non-suicidal self-injury and suicidal thoughts and attempts, hypothesizing that individuals with greater social problem-solving ability would report fewer suicidal behaviors in relation to self-harm. An ethnically diverse sample was recruited from a large, Northeastern urban university, and completed self-report questionnaires assessing non-suicidal self-injury, suicidal behaviors, and social problem-solving ability. Multivariate hierarchical regression analyses were conducted. For the entire sample, individuals with higher social problem-solving abilities reported fewer suicidal behaviors associated with non-suicidal self-
injury. In ethnically stratified analyses, social problem-solving significantly moderated the relationship between self-injury and suicidal behaviors for Whites and Hispanics only. Promotion of problem-solving skills may weaken the linkage between self-injury and potential for future suicidal behaviors for some individuals; however, culture-specific differences in this effect may exist. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
A comparison of the frequency of familial suicide attempts across eating disorder diagnoses.
Authors:
Pisetsky, Emily M.; Peterson, Carol B.; Mitchell, James E.; Wonderlich, Stephen A.; Crosby, Ross D.; Le Grange, Daniel; Hill, Laura; Powers, Pauline; Crow, Scott J.;
Source:
Abstract:
This study examined the prevalence of reported suicide attempts among family members of individuals with an eating disorder (ED). 1870 individuals presenting for ED treatment reported whether their family members ever made a suicide attempt using the Eating Disorders Questionnaire. A lifetime suicide attempt by any family member was reported by 10.8% (n = 202) of the sample and ranged from 7.0% of those with eating disorder not otherwise specified to 16.1% of those with purging disorder. Controlling for age and gender, individuals with bulimia nervosa had a higher prevalence of any familial suicide attempt and mother suicide attempt than individuals with EDNOS; no other differences were observed across ED diagnoses. There were no differences in prevalence of reported suicide attempts made by fathers, brothers, sisters, uncles, or aunts by ED diagnosis. Findings support a growing literature indicating a familial association between EDs and suicide risk. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Dimensionality of DSM-5 posttraumatic stress disorder and its association with suicide attempts: Results from the National Epidemiologic Survey on Alcohol and Related Conditions-III.
Authors:
Chen, Chiung M.; Yoon, Young-Hee; Harford, Thomas C.; Grant, Bridget F.; Social Psychiatry and
Source:
Psychiatric Epidemiology, Vol 52(6), Jun, 2017 pp. 715-725. Publisher: Springer; [Journal Article]
Abstract:
Background: Emerging confirmatory factor analytic (CFA) studies suggest that posttraumatic stress disorder (PTSD) as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) is best characterized by seven factors, including re-experiencing, avoidance, negative affect, anhedonia, externalizing behaviors, and anxious and dysphoric arousal. The seven factors, however, have been found to be highly correlated, suggesting that one general factor may exist to explain the overall correlations among symptoms. Methods: Using data from the National Epidemiologic Survey on Alcohol and Related Conditions-III, a large, national survey of 36,309 U.S. adults ages 18 and older, this study proposed and tested an exploratory bifactor hybrid model for DSM-5 PTSD symptoms. The model posited one general and seven specific latent factors, whose associations with suicide attempts and mediating psychiatric disorders were used to validate the PTSD dimensionality. Results: The exploratory bifactor hybrid model fitted the data extremely well, outperforming the 7-factor CFA hybrid model and other competing CFA models. The general factor was found to be the single dominant latent trait that explained most of the common variance (~76%) and showed significant, positive associations with suicide attempts and mediating psychiatric disorders, offering support to the concurrent validity of the PTSD construct. Conclusions: The identification of the primary latent trait of PTSD confirms PTSD as an independent psychiatric disorder and helps define PTSD severity in clinical practice and for etiologic research. The accurate specification of PTSD factor structure has implications for treatment efforts and the prevention of suicidal behaviors. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: Motivation factors for suicidal behavior and their clinical relevance in admitted psychiatric patients.

Authors: Hayashi, Naoki; Igarashi, Miyabi; Imai, Atsushi; Yoshizawa, Yuka; Asamura, Kaori; Ishikawa, Yoichi; Tokunaga, Taro; Ishimoto, Kayo; Tatebayashi, Yoshitaka; Harima, Hirohiko; Kumagai, Naoki; Ishii, Hidetoki; Okazaki, Yuji;


Abstract: Background: Suicidal behavior (SB) is a major, worldwide health concern. To date there is limited understanding of the associated motivational aspects which accompany this self-initiated conduct. Aims: To develop a method for identifying motivational features associated with SB by studying admitted psychiatric patients, and to examine their clinical relevance. Methods: By performing a factor analytic study using data obtained from a patient sample exhibiting high suicidality and a variety of SB methods, Motivations for SB Scale (MSBS) was constructed to measure the features. Data included assessments of DSM-IV psychiatric and personality disorders, suicide intent, depressive symptomatology, overt aggression, recent life events (RLEs) and methods of SB, collated from structured interviews. Association of identified features with clinical variables was examined by correlation analyses and MANCOVA. Results: Factor analyses elicited a 4-factor solution composed of Interpersonal-testing (IT), Interpersonal-change (IC), Self-renunciation (SR) and Self-sustenance (SS). These factors were classified according to two distinctions, namely interpersonal vs. intra-personal directedness, and the level of assumed influence by SB or the relationship to prevailing emotions. Analyses revealed meaningful links between patient features and clinical variables. Interpersonal-motivations (IT and IC) were associated with overt aggression, low suicidality and RLE discord or conflict, while SR was associated with depression, high suicidality and RLE separation or death. Borderline personality disorder showed association with IC and SS. When self-strangulation was set as a reference SB method, self-cutting and overdose-taking were linked to IT and SS, respectively. Conclusions: The factors extracted in this study largely correspond to factors from previous studies, implying that they may be useful in a wider clinical context. The association of these features with SB-related factors suggests that they constitute an integral part of the process leading to SB. These results provide a base for further research into clinical strategies for patient management and therapy. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Life satisfaction and degree of suicide intent: A test of the strain theory of suicide.

Authors: Zhang, Jie; Liu, Yanzheng; Sun, Long;


Abstract: Background: Various factors contribute to suicide. Psychological strains are hypothesized to precede suicidal thought and attempt. Life satisfaction can be a measure of relative deprivation strain and aspiration–reality strain. Aims: This study was to compare the suicide attempters with various levels of life satisfaction and find out how life satisfaction affects the degree of suicide intent among medically serious suicide attempters. Methods: Subjects for study were recruited in some rural counties in China. Interview data were from hospital emergency rooms with medically serious attempters of suicide (n = 791). The subjects were aged between 15 and 54 years and 293 males and 498 females. Face to face interview was conducted for each suicide attempter with a semi-structural protocol including life satisfaction, physical health, demographic, sociological, and psychological measures, as well as psychological strains. Findings: The multiple linear regression analysis showed that mental disorder, aspiration strain and relative deprivation strain were significant risk factors for high intent of suicide among suicide attempters. The interaction between the two psychological strains also indicated that both failed aspiration and self-perceived low economic status in village play an important role in suicidal intent. Conclusion: Low level of life satisfaction is associated with strong intent for suicide. Lack of life satisfaction is exemplified by...
relative deprivation perceived by the individuals and the discrepancy between an individual’s aspiration for
life and his/her reality. The findings from the suicide attempt data in rural China support the Strain Theory
of Suicide. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Alcohol use and suicidality in firefighters: Associations with depressive symptoms and posttraumatic
stress.
Authors:
Martin, Colleen E.; Vujanovic, Anka A.; Paulus, Daniel J.; Bartlett, Brooke; Gallagher, Matthew W.; Tran,
Jana K.;
Source:
Abstract:
Both suicidality and alcohol use disorders are significant public health concerns among firefighters, and
alcohol use is associated with increased suicide risk. In addition, firefighters endorse high rates of
symptoms of depression and posttraumatic stress disorder (PTSD). Thus, the current investigation
examined associations between alcohol dependence and suicide risk among a large sample of
firefighters. Specifically, this study examined the indirect effects of alcohol dependence on suicidality
outcomes via both depression and posttraumatic stress, using structural equation modeling. A total of
2883 male firefighters completed a self-report survey, containing measures of alcohol use, suicidality,
PTSD, and depressive symptoms. Results indicated good model fit. The latent alcohol dependence
variable was directly related to the latent suicide risk variable. However, when depression and
posttraumatic stress latent variables were added into the model, alcohol dependence was no longer
associated with suicide risk. Furthermore, alcohol dependence was indirectly related to suicide risk via
latent depression and posttraumatic stress variables. Indirect effects were established after controlling for
relevant covariates. Clinical implications are discussed. (PsycINFO Database Record (c) 2017 APA, all
rights reserved)


Title:
Suicide attempts and self-harm during a dramatic national economic transition: A population-based study
in Iceland.
Authors:
Ásgeirsdóttir, Hildur G.; Ásgeirsdóttir, Tinna L.; Nyberg, Ullakarin; Thorsteinsdottir, Thordis K.; Mogensen,
Brynjólur; Matthiasson, Páll; Lund, Sigrún H.; Valdimarsdóttir, Unnur A.; Hauksdóttir, Arna;
Source:
[Journal Article]
Abstract:
Background: Macroeconomic downturns have been associated with increased suicide rates. This study
examined potential changes in suicide attempts and self-harm in Iceland during a period of major
economic transition (2003–12). Methods: Data were retrieved from the National University Hospital in
Reykjavik (population size: 204.725), containing all ICD-10 diagnoses connected to potential suicidal
behaviour. Poisson regression models were used to compare attendance rates before and after the 2008
economic collapse. Results: During the study period, a total of 4537 attendances of 2816 individuals were
recorded due to suicide attempts or self-harm. We noted a significant change in total attendance rates
among men, characterized by an annual increase in attendance rate pre-collapse of 1.83 per 100.000
inhabitants and a decrease of 3.06 per 100.000 inhabitants post-collapse (P = 0.0067). Such pattern was
not observed among women. When restricting to first attendances only, we found a reduced incidence
post-crisis among both men (RR: 0.85; 0.76–0.96) and women (RR: 0.86; 0.79–0.92). We further found
1% increase in unemployment rate and balance of trade to be associated with reduced attendance rates
among men (RR: 0.84; 0.76–0.93 and RR: 0.81; 0.75–0.88, respectively) but not among women.
Conclusion: These data suggest no overall increase in attendance rates due to suicide attempts or self-
harm following the 2008 Icelandic economic collapse. In fact, a high-point in self-harm and suicide
attempts was observed among men at the height of the economic boom and a decrease in new
attendances among both men and women after the economic collapse. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Handgun legislation and changes in statewide overall suicide rates.

Authors:
Anestis, Michael D.; Anestis, Joye C.; Butterworth, Sarah E.;

Source:

Abstract:
Objectives: To examine the extent to which 4 laws regulating handgun ownership were associated with statewide suicide rate changes. Methods: To test between-group differences in statewide suicide rate changes between 2013 and 2014 in all 50 states and the District of Columbia with and without specific laws, we ran analyses of covariance. Results: We found significant differences in suicide rate changes from 2013 to 2014 in states with mandatory waiting periods and universal background checks relative to states without such laws. States with both laws differed significantly from those with neither. No significant differences in rate changes were noted for open carry restrictions or gun lock requirements. Conclusions: Some state laws regulating aspects of handgun acquisition may be associated with lower statewide suicide rates. Laws regulating handgun storage and carrying practices may have a smaller effect, highlighting that legislation is likely most useful when its focus is on preventing gun ownership rather than regulating use and storage of guns already acquired. Public Health Implications: The findings add to the increasing evidence in support of a public health approach to the prevention of suicide via firearms, focusing on waiting periods and background checks. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Psychological and physical pain as predictors of suicide risk: Evidence from clinical and neuroimaging findings.

Authors:
Rizvi, Sakina J.; Iskric, Adam; Calati, Raffaella; Courtet, Philippe;

Source:
Current Opinion in Psychiatry, Vol 30(2), Mar, 2017 pp. 159-167. Publisher: Lippincott Williams & Wilkins;

Abstract:
Purpose of review: Suicide is a multidimensional clinical phenomenon with complex biological, social and psychological risk factors. Therefore, it is imperative for studies to focus on developing a unified understanding of suicide risk that integrates current clinical and neurobiological findings. A recent line of research has implicated different classifications of pain in understanding suicide risk, including the concepts of psychache and pain tolerance. Although psychache is defined as the experience of unbearable psychological pain, pain tolerance refers to the greatest duration or intensity of painful stimuli that one is able to bear. This review will focus on integrating current clinical and neurobiological findings by which psychache and pain tolerance confer suicide risk. Recent findings: Results indicate that psychache has been identified as a significant risk factor for suicide and that psychache may be associated with the neurocircuitry involved in the modulation of physical pain. Converging evidence has also been found linking pain tolerance to self-injurious behaviours and suicide risk. The experience of psychache and physical pain in relation to other predictors of suicide, including reward processing, hopelessness and depression, are further discussed. Summary: Future research examining the pain-suicide connection is required to understand the mechanism behind clinically relevant risk factors for suicide, which can ultimately inform the construction of empirically supported suicide risk assessment and intervention techniques. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Assisted suicide in Switzerland: Clarifying liberties and claims.

Authors: Hurst, Samia A.; Mauron, Alex;


Abstract: Assisting suicide is legal in Switzerland if it is offered without selfish motive to a person with decision-making capacity. Although the 'Swiss model' for suicide assistance has been extensively described in the literature, the formally and informally protected liberties and claims of assistors and recipients of suicide assistance in Switzerland are incompletely captured in the literature. In this article, we describe the package of rights involved in the 'Swiss model' using the framework of Hohfeldian rights as modified by Wenar. After outlining this framework, we dissect the rights involved in suicide assistance in Switzerland, and compare it with the situation in England and Germany. Based on this approach, we conclude that in Switzerland, claim rights exist for those requesting suicide assistance, and for those who are considering providing such assistance, even though no entitlements exist toward suicide assistance. We then describe the implementation of the 'Swiss model' and difficulties arising within it. Clarifying these issues is important to understand the Swiss situation, to evaluate what features of it may or may not be worth correcting or emulating, and to understand how it can impact requests for suicide assistance in other countries due to 'suicide tourism'. It is also important to understand exactly what sets Switzerland apart from other countries with different legislations regarding suicide assistance. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Pokorny’s complaint: The insoluble problem of the overwhelming number of false positives generated by suicide risk assessment.

Authors: Nielssen, Olav; Wallace, Duncan; Large, Matthew;


Abstract: Alex Pokorny’s 1983 prospective study of suicide found that 96.3% of high-risk predictions were false positives, and that more than half of the suicides occurred in the low-risk group and were hence false negatives. All subsequent prospective studies, including the recent US Army Study To Assess Risk and Resilience in Servicemembers (STARRS), have reported similar results. We argue that since risk assessment cannot be a practical basis for interventions aimed at reducing suicide, the alternative is for mental health services to carefully consider what amounts to an adequate standard of care, and to adopt the universal precaution of attempting to provide that to all of our patients. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-35770-005&site=ehost-live

Title: Mind full of life: Does mindfulness confer resilience to suicide by increasing zest for life?

Authors: Collins, Khan R. L.; Stritzke, Werner G. K.; Page, Andrew C.; Brown, Julia D.; Wylde, Tricia J.;

Source: Journal of Affective Disorders, Vol 226, Jan 15, 2018 pp. 100-107. Publisher: Elsevier Science;

Abstract: Background: Mindfulness is a trainable skill that may enhance resilience to suicidality among vulnerable groups such as young people. The current study examined whether mindfulness protects against suicidal desire in the face of heightened risk and adversity by increasing zest for life in a sample of university students. Methods: In a prospective design, participants (N = 233) were assessed at two time points over eight weeks. Online surveys included the Mindful Attention and Awareness Scale, Zest for Life Scale, Interpersonal Needs Questionnaire, Kessler Psychological Distress Scale, and items assessing suicidal ideation and suicidal intent. Results: Baseline mindfulness was associated with lower suicidal ideation and intent at follow-up. Moderated mediation analyses confirmed the effects of mindfulness on ideation and
intent were mediated by zest for life and these indirect effects were stronger at higher versus lower levels of general (psychological distress) and suicide-specific (perceived burdensomeness and thwarted belongingness) risk. Limitations: Single item assessments of suicidal desire. Conclusions: Findings suggest that mindfulness protects against suicidal desire in conditions of heightened risk and adversity by enhancing one's orientation towards a life worth living. Theories of suicide should consider the dynamic interplay between risk and life-sustaining resilience, while clinicians treating suicidality could use mindfulness strategies to strengthen the desire to (re)engage with life, thereby complementing direct amelioration of suicide risk factors. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Decision making under risk and under ambiguity in depressed suicide attempters, depressed non-attempters and healthy controls.

Authors:
Deisenhammer, Eberhard A.; Schmid, Steffen K.; Kemmler, Georg; Moser, Bernadette; Delazer, Margarete;

Source:

Abstract:
Background: A number of neuropsychological alterations have been found in patients who have attempted suicide. Most studies investigating decision making (DM) abilities in suicide attempters so far have used one single DM task and included patients with a lifetime history of suicide attempts. These studies have yielded conflicting results. Method: In this study, currently depressed in-patients who had a recent suicide attempt (within the last six months) (n = 21), depressed in-patients without a lifetime history of suicide attempts (n = 31) and a healthy control group (n = 26) were assessed with two tasks for the assessment of DM. The Game of Dice Task (GDT) measures DM under risk and the Iowa Gambling Task (IGT) DM under ambiguity. Further, depression severity, impulsiveness and suicidal intent of the current suicide attempt were assessed. Results: Both depressed groups differed from controls with respect to marital and partnership status, smoking, impulsiveness and psychiatric family history. In terms of DM, IGT scores did not differ significantly between groups. However, suicide attempters made significantly more risky decisions as assessed with the GDT than both control groups (p < 0.05 for pairwise comparisons, p = 0.065 for overall comparison of the 3 groups). Limitations: The available tasks assess DM under laboratory conditions which may not reflect the emotional status of suicidal individuals. No general cognitive assessment was included. Conclusions: Depressed suicide attempters differed with regard to DM under risk but not DM under ambiguity. When studying DM it appears crucial to take varying aspects of DM into account. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Outpatient treatment engagement after suicidal attempt: A multisite prospective study.

Authors:
Costemale-Lacoste, Jean-François; Balaguer, Elsa; Boniface, Bruno; Ivascu, Emil-Bogdan; Bernardini, Caroline; Metton, Jean-Pierre; Bouhal, Ahmed; Ghanem, Teim; Corruble, Emmanuelle; Hardy, Patrick; Hozer, Franz; DTRF Paris-Sud Group;

Source:

Abstract:
After suicidal attempt, the rate of specialized out treatment engagement (SOTE) does not exceed 30–50%. We designed a multisite prospective naturalistic study, in order to investigate predictive factors of SOTE after emergency department discharge among 107 suicidal attempters without current psychiatric ambulatory care. Both bivariate and multivariate analyses highlighted that booking an appointment with a mental health professional before discharge was significantly associated with higher SOTE rate. Psychiatric caregivers of emergency departments should be informed that this approach is a simple, fast way to improve SOTE among this population. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title:
Practical capability: The impact of handgun ownership among suicide attempt survivors.

Authors:
Houtsma, Claire; Anestis, Michael D.;

Source:

Abstract:
Suicide is a leading cause of death and represents a serious public health concern. However, our ability to predict its occurrence has not improved over the last 50 years and we continue to rely on past suicidal behavior as the most robust predictor of future suicidal behavior. Recent theories have emphasized the role of contextual factors that increase capability to act on suicidal thoughts, including access to and familiarity with lethal means. We sought to examine the impact of handgun ownership, a component of practical capability as defined by the Three-Step Theory, on the relationship between past week suicidal ideation and perceived likelihood of making a future suicide attempt within a community sample of previous suicide attempters. Results indicate that, among suicide attempt survivors who are currently suicidal, handgun ownership increases the likelihood of predicting engagement in future suicidal behavior. As self-reported predictions about suicidal behavior have been found to be uniquely predictive of actual suicidal behavior, handgun ownership may facilitate the transition from ideation to action. The relevance of these findings to means safety strategies is discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Understanding the relationship between suicidality, current depressed mood, personality, and cognitive factors.

Authors:
Cameron, Shri; Brown, Verity J.; Dritschel, Barbara; Power, Kevin; Cook, Malcolm; Psychology and

Source:

Abstract:
Objectives: Links between suicidality and depressed mood are well established. There is, however, little information about the emotional regulation processes that underlie the relationship between suicidality and current low mood, and how these processes differ between groups of never-suicidal (NS), suicidal ideators, and suicide attempters. As suicidality and depression are heterogeneous constructs, this study aimed to conduct within- and between-group comparisons of known suicide risk factors that are associated with emotion regulation (neuroticism, trait aggression, brooding, impulsivity, and overgeneral autobiographical memories). Design: Correlational design using between- and within-group comparisons from self-report measures. Methods: Inter- and intragroup differences were identified using Pearson's correlation coefficients and tests of difference. An analysis of indirect effects was used to investigate whether the relationship between suicidality and current low mood was mediated by neuroticism, trait aggression, brooding, impulsivity, and overgeneral autobiographical memories, and if this relationship varied according to group type. Results: Brooding appeared to be a consistent feature of all three groups and was closely related to current low mood. Compared to the NS group, the relationship between suicide attempts and current low mood showed greater associations with brooding, trait aggression, and overgeneral autobiographical memories. Compared to the NS group, the suicidal ideation group showed stronger associations with neuroticism and impulsivity, but these factors did not correlate with low mood. Conclusion: These results suggest a need for larger studies to focus on heterogeneity within suicidal populations and consider how different combinations of risk factors may heighten or reduce suicide risk. Practitioner points It is well known that the severity and intensity of suicide and depressed presentations vary because of underlying dispositional and contextual factors (Fried & Nesse, ) which, in turn, affect how events are interpreted and responded to. Despite this, there is little research about how these mechanisms operate in different types of suicide groups, and their influence on the relationship between suicidality and current low mood. Understanding interrelationships that affect current low mood is of clinical significance because past suicidal history and deteriorations in already negative mood are linked to repeated suicide attempts and completion. Our findings show that ruminative brooding, defined as a
tendency to repeatedly think about emotional aspects of an event, consistently correlates with current low mood across different types of suicidal groups (NS, suicidal ideators, and suicide attempters), and across analyses. Findings also show that suicidal ideation and attempt groups were associated with specific personality characteristics that increased the propensity of emotional responding and interpretation compared to the NS group. The relationship between suicide attempt and current low mood had a higher propensity to be influenced by trait aggression, brooding, and overgenerality compared to the NS group. In contrast, although the suicidal ideation group correlated more strongly with neuroticism and impulsivity, these factors did not influence current low mood. In terms of clinical practice, these findings imply that specific styles of interpretation and thinking may maintain the relationship between suicidality and current low mood. Given the cross-sectional nature of the study, however, it is not possible to imply causality. Nevertheless, the findings obtained provide some support for transdiagnostic models of cognitive-behavioural processes that could be developed further. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Back to top
Title: Implementing guidelines on physical health in the acute mental health setting: A quality improvement approach.

Authors: Green, Stuart; Beveridge, Ed; Evans, Liz; Tite, Jenny; Jayacodi, Sandra; Evered, Rachel; Parker, Caroline; Polledri, Luca; Tabb, Emily; Green, John; Manickam, Anton; Williams, Joanna; Deere, Rebecca; Tiplady, Bill;


Abstract:
Background: In the UK, life expectancy for people living with a serious mental illness, such as schizophrenia and bipolar disorder, is reduced by 15–20 years compared with the general population. In recent years, evidence based guidelines/policies designed to improve their physical health have been published, yet a gap remains between recommendations and practice. This case study describes how guidelines to support physical health were implemented using a quality improvement approach. Case presentation: A quasi-experimental study explored systems and processes for assessing the physical health of patients admitted to an acute mental health unit. The multi-disciplinary team of healthcare professionals, service users and experts in quality improvement methods developed solutions to improve the assessment of physical health, drawing on existing guidelines/policies as well as professional and lived experience. Three key interventions were developed: a comprehensive physical health assessment; a patient-held physical health booklet; and education and training for staff and patients. Interventions were co-designed by front-line healthcare staff and service users with iterative development and implementation through Plan-Do-Study-Act cycles. Real-time weekly data were reported on five measures over a 15-month implementation period (318 patients) and compared to a 10-month baseline period (247 patients) to gauge the success of the implementation of the physical health assessment. Improvements were seen in the numbers of patients receiving a physical health assessment: 81.3% (201/247) vs 96.9% (308/318), recording of body mass index: 21.55% (53/247) vs 58.6% (204/318) and systolic blood pressure: 22.35% (55/247) vs 75.9% (239/318) but a reduction in the recording of smoking status: 80.1% (198/247) vs 70.9% (225/318). However, 31.7% (118/318) patients had a cardiovascular risk-score documented in the implementation phase, compared to none in the baseline. Conclusion: This study demonstrates the use of a quality improvement approach to support teams to implement guidelines on physical health in the acute mental health setting. Reflections of the team have identified the need for resources, training, support and leadership to support changes to the way care is delivered. Furthermore, collaborations between service users and frontline clinical staff can co-design interventions to support improvements and raise awareness of the physical health needs of this population. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: ADHD medication in offspring of immigrants—Does the income level of the country of parental origin matter?

Authors: Arat, Arzu; Östberg, Viveca; Burström, Bo; Hjern, Anders;

Source: BMC Psychiatry, Vol 18, Jan 8, 2018 ArtID: 3. Publisher: BioMed Central Limited; [Journal Article]

Abstract:
Background: Child psychiatric treatment facilities vary greatly worldwide and are virtually non-existent in many low-income countries. One of the most common psychiatric disorders in childhood is ADHD, with an estimated prevalence of 3–5% in Sweden. Previous studies have shown a similar prevalence of ADHD in minority and majority children in Sweden and the UK. However, clinical studies demonstrated that children from immigrant families living in Sweden received less psychiatric care than those of native-born parents. We tested the hypothesis that the consumption of child psychiatric care in immigrant families would be determined by the availability of such treatment in the parents’ country of origin. Patterns of medication for attention-deficit hyperactivity disorder (ADHD) were studied as a proxy for child psychiatric care. Methods:
This was a register study of dispensed stimulant medication during 2013–2014 in Swedish national birth cohorts from 1995–2009. The study population, consisting of nearly 1.4 million children, was divided by national income of the parental country of origin and whether the parents were native Swedes, European immigrants, non-European immigrants or a mixture. Logistic regression was used to calculate the odds ratios of having been dispensed at least one ADHD drug during 2013, with adjustments for gender, family status indicating whether the child is living with both parents, household income and area of residence. Results: Having parents born in low-income (OR [95% confidence interval] 0.27 [0.24–0.29]) or middle-income (European: OR 0.23 [0.20–0.26], non-European: OR 0.39 [0.34–0.41]) countries was associated with lower ADHD treatment levels than having parents born in high-income countries (European: OR 0.60 [0.54–0.66], non-European: OR 0.68 [0.59–0.79]), when compared to children of parents born in Sweden. In families with a background in low or middle income countries, there was no significant association between household income and ADHD medication, while in children with Swedish and mixed backgrounds high level of disposable income was associated with lower levels of ADHD medication. Conclusion: The use of child psychiatric care by immigrant families in Sweden was largely associated with the income level of the country of origin. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Examining the effectiveness of integrated behavioral and primary health care treatment.

Authors: Schmit, Michael K.; Watson, Joshua C.; Fernandez, Mary A.


Abstract: Using a quasi-experimental, pre–post test design of 196 persons diagnosed with serious mental illness, the authors compared the effectiveness of an integrated behavioral and primary health care (IBPH) treatment approach vs. a treatment-as-usual approach over a 12-month period. A profile analysis of 5 mean difference scores, each representing a separate component of client holistic functioning, indicated that individuals receiving IBPH experienced a 24-times greater improvement in overall functioning. Recommendations for treatment and client care are provided. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Trends in children’s mental health services research funding by the National Institute of Mental Health from 2005 to 2015: A 42% reduction.

Authors: Hoagwood, Kimberly Eaton; Atkins, Marc; Kelleher, Kelly; Peth-Pierce, Robin; Olin, Serene; Burns, Barbara; Landsverk, John; Horwitz, Sarah McCue;


Abstract: This article addresses the questions of how did child and adolescent mental health services research fare during 2005 to 2014 (a period where the NIMH budget remained fairly flat) and whether the NIMH's investment keeping pace with the public health needs of children with mental disorders. To address these questions, data on NIMH funding for child and adolescent mental health services research from 2005-2015 were examined. Data on NIMH funding for child mental health services and intervention research were extracted from the National Institutes of Health (NIH) Research Portfolio Online Reporting Tools (RePORT) website, commonly known as RePORTER, which provides a central point of access to reports, data, and analyses of NIH research. During a time when children’s mental health needs are increasing, evidence-based services are difficult to access, and major cuts to programs that support at-risk children and families are proposed (i.e., Medicaid,Supplementary Security Income), the urgency of having a strong research base to guide and prioritize children’s mental health services could not be greater. Adult mental health services have benefited from the strong scientific backing of 4 decades of investment. Crafting a national research portfolio requires simultaneously balancing short- and long-term goals. The
NIMH made an explicit decision to invest in basic neuroscience in part because of concerns about the inadequacy of the diagnostic classification systems and limited understanding of the etiology of mental illness. This investment could well pay off in the future. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
National trends in the prevalence of suicidal ideation and behavior among young adults and receipt of mental health care among suicidal young adults.

Authors:
Han, Beth; Compton, Wilson M.; Blanco, Carlos; Colpe, Lisa; Huang, Larke; McKeon, Richard;

Source:

Publisher: Elsevier Science; [Journal Article]

Abstract:
Objective: This study examined national trends in the prevalence of suicidal ideation and behavior among young adults and receipt of mental health care among suicidal young adults. Method: We examined restricted data from 145,800 persons aged 18 to 25 years who participated in the 2009 to 2015 National Surveys on Drug Use and Health. Descriptive analyses and bivariable and multivariable logistic regressions were applied. Results: Among US young adults during 2009 to 2015, the 12-month prevalence of suicidal ideation increased from 6.1% to 8.3%, the 12-month prevalence of suicide plan increased from 2.0% to 2.7%, and 12-month prevalence of suicide attempt increased from 1.1% to 1.6%. After adjusting for personal factors and changes in residing county’s population characteristics, we found upward trends in suicidal ideation among non-Hispanic whites and Hispanics, an upward trend in suicide plan among young adults overall, and an upward trend in suicide attempt among those without major depressive episodes (MDE). Among young adults with MDE, the prevalence of suicide attempt remained high and unchanged. During 2009 to 2015, trends in receipt of mental health care remained unchanged among most suicidal young adults and declined slightly among uninsured suicidal young adults. The annual average prevalence of receipt of mental health care was 36.2% among suicidal young adults. Conclusion: During 2009 to 2015, suicidal ideation, suicide plan, and suicide attempt increased among young adults overall, but receipt of mental health care among suicidal young adults did not increase. Our results suggest that effective efforts are needed for suicide prevention and promotion of mental health care among young adults. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Monitoring treatment progress and providing feedback is viewed favorably but rarely used in practice.

Authors:
Jensen-Doss, Amanda; Haines, Emily M. Becker; Smith, Ashley M.; Lyon, Aaron R.; Lewis, Cara C.; Stanick, Cameo F.; Hawley, Kristin M.;

Source:
Administration and Policy in Mental Health and Mental Health Services Research, Vol 45(1), Jan, 2018 pp. 48-61. Publisher: Springer; [Journal Article]

Abstract:
Numerous trials demonstrate that monitoring client progress and using feedback for clinical decision-making enhances treatment outcomes, but available data suggest these practices are rare in clinical settings and no psychometrically validated measures exist for assessing attitudinal barriers to these practices. This national survey of 504 clinicians collected data on attitudes toward and use of monitoring and feedback. Two new measures were developed and subjected to factor analysis: The monitoring and feedback attitudes scale (MFA), measuring general attitudes toward monitoring and feedback, and the attitudes toward standardized assessment scales-monitoring and feedback (ASA-MF), measuring attitudes toward standardized progress tools. Both measures showed good fit to their final factor solutions, with excellent internal consistency for all subscales. Scores on the MFA subscales (Benefit, Harm) indicated that clinicians hold generally positive attitudes toward monitoring and feedback, but scores on the ASA-MF subscales (Clinical Utility, Treatment Planning, Practicality) were relatively neutral. Providers with cognitive-behavioral theoretical orientations held more positive attitudes. Only 13.9 % of clinicians
reported using standardized progress measures at least monthly and 61.5% never used them. Providers with more positive attitudes reported higher use, providing initial support for the predictive validity of the ASA-MF and MFA. Thus, while clinicians report generally positive attitudes toward monitoring and feedback, routine collection of standardized progress measures remains uncommon. Implications for the dissemination and implementation of monitoring and feedback systems are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Self-stigma, mental health literacy, and attitudes toward seeking psychological help.
Authors: Cheng, Hsiu-Lan; Wang, Cixin; McDermott, Ryon C.; Kridel, Matthew; Rislin, Jamey Leeanne;
Abstract: This study examined self-stigma of seeking psychological help and mental health literacy as predictors of college students’ (N = 1,535) help-seeking attitudes, with additional attention to psychological and demographic correlates. Results indicated that mental health literacy predicted help-seeking attitudes above and beyond self-stigma. Asian American race/ethnicity, male gender, current psychological distress, and help-seeking history were also significant predictors. Implications for addressing mental health literacy and self-stigma while attending to demographic and psychological variations in help seeking are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Housing First for older homeless adults with mental illness: A subgroup analysis of the At Home/Chez Soi randomized controlled trial.
Authors: Chung, Timothy E.; Gozdzik, Agnes; Palma Lazgare, Luis I.; To, Matthew J.; Aubry, Tim; Frankish, James; Hwang, Stephen W.; Stergiopoulos, Vicky;
Abstract: Objective: This study compares the effect of Housing First on older (≥ 50 years old) and younger (18–49 years old) homeless adults with mental illness participating in At Home/Chez Soi, a 24-month multisite randomized controlled trial of Housing First. Method: At Home/Chez Soi, participants (n = 2148) were randomized to receive rent supplements with intensive case management or assertive community treatment, based on their need level for mental health services, or usual care in their respective communities. A subgroup analysis compared older (n = 470) and younger (n = 1678) homeless participants across baseline characteristics and 24-month outcomes including housing stability (primary outcome), generic and condition-specific quality of life, community functioning, physical and mental health status, mental health symptom severity, psychological community integration, recovery, and substance use (secondary outcomes). Results: At 24 months, Housing First significantly improved the percentage of days stably housed among older (+43.9%, 95% confidence interval [CI]: 38.4% to 49.5%) and younger homeless adults (+39.7%, 95% CI: 36.8% to 42.6%), compared with usual care, with no significant differences between age groups (difference of differences = + 4.2%, 95% CI: −2.1% to 10.5%, p = 0.188). Improvements from baseline to 24 months in mental health and condition-specific quality of life were significantly greater among older homeless adults than among younger homeless adults. Conclusion: Housing First significantly improved housing stability among older and younger homeless adults with mental illness, resulting in superior mental health and quality of life outcomes in older homeless adults compared with younger homeless adults at 24 months. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title:
Economic evaluation of an experience sampling method intervention in depression compared with treatment as usual using data from a randomized controlled trial.

Authors:
Simons, Claudia J. P.; Drukker, Marjan; Evers, Silvia; van Mastigt, Ghislaine A. P. G.; Höhn, Petra; Kramer, Ingrid; Peeters, Frenk; Delespaul, Philippe; Menne-Lothmann, Claudia; Hartmann, Jessica A.; van Os, Jim; Wichers, Marieke;

Source:

Abstract:
Background: Experience sampling, a method for real-time self-monitoring of affective experiences, holds opportunities for person-tailored treatment. By focussing on dynamic patterns of positive affect, experience sampling method interventions (ESM-I) accommodate strategies to enhance personalized treatment of depression—at potentially low-costs. This study aimed to investigate the cost-effectiveness of an experience sampling method intervention in patients with depression, from a societal perspective.

Methods: Participants were recruited between January 2010 and February 2012 from out-patient mental health care facilities in or near the Dutch cities of Eindhoven and Maastricht, and through local advertisements. Out-patients diagnosed with major depression (n = 101) receiving pharmacotherapy were randomized into: (i) ESM-I consisting of six weeks of ESM combined with weekly feedback regarding the individual’s positive affective experiences, (ii) six weeks of ESM without feedback, or (iii) treatment as usual only. Alongside this randomised controlled trial, an economic evaluation was conducted consisting of a cost-effectiveness and a cost-utility analysis, using Hamilton Depression Rating Scale (HDRS) and quality adjusted life years (QALYs) as outcome, with willingness-to-pay threshold for a QALY set at €50,000 (based on Dutch guidelines for moderate severe to severe illnesses). Results: The economic evaluation showed that ESM-I is an optimal strategy only when willingness to pay is around €3000 per unit HDRS and around €40,500 per QALY. ESM-I was the least favourable treatment when willingness to pay was lower than €30,000 per QALY. However, at the €50,000 willingness-to-pay threshold, ESM-I was, with a 46% probability, the most favourable treatment (base-case analysis). Sensitivity analyses confirmed the robustness of these results. Conclusions: We may tentatively conclude that ESM-I is a cost-effective add-on intervention to pharmacotherapy in outpatients with major depression. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
How effective is the comprehensive approach to rehabilitation (CARe) methodology? A cluster randomized controlled trial.

Authors:
Bitter, Neis; Roeg, Diana; van Assen, Marcel; van Nieuwenhuizen, Chijs; van Weeghel, Jaap;

Source:

Abstract:
Background: The CARe methodology aims to improve the quality of life of people with severe mental illness by supporting them in realizing their goals, handling their vulnerability and improving the quality of their social environment. This study aims to investigate the effectiveness of the CARe methodology for people with severe mental illness on their quality of life, personal recovery, participation, hope, empowerment, self-efficacy beliefs and unmet needs. Methods: A cluster Randomized Controlled Trial (RCT) was conducted in 14 teams of three organizations for sheltered and supported housing in the Netherlands. Teams in the intervention group received training in the CARe methodology. Teams in the control group continued working according to care as usual. Questionnaires were filled out at baseline, after 10 months and after 20 months. A total of 263 clients participated in the study. Results: Quality of life increased in both groups, however, no differences between the intervention and control group were found. Recovery and social functioning did not change over time. Regarding the secondary outcomes, the number of unmet needs decreased in both groups. All intervention teams received the complete training program. The model fidelity at T1 was 53.4% for the intervention group and 33.4% for the control group. At T2 this was 50.6% for the intervention group and 37.2% for the control group. Conclusion: All clients improved in quality of life. However we did not find significant differences between the clients of the both...
conditions on any outcome measure. Possible explanations of these results are: the difficulty to implement rehabilitation-supporting practice, the content of the methodology and the difficulty to improve the lives of a group of people with longstanding and severe impairments in a relatively short period. More research is needed on how to improve effects of rehabilitation trainings in practice and on outcome level. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: The effects of 'VelaMente?' project on social functioning of people with severe psychosocial disabilities.

Authors: Sancassiani, Federica; Lorrai, Stefano; Cossu, Giulia; Cocco, Alessio; Trincas, Giuseppina; Floris, Francesca; Mellino, Gisa; Machado, Sergio; Nardi, Antonio Egidio; Fabrici, Elisabetta Pascolo; Preti, Antonio; Carta, Mauro Giovanni;


Abstract: Introduction: Physical activity helps to improve several clinical outcomes of people with severe psychosocial disabilities. The aims of this study were; 1) to assess the efficacy of a psychosocial rehabilitative intervention focused on sailing in a crew on: a) social functioning; b) severity of the psychosocial disability; c) general functioning; d) dysregulation of biorhythms of people with severe psychosocial disabilities, and 2) to evaluate the attenders’ satisfaction about the project. Methods: A randomized waitlist controlled trial with parallel groups was carried out involving 51 people with severe psychosocial disabilities. The intervention was a 3 months-lasting course to learn sailing in a crew. Just after the randomization, a group began the sailing course and the other group (wait list) attended the sailing course after 3 months of treatments as usual. Before and after the sailing course, as well as the waiting list period, all attenders were assessed by HoNOS, GAF, CGI-S and BRIAN. At the end of the sailing course, they completed also a self-report satisfaction questionnaire. Results: Social functioning significantly improved after the sailing course (HoNOS total score 'time X group': p = 0.011), mainly because of the improvement of psychopathological symptoms (HoNOS symptoms score 'time X group': p = 0.003). Furthermore, participants greatly appreciated the rehabilitative program based on sailing in a crew. Conclusions: When compared to more traditional rehabilitative activities that are usually carried out in mental health services, a psychosocial rehabilitative intervention based on sailing in a crew significantly improve the social functioning of people with severe psychosocial disabilities. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Frequent users of mental health liaison services within emergency departments.

Authors: Beck, Alison; Sanchez-Walker, Emma; Evans, Lauren J.; Harris, Victoria; Pegler, Ruth; Cross, Sean;


Abstract: This study aimed to use nuanced statistical methods in a large UK sample to identify and explore the factors associated with different types of frequent user of Emergency Departments (EDs) who are referred to Mental Health Liaison Services (MHLS). A retrospective 5-year longitudinal study was conducted of all attenders (n = 23,718) of four London EDs who were referred to their MHLS. Longitudinal group-based trajectory analysis of monthly MHLS referrals enabled identification of factors which may contribute to membership of the resulting groups. Analysis revealed six clusters representing distinct attendance patterns; three clusters of these were identified as frequent attender groups (occasional, intermediate, heavy) containing 1119 people (4.7%). This 4.7% of the sample accounted for 24.2% of all admissions. Factors significantly related to membership of each of these groups were: having been involuntarily detained under the Mental Health Act, a higher number of care coordinators, and a diagnosis of substance abuse. The study revealed three clusters of frequent ED users with a MHLS referral who were more likely to have certain clinical and social care needs. A small proportion of clients identified as frequent users
(4.7%) were responsible for nearly a quarter of all admissions (24.2%) during this timeframe. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Do English mental health services know whether they followed N.I.C.E. guidelines with patients who killed themselves?

Authors:
Geekie, Jim; Read, John; Renton, Julia; Harrop, Christopher;

Source:

Abstract:
Freedom of Information Act requests sent to 51 NHS mental health providers in England showed an average of 20.5 suicides per organization. Only one provider, however, could report how many people that had killed themselves had been offered N.I.C.E. recommended psychological therapy. Information that might prevent suicides is being ignored. Practitioner points: (1) Mental health services need, urgently, to develop data systems that can inform clinical team leaders about gaps in their services to suicidal people in their care (2) Clinical psychologists have a particular responsibility to pressure managers to effectively monitor the provision of evidence-based treatments to suicidal people (3) Trusts and commissioners must be aware of, and rectify, any failings of their services in relation to the prevention of suicide. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Neither attention-seeking nor reassurance-seeking predicts duration or frequency of psychotherapy utilization.

Authors:

Source:

Abstract:
There exists a stigmatizing belief that some individuals utilize psychotherapy merely because they are seeking attention or reassurance from others; however, this supposition has not been empirically scrutinized. This study aimed to determine the extent to which attention-seeking and/or reassurance-seeking tendencies are associated with psychotherapy utilization and if psychiatric diagnoses and/or sociodemographic characteristics moderate these associations. Overall, 782 psychiatric outpatients (M = 26.98 years, SD = 9.61; 57.9% female) participated. Attention-seeking and reassurance-seeking were assessed via the Personality Inventory for DSM–5 and the Depressive Interpersonal Relationships Inventory–Reassurance-Seeking Subscale, respectively. Psychiatric diagnoses were determined according to a clinician-administered semistructured interview. Psychotherapy utilization was defined according to two metrics: duration of treatment in months and number of sessions attended. Neither attention-seeking (p = .44) nor reassurance-seeking (p = .91) were significant predictors of treatment duration. A similar pattern emerged with regard to the number of sessions attended (attention-seeking: p = .42; reassurance-seeking: p = .85). In all models, attention-seeking and reassurance-seeking accounted for a trivial proportion (≤0.3%) of the variance in psychotherapy utilization. Diagnoses and sociodemographic characteristics were not significant moderators of the relationships between attention- and reassurance-seeking and psychotherapy utilization. Findings do not support the stigmatizing notion that individuals who utilize psychotherapy are doing so for pathological attention. Rather, attention-seeking and reassurance-seeking behaviors explain nearly zero of the variance in psychotherapy utilization. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
WHO QualityRights: Transforming mental health services.

Authors:
Funk, Michelle; Drew, Natalie;

Source:

Abstract:
[Correction Notice: An Erratum for this article was reported in Vol 4(11) of The Lancet Psychiatry (see record 2017-49572-017).

In the original article, the following statement should have been added after the declaration of interests: We are staff members of the World Health Organization. We alone are responsible for the views expressed in this article and they do not necessarily represent the decisions, policy, or views of the World Health Organization. This correction has been made to the online version as of July 24, 2017.] This article discusses WHO Quality Rights initiative in order to transform mental health services. The Quality Rights initiative is WHO’s response to the challenges that are documented so well in these reports. Through this global initiative, WHO is working to improve the quality of care provided by mental health services and promote the human rights of people with psychosocial, intellectual, and cognitive disabilities. The initiative offers a new approach to mental health care that is rights based and recovery oriented. Freedom from coercive interventions, respect for the right to legal capacity, and promotion of autonomy, choice, community inclusion and recovery are at the core of the initiative. The five main objectives of the initiative are to increase capacity to understand and promote human rights, recovery, and independent living in the community; create community-based and recovery oriented services that respect and promote human rights; improve the quality of care and human rights conditions in mental health and related services; develop a civil society movement to influence policy making and advocate for the integration of a human rights approach in mental health; and reform national policies and legislations in line with the CRPD and other international human rights standards. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Uncharted territory.

Authors:
Richards, Veryan;

Source:

Abstract:
This article discusses the Strategic Plan 2015–18 of The Royal College of Psychiatrists. The vision of the Plan is to improve the lives of people with mental illness through patient-centered care and is supported by the values of professionalism, fairness and inclusion, research and innovation, ethical practice, lifelong learning, and multidisciplinary working. To implement its vision fully, the College needs to develop and establish a broader set of values with the inclusion of co-production. This change would enable more effective evidenced-based and values-based decision making and practice in mental health care. Clinicians practicing psychiatry undoubtedly have values by which they operate and adopt on a regular basis, but to date these values have not been fully articulated, codified, or explained in how they relate to each other. The Royal College of Psychiatrists in Wales, UK, has developed Core Values for Psychiatrists CR204 and a Core Values Framework, which seek to address this need for clarification. The hope is that these core values will influence professional identity, the curriculum, training, clinical practice, and assessment, and aid patient-health recovery outcomes. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Development and evaluation of innovative peer-led physical activity programs for mental health service users.

Authors:
Graham, Candida R.; Larstone, Roseann; Griffiths, Brenda; de Leeuw, Sarah; Anderson, Lesley; Powell-Hellyer, Stephanie; Long, Nansi;
Source:
Journal of Nervous and Mental Disease, Vol 205(11), Nov, 2017 pp. 840-847. Publisher: Lippincott Williams & Wilkins; [Journal Article]

Abstract:
Mental health service users (MHSUs) have elevated rates of cardiometabolic disturbance. Improvements occur with physical activity (PA) programs. We report the development and evaluation of three innovative peer-developed and peer-led PA programs: 1) walking; 2) fitness; and 3) yoga. Qualitative evaluation with 33 MHSUs in British Columbia, Canada, occurred. These programs yielded improvements for participants, highlighted by powerful narratives of health improvement, and improved social connections. The feasibility and acceptability of innovative peer-developed and peer-led programs were shown. Analyses revealed concepts related to engagement and change. Relating core categories, we theorize effective engagement of MHSUs requires accessibility on three levels (geographic, cost, and program flexibility) and health behavior change occurs within co-constituent relationships (to self, to peers, and to the wider community). This study highlights the benefits of peer involvement in developing and implementing PA programs and provides a theoretical framework of understanding engagement and behavior change in health programs for MHSUs. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Predictors of mental health services use across the life course among racially–ethnically diverse adults.
Authors:
Byers, Amy L.; Lai, Amy X.; Nelson, Craig; Yaffe, Kristine;
Source:
Abstract:
Objective: Little is known about key factors associated with use of mental health services across the life course. This study determined key socioeconomic, social support, psychiatric, and medical predictors of services use in younger, middle, and older age. Design, Setting, Participants, Measurements: The sample included 3,708 adults with DSM-IV–based mood, anxiety, and substance use disorders in the Collaborative Psychiatric Epidemiology Surveys. Key predictors of mental health services use for each age group were systematically determined by multivariable models, and exploratory analyses examining potential effect modification by race–ethnicity and sex were assessed by interaction terms. Statistical analyses included complex design-corrected and weighted logistic regression analyses that provide results generalizable to the United States. Results: Psychiatric and medical issues such as prior suicidal behavior, comorbid psychiatric disorders, and perceived cognitive impairment increased odds of mental health services use in younger, middle, and older age. Chronic medical conditions also influenced services use in younger and older age, with their impact on use across age potentially modified by racial–ethnic disparities (p interaction = 0.01). Moreover, socioeconomic factors like marital status influenced use in middle and older age, where being divorced, separated, widowed, or never married encouraged use. The effect of marital status on use across age was also potentially modified by racial–ethnic disparities (p interaction = 0.02). Conclusions: Key socioeconomic, social support, psychiatric, and medical predictors uniquely influence use of mental health services across the life course. These findings will help inform efforts to encourage greater services use by adults across the life course in need of care. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Community-based psychosocial interventions for people with schizophrenia in low and middle-income countries: Systematic review and meta-analysis.
Authors:
Asher, Laura; Patel, Vikram; De Silva, Mary J.;
Source:
Abstract:
Background: There is consensus that the treatment of schizophrenia should combine anti-psychotic medication and psychosocial interventions in order to address complex social, economic and health
needs. It is recommended that family therapy or support; community-based rehabilitation; and/or self-help and support groups should be provided for people with schizophrenia in low and middle-income countries. The effectiveness of community-based psychosocial interventions in these settings is unclear. Methods: Studies evaluating community-based psychosocial interventions for people with schizophrenia were identified through database searching up to April 2016. Randomised controlled trials were included if they compared the intervention group with a control group receiving treatment as usual including medication. Only studies set in low and middle-income countries were included. Random effects meta-analyses were performed separately for each intervention type. Results: Eleven randomised controlled trials in five middle-income countries were identified, with a total of 1580 participants. The content of included interventions varied from single-faceted psychoeducational interventions, to multi-component rehabilitation-focused interventions, to case management interventions. A third of the included studies did not incorporate any community involvement in the intervention. The quality of evidence was often low. Amongst the seven studies that reported on symptom severity up to 18 months post intervention, the pooled standardised mean difference (SMD) across all intervention types was 0.95 (95% CI 0.28, 1.61; P 0.005; l² = 95%; n = 862), representing a strong effect. A strong effect on symptom severity remained after excluding two studies with a high risk of bias (SMD 0.80; 95% CI 0.07, 1.53; P 0.03; l² = 94%; n = 676). Community-based psychosocial interventions may also have beneficial impacts on functioning (SMD 1.12; 95% CI 0.25, 2.00; P 0.01; l² = 94%; n = 511) and reducing hospital readmissions (SMD 0.68; 95% CI 0.27, 1.09; P 0.001; l² = 33%; n = 167). Conclusion: The limited evidence from low and middle-income countries supports the feasibility and effectiveness of community-based psychosocial interventions for schizophrenia, even in the absence of community mobilisation. Community-based psychosocial interventions should therefore be provided in these settings as an adjuvant service in addition to facility-based care for people with schizophrenia. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Involuntary admission and treatment experiences of persons with schizophrenia: Implication for the Mental Health Care Bill 2016.

Authors: Gowda, Guru S.; Kondapuram, Nithin; Kumar, Channaveerachari Naveen; Math, Suresh Bada;


Abstract: Background: Involuntary admission and treatment experiences may affect the attitude of patients toward subsequent treatment and further outcomes. This issue has received relatively less research attention in persons with schizophrenia from developing countries. Methodology: In this hospital based prospective observational study, involuntary admission, treatment and coercion experiences among 76 persons with schizophrenia, admitted under special circumstances of Mental Health Act −1987 were studied. Demographic, clinical and assessments related to coercion experiences were completed within 3 days of admission. In 67 subjects, a reassessment was done just before discharge. Results: Mean (SD) age was 33.1 (± 11.5) years, 47.8% (n = 32) were males and 32.8% (n = 22) were married. 92.5% (n = 62) had absent insight at admission. Mean CGI Severity score at admission was 6.27 (± 0.53). Mean (SD) score on MacArthur Perceived Coercion Scale at admission was 4.04 (± 1.61). This reduced to 2.43(± 1.91) [p < 0.001]. This reduction correlated significantly with improvements in global functioning (r = −0.40, p < 0.001), insight level(r = 0.26, p < 0.001) and as well as symptom severity(r = 0.36, p < 0.001). At discharge, 70% (n = 47) patients reported that their involuntary admission was justified. Conclusion: Perceived coercion in schizophrenia though common clinical phenomena, it is a dynamic state which reduces over course of treatment. At Discharge, majority reported that their admission was justified, even though they were admitted involuntarily. The study underlines the need for a standardized rule of conduct based coercive practice in psychiatry. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-48379-003&site=ehost-live

Title: A substantial peer workforce in a psychiatric service will improve patient outcomes: The case for.

Authors: Dark, Frances; Patton, Murray; Newton, Richard;
Objectives: This statement of opinion relates to an invited debate on the role of peer workers in psychiatric services during the Royal Australian and New Zealand College of Psychiatrists conference 2016. The views presented in this statement of opinion are those of the team for the affirmative. Conclusions: Peer workers are increasingly being employed within mental health services. Early adopters of this new workforce note advantages in terms of engagement of peers but also a bidirectional sharing of knowledge between clinicians and peer workers that has been mutually beneficial. Greater research and evaluation needs to occur to understand how best to incorporate peer workers into mental health care. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: A substantial peer-worker workforce in a psychiatric service will improve patient outcomes—The case against.

Authors: O'Connor, Nick; Clark, Scott; Ryan, Christopher J.;


Abstract: The aim of this work was to examine, via narrative review, the evidence supporting the drive for more peer workers to gauge the likely impact on patient outcomes. Conclusions: Despite considerable research into the effectiveness of peer workers in clinical psychiatry, there is insufficient evidence to support the proposition that a substantial peer workforce would improve the outcomes of people living with mental illness. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Reflections of a psychiatric mercenary: On being a locum.

Authors: Perkins, Chris;


Abstract: In this article I reflect on life as a locum psychiatrist in Australia and New Zealand, considering the context, qualities required in a locum and the benefits and challenges of the role. Conclusions: Australasian psychiatric locums work mostly in rural areas or small towns where it is difficult to recruit and retain consultants or to cover for leave. The qualities appreciated in locums are their presence, the ability to start work quickly, flexibility, therapeutic caution and advocacy. The personal benefits are income, adventure and learning. While there are difficulties and frustrations, being a locum is interesting and exciting for those inclined to step out of their comfort zone. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-44444-005&site=ehost-live

Title: Bridging the ocean: Kiribati Australia alliance in mental health.

Authors: Ryan, Brigid; Viane, Manrenga; Timmins, Fran; Smith, Alex; Anstey, Claire;


Abstract: The objective of this study was to demonstrate the benefits of collaboration between Australia and Kiribati, a Pacific island nation, to enhance Kiribati’s mental health system. Method: The collaboration
involved a training program for a Kiribati senior mental health leader in Melbourne, Australia, and service planning including prioritisation of key areas for development. Results: As well as receiving general training in community-based mental health, the Kiribati mental health leader gained skills in modification of the inpatient environment, with plans for implementation in Kiribati within the current limited resources. Future planning will focus on shifting from an emphasis on acute psychiatric treatment and custodial care to a recovery-oriented approach. Conclusion: The international exchange was a positive experience for both the Kiribati participants and their Australian colleagues. Knowledge transfer was achieved in a short time, and service development appropriate and realistic for the Kiribati environment was planned.


Title: Unlikely reformer: Dr Henry Calvert Barnett (1832–1897).
Authors: Martyr, Philippa;
Abstract: Objective: To provide a brief biography of Western Australian colonial lunacy superintendent Dr Henry Calvert Barnett. Method: A range of primary sources were consulted. Results: Barnett was a complex man: a caring and forward-thinking practitioner who had a colourful and turbulent private life. Conclusions: Barnett’s contribution to mental health service development in Western Australia was genuine and worthwhile, and should be recognised. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-44444-017&site=ehost-live

Title: Is it time for child psychiatry to grow up?
Authors: Thabrew, Hiran; Henderson, Scott; Hazell, Philip; Moor, Stephanie; Kowalenko, Nick; Kenn, Felicity;
Abstract: The child and adolescent psychiatrist’s role is constantly changing. Within clinical services, there are often flatter hierarchies than in other areas of health and increasingly shared roles between members of multidisciplinary teams. Relationships with team members may be affected by numerous factors including individual personalities, clinical belief systems, service demands, overt and covert power dynamics between different disciplines and lack of role clarity. Leadership positions may be avoided by child psychiatrists due to time pressure, a lack of confidence in undertaking such roles and the lack of financial incentive. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: The missing thread—How fiction cheats mental health nursing.
Authors: Bladon, Henry J.;
Source: Issues in Mental Health Nursing, Vol 38(9), Sep, 2017 pp. 687-691. Publisher: Taylor & Francis;
Abstract: Mental health nursing occupies an important place in mental health care, and nurses perform valuable work, yet fiction writers tend to rely on outdated imagery to portray the profession. This imagery reinforces negative stereotypes of mental health nursing. This article examines the problem and explores the implications for the profession, particularly in relation to stigma and public confidence. It outlines a significant gap in narrative literature, specifically in relation to the therapeutic relationship, and asks what
can be done to encourage more realistic portrayals of the role. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Trajectories of mental health–related service use among adolescents with histories of early externalizing problems.
Authors: Okado, Yuko; Ewing, Emily; Rowley, Christina; Jones, Damon E.;
Source: Journal of Adolescent Health, Vol 61(2), Aug, 2017 pp. 198-204. Publisher: Elsevier Science; [Abstract: Purpose: To inform efforts to reduce costly service utilization, the present study examined longitudinal trajectories of mental health–related outpatient and residential service use among at-risk youth with a history of early externalizing problems. Methods: A cohort of 809 children in the Fast Track Project, a multisite longitudinal study of children at risk for conduct disorder, were followed prospectively from kindergarten through 12th grade. They resided in high-risk areas with high rates of poverty, crime, and violence. Their outpatient and residential service use was assessed annually between sixth and 12th grades through parent report. Growth mixture modeling was applied to model individual differences in trajectories of service use during this period. Teacher, parent, and observer-reported childhood predictors of those trajectories were also examined. Results: Most youths had minimal service use during preadolescence into adolescence. However, approximately 31% had moderate probability of using outpatient counseling services, and approximately 8% had elevated probability of seeing a family doctor for mental health needs. For residential services, approximately 6% had moderate to high probability of service use that peaked during transition to high school, whereas close to 5% had service use that dramatically increased during high school. Childhood predictors of these trajectories included earlier externalizing, internalizing, and emotion regulation problems. Conclusions: This study is the first to use person-centered analytic methods to examine longitudinal trajectories in mental health–related service use among at-risk adolescents. Timely treatment for severe externalizing problems, comorbid internalizing problems, and emotion dysregulation during childhood may be crucial for preventing chronic service use. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Provider and consumer perceptions of trauma informed practices and services for substance use and mental health problems.
Authors: Kirst, Maritt; Aery, Anjana; Matheson, Flora I.; Stergiopoulos, Vicky;
Source: International Journal of Mental Health and Addiction, Vol 15(3), Jun, 2017 pp. 514-528. Publisher: Springer; [Journal Article] Abstract: Both trauma-informed practices and trauma-specific services have been developed to meet the needs of individuals seeking services for mental health and substance use disorders. These approaches involve an acknowledgement of an individual’s inter-related experiences of trauma, mental health, and substance use problems in all aspects of service delivery, and focus on enhancing consumer safety and control. Although trauma-informed practices and trauma-specific interventions have been repeatedly identified as critical to service provision in this area, there is little understanding of how these practices and interventions are delivered and experienced from the perspectives of service users and providers. The purpose of this study was to explore facilitators and barriers in implementing trauma-informed practices and delivering trauma-specific services in mental health and addiction service settings through qualitative interviews with service providers, consumers and research experts. Based on thematic analysis of in-depth interviews with 19 participants (including service providers, research experts and consumers), a number of key facilitators and challenges to implementation of trauma-informed practices and services emerged. Key facilitators included: organizational support, community partnerships, staff awareness of trauma, a safe environment, peer support, the quality of consumer-provider relationships, consumer and provider readiness to change,
and staff supports. Challenges included: provider reluctance to address trauma, lack of accessible services, limited funding for programs/services, and staff burnout. Key areas of change identified in the study point to the need for increased intersectoral collaboration and support, greater system-wide trauma awareness and provider training in order to enhance the ability of trauma-informed practices and -specific services to meet the complex needs of this population. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
The relationship between consumer, clinician, and organizational characteristics and use of evidence-based and non-evidence-based therapy strategies in a public mental health system.

Authors:
Beidas, Rinad; Skriner, Laura; Adams, Danielle; Wolk, Courtney Benjamin; Stewart, Rebecca E.; Becker-HAIMES, Emily; Williams, Nathaniel; Maddox, Brenna; Rubin, Ronnie; Weaver, Shawna; Evans, Arthur; Mandell, David; Marcus, Steven C.

Source:

Abstract:
We investigated the relationship between consumer, clinician, and organizational factors and clinician use of therapy strategies within a system-wide effort to increase the use of cognitive-behavioral therapy. Data from 247 clinicians in 28 child-serving organizations were collected. Clinicians participating in evidence-based practice training initiatives were more likely to report using cognitive-behavioral therapy when they endorsed more clinical experience, being salaried clinicians, and more openness to evidence-based practice. Clinicians participating in evidence-based practice initiatives were more likely to use psychodynamic techniques when they had older clients, less knowledge about evidence-based practice, more divergent attitudes toward EBP, higher financial strain, and worked in larger organizations. In clinicians not participating in evidence-based training initiatives; depersonalization was associated with higher use of cognitive-behavioral; whereas clinicians with less knowledge of evidence-based practices were more likely to use psychodynamic techniques. This study suggests that clinician characteristics are important when implementing evidence-based practices; and that consumer, clinician, and organizational characteristics are important when de-implementing non-evidence-based practices. This work posits potential characteristics at multiple levels to target with implementation and deimplementation strategies. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Improving the efficiency of psychological treatment using outcome feedback technology.

Authors:
Delgadillo, Jaime; Overend, Karen; Lucock, Mike; Groom, Martin; Kirby, Naomi; McMillan, Dean; Gilbody, Simon; Lutz, Wolfgang; Rubel, Julian A.; de Jong, Kim

Source:

Abstract:
Aims: This study evaluated the impact of applying computerized outcome feedback (OF) technology in a stepped care psychological service offering low and high intensity therapies for depression and anxiety. Methods: A group of therapists were trained to use OF based on routine outcome monitoring using depression (PHQ-9) and anxiety (GAD-7) measures. Therapists regularly reviewed expected treatment response graphs with patients and discussed cases that were 'not on track' in clinical supervision. Clinical outcomes data were collected for all patients treated by this group (N = 594), six months before (controls = 349) and six months after the OF training (OF cases = 245). Symptom reductions in PHQ-9 and GAD-7 were compared between controls and OF cases using longitudinal multilevel modelling. Treatment duration and costs were compared using MANOVA. Qualitative interviews with therapists (N = 15) and patients (N = 6) were interpreted using thematic analysis. Results: OF technology was generally acceptable and feasible to integrate in routine practice. No significant between-group differences were found in post-treatment PHQ-9 or GAD-7 measures. However, OF cases had significantly lower average duration and cost of treatment compared to controls. Conclusions: After adopting OF into their practice,
this group of therapists attained similar clinical outcomes but within a shorter space of time and at a reduced average cost per treatment episode. We conclude that OF can improve the efficiency of stepped care. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Paradigm shifts don't come easy: Confrontations between the trauma perspective and the DSM in mental health treatment for abused and neglected children.  
Authors: Watt, Toni Terling;  
Abstract: Abused and neglected children are in need of trauma-informed behavioral health care. This research explores whether the trauma perspective has infiltrated the system of care for these children. A case study was conducted of a behavioral health program that serves children in State custody in a large urban area in the US. Results reveal that trauma is not incorporated into behavioral health services in any formal or substantive way. In addition, data suggest that the Diagnostic and Statistical Manual of Mental Disorders (DSM) represents a significant barrier to the creation of trauma-informed systems. Data reveal how the DSM ignores, defeats, or co-opts the trauma perspective. These findings suggest that trauma-informed care is not easily added to the existing behavioral health system. Research and dialogue are needed about how to achieve system change so that maltreated children's trauma histories inform and influence the services they receive. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-50127-010&site=ehost-live

Title: Mental health care use in children of parents with mental health problems: Results of the BELLA study.  
Abstract: Whether parental mental health problems facilitate or hinder the use of mental health care of the parents' children is still unclear. The present cross sectional study examined mental health care use and potential predictors in a population based sample. Children of parents with mental health problems (CPM) were nearly 5 times more likely to use mental health care compared to children of parents without mental health problems. A multiple regression analysis revealed that the most important predictors of mental health care use for CPM were active family life (OR = 2.67) and children' own mental health problems (OR = 1.18 self-report, 1.17 parent-report). Additionally, parental strain showed a tendency to predict mental health care use (OR = 2.45). This study demonstrates that parental mental health problems are associated with mental health care use in their children and that improving certain family factors may support children's mental health care use. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-17766-001&site=ehost-live

Title: Mental health visits: Examining socio-demographic and diagnosis trends in the emergency department by the pediatric population.  
Authors: Holder, Sharon M.; Rogers, Kenneth; Peterson, Eunice; Ochonma, Christian;  
Abstract: The emergency department (ED) is increasingly being used for mental health visits by children and adolescents. It is estimated that 21–23% of youth have a diagnosable psychiatric or substance use
Using data from the ED of a tertiary medical center, we examined trends in mental health diagnoses over a 5-year period. In school age children the most prevalent diagnoses were anxiety disorders (28.4%); disorders first usually diagnosed in infancy, childhood, or adolescence (26.5%), and mood disorders (18.6%). High school students were more likely to visit the ED for anxiety disorders (30%). Females (34.5%) presented more for anxiety disorders compared to males (22.7%). Mental health visits and diagnoses were higher during school months (September–May) and lower in the summer months (June–August). The diagnosis trends identified in this study have clinical implications that can contribute to evidence-based restructuring of mental health resources and screenings.


Title:
Sexual orientation differences in functional limitations, disability, and mental health services use: Results from the 2013–2014 National Health Interview Survey.

Authors:
Cochran, Susan D.; Björkenstam, Charlotte; Mays, Vickie M.

Source:

Abstract:
Objectives: The authors investigated sexual orientation differences in risk for mental health morbidity, functional limitations/disability, and mental health services use among adults interviewed in the nationally representative 2013–2014 National Health Interview Survey. Method: Respondents were 68,816 adults (67,152 heterosexual and 1,664 lesbian, gay, and bisexual [LGB] individuals), age 18 and older. Fully structured interviews assessed sexual orientation identity, health status, and services use. Using sex-stratified analyses while adjusting for demographic confounding, the authors compared LGB and heterosexual individuals for evidence of mental health-related impairments and use of mental health services. Results: LGB adults, as compared to heterosexual adults, demonstrated higher prevalence of mental health morbidity and functional limitations. However, this varied by gender with LGB women evidencing elevated risk for both mental health and substance abuse (MHSA) and non-MHSA limitations. Among men, sexual orientation differences clustered among MHSA-related limitations. Overall, LGB adults were more likely than heterosexual adults to use services, with the source of functional limitations moderating these effects among men. Conclusion: MHSA-related morbidity is a significant concern among LGB individuals and is associated with higher levels of functional limitations/disability. The findings highlight that LGB persons use MHSA-related treatment at higher rates than heterosexuals do, and, among men, are more likely to do so absent MHSA or non-MHSA-related functional limitations. This presents a unique set of concerns within the integrated care setting, including the need to deliver culturally competent care sensitive to the context of probable sex differences among LGB individuals. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Demographic and need factors of early, delayed and no mental health care use in major depression: A prospective study.

Authors:

Source:

Abstract:
Background: Despite the availability of evidence based treatments, many people with major depression receive no or delayed professional treatment, which may put them at risk for adverse outcomes. The aim of this study was to examine which demographic and need factors distinguish early, delayed and no treatment use. Methods: Data were obtained from the Netherlands Mental Health Survey and Incidence Study-2 (NEMESIS-2). People with a diagnosis of major depression in the past 12 months were included (N = 434). Mental health care use was assessed during this same period and at follow up (three years later). Multinomial regression analysis was used to distinguish early, delayed and no mental health care users with respect to demographic and need factors. Results: The majority of participants accessed
treatment early (62%). Early treatment users were characterized by more severe and persistent symptoms and were more likely not to have a partner compared to no treatment users. The majority of those without treatment reached remission in three years (85%). Delayed treatment users were, compared to early users, characterized by relatively mild symptoms and a persistent or new major depressive disorder at follow up. Conclusions: Early access to treatment and the finding that need factors determine mental health care use among people with depression show that the filters along the pathway to treatment are not influenced by unfavorable determinants like education or age. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Virtual-care delivery of applied-behavior-analysis services to children with autism spectrum disorder and related conditions.

Authors: Peterson, Kathryn M.; Piazza, Cathleen C.; Luczynski, Kevin C.; Fisher, Wayne W.; Behavior Analysis:

Source: Research and Practice, Vol 17(4), Nov, 2017

Abstract: In contrast to traditional telehealth, virtual care employs recent advances in web-based information technologies in ways that are less costly, less complicated, more convenient, and more efficient than traditional methods. A small but growing body of research has begun to demonstrate that, when implemented remotely using virtual care, at least some applied-behavior-analysis (ABA) procedures produce outcomes comparable to those produced in situ. In addition, virtual care facilitates the delivery of ABA services to children with autism spectrum disorder (ASD) living in rural or remote areas who otherwise could not access those services. This article summarizes the advantages of virtual care over traditional telehealth, describes the current virtual-care training and research, and describes how this model could be extended to other behavior disorders, such as pediatric feeding disorders in children with and without ASD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Comparing strategies for providing child and youth mental health care services in Canada, the United States, and The Netherlands.

Authors: Ronis, Scott T.; Slaunwhite, Amanda K.; Malcom, Kathryn E.;

Source: Administration and Policy in Mental Health and Mental Health Services Research, Vol 44(6), Nov, 2017 pp. 955-966. Publisher: Springer; [Journal Article]

Abstract: This paper reviews how child and youth mental health care services in Canada, the United States, and the Netherlands are organized and financed in order to identify systems and individual-level factors that may inhibit or discourage access to treatment for youth with mental health problems, such as public or private health insurance coverage, out-of-pocket expenses, and referral requirements for specialized mental health care services. Pathways to care for treatment of mental health problems among children and youth are conceptualized and discussed in reference to health insurance coverage and access to specialty services. We outline reforms to the organization of health care that have been introduced in recent years, and the basket of services covered by public and private insurance schemes. We conclude with a discussion of country-level opportunities to enhance access to child and youth mental health services using existing health policy levers in Canada, the United States and the Netherlands. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Social upheaval and lifestyle matters.

Boyce, Philip;


Abstract:
This article provides an overview of the papers presented in the issue Australian and New Zealand Journal of Psychiatry. The social environment and lifestyle are increasingly being recognised as important factors affecting mental health – possibly more so when individuals are confronted with social and economic changes such as with urbanisation. China. Yang et al. (this issue) conducted a longitudinal study from 1979 to 2009 charting the changes that have occurred in association with the urbanisation of the Jino people (a Chinese ethnic minority group). Overall, urbanisation was not good for the Jino people; there were increases in the divorce rate, criminal activity and gambling. Beaglehole et al. examine the impact of the earthquakes on patients attending mental health services making use of the routinely collected Health of the Nation Outcome Scale (HoNOS) data. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Mental health services research in Australia.


Abstract:
This article briefs the mental health services research in Australia. Along with other countries Australia has seen enormous changes in mental health services since Governor Macquarie established the first psychiatric hospital in a converted farmhouse at Castle Hill, Sydney, in 1811. To determine the need for interventions by groups of individuals, epidemiological data on the age-adjusted prevalence and severity of mental disorders were derived from population surveys. The National Mental Health Service Planning Framework has 155 care profiles covering the mild, moderate and severe need continua and all age groups. The interventions in each profile are for the average person in each group. All service planning, including those in this Framework, will need constant revision to incorporate new research about risk factors, incidence and remission as well as advances in prevention and treatment. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

A file study of refugee children referred to specialized mental health care: From an individual diagnostic to an ecological perspective.

O’Driscoll, Julia Villanueva; Serneels, Geertrui; Imeraj, Lindita;


Abstract:
The past years have been characterized by a large refugee crisis across the globe. The exposure to preflight, flight, and resettlement stressors puts refugee children and their families at risk of developing emotional and behavioral disorders. A unique Western-based approach of mental health problems seems to be insufficient to address the complexity of interactions between individual vulnerabilities and more ecological surrounding systems. We looked into (1) the reasons for referral; and (2) the process diagnostic outcomes after ethnopsychiatric and psychological assessment. We conducted a thematic content analysis on 93 files of refugee children. The findings suggest that mental health care professionals need to hold into account the multiplicity and intertwining of ongoing challenges to the well-being of refugee children. The integration of a Western-based psychiatric assessment with a more ecologically based view can lead to a more culturally sensitive approach in refugee children and their families. This way, both
Title:
Facilitating communication of ideas and evidence to enhance mental health service quality: Coding the treatment services literature using the Child and Adolescent Needs and Strengths-Mental Health Assessment Scales.

Authors:
Ebesutani, Chad; Daleiden, Eric; Becker, Kimberly D.; Schmidt, Lauren; Bernstein, Adam; Rith-Najarian, Leslie; Lyons, John; Chorpita, Bruce F.;

Source:

Abstract:
The evidence-base services literature is continually growing, providing the field with rich and important sets of information regarding what works for treating different types of youth and families. Given this burgeoning of information, the PracticeWise Evidence-Based Services (PWEBS) Literature Database has been developed to aid in summarizing and delivering aggregated evidence-based treatment information to providers in the field. Meanwhile, the Child and Adolescent Needs and Strengths-Mental Health (CANS-MH) Scale is a youth mental health assessment tool that was developed by a separate team to assist with treatment planning. In the present study, we developed and tested a system for linking these two related ontological systems so that scientific knowledge can be more widely aggregated and made available to a wider set of audiences for enhanced mental health service delivery. Results revealed the following. First, a construct mapping comparison revealed that the CANS-MH and PWEBS ontologies share a strong core of overlapping content, particularly in the areas of Youth Behavioral/Emotional Needs, Youth Risk Behaviors, and Life Domain Functioning. Second, the CANS-MH areas were able to be used to reliably code the following components of published randomized treatment studies: (a) population sample characteristics (e.g., did the characteristics of the treatment study participant population relate to each CANS-MH area?), and (b) outcome measure targets (e.g., did the treatment study outcome measure target areas relate to each CANS-MH area?). The reliability achieved from this coding process supported the linkage between the CANS-MH areas and the PWEBS Literature Database information. Lastly, high agreement was achieved between an automated translation algorithm and the final ratings from the manual coding of published treatment studies using the CANS-MH scale. The importance of such linkages for the communication of ideas, information, and evidence across differing subfields is discussed, as well as examples of achieving enhanced quality of mental health services by linking system ontologies.

Title:
Caregivers’ abuse stigmatization and their views of mental health treatment following child sexual abuse.

Authors:
Simon, Valerie A.; Barnett, Douglas; Smith, Erin; Mucka, Lilia; Willis, Deborah;

Source:

Abstract:
Many families do not utilize mental health services after the discovery of child sexual abuse (CSA), even when trauma-focused treatments are offered at low or no cost. Non-offending caregivers frequently serve as gatekeepers to youths’ treatment, and their reactions to CSA may figure into decisions about treatment engagement. The current study examined caregivers’ abuse stigmatization (i.e., self-blame and shame about their children’s CSA) and associations with two factors predictive of treatment engagement (motivation, obstacles). Participants were recruited from a Child Advocacy Center where they received forensic interviews and were offered services following CSA discovery. Participating caregiver-child dyads included 52 non-offending caregivers (83% biological parents) and their children (69% girls; Mage = 10.94, SDage = 2.62). Caregiver abuse stigmatization was associated with higher motivation for treatment but also more obstacles to treatment. Further, abuse stigmatization moderated associations between children’s PTSD symptoms and perceived obstacles to treatment with medium effect sizes (M f² = 0.287). Among caregivers experiencing high abuse stigmatization, greater child PTSD symptoms were associated with more obstacles to treatment. Among caregivers experiencing low stigmatization, child PTSD was
either associated with fewer treatment obstacles or was unrelated to treatment obstacles. Results highlight the potential significance of reducing parents' abuse stigmatization for increasing mental health service utilization following CSA discovery, especially for more symptomatic youth. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Evaluation of a co-delivered training package for community mental health professionals on service user- and carer-involved care planning.

Authors:
Grundy, A. C.; Walker, L.; Meade, O.; Fraser, C.; Cree, L.; Bee, P.; Lovell, K.; Callaghan, P.;

Source:

Abstract:
Background: There is limited evidence for the acceptability of training for mental health professionals on service user- and carer-involved care planning. Aim: To investigate the acceptability of a co-delivered, two-day training intervention on service user- and carer-involved care planning. Methods: Community mental health professionals were invited to complete the Training Acceptability Rating Scale post-training. Responses to the quantitative items were summarized using descriptive statistics (Miles, 2013), and qualitative responses were coded using content analysis (Weber, 1990). Results: Of 350 trainees, 310 completed the questionnaire. The trainees rated the training favourably (median overall TARS scores = 56/63; median 'acceptability' score = 34/36; median 'perceived impact' score = 22/27). There were six qualitative themes: the value of the co-production model; time to reflect on practice; delivery preferences; comprehensiveness of content; need to consider organizational context; and emotional response. Discussion: The training was found to be acceptable and comprehensive with participants valuing the co-production model. Individual differences were apparent in terms of delivery preferences and emotional reactions. There may be a need to further address the organizational context of care planning in future training. Implications for practice: Mental health nurses should use co-production models of continuing professional development training that involve service users and carers as co-facilitators. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Project Connect: A community intervention for individuals with mental illness.

Authors:
Bromage, Billy; Kriegel, Liat; Williamson, Bridgett; Maclean, Kirsten; Rowe, Michael;

Source:

Abstract:
Connection to community and a sense of belonging have been recognized as critical components of mental health recovery. However, few interventions that stress the importance of making community connections based on self-determination and personal interests have been developed. This article describes Project Connect, an innovative intervention through which people with mental illness can access support to make community connections on their own terms. It provides background on the design and implementation of the project, its connection to community organizing approaches, and initial findings. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Constructing community to achieve citizenship using recognition theory, recovery, and citizenship as a reflective lens: Experiences from the United States and Scotland.

Authors:
Stewart, Ailsa; Black, Karen; Benedict, Patricia; Benson, Victoria

Source:

Abstract:
This article explores the usefulness of recognition theory, recovery, and citizenship in explaining constructions of community by adults who have experienced life disruptions participating in similar citizenship programs in the United States and Scotland. A content analysis of secondary data was undertaken and focus groups held with recent graduates of both programs. The findings indicate that constructions of community aligned significantly with aspects of identity and common experience rather than location. Moving toward an identity framed by assets rather than deficits was further identified, which reflects the need for recognition to be extended by communities that are well informed and nondiscriminatory in their attitudes toward those with life disruptions to promote inclusion and connectedness. Interventions at the level of community development and engagement are therefore crucial in promoting inclusion and increasing citizenship for marginalized groups alongside the role of social movements and public policy in tackling stigma and discriminatory attitudes. Uniquely, within this project, a theoretical framework that combined elements of recognition theory, recovery, and citizenship emerged that best explained the experience of those with life disruptions and provided direction for a future focus on community development as well as recovery and citizenship-oriented practice. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-33706-005&site=ehost-live

Title:
Person-centered planning in mental health: A transatlantic collaboration to tackle implementation barriers.

Authors:
Miller, Emma; Stanhope, Victoria; Restrepo-Toro, Maria; Tondora, Janis

Source:

Abstract:
Collaborative, person-centered approaches to care planning are increasingly recognized as instrumental in supporting attainment of personal recovery outcomes. Yet, though much is known about factors that support person-centered planning, successful implementation often remains an elusive goal. This article reviews international efforts to promote person-centered care planning (PCCP) in the context of a randomized clinical trial in the United States and in the Meaningful and Measurable initiative, a collaborative action research project involving diverse provider organizations in Scotland. The authors review the history of international efforts to implement PCCP and offer preliminary evidence regarding its positive impact on both process outcomes (e.g., the nature of the primary therapeutic relationship and the service-user’s experience) and personal recovery outcomes (e.g., quality of life, community belonging, and valued roles). PCCP will be defined through descriptions of key principles and practices as they relate to both relational aspects (e.g., shifts in stakeholder roles and conversations) and documentation/recording aspects (e.g., how person-centered relationships are captured in written or electronic records). Similarities and differences between the United States and Scottish experiences of PCCP are highlighted and a series of recommendations offered to further implementation of this essential recovery-oriented practice. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Back to top
Personality Disorders

Title:
The effects of behavioral parent training with adjunctive social skills training for a preadolescent girl with ADHD and borderline personality features.

Authors:
Babinski, Dara E.; Mills, Sara L.; Bansal, Pevitr S.;

Source:

Abstract:
Girls with attention deficit hyperactivity disorder (ADHD) are at high risk of a range of social–emotional difficulties, including peer rejection, suicide attempts, and borderline personality disorder (BPD), which are associated with serious, long-term impairment and have not emerged as clearly in samples of boys with ADHD. BPD is a particularly concerning long-term outcome of ADHD in girls, given the high risk for suicidality and long-lasting relationship difficulties. Very little research has focused on treatment for the interpersonal impairments of girls with ADHD, or on addressing risk for developing BPD. This case study describes the use of behavioral parent training (BPT) with adjunctive social skills training (SST) to address the social–emotional difficulties of a 9-year-old girl, 'Violet,' who was diagnosed with ADHD Combined Presentation and was being treated with medication for anxiety. Violet presented with many social difficulties, including low self-esteem, emotional dysregulation, and unstable relationships, which were conceptualized as borderline personality features (BPF). Treatment was associated with improvements in parent functioning, including reductions in caregiver strain and inconsistent discipline, as well as improvements in child functioning, including reductions in ADHD symptoms, a range of impairments, and BPF. This case study illustrates the benefit of a brief psychosocial intervention in reducing multiple indices of interpersonal impairment, including BPF, for a girl with ADHD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
On the potential for iatrogenic effects of psychiatric crisis services: The example of dialectical behavior therapy for adult women with borderline personality disorder.

Authors:
Coyle, Trevor N.; Shaver, Jennifer A.; Linehan, Marsha M.;

Source:

Abstract:
Objective: Although previous research has suggested that people with a history of using psychiatric crisis services are at higher risk for suicide, it is unclear whether this link is attributable to individual risk factors or iatrogenic effects of service utilization. We examined this question by analyzing data from a randomized controlled trial of dialectical behavior therapy (DBT), a treatment for highly suicidal individuals in which patients took advantage of crisis services less than those in the comparison condition. We hypothesized that crisis-service utilization during a treatment year, rather than pretreatment indicators of suicide risk, would be associated with higher suicide risk after treatment, and that DBT’s treatment effects would be partially attributable to this association. Method: Participants were 101 women (Mage = 29.3, 87% Caucasian) with recent suicidal and self-injurious behaviors meeting Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM–IV; American Psychiatric Association [APA], 1994) criteria for borderline personality disorder. We examined relationships between suicidal ideation (using the Suicide Behaviors Questionnaire; Linehan, 1981), number of suicide attempts (using the Suicide Attempt Self-Injury Interview; Linehan, Comtois, Brown, Heard, & Wagner, 2006), and number of psychiatric inpatient admissions and psychiatric emergency-room (ER) visits (using the Treatment History Interview; Linehan & Heard, 1987) from the years prior to, during, and following treatment. Results: Treatment-year psychiatric ER visits were the sole predictor of the number of follow-up year suicide attempts. Treatment condition and pretreatment inpatient admissions predicted treatment-year psychiatric ER visits. Finally, there was evidence that DBT resulted in fewer suicide attempts at follow-up, in part because getting DBT led to fewer psychiatric ER visits. Conclusion: In this population and context, data suggest that crisis-service
utilization conveys risk for suicide. DBT may reduce suicide risk in part by reducing use of these services. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Personality disorders are not as we thought: Hierarchical factor structure at the criterion level.

Authors:
Muñoz-Champel, Ana; Gutiérrez, Fernando; Peri, Josep M.; Torrubia, Rafael;

Source:
Journal of Personality Assessment, Vol 100(1), Jan, 2018 pp. 16-29. Publisher: Taylor & Francis

Abstract:
The use of personality disorder (PD) categories persists, despite the evidence against them. An often overlooked reason for this is the fact that the true structure underlying the Diagnostic and Statistical Manual of Mental Disorders (DSM) taxonomy is still unknown: We cannot be certain which disorders are valid, and which ones are arbitrary mixtures of heterogeneous traits. To address this gap, we factor analyzed the Personality Diagnostic Questionnaire (PDQ–4+; Hyler, 1994) at the criterion level in a mixed clinical and nonclinical sample of 2,519 individuals. The resulting structure was more similar to current dimensional taxonomies than to the DSM classification at all hierarchical levels. Whereas paranoid and antisocial PDSs—and to a lesser extent avoidant, dependent, depressive, and schizoid PDs—were fairly homogeneous, all other disorders turned out to be combinations of 2 or 3 unrelated dimensions. Our results strongly support the structure of empirically based dimensional taxonomies and relocate DSM criteria within this emerging framework, thus contributing to preserving much of the knowledge accumulated to date. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Clinician-guided assessment of personality using the structural interview and the Structured Interview of Personality Organization (STIPO).

Authors:
Hörz-Sagstetter, Susanne; Caligor, Eve; Preti, Emanuele; Stern, Barry L.; De Panfilis, Chiara; Clarkin, John F. ;

Source:
Journal of Personality Assessment, Vol 100(1), Jan, 2018 pp. 30-42. Publisher: Taylor & Francis;

Abstract:
This article demonstrates the utility of a theory-guided psychodynamic approach to the assessment of personality and personality pathology based on the object relations model developed by Kernberg (1984). We describe a clinical interview, the Structural Interview (SI; Kernberg, 1984), and also a semistructured approach, the Structured Interview of Personality Organization (STIPO; Clarkin, Caligor, Stern, & Kernberg, 2004) based on this theoretical model. Both interviews focus on the assessment of consolidated identity versus identity disturbance, the use of adaptive versus lower level defensive operations, and intact versus loss of reality testing. In the context of a more clinically oriented assessment, the SI makes use of tactful confrontation of discrepancies and contradictions in the patient's narrative, and also takes into account transference and countertransference phenomena, whereas the more structured approach of the STIPO incorporates clinical judgment informed by clinical theory into a well-guided interaction with the patient. Both interviews have good interrater reliability and are coherent with the alternative model for personality disorder diagnosis proposed by the Diagnostic and Statistical Manual of Mental Disorders (5th ed.), Section III. Finally, they provide the clinician with specific implications for prognosis and treatment planning and can rationally guide clinical decision making. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Thinking about assessment: Further evidence of the validity of the Movie for the Assessment of Social Cognition as a measure of mentalistic abilities.
The present study aimed to evaluate the nomological network validity of the Movie for the Assessment of Social Cognition (MASC) in its Italian translation, addressing distinct research questions in 3 independent samples of Italian participants comprising adolescent nonclinical participants (N = 393), adult nonclinical participants (N = 193), and adult outpatients with a personality disorder (PD) diagnosis who sought psychotherapy treatment (N = 59). In all 3 samples, the MASC proved to be a reliable measure of mentalizing ability, with Cronbach’s alpha values ranging from .70 to .78. In both nonclinical adolescents and nonclinical adults, the MASC scores correlated significantly and meaningfully with the Reading the Mind in the Eyes Test scores. In nonclinical adults, the MASC scores showed significant (albeit modest) correlations with self-reported measures of attachment styles. Finally, in adult outpatients, the MASC ‘no theory of mind (ToM)’ scores, which are specific errors that indicating nonmentalistic responses, correlated significantly with interview-based measures (Spearman $r = .41, p < .01$) and self-reported measures (Spearman $r = .37, p < .01$) of borderline personality disorder (BPD), as well as with measures of emotion dysregulation, (Spearman $r = .37, p < .01$). As a whole, these findings highlight the validity of the MASC as a measure of mentalization and are consistent with Fonagy and colleagues’ (i.e., Bateman & Fonagy, 2004b; Fonagy, 1991) model of mentalization and its role in personality pathology. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Objective: To apply recent advancements in the investigation of 2-person human social interaction to investigate interaction difficulties among people with BPD. Design, Setting, and Participants: Cross-brain information flow in BPD was examined from May 25, 2012, to December 4, 2015, in pairs of participants studied in 2 linked functional magnetic resonance imaging scanners in a university setting. Participants performed a joint attention task. Each pair included a healthy control individual (HC) and either a patient currently fulfilling DSM-IV criteria for BPD (cBPD) (n = 23), a patient in remission for 2 years or more (rBPD) (n = 17), or a second HC (n = 20). Groups were matched for age and educational level. Main Outcomes and Measures: A measure of cross-brain neural coupling was computed following previously published work to indicate synchronized flow between right temporoparietal junction networks (previously shown to host neural coupling abilities in health). This measure is derived from an independent component analysis contrasting the time courses of components between pairs of truly interacting participants compared with bootstrapped control pairs. Results: In the sample including 23 women with cBPD (mean [SD] age, 26.8 [5.7] years), 17 women with rBPD (mean [SD] age, 28.5 [4.3] years), and 80 HCs (mean [SD] age, 24.0 [3.4] years) investigated as dyads, neural coupling was found to be associated with disorder state ($\eta^2 = 0.17; P = .007$): while HC-HC pairs showed synchronized neural responses, cBPD-HC pairs exhibited significantly lower neural coupling just above permutation-based data levels ($\eta^2 = 0.16; P = .009$). No difference was found between neural coupling in rBPD-HC and HC-HC pairs. The neural coupling in patients was significantly associated with childhood adversity ($T = 2.3; P = .03$). Conclusions and Relevance: This study provides a neural correlate for a core diagnostic and clinical feature of BPD. Results indicate that hyperscanning may deliver state-associated biomarkers for clinical social neuroscience. In addition, at least some neural deficits of BPD may be more reversible than is currently assumed for personality disorders. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Brain mechanisms underlying reactive aggression in borderline personality disorder—Sex matters.
Authors:
Herpertz, Sabine C.; Nagy, Krisztina; Ueltzhöffer, Kai; Schmitt, Ruth; Mancke, Falk; Schmahl, Christian; Bertsch, Katja;
Source:
Abstract:
Background: Aggression in borderline personality disorder (BPD) is thought to be mediated through emotion dysregulation via high trait anger. Until now, data comparing anger and aggression in female and male patients with BPD have been widely missing on the behavioral and particularly the brain levels.
Methods: Thirty-three female and 23 male patients with BPD and 30 healthy women and 26 healthy men participated in this functional magnetic resonance imaging study. We used a script-driven imagery task consisting of narratives of both interpersonal rejection and directing physical aggression toward others.
Results: While imagining both interpersonal rejection and acting out aggressively, a sex × group interaction was found in which male BPD patients revealed higher activity in the left amygdala than female patients. In the aggression phase, men with BPD exhibited higher activity in the lateral orbitofrontal and dorsolateral prefrontal cortices compared with healthy men and female patients. Positive connectivity between amygdala and posterior middle cingulate cortex was found in female patients but negative connectivity was found in male patients with BPD. Negative modulatory effects of trait anger on amygdala–dorsolateral prefrontal cortex and amygdala–lateral orbitofrontal cortex coupling were shown in male BPD patients, while in female patients trait anger positively modulated dorsolateral prefrontal cortex–amygdala coupling. Trait aggression was found to positively modulate connectivity of the left amygdala to the posterior thalamus in male but not female patients. Conclusions: Data suggest poor top-down adjustment of behavior in male patients with BPD despite their efforts at control. Female patients appear to be less aroused through rejection and to successfully dampen aggressive tension during the imagination of aggressive behavior. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Behavioral activation in the treatment of metacognitive dysfunctions in inhibited-type personality disorders.

Authors: Gordon-King, Keely; Schweitzer, Robert D.; Dimaggio, Giancarlo;


Abstract: Behavioral interventions are proposed as a critical treatment component in psychotherapy for personality disorders. The current study explores behavioral interventions as a mechanism of change in Metacognitive Interpersonal Therapy, an integrative psychotherapy for personality disorders. The goals and implementation of behavioral principles are illustrated through the single case study of Roger, a 57-year-old man diagnosed with avoidant personality disorder and depressive personality disorder. Transcripts of interviews and therapy sessions illustrate the role of behavioral interventions, including behavioral activation, in Roger’s treatment. Roger demonstrated a reliable change from baseline to posttreatment across all measures. He also showed gains with regard to his occupational functioning, interpersonal relationships, and sense of fulfilment. Implications with regard to treatment planning for personality disorders are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: When REBT goes difficult: Applying ABC-DEF to personality disorders.

Authors: Sarracino, Diego; Dimaggio, Giancarlo; Ibrahim, Rawezh; Popolo, Raffaele; Sassaroli, Sandra; Ruggiero, Giovanni M.;


Abstract: ABC-DEF framework is at the core of rational emotive behavior therapy. It is a highly flexible framework and has proven to be applicable to many emotional disorders. We cannot take for granted, however, that this framework can be used successfully with all clients, particularly with those suffering from severe disorders or personality disorders. In fact, the difficulties of these clients in recognizing, naming and reflecting upon states of mind, their dysregulated emotions and self-defeating behavior, and their difficulty in establishing a strong working alliance with a therapist may hamper the correct implementation of the ABC-DEF framework and the disputing of their irrational beliefs. This paper aims to describe in detail the challenges that clients with personality disorders may pose during treatment and offer possible technical suggestions, derived from either REBT or non-REBT literature, that can help REBT and CBT practitioners adapting their interventions to resistant clients. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Aberrant link between empathy and social attribution style in borderline personality disorder.

Authors: Homan, Philipp; Reddan, Marianne C.; Brosch, Tobias; Koenigsberg, Harold W.; Schiller, Daniela;


Abstract: In social interactions, we often need to quickly infer why other people do what they do. More often than not, we infer that behavior is a result of personality rather than circumstances. It is unclear how the tendency itself may contribute to psychopathology and interpersonal dysfunction. Borderline personality disorder (BPD) is characterized by severe interpersonal dysfunction. Here, we investigated if this dysfunction is related to the tendency to over-attribute behaviors to personality traits. Healthy controls and patients with BPD judged positive and negative behaviors presented within a situational constraint during functional magnetic resonance imaging. Before the experiment, we measured trait levels of empathy, paranoia, and need for cognition. Behaviorally, we found that empathy levels predicted the tendency to
attribute behavior to traits in healthy controls, whereas in patients with BPD this relationship was significantly weakened. Whole brain analysis of group-by-empathy interaction revealed that when participants judged the behavior during the attribution phase, several brain regions implicated in mentalizing distinguished patients from controls: In healthy controls, neural activity scaled negatively with empathy, but this relationship was reversed in BPD patients. Due to the cross-sectional study design we cannot establish a causal link between empathy and social attributions. These findings indicate that the self-reported tendency to feel for others is related to the tendency to integrate situational information beyond personality. In BPD patients, by contrast, the association between empathy and attribution was significantly weaker, rendering empathy less informative in predicting the overall attribution style.

Title:
Interaction between behavioral inhibition and emotional processing in borderline personality disorder using a pictorial emotional go/no-go paradigm.

Authors:
Sinke, Christopher; Wollmer, M. Axel; Kneer, Jonas; Kahl, Kai G.; Kruger, Tillmann H. C.

Source:

Abstract:
Borderline personality disorder (BPD) is characterized by difficulties in emotional regulation and impulse control. In this study, we presented a novel picture-based emotional go/no-go task with distracting emotional faces in the background, which was administered to 16 patients with BPD and 16 age-matched healthy controls. The faces displayed different emotional content (angry, neutral, or happy). Results showed differences in sensitivity between patients and the control group, with patients exhibiting less sensitivity in the task, and also showed influences of emotional content represented in the distracting faces in both groups. Specifically, happy faces decreased sensitivity compared to angry faces. It seemed as though processing of a positive emotional stimulus led to a more relaxed state and thereby to decreased sensitivity, while a negative emotional stimulus induced more alertness and tension, leading to higher sensitivity. Thus, this paradigm is suitable to investigate the interplay between emotion processing and impulse control in patients with BPD.

Title:
Mentalization in adults with attention deficit hyperactivity disorder: Comparison with controls and patients with borderline personality disorder.

Authors:
Perroud, Nader; Badoud, Deborah; Weibel, Sébastien; Nicastro, Rosetta; Hasler, Roland; Küng, Anne-Lise; Luyten, Patrick; Fonagy, Peter; Dayer, Alexandre; Aubry, Jean-Michel; Prada, Paco; Debbané, Martin

Source:

Abstract:
Emotion dysregulation and interpersonal hardships constitute core features of borderline personality disorder (BPD). Research has established the link between these core dysregulations and fluctuations in the capacity to appreciate the mental states that underlie behavior (mentalizing, operationalized as reflective functioning (RF)). As emotion dysregulation and interpersonal hardships also characterize adults with attention deficit hyperactivity disorder (ADHD), this study sought to examine the potential RF impairments affecting this population. 101 adults with ADHD, 108 with BPD and 236 controls were assessed using the RF questionnaire (RFQ), evaluating how individuals employ information about mental states to better understand their own and others’ behaviors. The RFQ comprises two dimensions, certainty (RF_c) and uncertainty (RF_u) about mental states. RF scores helped distinguish ADHD from controls, but also from BPD (F = 48.1(2/441); p < 0.0001 for RF_c and F = 92.5(2/441); p < 0.0001 for RF_u). The ADHD group showed intermediary RF scores compared to the controls (b = −0.70; p < 0.0001 and b = 0.89; p < 0.0001 for RF_c and RF_u) and BPD group (b = 0.44; p = 0.001 and b = −0.56; p = 0.001 for RF_c and RF_u). Lower RF scores correlated with poor anger control and high levels of impulsivity. Higher severity of ADHD (more attentional and hyperactive/impulsive symptoms) was
correlated with RF impairments. In conclusion, RF may constitute an important process underlying attentional, hyperactive/impulsive as well as emotional symptoms in ADHD; it should therefore be considered in the assessment of these patients. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Exploring the relationship between non suicidal self-injury and borderline personality traits in young adults.

Authors:
Vega, Daniel; Torrubia, Rafael; Soto, Àngel; Ribas, Joan; Soler, Joaquim; Pascual, Juan Carlos; Rodríguez-Fornells, Antoni; Marco-Pallarés, Josep;

Source:

Abstract:
Non-suicidal self-injury (NSSI) is highly prevalent during late adolescence and young adulthood. There is some evidence of a link between NSSI and Borderline Personality Disorder (BPD), but little is known about the association between BPD traits and the various functions that maintain NSSI. The main purpose of this study was to explore the association between borderline personality traits and NSSI functions in a sample of college students. We also compared NSSI functions in college students who engaged in NSSI to those in an age-matched sample of BPD patients. This study included a total of 238 college students and 36 BPD patients. Participants were asked to complete a number of clinical measures. In the non-clinical sample, BPD features were more pronounced in the presence of NSSI, and we observed a differential relationship between NSSI functions and psychopathological BPD-traits. The NSSI clinical variables most strongly associated with BPD were frequency, variety of methods and severity, but not age of onset. Our results provide new information on the relationship between BPD and NSSI in young adults, and could be used to improve the early detection of vulnerable BPD-individuals and in planning NSSI treatment. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Heightened early-attentional stimulus orienting and impulsive action in men with antisocial personality disorder.

Authors:
Lijffijt, Marijn; Lane, Scott D.; Mathew, Sanjay J.; Stanford, Matthew S.; Swann, Alan C.;

Source:

Abstract:
We tested whether enhanced stimulus orienting operationalized as N1 and P2 auditory evoked potentials to increasing loudness (50–90 dB clicks) could be associated with trait impulsivity (Barratt Impulsiveness Scale, BIS-11), impulsive action (commission error on the Immediate Memory Task), or impulsive choice (immediate responses on temporal discounting tasks). We measured N1 and P2 loudness sensitivity in a passive listening task as linear intensity–sensitivity slopes in 36 men with antisocial personality disorder with a history of conviction for criminal conduct and 16 healthy control men. Across all subjects, regression analyses revealed that a steeper P2 slope predicted higher IMT commission error/correct detection ratio, and lower stimulus discriminability (A-prime). These associations were also found within both groups. These relationships suggest an association between enhanced early stimulus orienting (P2), impulsive action (response inhibition), and impaired signal–noise discriminability (A-prime). (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Self-control capacity as a predictor of borderline personality disorder features, problematic drinking, and their co-occurrence.
**Authors:**
Johnson, Benjamin N.; Ashe, Melinda L.; Wilson, Stephen J.;

**Source:**

**Abstract:**
Borderline personality disorder (BPD) and alcohol use disorder (AUD) share impulsivity as an etiological factor. However, impulsivity is ill-defined, often overlapping with self-control capacity. This study attempts to disentangle these constructs and their associations with alcohol use and BPD. Undergraduates (n = 192) completed the Five Factor Model Rating Form, which generated two-dimensional scales of BPD, the Self-Control Scale, the UPPS-P (self-reported impulsivity), and the stop-signal and delay discounting tasks (laboratory-measured impulsivity). Self-control appeared as a major predictor of BPD features and drinking, explaining as much or more variance in outcome than impulsivity. Co-occurrence of elevated BPD features and problem drinking was also best explained by self-control. Laboratory measures of impulsivity were not correlated with BPD scales or alcohol use. Self-regulatory capacity may be an important but overlooked factor in BPD and alcohol use and should be considered alongside impulsivity in future research. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:**
Changes in neurocognitive functioning after 6 months of mentalization-based treatment for borderline personality disorder.

**Authors:**
Thomsen, Marianne S.; Ruocco, Anthony C.; Uliaszek, Amanda A.; Mathiesen, Birgit B.; Simonsen, Erik;

**Source:**

**Abstract:**
Patients with borderline personality disorder (BPD) have deficits in neurocognitive function that could affect their ability to engage in psychotherapy and may be ameliorated by improvements in symptom severity. In the current study, 18 patients with BPD completed neurocognitive tests prior to beginning mentalization-based therapy and again after 6 months of treatment. Twenty-eight nonpsychiatric controls were tested over the same period of time but received no intervention. Before starting treatment, patients performed lower than controls on tests assessing sustained attention and visuospatial working memory. After 6 months of treatment, patients showed significantly greater increases in sustained attention and perceptual reasoning than controls, with initial deficits in sustained attention among patients resolving after treatment. Improved emotion regulation over the follow-up period was associated with increased auditory-verbal working memory capacity, whereas interpersonal functioning improved in parallel with perceptual reasoning. These findings suggest that changes in neurocognitive functioning may track improvements in clinical symptoms in mentalization-based treatment for BPD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:**
Experts' views regarding the conceptualization of narcissism.

**Authors:**
Ackerman, Robert A.; Hands, Aaron J.; Donnellan, M. Brent; Hopwood, Christopher J.; Witt, Edward A.;

**Source:**

**Abstract:**
There is debate over the definition of narcissism across social/personality and clinical psychology. The current article aims to quantify the level of disagreement by measuring experts' opinions concerning the attributes most central to narcissism. Accordingly, we developed a comprehensive list of attributes associated with narcissism and had 49 self-identified experts (among them 17 women, 23 psychologists from clinical psychology and 22 from social/personality psychology) rate these characteristics and provide their opinions on several issues related to the conceptualization of narcissism. Experts generally believe that the grandiose features of narcissism are more central than the vulnerable features. However, differences between clinical and social/personality psychologists were evident, especially regarding the
The relevance of self-esteem. Given the results, we suggest that researchers specify the kind of narcissism being assessed in a given study and consider using assessments of the full range of narcissistic features in future research to provide a more comprehensive perspective on the construct. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
A meta-analysis on the association between emotional awareness and borderline personality pathology.

Authors:
Derks, Youri P. M. J.; Westerhof, Gerben J.; Bohlmeijer, Ernst T.;

Source:

Abstract:
Theories on borderline personality pathology (BPP) suggest that characteristic emotional dysregulation is due to low levels of emotional awareness or alexithymia. This study is the first meta-analysis to systematically review and analyze the evidence. A systematic search of the literature was performed using PsycInfo, Web of Science/MEDLINE, and Scopus. The term 'borderline personality disorder' was searched for in conjunction with 'emotional awareness,' 'emotional self-awareness,' 'emotion recognition,' 'alexithymia,' 'emotional processing,' 'emotional granularity,' 'emotional intelligence,' or 'emotion regulation.' All references in the included studies were reviewed for additional relevant articles. Thirty-nine studies were then evaluated in a random effects meta-analysis to assess the association between BPP and emotional awareness. An overall moderate positive association between BPP and emotional awareness was significant (r = 0.359; 95% CI [0.283, 0.431]; Z = 8.678; p < 0.001) along with high heterogeneity (Q(38) = 456.7; p < .001; I² = 91.7%). Studies comparing borderline personality disorder to healthy controls yielded a strong association (r = 0.518; 95% CI [0.411, 0.611]). No significant difference was found between studies using instruments for emotional awareness and those using alexithymia instruments. The strongest associations with regard to aspects of alexithymia were found for difficulties in identifying and describing emotions rather than externally oriented thinking. The results corroborate a moderate relationship between low emotional awareness and BPP. However, the mono-method self-report used in almost all studies is found problematic and precludes drawing definite conclusions. Since leading psychotherapeutic treatments strongly focus on increasing emotional awareness, future research should address this issue and further examine to what extent low levels of emotional awareness, particularly alexithymia, can be treated. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
The SAPAS, personality traits, and personality disorder.

Authors:
Ball, Laura; Tully, Ruth J.; Egan, Vincent;

Source:

Abstract:
Many argue that current categorical personality disorder (PD) classification systems should be more dimensional and consider personality traits. The present study examined whether a brief PD screening tool, the Standardized Assessment of Personality: Abbreviated Scale (SAPAS) primarily screened for traits of low emotional stability, low extraversion, and low agreeableness, rather than PD per se. A general community sample (n = 237) completed the SAPAS, a personality trait measure, and the International Personality Disorder Examination (IPDE) screening questionnaire. Regressions showed that the SAPAS provided substantial incremental validity over personality trait scores in predicting total IPDE scores, indicating that the SAPAS captures variance unique to PD, rather than just extremes of general disposition. The SAPAS is an empirically valid rapid PD screen for nonclinical populations, correctly identifying 78% of individuals who screen positively for PD on the IPDE. However, the SAPAS was not effective for screening antisocial PD, limiting its utility in forensic settings. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Emotion socialization strategies of mothers with borderline personality disorder symptoms: The role of maternal emotion regulation and interactions with infant temperament.

Authors: Kiel, Elizabeth J.; Viana, Andres G.; Tull, Matthew T.; Gratz, Kim L.

Source: Journal of Personality Disorders, Vol 31(3), Jun, 2017 pp. 399-416. Publisher: Guilford Publications;

Abstract: Although the interpersonal difficulties associated with borderline personality disorder (BPD) are well established, their manifestations within the context of parent-child relationships remain understudied. The current study investigated the relation of maternal BPD symptoms to nonsupportive emotion socialization (i.e., the extent to which mothers punish or minimize their young children’s displays of negative emotions), as well as the mediating role of maternal emotion regulation difficulties in this relation. The authors also investigated the moderating role of maternal BPD symptoms in the relation between infant temperamental anger and fear and punitive/minimizing emotion socialization. Using a sample of 99 mother-infant dyads, the authors found that maternal BPD symptoms were significantly related to punitive/minimizing emotion socialization and that maternal emotion regulation difficulties mediated this relation. Moreover, maternal BPD symptoms strengthened the association between mother-reported infant anger and punitive/minimizing emotion socialization. These results extend the growing literature on the impact of maternal BPD on child development. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Negative affectivity and effortful control in mothers with borderline personality disorder and in their young children.

Authors: Mena, Christina G.; Macfie, Jenny; Strimpfel, Jennifer M.


Abstract: Research has examined temperament in individuals with borderline personality disorder (BPD) but not in their offspring, despite offspring’s risk of developing BPD and the importance of temperament in the etiology of BPD. We recruited a low-socioeconomic sample of 36 mothers with BPD and their children ages 4 through 7, and 34 normative comparisons. Replicating prior studies, mothers with BPD reported themselves as having more negative affectivity (frustration, fear) and less effortful control (inhibitory control, attentional control, activation control) than did comparisons. Mothers with BPD also reported that their offspring had more negative affectivity (anger/frustration, fear) and less effortful control (inhibitory control, attentional focusing) than did comparisons. We were concerned about potential bias and shared method variance. We therefore provided validity support for mothers’ ratings of their children with teacher ratings of child behavior and child self-report via their story-stem completion narratives. We discuss children’s temperamental vulnerability versus differential susceptibility to the environment. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Bullying involvement in relation to personality disorders: A prospective follow-up of 508 inpatient adolescents.

Authors: Antila, Henna; Arola, Riikka; Hakko, Helinä; Riala, Kaisa; Riipinen, Pirkko; Kantojärvi, Liisa;


Abstract: We examined the association of bullying behavior in adolescence to personality disorder (PD) diagnosed in early adulthood. The study sample consisted of 508 adolescents (300 girls, 208 boys) who were admitted to psychiatric inpatient treatment between April 2001 and March 2006. Data were based on semi-structured K-SADSPL-interviews and hospital treatments extracted from the Care Register for Health
Care (CRHC). At the end of 2013, details of psychiatric diagnoses recorded on hospital discharges and outpatient visits were extracted from the CRHC. This study showed that female victims of bullying have an almost fourfold likelihood of developing a PD later in life compared to adolescents with no involvement in bullying behavior. Most of the females had Borderline PD. Female adolescents diagnosed with an anxiety disorder during adolescence had an over threefold risk of developing a PD during late adolescence or early adulthood. Conversely, we found no associations between bullying involvement among men in adolescence and subsequent PDs. Bullying victimization may influence the development of PDs among females. Adolescent services should pay particular attention to female victims of bullying and those displaying symptoms of anxiety disorders. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Antisocial personality disorder in older adults: A critical review.
Authors: Holzer, Katherine J.; Vaughn, Michael G.
Abstract: Antisocial personality disorder (ASPD) has enormous negative impacts on the affected individuals, their loved ones, and society. This burden is intensified by the social and functional changes related to age. The lower prevalence of ASPD in older adults compared to younger adults is well-documented. This discrepancy, often attributed solely to antisocial 'burnout,' contributes to the lack of attention given to this disorder in older adults and may signify difficulty measuring ASPD in this population. These measurement issues likely stem from problems with the validity of the diagnostic criteria for older adults which may not effectively capture changes that occur with age. This review focuses on the current literature surrounding the validity of ASPD criteria with older adults and relevant concepts, including the connection between criminality and ASPD. Issues with screening tools and the measurement of ASPD caused by problems with the criteria are also discussed. Finally, recommendations for improvement, including use of dimensional models of personality disorders, a potential geriatric subclassification of criteria, and modification of the existing criteria are presented with clinical implications and suggestions for future research. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: The effect of pathological narcissism on interpersonal and affective processes in social interactions.
Authors: Wright, Aidan G. C.; Stepp, Stephanie D.; Scott, Lori N.; Hallquist, Michael N.; Beeney, Joseph E.; Lazarus, Sophie A.; Pilkonis, Paul A.
Abstract: Narcissism has significant interpersonal costs, yet little research has examined behavioral and affective patterns characteristic of narcissism in naturalistic settings. Here we studied the effect of narcissistic features on the dynamic processes of interpersonal behavior and affect in daily life. We used interpersonal theory to generate transactional models of social interaction (i.e., linkages among perceptions of others' behavior, affect, and one's own behavior) predicted to be characteristic of narcissism. Psychiatric outpatients (N = 102) completed clinical interviews and a 21-day ecological momentary assessment protocol using smartphones. After social interactions (N = 5,781), participants reported on perceptions of their interaction partner's behavior (scored along the dimensions of dominant–submissive and affiliative–quarrelsome), their own affect, and their own behavior. Multilevel structural equation modeling was used to examine dynamic links among behavior and affect across interactions, and the role of narcissism in moderating these links. Results showed that perceptions of others' dominance did not predict dominant behavior, but did predict quarrelsome behavior, and this link was potentiated by narcissism. Furthermore, the link between others' dominance and one's own quarrelsome behavior was mediated by negative
affect. Moderated mediation was also found: Narcissism amplified the link between ratings of others' dominance and one's own quarrelsomeness and negative affect. Narcissism did not moderate the link between other dominance and own dominance, nor the link between other affiliation and own affiliation. These results suggest that narcissism is associated with specific interpersonal and affective processes, such that sensitivity to others' dominance triggers antagonistic behavior in daily life. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: The nature and correlates of the dark triad: The answers depend on the questions.
Authors: Watts, Ashley L.; Waldman, Irwin D.; Smith, Sarah Francis; Poore, Holly E.; Lilienfeld, Scott O.;
Abstract: The past several decades have witnessed a proliferation of research on the dark triad (DT), a set of traits comprising Machiavellianism, narcissism, and psychopathy. The bulk of DT research has been marked by several core assumptions, most notably that each DT construct is a monolithic entity that is clearly separable from its counterpart DT constructs. To examine the tenability of these assumptions, we pooled data from 2 samples of North American community members (ns = 312 and 351) to explore (a) the external validity and profile similarities of DT indicators and (b) the factor structure of the DT. Using general personality dimensions as external criteria, we demonstrated that each DT measure is multidimensional and that subdimensions within DT measures often display sharply different and at times even opposing relations with personality domains; these opposing relations were largely obscured at the total score level adopted in most of the DT literature. In both samples, confirmatory factor analyses and exploratory structural equation models provided no clear support for the traditional tripartite DT structure delineated in the literature. Instead, various aspects of the DT constructs fractionated across a number of factors that represented more basic personality elements (e.g., emotional stability, grandiosity). Taken together, our findings raise serious questions regarding the correlates of DT constructs hinge crucially on the specific DT measure and subdimension examined. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: The perceived problems of people with subclinical personality disorders: A mental health literacy study.
Authors: Furnham, Adrian; Petropoulou, Kelly;
Abstract: This study looked at lay theories of how people with personality disorders (PDs) are perceived to cope with their interpersonal relationships. In all, 213 participants read 14 vignettes derived from Oldham's and Morris's (2000) book describing DSM III personality disorders for a popular audience. Participants were invited to do six ratings, including how happy each person in each vignette appeared to be and how successful at establishing long-term relationships. Effect sizes for each question across the 14 vignettes were small to medium. The six ratings factored into a single social adjustment scale, and there were many differences across the PDs on this measure. Those with dependent PD were judged as most successful in their social relationships while those who were schizoid PD were judged as least successful. A similar analysis using the three higher order clusters showed significant differences: Cluster C disorder people were judged as better adjusted than Cluster A people. Limitations of the methodology and implications are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Elevated rate of alcohol consumption in borderline personality disorder patients in daily life.

Authors:
Carpenter, Ryan W.; Trela, Constantine J.; Lane, Sean P.; Wood, Phillip K.; Piasecki, Thomas M.; Trull, Timothy J.;

Source:
Psychopharmacology, Vol 234(22), Nov, 2017 pp. 3395-3406. Publisher: Springer; [Journal Article]

Abstract:
Rationale: Borderline personality disorder (BPD) is highly associated with alcohol use disorder, but little is known about how BPD individuals consume alcohol or the immediate effects of their consumption. There is therefore a need for research investigating drinking behavior in BPD. Objectives: The current study examined rate of alcohol consumption in BPD (N = 54) and community individuals (COM; N = 59) within ecologically valid drinking episodes. We hypothesized that rate of consumption would be elevated in BPD individuals. We further hypothesized that rate of consumption would be positively associated with subjective stimulation, but not sedation, and that stimulation would be associated with increased positive affect (PA) and reduced negative affect (NA). Methods: Ambulatory assessment was used to assess rate of consumption, subjective alcohol response, and affect in the moment (Nobservations = 3444). Rate of consumption was defined as change in estimated blood alcohol concentration (eBAC) relative to drinking episode start. Multilevel modeling was used to test hypotheses. Results: As hypothesized, BPD individuals demonstrated a faster increase in eBAC than COM individuals. Rate of consumption was associated with subjective stimulation, but not sedation, in both groups. Stimulation was associated with increased PA in both groups and reduced NA in the BPD group. Conclusions: BPD individuals consumed alcohol more rapidly than COM individuals. Faster consumption may serve as a means for BPD individuals to maximize the rewarding pharmacological effects of alcohol and to increase positive and reduce negative affect. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
The mediating effects of childhood neglect on the association between schizotypal and autistic personality traits and depression in a non-clinical sample.

Authors:
Liu, Jianbo; Gong, Jingbo; Nie, Guanghui; He, Yuqiong; Xiao, Bo; Shen, Yanmei; Luo, Xuerong;

Source:

Abstract:
Background: Autistic personality traits (APT) and schizotypal personality traits (SPT) are associated with depression. However, mediating factors within these relationships have not yet been explored. Thus, the focus of the current study was to examine the effects of childhood neglect on the relationship between APT/SPT and depression. Methods: This cross-sectional study was conducted on first-year students (N = 2469) at Hunan University of Chinese Medicine and Hengyang Normal College (Changsha, China). Participants completed surveys on APT, SPT, childhood neglect, abuse and depression. Results: Through correlational analyses, APT and SPT traits were positively correlated with childhood neglect and depression (p < 0.05). In a hierarchical regression analysis, among types of childhood maltreatment, emotional neglect (β = 0.112, p < 0.001) and physical neglect (β = 0.105, p < 0.001) were the strongest predictors of depression. Childhood neglect did not account for the relationships between APT/SPT and depression. Further analysis found that childhood neglect mediated the relationship between SPT and depression but not APT and depression. Conclusions: Among types of childhood maltreatment, neglect was the strongest predicting factor for depression. Neglect did not account for the relationship between APT/SPT and depression but was a strong mediating factor between SPT and depression. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
An examination of dependent personality disorder in the alternative DSM-5 model for personality disorders.

Authors:
McClintock, Andrew S.; McCarrick, Shannon M.;
Abstract:
Although the diagnosis of dependent personality disorder (DPD) has demonstrated construct validity and clinical utility, little is known about how best to model DPD in the DSM-5’s new, alternative model for diagnosing personality disorders. The current research aimed to represent DPD using the 25 pathological personality traits of the alternative model. Self-report measures of the 25 pathological personality traits, DPD, avoidant personality disorder, borderline personality disorder, and maladaptive interpersonal dependency were administered to an undergraduate sample (N = 194). Results indicated that—as consistent with extant theory—anxiousness, submissiveness, and separation insecurity were the three traits most strongly related to DPD symptoms. As a group, anxiousness, submissiveness, and separation insecurity were more strongly related to DPD symptoms (r = 0.55) than were the remaining 22 personality traits (r = 0.34). This group of three traits was strongly associated, however, with avoidant personality disorder symptoms (r = 0.55), suggesting that additional scrutiny of DPD and avoidant personality disorder in the alternative model may be needed. Limitations and directions for future research are presented. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Screening for attention-deficit/hyperactivity disorder in borderline personality disorder.

Authors:
Weibel, Sébastien; Nicastro, Rosetta; Prada, Paco; Cole, Pierre; Rüfenacht, Eva; Pham, Eléonore; Dayer, Alexandre; Perroud, Nader;

Source:

Abstract:
Background: A valid screening instrument is needed to detect attention-deficit/hyperactivity disorder (ADHD) in treatment-seeking borderline personality disorder (BPD) patients. We aimed to test the performance of the widely-used Adult ADHD Self-Report Scale v1.1 screener (ASRS-v1.1). Methods: 317 BPD subjects were systematically assessed for comorbid ADHD and completed the ASRS-v1.1. 79 BPD patients also completed the Wender Utah Rating Scale (WURS-25). Results: The prevalence of adult ADHD was of 32.4%. The overall positive predictive value of the ASRS-v1.1 was of 38.5%, the negative predictive value 77.0%, the sensitivity 72.8%, and the specificity 43.9%. Combining WURS-25 and ASRS-v1.1 improved sensitivity to 81.8% and specificity to 59.6%. Limitations: Cross-sectional study on treatment-seeking patients. Conclusions: We found a high prevalence of ADHD using structured interviews. The ASRS-v1.1 was not a sensitive screener for identifying possible ADHD cases in a BPD population, with a high number of false positives. When combined with the WURS-25, it offered improved screening. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Differential symptomatology and functioning in borderline personality disorder across age groups.

Authors:
Frías, Álvaro; Palma, Carol; Solves, Laia; Martínez, Bárbara; Salvador, Ana;

Source:

Abstract:
There is increasing research aimed at addressing whether patients with borderline personality disorder (BPD) may exhibit variations in symptomatology and functioning according to their chronological age. The current study consisted of 169 outpatients diagnosed with BPD, who were divided into four age groups as follows: 16–25 years (n = 41), 26–35 years (n = 43), 36–45 years (n = 45), and 46 and more years (n = 40). Age groups were compared for symptomatology, normal personality traits, psychiatric comorbidities, functioning, and treatment-related features. The younger group had significantly higher levels of physical/verbal aggression and suicide attempts relative to the older group. Conversely, the older group had significantly greater severity of somatization, depression, and anxiety symptoms. In addition, the older
group showed significantly greater functional impairment overall and across physical/psychological domains, specifically when compared to the younger group. Overall, these findings may suggest that age-related symptoms should be considered when diagnosing BPD. Also, functional impairments should be the target interventions for older BPD patients. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Mentalizing and interpersonal problems in borderline personality disorder: The mediating role of identity diffusion.
Authors: De Meulemeester, Celine; Lowyck, Benedicte; Vermote, Rudi; Verhaest, Yannic; Luyten, Patrick;
Abstract: Individuals with borderline personality disorder (BPD) are characterized by problems in interpersonal functioning and their long-term social integration often remains problematic. Extant theories have linked identity diffusion to many of the interpersonal problems characteristic of BPD patients. Recent theoretical accounts have suggested that identity diffusion results from problems with mentalizing or reflective functioning, that is, the capacity to understand oneself and others in terms of intentional mental states. In this study we tested these assumptions, i.e., whether identity diffusion plays a mediating role in the relationship between mentalizing difficulties and interpersonal problems, in a sample of 167 BPD patients. Highly significant correlations were found between mentalizing impairments, identity diffusion and interpersonal problems. Mediation analyses showed that identity diffusion fully mediated the relationship between mentalizing difficulties and interpersonal problems. This study provides preliminary evidence that impairments in mentalizing are related to identity diffusion, which in turn is related to interpersonal problems in BPD. Further longitudinal research is needed to further substantiate these conclusions. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: The Schizotypal Personality Questionnaire-Brief lacks measurement invariance across three countries.
Authors: Liu, Shujuan; Mellor, David; Ling, Mathew; Saiz, José L.; Vinet, Eugenia V.; Xu, Xiaoyan; Renati, Solomon; Byrne, Linda K.;
Abstract: The Schizotypal Personality Questionnaire-Brief (SPQ-B) is a commonly-used tool for measuring schizotypal personality traits and due to its wide application, its cross-cultural validity is of interest. Previous studies suggest that the SPQ-B either has a three- or four-factor structure, but the majority of studies have been conducted in Western contexts and little is known about the psychometric properties of the scale in other populations. In this study factorial invariance testing across three cultural contexts—Australia, China and Chile was conducted. In total, 729 young adults (Mean age = 23.99 years, SD = 9.87 years) participated. Invariance testing did not support the four-factor model across three countries. Confirmatory Factor Analyses revealed that neither the four- nor three-factor model had strong fit in any of the settings. However, in comparison with other competing models, the four-factor model showed the best for the Australian sample, while the three-factor model was the most reasonable for both Chinese and Chilean samples. The reliability of the SPQ-B scores, estimated with Omega, ranged from 0.86 to 0.91. These findings suggest that the SPQ-B factors are not consistent across different cultural groups. We suggest that these differences could be attributed to potential confounding cultural and translation issues. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

**Title:**
Childhood trauma is not a confounder of the overlap between autistic and schizotypal traits: A study in a non-clinical adult sample.

**Authors:**
Gong, Jing-bo; Wang, Ya; Lui, Simon S. Y.; Cheung, Eric F. C.; Chan, Raymond C. K.

**Source:**

**Abstract:**
Childhood trauma has been shown to be a robust risk factor for mental disorders, and may exacerbate schizotypal traits or contribute to autistic trait severity. However, little is known whether childhood trauma confounds the overlap between schizotypal traits and autistic traits. This study examined whether childhood trauma acts as a confounding variable in the overlap between autistic and schizotypal traits in a large non-clinical adult sample. A total of 2469 participants completed the Autism Spectrum Quotient (AQ), the Schizotypal Personality Questionnaire (SPQ), and the Childhood Trauma Questionnaire-Short Form. Correlation analysis showed that the majority of associations between AQ variables and SPQ variables were significant (p < 0.05). In the multiple regression models predicting scores on the AQ total, scores on the three SPQ subscales were significant predictors (Ps < 0.05). Scores on the Positive schizotypy and Negative schizotypy subscales were significant predictors in the multiple regression model predicting scores on the AQ Social Skill, AQ Attention Switching, AQ Attention to Detail, AQ Communication, and AQ Imagination subscales. The association between autistic and schizotypal traits could not be explained by shared variance in terms of exposure to childhood trauma. The findings point to important overlaps in the conceptualization of ASD and SSD, independent of childhood trauma. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


---

**Title:**
Affective and cognitive theory of mind in borderline personality disorder: The role of comorbid depression.

**Authors:**
Zabihzadeh, Abbas; Maleki, Gheysar; Richman, Mara J.; Hatami, AmirJalal; Alimardani, Zahedeh; Heidari, Mostafa;

**Source:**
Psychiatry Research, Vol 257, Nov, 2017 pp. 144-149. Publisher: Elsevier Science; [Journal Article]

**Abstract:**
Disturbed interpersonal relationships and misreading of others’ intentions are core symptoms of borderline personality disorder (BPD). Despite these impairments, some studies have found an enhanced theory of mind (ToM) in BPD patients. Taking this into consideration, the current study attempts to further understand these discrepancies by separating ToM into two domains: affective and cognitive. Moreover, the study considered the role of comorbid symptoms of depression in these patients. Subjects were 21 patients with BPD, 23 patients with BPD and comorbid major depressive disorder (MDD), and 25 healthy controls (HC). ToM was measured with the Reading the Mind in the Eyes Test (RMET) and the Faux Pas Task, which assessed the affective and cognitive aspects of ToM, respectively. In addition, all participants were evaluated with the Beck Depression Inventory (BDI). Results showed that in both BPD groups (i.e., BPD without MDD and BPD with MDD) affective ToM scores were higher than in the HC group; however, in the cognitive ToM, the HC group performed better than the both BPD groups. Also, overall the BPD group with MDD had decreased ToM skills. Finally, BPD groups received greater scores on the BDI as compared to the HC group. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


---

**Title:**
Borderline personality disorder in men: A literature review and illustrative case vignettes.

**Authors:**
Bayes, Adam; Parker, Gordon;

**Source:**

**Abstract:**
The aim is to review the salient literature on borderline personality disorder (BPD) in men and link those findings with case vignettes. We provide a literature review and then report case examples of those who met DSM and clinical BPD criteria, and consider the extent to which the small male sub-set corresponded developmentally and phenomenologically with prototypic BPD in women. The review considered phenomenological, epidemiological, biological and developmental BPD factors, finding BPD men evidence elevated substance abuse, and ‘externalising’ patterns of behavior, antisocial personality traits, violent self-harm and interpersonal aggression, whereas women display more ‘internalising’ strategies. The five male vignettes enriched the literature review providing support for gender differences reported in our review. The literature and case vignette findings should assist clinicians in recognising that BPD in men may not be as rare as generally viewed, and which may reflect BPD being commonly viewed as weighted to women and being misdiagnosed as an antisocial personality disorder (ASPD) in men. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Personality disorders and somatization in functional and organic movement disorders.
Authors:
Defazio, Giovanni; Pastore, Adriana; Pellicciari, Roberta; Piirri, Grazia; Gigante, Angelo F.; Fabio, Giada; Superbo, Maria; Margari, Francesco;
Source:
Abstract:
Psychiatric disturbances and somatisations are both criteria which support the diagnosis of functional movement disorders. It is unclear, however, whether these factors are helpful in differentiating functional and organic movement disorders. To address this issue, the Structured Clinical Interview for DSM-IV Axis I and II psychiatric disorders, the State-Trait Anxiety Inventory, the Beck Depression Inventory and the 'somatization section' of the Dissociative Disorders Disorders Interview Schedule were administered to 31 functional movement disorder patients diagnosed, according to Fahn and Williams criteria and 31 sex- and age-matched control outpatients, with adult-onset dystonia. Axis I psychiatric diagnoses were similarly frequent in patients with functional and organic movement disorders. There was a trend to a greater frequency of personality disorders overall; when looking at individual personality disorders, there was no significant between-group difference. Depression and anxiety scores and mean number of somatizations per patient were also greater in the functional group. The number of somatic complaints significantly correlated with depression and anxiety scores. However, the presence of these disturbances in a proportion of patients with organic dystonia indicates that personality disorders and somatisations do not aid in distinguishing functional and organic movement disorders. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Contrasting metacognitive, social cognitive and alexithymia profiles in adults with borderline personality disorder, schizophrenia and substance use disorder.
Authors:
Lysaker, Paul H.; George, Sunita; Chaudoin–Patzoldt, Kelly A.; Pec, Ondrej; Bob, Petr; Leonhardt, Bethany L.; Vohs, Jenifer L.; James, Alison V.; Wickett, Amanda; Buck, Kelly D.; Dimaggio, Giancarlo;
Source:
Abstract:
Deficits in the ability to recognize and think about mental states are broadly understood to be a root cause of dysfunction in Borderline Personality Disorder (PD). This study compared the magnitude of those deficits relative to other forms of serious mental illness or psychiatric conditions. Assessments were performed using the metacognition assessment scale-abbreviated (MAS-A), emotion recognition using the Bell Lysaker Emotion Recognition Test and alexithymia using the Toronto Alexithymia Scale among adults with schizophrenia (n = 65), Borderline PD (n = 34) and Substance Use disorder without psychosis or significant Borderline traits (n = 32). ANCOVA controlling for age revealed the Borderline PD group had significantly greater levels of metacognitive capacity on the MAS-A than the schizophrenia group and significantly lower levels of metacognitive capacity than the Substance Use group. Multiple comparisons
revealed the Borderline PD group had significantly higher self-reflectivity and awareness of the other's mind than the schizophrenia group but lesser mastery and decentration on the MAS-A than substance use group, after controlling for self-report of psychopathology and overall number of PD traits. The Borderline PD and Schizophrenia group had significantly higher levels of alexithymia than the substance use group. No differences were found for emotion recognition. Results suggest metacognitive functioning is differentially affected in different mental disorders. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: The relations between inadequate parent-child boundaries and borderline personality disorder in adolescence.

Authors: Vanwoerden, Salome; Kalpakci, Allison; Sharp, Carla;


Abstract: Borderline Personality Disorder (BPD) is a severe mental illness that onsets in adolescence. Research has demonstrated the central role of parent-child relationships for the development and maintenance of BPD although more research is necessary to clarify the specific dynamics that relate to BPD during adolescence. Based on preliminary research establishing the importance of parent-child boundaries for adolescent BPD, this study sought to evaluate the relations between different forms of inadequate boundaries and BPD in adolescence using a multi-method approach. To that end, 301 adolescents (65.1% female; ages 12–17) inpatients were recruited; parents and adolescents completed questionnaire-and interview-based measures of BPD features in adolescent children and a questionnaire-based measure of parent-child boundaries. Relations were found between parental guilt induction and psychological control with children's BPD features above and beyond relations with psychiatric severity and gender. Relations between parent reports of triangulation (when children are recruited to mediate parental marital conflict) and children's BPD were contingent on the level of children's perceptions of triangulation. Findings confirm previous research suggesting the relevance of inadequate parent-child boundaries to children's BPD features and have important implications for understanding the dynamics in families with adolescents with BPD, representing a relevant treatment target. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Predictors of early dropout in treatment for gambling disorder: The role of personality disorders and clinical syndromes.

Authors: Maniaci, G.; La Cascia, C.; Picone, F.; Lipari, A.; Cannizzaro, C.; La Barbera, D.;


Abstract: Several treatment options for gambling disorder (GD) have been tested in recent years; however dropout levels still remain high. This study aims to evaluate whether the presence of psychiatric comorbidities predicts treatment outcome according to Millon's evolutionary theory, following a six-month therapy for GD. The role of severity, duration of the disorder, typology of gambling (mainly online or offline) and pharmacological treatment were also analysed. The recruitment included 194 pathological gamblers (PGs) to be compared with 78 healthy controls (HCs). Psychological assessment included the South Oaks Gambling Screen and the Millon Clinical Multiaxial Inventory-III. The 'treatment failure' group (n = 70) comprised PGs who prematurely dropped out of the treatment whereas the 'abstinent group' (n = 124) included PGs who completed the treatment regardless of whether the outcome was successful or not. As expected, the presence of psychiatric comorbidities was highlighted as a significant predictor in dropping out of the therapy. Specifically, a negative personality disorder, antisocial personality disorder, drug dependence and PTSD were associated with early dropout. These variables were predictive of treatment outcome independently from the typology of gambling, severity, duration of the disorder and
pharmacological treatment. Implications for psychological and psychiatric care are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Personality disorder is an excess risk factor for physical multimorbidity among women with mental state disorders.
Authors:
Quirk, Shae E.; Stuart, Amanda L.; Berk, Michael; Pasco, Julie A.; Brennan Olsen, Sharon L.; Koivumaa-Honkanen, Hel; Honkanen, Risto; Lukkala, Pyry S.; Chanen, Andrew M.; Kotowicz, Mark; Williams, Lana J.;
Source:
Abstract:
We examined whether mental state disorders (lifetime mood, anxiety, eating, substance misuse) with comorbid personality disorder are associated with physical multimorbidity in a population-based sample of women. Mental state and personality disorders were assessed using semi-structured diagnostic interviews. Clinical measures were performed and medical conditions, medication use and lifestyle factors were documented by questionnaire. Mental state disorders were associated with higher odds of physical multimorbidity; risk was especially high for those with comorbid personality disorder. These findings suggest that mental state and physical comorbidity might be worsened by the additional comorbidity of personality disorder. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
The temporal interplay of self-esteem instability and affective instability in borderline personality disorder patients' everyday lives.
Authors:
Santangelo, Philip S.; Reinhard, Iris; Koudela-Hamila, Susanne; Bohus, Martin; Holtmann, Jana; Eid, Michael; Ebner-Priemer, Ulrich W.;
Source:
Abstract:
Borderline personality disorder (BPD) is defined by a pervasive pattern of instability. Although there is ample empirical evidence that unstable self-esteem is associated with a myriad of BPD-like symptoms, self-esteem instability and its temporal dynamics have received little empirical attention in patients with BPD. Even worse, the temporal interplay of affective instability and self-esteem instability has been neglected completely, although it has been hypothesized recently that the lack of specificity of affective instability in association with BPD might be explained by the highly intertwined temporal relationship between affective and self-esteem instability. To investigate self-esteem instability, its temporal interplay with affective instability, and its association with psychopathology, 60 patients with BPD and 60 healthy controls (HCs) completed electronic diaries for 4 consecutive days during their everyday lives. Participants reported their current self-esteem, valence, and tense arousal levels 12 times a day in approximately one-hr intervals. We used multiple state-of-the-art statistical techniques and graphical approaches to reveal patterns of instability, clarify group differences, and examine the temporal interplay of self-esteem instability and affective instability. As hypothesized, instability in both self-esteem and affect was clearly elevated in the patients with BPD. In addition, self-esteem instability and affective instability were highly correlated. Both types of instability were related to general psychopathology. Because self-esteem instability could not fully explain affective instability and vice versa and neither affective instability nor self-esteem instability was able to explain psychopathology completely, our findings suggest that these types of instability represent unique facets of BPD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Faces and facets: The variability of emotion recognition in psychopathy reflects its affective and antisocial features.

Authors: Igoumenou, Artemis; Harmer, Catherine J.; Yang, Min; Coid, Jeremy W.; Rogers, Robert D.


Abstract: Psychopathy consists of a constellation of affective-interpersonal features including lack of empathy, callousness, manipulativeness and interpersonal charm, impulsiveness and irresponsibility. Despite its theoretical and predictive value in forensic contexts, the relationships between the psychometric dimensions of psychopathy, including its antisocial features, and the construct’s neuropsychological characteristics remain uncertain. In this study, 685 personality-disordered prisoners with histories of serious violent or sexual offenses were assessed for psychopathy before completing a computerized and well-validated assessment of the ability to recognize emotional expressions in the face. Prisoners with more of the affective features of psychopathy, and prisoners with more of its antisocial manifestations, showed relatively poor recognition accuracy of fearfulness and disgust. These relationships were independent and modest but were still evident following correction for demographic features (e.g., ethnicity and socioeconomic status), mental illness (e.g., substance and alcohol misuse), personality disorders (other than antisocial personality disorder) and treatment status. By contrast, the associations between these dimensions of psychopathy and emotion recognition were diminished by controlling for cognitive ability. These findings demonstrate that variability in the ability of high-risk personality-disordered prisoners to recognize emotional expressions in the face—in particular, fear and disgust—reflects both the affective and antisocial aspects of psychopathy, and is moderated by cognitive ability. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-51268-005&site=ehost-live

Title: Profiling pathological narcissism according to DSM–5 domains and traits: A study on consecutively admitted Italian psychotherapy patients.

Authors: Fossati, Andrea; Somma, Antonella; Borroni, Serena; Pincus, Aaron L.; Markon, Kristian E.; Krueger, Robert F.

Source: Psychological Assessment, Vol 29(11), Nov, 2017 pp. 1400-1411. Publisher: American Psychological Association; [Journal Article]

Abstract: [Correction Notice: An Erratum for this article was reported in Vol 29(11) of Psychological Assessment (see record 2016-56886-001). In the article, several values were reversed and the mean was misreported in Table 2. The corrected table is present in the erratum.] Pathological narcissism represents a clinically relevant, albeit controversial personality construct, with multiple conceptualizations that are operationalized by different measures. Even in the recently published Diagnostic and Statistical Manual for Mental Disorders-Fifth Edition (DSM–5), 2 different views of narcissistic personality disorder (NPD) are formulated (i.e., Section II and Section III). The DSM–5 Section III alternative PD model diagnosis of NPD is based on self and interpersonal dysfunction (Criterion A) and a profile of maladaptive personality traits (Criterion B), specifically elevated scores on Attention Seeking and Grandiosity. Given the diversity of conceptualizations of pathological narcissism, we evaluated the convergences and divergences in DSM–5 trait profiles characterizing multiple measures of narcissism in a clinical sample of 278 consecutively admitted Italian psychotherapy patients. Patients were administered the Italian versions of the Personality Inventory for DSM–5 (PID-5) and 4 measures of NPD, (a) the Narcissistic Personality Inventory (NPI); (b) the NPD scale of the Personality Diagnostic Questionnaire-4+; (c) the Structured Clinical Interview for Axis II Personality Disorders, Version 2.0 (SCID-II) as an observer-rated measure of NPD; and (d) the Pathological Narcissism Inventory (PNI). Multiple regression analyses showed that PID-5 traits explained from 13% to more than 60% of the variance in the different NPD measures. Attention Seeking was consistently associated with all measures of NPD, whereas Grandiosity was associated with some of the
NPD measures. All measures of NPD were also significantly related to additional DSM–5 maladaptive traits. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:

Authors:
Rao, Sathya; Broadbear, Jillian H.; Thompson, Katherine; Correia, Anna; Preston, Martin; Katz, Paul; Trett, Robert;

Source:

Abstract:
Objectives: Borderline personality disorder (BPD) is associated with frequent self-harm and suicidal behaviours. This study compared physician-assessed self-harm risk and intervention choice according to a (i) standard risk assessment and (ii) BPD-specific risk assessment methods. Methods: Forty-five junior and senior mental health physicians were assigned to standard or BPD-specific risk training groups. The assessment utilized a BPD case vignette containing four scenarios describing high/low lethality self-harm and chronic/new patterns of self-harm behaviour. Participants chose from among four interventions, each corresponding to a risk category. Results: Standard and BPD-specific groups were alike in their assessment of self-harm risk. Divergence occurred on intervention choice for assessments of low lethality, chronic risk (p < .01) and high lethality, chronic risk (p < .005). Overall, psychiatrists were more likely than their junior colleagues to correctly assess risk and management options. Conclusions: Although standard and BPD-specific methods are well aligned for assessing self-harm associated risk, BPD-specific training raised awareness of BPD-appropriate interventions, particularly in the context of chronic patterns of self-harm behaviour. Wider dissemination of BPD-specific risk training may enhance the confidence of mental health clinicians in identifying the nature of self-harm risk as well as the most clinically appropriate interventions for clients with BPD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Effectiveness of a 10-week group program based on Dialectical Behaviour Therapy skills among patients with personality and mood disorders: Findings from a pilot study.

Authors:
Conrad, Agatha M.; Sankaranarayanan, Anoop; Lewin, Terry J.; Dunbar, Anna;

Source:

Abstract:
Objectives: Community mental health services are often required to manage people experiencing repeated crises. Personality disorders are not uncommon, accounting for up to one-third of such presentations. These patients are often difficult to treat, leading to a revolving-door phenomenon. This study evaluated the effectiveness of a pilot intervention in reducing psychological symptoms and distress, and examined the impact of the intervention on mental health service utilization. Methods: A pre- versus post-treatment evaluation was conducted of the effectiveness of a 10-week group psychological intervention based on Dialectical Behaviour Therapy skills, conducted in a regional Australian community mental health service with patients diagnosed with either Cluster B personality disorder or a mood disorder. Results: Of those who completed the program (N = 38 patients), 84% were female, with an average age of 35.13 years. Participants were active clients of the service for an average of 58.3 weeks prior to the program. They demonstrated significant improvements in quality of life and self-control, and a reduction in hopelessness, cognitive instability and dependence on mental health services. Conclusions: Limiting the Dialectical Behaviour Therapy program to a short-term skills-based group component was successful with the targeted patient group; however, more research is required to establish the generalizability of these results. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: The impact of personality disorders and severity of dependence in psychosocial problems.

Authors: Vélez-Moreno, Antonio; Rojas, Antonio J.; Rivera, Francisco; Fernández-Calderón, Fermín; Torrico-Linares, Esperanza; Ramírez-López, Juan; González-Saiz, Francisco; Lozano, Óscar M.;


Abstract: The comorbidity between Personality Disorders and Substance Use Disorders is well documented. Relationships between these two mental disorders are complex, and their concomitance generates poorer therapeutic prognosis and more severe psychosocial problems than either disorder alone. The purpose of this study was to compare three models of the relationship between personality disorders, substance use disorders and substance-related problems. Substance use disorder patients (n = 199) were recruited from outpatient centers for drug abuse care. The International Personality Disorder Examination Screening Questionnaire, European Addiction Severity Index and Substance Dependence Severity Scale were administered. For statistical analysis, t test, Pearson correlations and structural equation models were used. Patients with comorbidity showed more severe substance use disorder and more substance-related problems than patients without comorbidity. The three models fit well to the data, but two model with the effect mediation of severity of substance dependence between personality disorders and substance-related problems explained more variance observed. Considering the impact of personality disorders on family/social functioning, legal status and employment in these patients, integrated treatment models are needed to provide efficient care. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2016-34799-001&site=ehost-live

Title: Emotion dysregulation, symptoms, and interpersonal problems as independent predictors of a broad range of personality disorders in an outpatient sample.

Authors: Dimaggio, Giancarlo; Popolo, Raffaele; Montano, Antonella; Velotti, Patrizia; Perrini, Filippo; Buonocore, Luisa; Garofalo, Carlo; D'Aguanno, Mario; Salvatore, Giampaolo;


Abstract: Emotion dysregulation (ED) is considered a hallmark of borderline personality disorder and is prominent in other personality disorders (PDs). Its presence and contribution to personality pathology need to be explored in the whole range of PDs. In this study, we investigated the association of ED with the whole range of PD traits, symptoms, and interpersonal problems and then investigated whether ED had a unique contribution in predicting the different PDs. A sample of 478 treatment-seeking outpatients was interviewed with the SCID-II. The patients were then tested for symptoms (SCL-90-R), interpersonal problems (IIP-32), and ED (DERS). Results: ED correlated with the large majority of PDs and with symptoms and interpersonal problems. Regression showed how ED explained a unique part of the variance for many PDs. ED appears to be a relevant feature of pathology in many PDs; with replication, it can be considered a treatment target in this population. Practitioner points: 1. Emotion dysregulation is present in many personality disorders. 2. Emotion dysregulation is not just explained by heightened symptoms and interpersonal problems in personality disorders. 3. Emotion dysregulation could be considered a treatment target in personality disorders other than borderline. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Measures of psychopathology characterized by dominance: Articulating their structure and relations with personality and other psychopathology.

Authors:
Stanton, Kasey; Cruitt, Patrick; Kent, Ana; Stasik-O'Brien, Sara M.; Ellickson-Larew, Stephanie; Watson, David;

Source:

Abstract:
Mania, narcissism, antisocial personality disorder/psychopathy, and substance use (including alcohol use) disorders have been linked through the dominance behavioral system, a biologically based system guiding dominant behavior and responses to perceptions of power (Johnson et al. 2012). We examined the structure and correlates of measures of psychopathology linked to dominance in two studies utilizing student (N = 309) and mixed community/outpatient samples (N = 255), the latter of which incorporated multi-method assessment. Results indicated that grandiose narcissism and some mania-relevant measures are defined by overlapping positive emotionality content (e.g., seeking acclaim, feeling fearless) that shows strong relations with traits related to dominance (e.g., assertiveness, immodesty). Antisocial trait measures also were linked to dominance to some degree, although less strongly than indicators of mania and narcissism. Lastly, even though substance use indicators overlap with other measures of psychopathology showing more substantial relations to dominance, these measures were weakly related to dominance-related traits. These results establish an important and novel connection between grandiose narcissism and mania-relevant measures via their assessment of dominance. Furthermore, results indicate that substance use measures do not assess dominant attitudes and behaviors. However, the extent to which antisocial traits are defined by dominance is less clear, especially given that these studies did not incorporate assessment of social boldness, a construct central to some conceptualizations of psychopathy (Patrick et al. 2009). (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Associations between MMPI-2-RF scale scores and self-reported personality disorder criteria in a private practice sample.

Authors:
Zahn, Natasha; Sellbom, Martin; Pymont, Carly; Schenk, Paul W.;

Source:

Abstract:
The current study examined the associations between MMPI-2-RF scales and self-reported DSM-5 Section II personality disorder (PD) criteria in a large (n = 640) outpatient independent practice sample. We utilised correlation and regression analyses to evaluate the predictive utility of MMPI-2-RF scale scores in predicting latent PD scores. Results generally conformed to theoretical expectations and supported the MMPI-2-RF as a successful assessment tool of Section II PDs. Specifically, the majority of hypotheses between individual MMPI-2-RF scales and PD symptom scores were supported at the zero-order level, and regression analysis revealed unique predictors for each PD that were largely consistent with theoretical expectations. Further, these results provide additional evidence that DSM-5 Section II PDs can be represented in a dimensional framework using the MMPI-2-RF, which is pertinent when applying the current results within a broader context of evolving theoretical understanding of the composition and assessment of PDs, particularly with regard to the DSM-5 Section III personality model. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Can trainees effectively deliver dialectical behavior therapy for individuals with borderline personality disorder? Outcomes from a training clinic.

Authors:
Rizvi, Shireen L.; Hughes, Christopher D.; Hittman, Alexandra D.; Oliveira, Pedro Vieira;

Source:

Abstract:
Objective: The aim of the current study was to evaluate the effectiveness of a 6-month course of comprehensive dialectical behavior therapy (DBT) provided in a training clinic with doctoral students as therapists and assessors. Method: Clinical outcomes for 50 individuals with borderline personality disorder (80% female, Mage = 29.52 [SD = 9.64]) are reported. Reliable change indices and clinical significance were calculated for measures. Finally, our results were benchmarked against a 'gold standard' randomized clinical trial (RCT; McMain et al., 2009). Results: Analyses with both the full sample and the treatment completers indicate significant reductions in mental health symptomatology that were reliable, clinically and statistically significant, and comparable in effect size to the benchmarked RCT. Conclusion: This DBT training clinic produced good outcomes, comparable to that of a large RCT. Results have implications for who can provide DBT treatment, as well as improving access to DBT in community settings where training clinics may be located. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Reflective function mediates the relationship between emotional maltreatment and borderline pathology in adolescents: A preliminary investigation.

Authors: Quek, Jeremy; Newman, Louise K.; Bennett, Clair; Gordon, Michael S.; Saeedi, Naysun; Melvin, Glenn A.;


Abstract: Deficits in mentalizing, particularly within the context of attachment relationships i.e., reflective function (RF), are posited to result from childhood maltreatment and to influence the development of borderline personality disorder (BPD). Whilst a mentalization-based model of BPD provides a theoretical explanation, direct empirical support for this model, in linking childhood maltreatment to borderline pathology remains limited. This study examined the interrelationships between childhood maltreatment, RF, and borderline pathology in a mixed adolescent sample, consisting of adolescents with BPD (n = 26) and a group of non-clinical adolescents (n = 25). With the aim of directly testing the mentalization-based model of BPD, we additionally investigated the influence of each form of childhood maltreatment within this developmental pathway. Self-report data supported the hypothesized indirect effect of childhood maltreatment on elevated borderline pathology through lowered RF in adolescents. Both emotional abuse and emotional neglect were found to indirectly influence borderline pathology through adolescent RF, however, only emotional abuse indirectly influenced borderline pathology through RF, after all other maltreatment types were controlled for. Findings support the promotion of mentalization, within attachment-related contexts, as an intervention target for adolescents with borderline pathology and as a potential target of prevention for at-risk children and adolescents with histories of childhood maltreatment, especially emotional abuse. Future research should delineate other underlying mechanisms, independent of RF, which may also link the influence of childhood maltreatment, and in particular, emotional abuse, to BPD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Self and identity in borderline personality disorder: Agency and mental time travel.

Authors: Gold, Natalie; Kyratsous, Michalis;


Abstract: We consider how conceptions of the self and identity from the philosophical literature can help us to understand identity disturbance in borderline personality disorder (BPD). We present 3 philosophical approaches: connectedness, narrative, and agency. We show how these map on to 3 different ways in which the self can be temporally extended. The connectedness approach is dominant in philosophy, and the narrative approach has been used by psychiatry, but we argue that the lesser-known agency approach provides a promising way to theorize some aspects of identity disturbance in BPD. It relates the 2 diagnostic criteria of identity disturbance and disinhibition and is consistent with evidence of memory
deficits and altered self-processing in BPD patients. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-43979-017&site=ehost-live

Title:
Suicide attempts and self-injurious behaviours in adolescent and adult patients with borderline personality disorder.
Authors:
Goodman, Marianne; Tomas, Irene Alvarez; Temes, Christina M.; Fitzmaurice, Garrett M.; Aguirre, Blaise A.; Zanarini, Mary C.;
Source:
Abstract:
Objective: Prevalence data on self-mutilation and suicide attempts for adolescent borderline personality disorder (BPD) are currently not available. The purpose of this paper was to determine the frequency and methods of two forms of physically self-destructive acts (i.e. self-mutilation and suicide attempts) reported by adolescent borderline inpatients in one of the largest samples to date and to compare these results with a similarly diagnosed and assessed group of adult borderline inpatients. Methods: A total of 104 adolescent inpatients with BPD and 290 adult inpatients with BPD were interviewed about their lifetime history of physically self-destructive acts. Results: The overall rates of self-mutilation (about 90%) and suicide attempts (about 75%) were similar during index admission for both adolescent and adult borderline patients. However, adolescents reported significantly higher rates of extreme levels of lifetime self-mutilation (e.g. > 25 and > 50 episodes) and cutting in particular, as compared with adult BPD. In contrast, borderline adults were significantly more likely to report a history of numerous (five or more) suicide attempts than adolescents with BPD. Conclusions: Self-mutilation and suicide attempts among adolescent borderline patients are prevalent and serious. Taken together, these results suggest that extreme levels of self-mutilation distinguish adolescent BPD from adults with BPD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Prevalence rates of childhood protective factors in adolescents with BPD, psychiatrically healthy adolescents and adults with BPD.
Borkum, Dana B.; Temes, Christina M.; Magni, Laura R.; Fitzmaurice, Garrett M.; Aguirre, Blaise A.;
Authors:
Goodman, Marianne; Zanarini, Mary C.;
Source:
Abstract:
Objective: Existing literature on the aetiology of borderline personality disorder (BPD) has primarily focused on pathological childhood experiences, while little to no research has been conducted on protective factors that may serve to ameliorate these symptoms. The current study attempts to fill this gap in the literature by comparing the rates of childhood protective factors among adolescents with BPD, psychiatrically healthy adolescents and adults with BPD. Methods: One hundred and four subjects were adolescent inpatients between the ages of 13 and 17 who met Revised Diagnostic Interview for Borderlines and Diagnostic and Statistical Manual of Mental Disorders Fourth Edition criteria for BPD. Sixty were age-matched psychiatrically healthy comparison subjects. Two hundred and ninety subjects were adult inpatients between the ages of 18 and 35 who met Revised Diagnostic Interview for Borderlines and Revised Diagnostic and Statistical Manual of Mental Disorders Third Edition criteria for BPD. All three groups were interviewed by using the Revised Childhood Experiences Questionnaire, a semi-structured interview that assesses pathological and protective childhood experiences. Results: Psychiatrically healthy adolescents reported significantly higher rates of 4 out of 18 protective factors than adolescents with BPD. Adolescents with BPD reported significantly higher rates of 5 of these 18 protective factors than adults with BPD. Adults with BPD were significantly more likely to endorse having a steady after school or weekend work record than adolescents with BPD. Conclusions: Taken together, the results of this study suggest that adolescents meeting criteria for BPD report lower rates of some protective
factors than psychiatrically healthy adolescents. They also suggest that they have higher rates of some protective factors than adults with BPD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Incorrigible conduct and incorrigible diagnoses: The case of personality disorder.
Authors: Pilgrim, David;
Abstract: A critical realist analysis is offered of a particular unresolved contention in modern psychiatric knowledge about the diagnosis of personality disorder (PD). With the publication of the most recent edition of the Diagnostic and Statistical Manual from the American Psychiatric Association in 2013, this diagnosis stood out as a point of reticence in a document, noted by its critics, for its diagnostic expansionism. Resources from critical realism are used to examine the weakness of the diagnosis and the real enough conduct that the medical codification subsumes. It is concluded that the psychiatric jurisdiction over those with a PD diagnosis now lacks credibility. However, the socio-ethical challenges that lay beneath the diagnosis and beyond its associated medical jurisdiction are not only real but are thrown into sharp relief by the critique offered, raising socio-ethical questions for all citizens. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: The impact of personality disorder pathology on the effectiveness of Cognitive Therapy and Interpersonal Psychotherapy for Major Depressive Disorder.
Authors: van Bronswijk, Suzanne C.; Lemmens, Lotte H. J. M.; Viechtbauer, Wolfgang; Huibers, Marcus J. H.; Arntz, Arnoud; Peeters, Frenk P. M. L.;
Source: Journal of Affective Disorders, Vol 225, Jan 1, 2018 pp. 530-538. Publisher: Elsevier Science
Abstract: Background: Despite extensive research, there is no consensus how Personality Disorders (PD) and PD features affect outcome for Major Depressive Disorder (MDD). The present study evaluated the effects of PD (features) on treatment continuation and effectiveness in Cognitive Therapy (CT) and Interpersonal Psychotherapy (IPT) for MDD. Methods: Depressed outpatients were randomized to CT (n = 72) and IPT (n = 74). Primary outcome was depression severity measured repeatedly with the Beck Depression Inventory-II (BDI-II) at baseline, three months, at the start of each therapy session, at post-treatment and monthly during five months follow-up. Results: Comorbid PD and PD features did not affect dropout. Multilevel and Cox regression models indicated no negative effect of PD on BDI-II change and remission rates during treatment and follow-up, irrespective of the treatment received. For both therapies, higher dependent PD features predicted overall lower BDI-II scores during treatment, however this effect did not sustain through follow-up. Cluster A PD features moderated treatment outcome during treatment and follow-up: individuals with high cluster A PD features had greater BDIII reductions over time in CT as compared to IPT. Limitations: Not all therapists and participants were blind to the assessment of PD (features), and assessments were performed by one rater. Further research must investigate the state and trait dependent changes of PD and MDD over time. Conclusions: We found no negative impact of PD on the effectiveness and treatment retention of CT and IPT for MDD during treatment and follow-up. If replicated, cluster A PD features can be used to optimize treatment selection. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Reduced white matter integrity in borderline personality disorder: A diffusion tensor imaging study.

Authors:
Ninomiya, Taiga; Oshita, Harumi; Kawano, Yoshihisa; Goto, Chiharu; Matsuhashi, Mai; Masuda, Koji; Takita, Fuku; Izumi, Toshihiko; Inoue, Ayako; Higuma, Haruka; Kanehisa, Masayuki; Akiyoshi, Jotaro;

Source:

Abstract:
Background: Borderline personality disorder (BPD) has a pervasive pattern of instability in interpersonal relationships, self-image, and emotions. BPD may be linked to an abnormal brain anatomy, but little is known about possible impairments of the white matter microstructure in BPD or their relationship with impulsivity or risky behaviors. The aims of the present study were to explore the relationship between BPD and diffusion tensor imaging (DTI) parameters and psychological tests. Methods: We evaluated 35 unmedicated BPD patients in a medication-free state and 50 healthy controls (HCs). We performed DTI tractography in BPD patients and HCs. The Childhood Trauma Questionnaire (CTQ), Profile of Mood State (POMS), State-Trait Anxiety Inventory (STAI), Beck Depression Inventory (BDI), Social Adaptation Self-Evaluation Scale (SASS), and Depression and Anxiety Cognition Scale (DACS) were administered to BPD patients and HCs. Results: A tract-based spatial statistics (TBSS) revealed that the BPD group had three clusters with a significantly lower axial diffusivity (AD) than the HC group: one located mainly in the cingulum and the other mainly in the inferior front-occipital fasciculus and inferior longitudinal fasciculus. Regarding the AD values, one cluster correlated negatively and significantly with POMS (Depression) and it was located in the cingulum, while another cluster correlated positively and significantly with DACS (Future Denial) and it was located in the inferior front-occipital fasciculus (IFOF). Limitations: The small sample size of this study prevents us from forming any definitive conclusions, meaning that more studies are needed to confirm our findings. We are unable to generalize our findings to include other ethnic groups. Conclusions: Our results suggested that hypo-metabolism in a front-limbic network dysfunction is characterized by the cingulum and a front-occipital network dysfunction characterized by the occipital lobe, while an occipital-temporal network dysfunction characterized by the inferior longitudinal fasciculus.


Title:
How effective are interventions to improve social outcomes among offenders with personality disorder: A systematic review.

Authors:
Connell, Catriona; Furtado, Vivek; McKay, Elizabeth A.; Singh, Swaran P.;

Source:
BMC Psychiatry, Vol 17, Nov 17, 2017 ArtID: 368. Publisher: BioMed Central Limited; [Journal Article]

Abstract:
Background: Offenders with personality disorder are supported by health, criminal justice, social care and third sector services. These services are tasked with reducing risk, improving health and improving social outcomes. Research has been conducted into interventions that reduce risk or improve health. However, interventions to improve social outcomes are less clearly defined. Methods: To review the effectiveness of interventions to improve social outcomes we conducted a systematic review using Cochrane methodology, expanded to include non-randomised trials. Anticipated high heterogeneity of the studies informed narrative synthesis. Results: Eleven studies met inclusion criteria. Five contained extractable data. No high-quality studies were identified. Outcomes measured clustered around employment and social functioning. Interventions vary and their mechanisms for influencing social outcomes are poorly operationalised. Although change was observed in employment rates, there was no evidence for the effectiveness of these interventions. Conclusions: There is a lack of evidence for effective interventions that improve social outcomes. Further research is recommended to reach consensus on the outcomes of importance, identify the factors that influence these and design theoretically-informed and evidence-based interventions. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Examining changes in personality disorder and symptomology in an adolescent sample receiving intensive mentalization based treatment: A pilot study.

Authors:
Hauber, Kirsten; Boon, Albert Eduard; Vermeiren, Robert;

Source:

Abstract:
Objective: To examine changes in personality disorders and symptomology and the relation between personality disorder variables and treatment outcomes in an adolescent sample during partial residential mentalization based treatment. Methods: In a sample of 62 (out of 115) adolescents treated for personality disorders, assessment was done pre- and post-treatment using the Structured Clinical Interview for DSM personality disorders and the Symptom Check List 90. Results: Significant reductions in personality disorder traits (t = 8.36, p = .000) and symptoms (t = 5.95, p = .000) were found. During pre-treatment, 91.8% (n = 56) of the patients had one or more personality disorders, compared to 35.4% (n = 22) at post-treatment. Symptom reduction was not related to pre-treatment personality disorder variables. Conclusion: During intensive psychotherapy, personality disorders and symptoms may diminish. Future studies should evaluate whether the outcomes obtained are the result of the treatment given or other factors. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Borderline personality disorder and regularly drinking alcohol before sex.

Authors:
Thompson, Ronald G. Jr.; Eaton, Nicholas R.; Hu, Mei-Chen; Hasin, Deborah S.;

Source:

Abstract:
Introduction and Aims: Drinking alcohol before sex increases the likelihood of engaging in unprotected intercourse, having multiple sexual partners and becoming infected with sexually transmitted infections. Borderline personality disorder (BPD), a complex psychiatric disorder characterised by pervasive instability in emotional regulation, self-image, interpersonal relationships and impulse control, is associated with substance use disorders and sexual risk behaviours. However, no study has examined the relationship between BPD and drinking alcohol before sex in the USA. This study examined the association between BPD and regularly drinking before sex in a nationally representative adult sample. Design and Methods: Participants were 17 491 sexually active drinkers from Wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions. Logistic regression models estimated effects of BPD diagnosis, specific borderline diagnostic criteria and BPD criterion count on the likelihood of regularly (mostly or always) drinking alcohol before sex, adjusted for controls. Results: Borderline personality disorder diagnosis doubled the odds of regularly drinking before sex [adjusted odds ratio (AOR) = 2.26; confidence interval (CI) = 1.63, 3.14]. Of nine diagnostic criteria, impulsivity in areas that are self-damaging remained a significant predictor of regularly drinking before sex (AOR = 1.82; CI = 1.42, 2.35). The odds of regularly drinking before sex increased by 20% for each endorsed criterion (AOR = 1.20; CI = 1.14, 1.27) Discussion and Conclusions: This is the first study to examine the relationship between BPD and regularly drinking alcohol before sex in the USA. Substance misuse treatment should assess regularly drinking before sex, particularly among patients with BPD, and BPD treatment should assess risk at the intersection of impulsivity, sexual behaviour and substance use. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Neuropsychology and emotion processing in violent individuals with antisocial personality disorder or schizophrenia: The same or different? A systematic review and meta-analysis.

Authors:
Sedgwick, Otilie; Young, Susan; Baumeister, David; Greer, Ben; Das, Mrigendra; Kumari, Veena; Australian and New Zealand
Objectives: To assess whether there are shared or divergent (a) cognitive and (b) emotion processing characteristics among violent individuals with antisocial personality disorder and/or schizophrenia, diagnoses which are commonly encountered at the interface of mental disorder and violence. Cognition and emotion processing are incorporated into models of violence, and thus an understanding of these characteristics within and between disorder groups may help inform future models and therapeutic targets.

Methods: Relevant databases (OVID, Embase, PsycINFO) were searched to identify suitable literature. Meta-analyses comparing cognitive function in violent schizophrenia and antisocial personality disorder to healthy controls were conducted. Neuropsychological studies not comparing these groups to healthy controls, and emotion processing studies, were evaluated qualitatively. Results: Meta-analyses indicated lower IQ, memory and executive function in both violent schizophrenia and antisocial personality disorder groups compared to healthy controls. The degree of deficit was consistently larger in violent schizophrenia. Both antisocial personality disorder and violent schizophrenia groups had difficulties in aspects of facial affect recognition, although theory of mind results were less conclusive. Psychopathic traits related positively to experiential emotion deficits across the two disorders. Very few studies explored comorbid violent schizophrenia and antisocial personality disorder despite this being common in clinical practice. Conclusion: There are qualitatively similar, but quantitatively different, neuropsychological and emotion processing deficits in violent individuals with schizophrenia and antisocial personality disorder which could be developed into transdiagnostic treatment targets for violent behaviour. Future research should aim to characterise specific subgroups of violent offenders, including those with comorbid diagnoses. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The relationship between non-suicidal self-injury and alexithymia in borderline personality disorder: 'Actions instead of words'.

Authors: Sleuwaegen, Ellen; Houben, Marlies; Claes, Laurence; Berens, Ann; Sabbe, Bernard;


Abstract: Borderline personality disorder (BPD) is a serious mental illness that centers on the inability to effectively regulate emotions. A large amount of BPD patients engage in non-suicidal self-injury (NSSI). Given the NSSI contributes to serious health risks, it is important to know why some BPD patients engage in NSSI and others do not. A possible associated factor of NSSI in BPD may be alexithymia, which reflects difficulties in identifying and communicating feelings. Therefore the aim of the present study was to investigate whether NSSI was associated with alexithymia and whether this association still stood when controlling for gender and depression. Methods: The current study explored the relationship between NSSI and alexithymia in 185 BPD patients by means of the Self-Injury Questionnaire-Treatment Related and the Toronto Alexithymia Scale-20 (TAS). Results: Of the 185 BPD inpatients, 82.7% reported lifetime NSSI, of whom 52.9% were still engaging in current NSSI; and 71.3% scored in the alexithymic range (cut-off score ≥ 61). Current NSSI was significantly associated with TAS-total. Additionally, when considering the separate TAS subscales Difficulties Describing Feelings (DDF), Difficulties Identifying Feelings (DIF) and Externally Oriented Thinking (EOT), only DDF was significantly associated with NSSI, even after controlling for gender and depression. Conclusion: These results suggest that NSSI in BPD patients is associated with alexithymia. More specific, difficulties describing feelings can lead to NSSI, independently of the depressive status of the BPD patient. The implications for clinical treatment of self-injurious BPD patients will be discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Prevalence rates of borderline symptoms reported by adolescent inpatients with BPD, psychiatrically healthy adolescents and adult inpatients with BPD.

Authors:
Objective: The validity of borderline personality disorder (BPD) in children and adolescents has not been studied in a rigorous manner reflecting the criteria of Robins and Guze first detailed in 1970. This paper and the others in this series address some aspects of this multifaceted validation paradigm, which requires that a disorder has a known clinical presentation, can be delimited from other disorders, 'runs' in families, and something of its aetiology, treatment response and course is known.

Methods: Three groups of subjects were studied: 104 adolescent inpatients meeting the Revised Diagnostic Interview for Borderlines and DSM-IV criteria for BPD, 60 psychiatrically healthy adolescents and 290 adult inpatients meeting the Revised Diagnostic Interview for Borderlines and DSM-III-R criteria for BPD. Results: Adolescents with BPD had significantly higher prevalence rates of 22 of the 24 symptoms studied than psychiatrically healthy adolescents. Only rates of serious treatment regressions and countertransference problems failed to reach the Bonferroni-corrected level of 0.002. Adolescents and adults with BPD had only four symptomatic differences that reached this level of significance, with adolescents with BPD reporting significantly lower levels of quasi-psychotic thought, dependency/masochism, devaluation/manipulation/sadism and countertransference problems than adults with BPD. Conclusions: Taken together, the results of this study suggest that adolescents report BPD as severe as that reported by adults. They also suggest that BPD in adolescents is not a tumultuous phase of normal adolescence.
criminal justice (CJ) involvement, or the mechanisms underlying this relation. Procedures: This study examined the role of two mechanisms, emotion-driven difficulties controlling impulsive behaviors and physical aggression, in the relation between BPD symptom severity and CJ involvement among 118 patients in residential substance abuse treatment (76% male; 62% African-American). Participants completed measures of BPD symptom severity, CJ contact, diversity of CJ charges, emotion-driven impulse control difficulties, physical aggression, and covariates (substance use severity and antisocial personality disorder symptoms). Results: BPD symptom severity was associated with CJ contact through emotion-driven difficulties controlling impulsive behaviors, and with diversity of CJ charges through emotion-driven difficulties controlling impulsive behaviors and physical aggression; however, the indirect relations to diversity of CJ charges became non-significant when covariates were included. Conclusions: Results highlight the important role of emotion-driven difficulties controlling impulsive behaviors in criminal behaviors among individuals with BPD symptoms, as well as the potential clinical utility of targeting this mechanism to prevent CJ involvement and/or recidivism. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


---

Title: Insomnia in adult attention-deficit/hyperactivity disorder: A comparison with borderline personality disorder population in a clinical setting and control participants.

Authors: Weibel, Sébastien; Jermann, Françoise; Weiner, Luisa; Nicastro, Rosetta; Ardu, Stefano; Pham, Eleonore; Hasler, Roland; Dayer, Alexandre; Prada, Paco; Perroud, Nader;


Abstract:
Objectives: Many adults with attention-deficit/hyperactivity disorder (ADHD) report sleeping difficulties. The relationship between sleep and ADHD is poorly understood, and shows discrepancies between subjective and objective measures. In order to determine the specificity of sleep-associated symptoms in ADHD, subjective sleep assessments among ADHD adult patients were compared with control subjects and with individuals suffering from borderline personality disorder (BPD). Methods: 129 outpatients with ADHD, 70 with BPD (including 17 patients with BPD and ADHD comorbidity), and 65 control participants were assessed for sleep quality, insomnia, and sleepiness, using the Pittsburgh Sleep Quality Index (PSQI), the Insomnia Severity Index (ISI), and the Epworth Sleepiness Scale (ESS). Results: ADHD- and BPD-sufferers achieved higher insomnia and lower sleep quality scores than control subjects. Clinical groups did not differ in terms of sleep quality, although insomnia was more severe among BPD patients. Depression scores explained most of sleep symptoms, but even when controlling for depression, ADHD sufferers showed higher sleep latency. Inattentive symptoms were associated with somnolence, while hyperactive/impulsive symptoms were associated with insomnia and lower sleep efficiency. Conclusion: Sleep-related symptoms associated with ADHD were partly explained by non-specific factors, especially depression symptoms. In a dimensional perspective, hyperactive and inattentive symptoms were associated with specific sleep symptoms. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


---

Title: Neurocognitive dysfunction in problem gamblers with co-occurring antisocial personality disorder.

Authors: Blum, Austin W.; Leppink, Eric W.; Grant, Jon E.;


Abstract:
Objectives: Problem gamblers with symptoms of antisocial personality disorder (ASPD) may represent a distinct problem gambling subtype, but the neurocognitive profile of individuals affected by both disorders is poorly characterized. Method: Non-treatment-seeking young adults (18–29 years) who gambled ≥ 5 times in the preceding year were recruited from the general community. Problem gamblers (defined as those meeting ≥ 1 DSM-5 diagnostic criteria for gambling disorder) with a lifetime history of ASPD (N = 26) were identified using the Mini International Neuropsychiatric Interview (MINI) and compared with controls...
(N = 266) using questionnaire-based impulsivity scales and objective computerized neuropsychological tasks. Findings were uncorrected for multiple comparisons. Effect sizes were calculated using Cohen's d.

Results: Problem gambling with ASPD was associated with significantly elevated gambling disorder symptoms, lower quality of life, greater psychiatric comorbidity, higher impulsivity questionnaire scores on the Barratt Impulsiveness Scale (d = 0.4) and Eysenck Impulsivity Questionnaire (d = 0.5), and impaired cognitive flexibility (d = 0.4), executive planning (d = 0.4), and an aspect of decision-making (d = 0.6). Performance on measures of response inhibition, risk adjustment, and quality of decision making did not differ significantly between groups. Conclusions: These preliminary findings, though in need of replication, support the characterization of problem gambling with ASPD as a subtype of problem gambling associated with higher rates of impulsivity and executive function deficits. Taken together, these results may have treatment implications. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Emoteo: A smartphone application for monitoring and reducing aversive tension in borderline personality disorder patients, a pilot study.

Authors:
Prada, Paco; Zamberg, Ido; Bouillault, Gérald; Jimenez, Naya; Zimmermann, Julien; Hasler, Roland; Aubry, Jean-Michel; Nicastro, Rosetta; Perroud, Nader;


Abstract:
Purpose: We developed a smartphone application (App; EMOTEO: Emotion–meteo [weather forecast]) to help borderline personality disorder (BPD) patients to monitor and regulate their inner tension. The App proposes targeted mindfulness-based exercises. Design and Methods: We assessed the usability and efficiency of this App for monitoring and reduction of aversive tension in 16 BPD participants over a 6-month period. Findings: We recorded a mean of 318.1 sessions (SD = 166.7) per participants, with a high level of satisfaction. There was a significant decrease in aversive tension (p < .05) and the App was mainly used around 10 a.m. and 9 p.m. Practice Implications: EMOTEO was user-friendly and efficient in reducing aversive tension in BPD patients. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Back to top
Forensic Psychiatry

Title:
Predictors of quality of life among inpatients in forensic mental health: Implications for occupational therapists.

Authors:
O’Flynn, Padraic; O’Regan, Roisin; O’Reilly, Ken; Kennedy, Harry G;

Source:

Abstract:
Background: Optimising quality of life (QOL) for service users in a forensic hospital is an important treatment objective. The factors which contribute to QOL in this setting are currently unclear. The aim of this study was to analyse the predictors of QOL amongst service users within an inpatient forensic mental health hospital. Methods: This study is a naturalistic, cross-sectional, observational study. Fifty-two male service users with schizophrenia or schizoaffective disorder participated in the study. QOL was measured using the World Health Organisation QOL Bref. We used the Engagement in Meaningful Activity Survey (EMAS), ward atmosphere was measured using the Essen Climate Evaluation Schema (EssenCES), occupational functioning was assessed using the Social and Occupational Functioning Scale (SOFAS). We also collected level of ward security, length of stay and community leave data. Results: Stepwise regression showed that meaningful activity, level of ward security, and therapeutic hold on the EssenCES significantly predicted QOL on a range of specific QOL domains. These variables accounted for 40% of the variance for total QOL score. Engagement in meaningful activity added the largest contribution to total QOL score accounting for 30% of the variance. Conclusions: This study shows that provision of meaningful activities, level of ward security and therapeutic hold may contribute to QOL amongst forensic mental health inpatients. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Dreaming of Columbine: Exploring an offender’s preoccupation with the Columbine Massacre.

Authors:
Suit, Maktuno;

Source:

Abstract:
In 1999, two students, Eric Harris and Dylan Kleobold, armed with guns and explosives killed 12 peers, one teacher and wounded more than 20 others before taking their own lives. Since that date, society has sought to understand what drove these young men to commit such an act of hate and violence as well as the copycat school shootings, cult fascination and fandom associated with the perpetrators. In this paper, I discuss an offender on licence in the community who developed an obsession with the perpetrators and narrative of the Columbine Massacre alongside expressing an interest in participating in violent Islamist extremism—the use of violent tactics for achieving perceived Islamic goals. Furthermore, I explore my counter-transference as a psychotherapist conducting a risk-focused therapeutic intervention with this personality-disordered man. This paper will highlight the importance of using a psychoanalytic perspective to explore the link between an individual’s psychopathology and their fascination with the Columbine Massacre. It will also provide useful reflections for understanding the unconscious appeal of violent extremist narratives and ideologies. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Validation of the schema mode concept in personality disordered offenders.

Authors:
Keulen-de Vos, Marije; Bernstein, David P.; Clark, Lee Anna; de Vogel, Vivienne; Bogaerts, Stefan; Slaats, Mariëtte; Arntz, Arnoud;

Source:
Abstract:
Purpose: A core element of Schema Therapy (ST) is ‘schema modes’ or fluctuating emotional states. ST assumes that particular personality pathology consists of specific combinations of maladaptive schema modes. There is confirmatory evidence for the modes hypothesized to be central to borderline and narcissistic personality disorder (PD) in non-forensic patients. In this study, we tested three aspects of the construct validity of schema modes in cluster-B personality disordered offenders, examining its factorial validity, and the relations among personality disorders and violence risk. Method: Our sample consisted of 70 offenders who were diagnosed with an antisocial, borderline, or narcissistic PD. Schema modes were assessed with the Schema Mode Inventory (SMI), personality disorders with the Schedule for Nonadaptive and Adaptive Personality-Forensic Version (SNAP-FV), and violence risk with the Historical, Clinical, and Risk management scheme (HCR-20V2). Results: When controlling for the two other PDs, three schema mode factors distinguished antisocial PD as a disorder involving both low scores on internalizing and high scores on externalizing modes, and borderline PD as involving high scores on internalizing modes. Furthermore, the externalizing schema modes were a significant predictor for violence risk inside the hospital. Conclusions: The hypothesized mode models were partially supported for all three PDs. The findings thus provide some support for the construct validity of schema modes in a forensic sample. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Predictors of quality of life among inpatients in forensic mental health: Implications for occupational therapists.

Authors:
O'Flynn, Padraic; O'Regan, Roisin; O'Reilly, Ken; Kennedy, Harry G;

Source:

Abstract:
Background: Optimising quality of life (QOL) for service users in a forensic hospital is an important treatment objective. The factors which contribute to QOL in this setting are currently unclear. The aim of this study was to analyse the predictors of QOL amongst service users within an inpatient forensic mental health hospital. Methods: This study is a naturalistic, cross-sectional, observational study. Fifty-two male service users with schizophrenia or schizoaffective disorder participated in the study. QOL was measured using the World Health Organisation QOL Bref. We used the Engagement in Meaningful Activity Survey (EMAS), ward atmosphere was measured using the Essen Climate Evaluation Schema (EssenCES), occupational functioning was assessed using the Social and Occupational Functioning Scale (SOFAS). We also collected level of ward security, length of stay and community leave data. Results: Stepwise regression showed that meaningful activity, level of ward security, and therapeutic hold on the EssenCES significantly predicted QOL on a range of specific QOL domains. These variables accounted for 40% of the variance for total QOL score. Engagement in meaningful activity added the largest contribution to total QOL score accounting for 30% of the variance. Conclusions: This study shows that provision of meaningful activities, level of ward security and therapeutic hold may contribute to QOL amongst forensic mental health inpatients. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Cognitive bias in forensic mental health assessment: Evaluator beliefs about its nature and scope.

Authors:
Zapf, Patricia A.; Kukucka, Jeff; Kassin, Saul M.; Dror, Itiel E.;

Source:

Abstract:
Decision-making of mental health professionals is influenced by irrelevant information (e.g., Murrie, Boccaccini, Guarnera, & Rufino, 2013). However, the extent to which mental health evaluators acknowledge the existence of bias, recognize it, and understand the need to guard against it, is unknown. To formally assess beliefs about the scope and nature of cognitive bias, we surveyed 1,099 mental health
professionals who conduct forensic evaluations for the courts or other tribunals (and compared these results with a companion survey of 403 forensic examiners, reported in Kukucka, Kassin, Zapf, & Dror, 2017). Most evaluators expressed concern over cognitive bias but held an incorrect view that mere willpower can reduce bias. Evidence was also found for a bias blind spot (Pronin, Lin, & Ross, 2002), with more evaluators acknowledging bias in their peers' judgments than in their own. Evaluators who had received training about bias were more likely to acknowledge cognitive bias as a cause for concern, whereas evaluators with more experience were less likely to acknowledge cognitive bias as a cause for concern in forensic evaluation as well as in their own judgments. Training efforts should highlight the bias blind spot and the fallibility of introspection or conscious effort as a means of reducing bias. In addition, policies and procedural guidance should be developed in regard to best cognitive practices in forensic evaluations. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:  
A hierarchy of expert performance applied to forensic psychological assessments.  
Authors:  
Dror, Itiel E.; Murrie, Daniel C.;  
Source:  
Abstract:  
Experts in forensic psychology must make skilled observations and conclusions, minimally compromised by bias, in order to try and provide reliable and accurate conclusions to the courts. But the field has little data revealing how well forensic psychologists actually perform these tasks, in part because there has been no clear framework for systematic research of their expertise. Therefore, we consider forensic psychological assessments in light of Dror's (2016) Hierarchy of Expert Performance (HEP). HEP addresses reliability and biasability, both within and between experts, at the levels of observations and conclusions. Applying this framework to forensic psychological assessments reveals a few domains in which there are some meaningful data, particularly addressing reliability between experts in certain types of forensic assessments. But applying HEP reveals more domains in which we lack data addressing fundamental aspects of expert performance, such as reliability at the level of observations, and reliability and biasability within experts. Understanding these strengths and gaps in forensic assessment research should guide testimony of forensic psychologists, policies around forensic assessment, and further research in forensic assessment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:  
Validity, interrater reliability, and measures of adaptive behavior: Concerns regarding the probative versus prejudicial value.  
Authors:  
Salekin, Karen L.; Neal, Tess M. S.; Hedge, Krystal A.;  
Source:  
Abstract:  
The question as to whether the assessment of adaptive behavior (AB) for evaluations of intellectual disability (ID) in the community meet the level of rigor necessary for admissibility in legal cases is addressed. AB measures have made their way into the forensic domain, in which scientific evidence is put under great scrutiny. Assessment of ID in capital murder proceedings has garnished a lot of attention, but assessments of ID in adult populations also occur with some frequency in the context of other criminal proceedings (e.g., competence to stand trial, competence to waive Miranda rights), as well as eligibility for social security disability, social security insurance, Medicaid/Medicare, government housing, and postsecondary transition services. As will be demonstrated, markedly disparate findings between raters can occur on measures of AB even when the assessment is conducted in accordance with standard procedures (i.e., the person was assessed in a community setting, in real time, with multiple appropriate raters, when the person was younger than 18 years of age), and similar disparities can be found in the
context of the unorthodox and untested retrospective assessment used in capital proceedings. With full recognition that some level of disparity is to be expected, the level of disparity that can arise when these measures are administered retrospectively calls into question the validity of the results and, consequently, their probative value. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Revealing the training on intellectual and developmental disabilities among forensic mental health professionals: a survey report.(includes Abstract)
Authors:
Sarrett, Jennifer C.;
Source:
Abstract:
Purpose The purpose of this paper is to assess the training forensic mental health professionals in the USA receive on intellectual and developmental disabilities (I/DD). Given the difficulties obtaining accurate prevalence rates of these disabilities in criminal justice settings, it is important to understand how these disabilities are being evaluated and the level of understanding about these disabilities evaluators hold.
Design/methodology/approach An online survey was distributed to forensic mental health professionals in the USA that included questions on training opportunities in graduate education, post-graduate forensic training, and professional training opportunities. Participants were also asked about their current work, how they assess I/DD, and their estimates on the percentage of cases they see with I/DD.
Findings Respondents reported some training that focused heavily on assessment methods. Most respondents estimated between 5 and 25 percent of their cases involving I/DD and reported using a wide range of assessment methods. Finally, many respondents reporting more training needed in this area.
Practical implications More training is needed for forensic mental health professionals on identifying I/DD. Additionally, professional guidelines on what tools and methods to rely on to identify these disabilities is paramount to ensure homogeneity of methods and, thus, better estimates of overall prevalence in criminal justice settings.
Originality/value This is the first assessment focused on how forensic mental health professionals are trained to identify I/DD and can be used to improve identification of I/DD in forensic settings.

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=ccm&AN=126458975&site=ehost-live

Title:
Obesity in a forensic and rehabilitation psychiatric service: a missed opportunity?(includes Abstract)
Authors:
Huthwaite, MarkElmslie, JaneEvery-Palmer, SusannaGrant, EveRomans, Sarah E.;
Source:
Abstract:
Purpose The purpose of this paper is to study weight changes during psychiatric hospitalization, so as to identify "obesogenic" features in a mixed (forensic and rehabilitation) inpatient service.
Design/methodology/approach An observational study of psychiatric inpatients, gathering sociodemographic, clinical, weight, dietary and sleep information and an actigraphic assessment.
Findings A total of 51 patients, aged 19-68, 40 males, participated at a median of 13 months after their admission. When studied, only 6 percent had a healthy weight, 20 percent were overweight and three quarters (74 percent) were obese. The mean Body Mass Index (BMI) was 35.3 (SD: 8.1). At admission, only three patients (8.3 percent) had healthy BMIs and over the course of their hospital stay, 47 percent gained further weight. A high proportion was physically inactive and half slept more than nine hours a day. Participants received high calorie diets and half (53 percent) smoked cigarettes.
Practical implications Although antipsychotic medication is known to cause weight gain, this should not be seen in isolation when attempting to explain psychiatric inpatient obesity. An inpatient admission is an opportunity to provide a healthier eating environment, health education and assertively promote less sedentary behavior and healthier sleep habits.
Social implications Obesity adds to the burden of this already significantly disadvantaged group of patients.
Originality/value The results confirm earlier research showing that
forensic and rehabilitation psychiatric inpatients as a group are obese, gain weight while in hospital and often smoke. The authors add data demonstrating that they are often physically inactive, sleep excessively and consume an unhealthy diet despite the provision of health focused interventions as an integral part of their inpatient program.

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=ccm&AN=126256310&site=ehost-live

Title:
Bridging the gap between conventional and standardized competency to stand trial (CST) assessments: An examination of defendant answers to conventional CST questions.

Authors:
Tarescavage, Anthony M.; Luna Jones, Lynn; Lee, Tayla T. C.;

Source:

Abstract:
Despite research suggesting that use of forensic assessment instruments of competency to stand trial (CST) can improve the integrity of forensic conceptualizations (Rogers & Johansson-Love, 2009), the majority of evaluators do not use these measures in CST evaluations (Nicholson & Norwood, 2000). The purpose of this study is to bridge the gap between competency evaluations based on a conventional interview and those conducted with the aid of a standardized forensic assessment instrument. To this end, we utilized an archival sample of 704 criminal defendants (543 males, 161 females) ordered to undergo evaluations of CST. In the overall sample, as well as in 2 comparison groups comprised of individuals with psychotic disorders and mental retardation, we coded evaluee responses to 45 conventional competency questions relating to factual understanding, rational understanding, and ability to cooperate with counsel. We present accuracy rates to these questions across competent and incompetent groups in an effort to provide information that can make conventional interviews more evidence-based. Using relative risk ratios, we also sought to identify the questions most associated with evaluator opinions of incompetency. Overall, the results indicated fairly consistent trends that questions relating to rational understanding and ability to cooperate with counsel were the most associated with competence. We discuss how the relative risk ratio findings and descriptive information can be used to make conventional competency interviews more objective and empirically based by providing evaluators with a normative reference point for commonly asked competency questions. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Many, more, most: Four risk profiles of adolescents in residential care with major psychiatric problems.

Authors:
Janssen-de Ruijter, Elisabeth A. W.; Mulder, Eva A.; Vermunt, Jeroen K.; van Nieuwenhuizen, Chijs;

Source:

Abstract:
Background: The development of delinquent behaviour is largely determined by the presence of (multiple) risk factors. It is essential to focus on the patterns of co-occurring risk factors in different subgroups in order to better understand disruptive behaviour. Aims and hypothesis: The aim of this study was to examine whether subgroups could be identified to obtain more insight into the patterns of co-occurring risk factors in a population of adolescents in residential care. Based on the results of prior studies, at least one subgroup with many risk factors in multiple domains and one subgroup with primarily risk factors in a single domain were expected. Methods: The structured assessment of violence risk in youth and the juvenile forensic profile were used to operationalize eleven risk factors in four domains: individual, family, peer and school. Data from 270 male adolescents admitted to a hospital for youth forensic psychiatry and orthopsychiatry in the Netherlands were available. Latent class analysis was used to identify subgroups and significant differences between the subgroups were examined in more detail. Results: Based on the fit statistics and the clinical interpretability, the four-class model was chosen. The four classes had different patterns of co-occurring risk factors, and differed in the included external variables such as
psychopathology and criminal behaviour. Conclusions: Two groups were found with many risk factors in multiple domains and two groups with fewer (but still several) risk factors in single domains. This study shed light on the complexity of disruptive behaviour, providing a better insight into the patterns of co-occurring risk factors in a heterogeneous population of adolescents with major psychiatric problems admitted to residential care. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Mental health needs of youth in juvenile justice: An executive summary.
Authors: Pearson, Geraldine S.; Shelton, Deborah; Shade, Kate; Bonham, Elizabeth; Fowler, Nancy C.
Abstract: This paper was adapted from the International Society of Psychiatric-Mental Health Nurses (ISPN) white paper 'Meeting the Mental Health needs of Youth in Juvenile Justice' (2014). This summary highlights the most current statistics on mental health needs of juvenile justice-involved youth and the role of the Advanced Practice Nurse in Psychiatric Nursing. Nurses in forensic and mental health settings will encounter these youth. This summary concludes with a call to action that outlines reform recommendations that ISPN members can use as they sponsor change. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-30557-005&site=ehost-live

Title: A comparison of psychopathology and reoffending in female and male convicted firesetters.
Authors: Ducat, Lauren; McEwan, Troy; Ogloff, James R. P.
Abstract: Little is known about the psychopathological or criminal history characteristics of female firesetters, or how often women reoffend by firesetting. The current study is one of the few large-scale longitudinal investigations to compare key psychiatric and offending variables in female and male firesetters who are not incarcerated or known to be mentally disordered. In addition, the study aimed to identify the base rate of recidivism for female firesetters compared with males. The study compared all 143 female and 909 male firesetters convicted of arson and fire-related offenses between 2000 and 2009 in Victoria, Australia. The study employed a data linkage approach to compare the psychiatric and criminal histories of participants and reoffending in the sample. Firesetters of both sexes reoffended by firesetting at similar rates (males 5.1%, females 7.0%), and reoffenders shared many characteristics. Compared with male firesetters, female firesetters were found to be less criminally versatile, to have offended less overall, and were less likely to have violent offenses. Females were more often diagnosed with depression, substance misuse, and personality disorder than men. The findings indicate that female firesetters might be suitable for assessment approaches and treatment programs offered to men, but tailored to take account of the personality and psychopathological characteristics seen more often in this group. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Preference for independent housing of persons with mental disorders: Systematic review and meta-analysis.
Authors: Richter, Dirk; Hoffmann, Holger
Source:
Choice of housing has become an important political and therapeutic goal for psychiatric rehabilitation. We conducted a systematic review and meta-analysis of proportions of studies on preference for independent housing. A subgroup analysis compared studies with homeless and non-homeless consumers. The meta-analysis included 8 studies with 3134 consumers. The overall proportion of consumers who had expressed a preference for living independently was 0.84. There were only marginal differences between studies with homeless and non-homeless consumers. In a given service planning area, the rate of independent housing settings should exceed the rate of more institutionalized settings by a wide margin.


Reincarceration risk among men with mental illnesses leaving prison: A risk environment analysis.

Barrenger, Stacey L.; Draine, Jeffrey; Angell, Beth; Herman, Daniel;


Reentry interventions for persons with mental illness leaving prison have consisted primarily of linkage to mental health services and have produced mixed results on psychiatric and criminal recidivism. These interventions primarily focus on intra-individual risk factors. However, social and environmental factors may also increase risk of reincarceration by constraining choices and pro-social opportunities for community reintegration upon release from prison. In order to add to the knowledge base on understanding reincarceration risk for men with mental illnesses leaving prison, we examined interpersonal and environmental factors that exposed men to heightened risk for reincarceration. As part of a larger study examining the effectiveness of Critical Time Intervention for men with mental illness leaving prison, in-depth interviews were conducted with 28 men within 6 months of release from prison. Policies and practices at local and state levels, community conditions, and interpersonal obligation and conflict were identified as increasing risk for reincarceration.


Preventing suicide in forensic settings: Assessment and intervention for inmates with serious mental illness.

Winters, Georgia M.; Greene-Colozi, Emily; Jeglic, Elizabeth L.;


Suicide is one of the leading causes of inmate deaths in correctional settings. Furthermore, there is heightened risk for suicide among individuals diagnosed with serious mental illness (SMI) who present in jails and prisons. In the present article, the authors review suicide risk factors associated with SMI, with emphasis on incarcerated individuals, and discuss the best practices in assessing risk for suicide. The authors review interventions designed to prevent suicide among individuals with SMI in forensic settings. The article also points to the need for continued research to inform the development of assessment tools and intervention strategies for this population.


Authors: Kashiwagi, Hiroko; Kikuchi, Akiko; Koyama, Mayuko; Saito, Daisuke; Hirabayashi, Naotsugu; Source: Annals of General Psychiatry, Vol 17, Jan 30, 2018 ArtID: 5. Publisher: BioMed Central Limited

Abstract: Background: The Structured Assessment of PROtective Factors for violence risk (SAPROF) was recently developed as a strength-based addition to the risk assessment of future violent behavior. We examined the interrater reliability and predictive accuracy of the SAPROF for violence in forensic mental health inpatient units in Japan. Methods: This retrospective record study provides an initial validation of the SAPROF in a Japanese sample of 95 forensic psychiatric inpatients from a complete 2008–2013 cohort. Violent outcomes were assessed 6 and 12 months after hospitalization. Results: We observed moderate-to-good interrater reliability for the SAPROF total score and the internal factors, motivational factors, external factors, and the Final Protection Judgment scores. According to a receiver operating characteristic analysis, the SAPROF total score and all subscale scores predicted violence at both 6 and 12 months after hospitalization with high accuracy. Furthermore, the predictive validity of a combination of the SAPROF with the Historical Clinical Risk Management-20 (HCR-20) outperformed that of the HCR-20 alone. Conclusions: The results provide evidence of the value of considering protective factors in the assessment of future violence risk among Japanese forensic psychiatric inpatients. The SAPROF might allow for a more balanced assessment of future violence risk in places where the population rates of violent crime are low, such as Japan, but a validation study in a different setting should confirm this. Moreover, future studies should examine the effectiveness of treatment and promoting community reintegration on motivating patients and treatment staff. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Back to top
Title: The relations between processing style, autistic-like traits, and emotion recognition in individuals with and without Autism Spectrum Disorder.

Authors: McKenzie, Karen; Murray, Aja Louise; Wilkinson, Andrew; Murray, George C.; Metcalfe, Dale; O'Donnell, Michael; McCarty, Kris;

Source: Personality and Individual Differences, Vol 120, Jan 1, 2018 pp. 1-6. Publisher: Elsevier Science;

Abstract: Having a more local processing style may contribute to the difficulties that some people with developmental disabilities, such as Autism Spectrum Disorder (ASD), experience with emotion recognition (ER). This study explored whether autistic-like traits (ALT), as measured by the Autism Spectrum Quotient (AQ), and a more local processing bias predicted performance on an ER task. The study was a cross-sectional study of individuals who self-reported diagnosis of ASD (n = 40) and typically developing (TD) participants (n = 216). Participants completed the AQ, an ER naming task using static coloured images of people, and two processing style tasks (a Navon type task and a false memory recall task using the Deese-Roediger-McDermott (DRM) paradigm). No significant relationships were found between processing style, ER, and ALT. Higher general ALT scores were significantly associated with poorer general ER. The implications of the results for interventions to improve ER in people with ASD are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Authors: Conway, Kevin P.; Green, Victoria R.; Kasza, Karin A.; Silveira, Marushka L.; Borek, Nicolette; Kimmel, Heather L.; Sargent, James D.; Stanton, Cassandra A.; Lambert, Elizabeth; Hilmi, Nahla; Reissig, Chad J.; Jackson, Kia J.; Tanski, Susanne E.; Maklan, David; Hyland, Andrew J.; Compton, Wilson M.;

Source: Addictive Behaviors, Vol 76, Jan, 2018 pp. 208-217. Publisher: Elsevier Science; [Journal Article]

Abstract: Introduction: Cigarette use is associated with substance use and mental health problems among youth, but associations are unknown for non-cigarette tobacco product use, as well as the increasingly common poly-tobacco use. Methods: The current study examined co-occurrence of substance use and mental health problems across tobacco products among 13,617 youth aged 12–17 years from Wave 1 (2013–2014) of the nationally representative Population Assessment of Tobacco and Health (PATH) Study. Participants self-reported ever cigarette, e-cigarette, smokeless tobacco, traditional cigar, cigarillo, filtered cigar, hookah, and other tobacco product use; alcohol, marijuana, and other drugs; and lifetime substance use, internalizing and externalizing problems. Results: In multivariable regression analyses, use of each tobacco product was associated with substance use, particularly cigarillos and marijuana (AOR = 18.9, 95% CI: 15.3–23.4). Cigarette (AOR = 14.7, 95% CI: 11.8–18.2) and cigarillo (AOR = 8.1, 95% CI: 6.3–10.3) use were strongly associated with substance use problems and tobacco users were more likely to report internalizing (AOR = 1.6, 95% CI: 1.4–1.8) and externalizing (AOR = 1.4, 95% CI: 1.3–1.6) problems. Female tobacco users were more likely to have internalizing problems than male tobacco users. Poly-tobacco users were more likely than exclusive users to use substances (AOR = 3.4, 95% CI: 2.7–4.3) and have mental health (AOR = 1.2, 95% CI: 1.0–1.5) and substance use (AOR = 4.7, 95% CI: 3.4–6.6) problems. Conclusions: Regardless of the tobacco product used, findings reveal high co-occurrence of substance use and mental health problems among youth tobacco users, especially poly-tobacco users. These findings suggest the need to address comorbidities among high risk youth in prevention and treatment settings. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: The bouba-kiki effect and its relation to the Autism Quotient (AQ) in autistic adolescents.
Authors: Gold, Rinat; Segal, Osnat;
Abstract: The bouba-kiki effect refers to the correspondence between arbitrary visual and auditory stimuli. Previous studies indicate ASD persons' reduced bouba-kiki effect compared to controls. This study examines the relation between ASD symptomology and performance on the bouba-kiki task. Twenty ASD participants and 20 matched controls were presented the bouba-kiki task. Autism-Quotient (AQ) scores and several cognitive measures were obtained for all participants. Results demonstrate that among all measures, only AQ scores were significantly correlated to the performance on the bouba-kiki task in the ASD group. Results thus support the existence of a relation between autism symptoms and performance on the bouba-kiki task, and are discussed in light of current theories. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-49573-003&site=ehost-live

Title: Early social communication in infants with fragile X syndrome and infant siblings of children with autism spectrum disorder.
Authors: Hahn, Laura J.; Brady, Nancy C.; McCary, Lindsay; Rague, Lisa; Roberts, Jane E.;
Abstract: Background: Little research in fragile X syndrome (FXS) has prospectively examined early social communication. Aims: To compare early social communication in infants with FXS, infant siblings of children with autism spectrum disorder (ASIBs), and typically developing (TD) infants. Methods and procedures: Participants were 18 infants with FXS, 21 ASIBs, and 22 TD infants between 7.5–14.5 months. Social communication was coded using the Communication Complexity Scale during the administration of Autism Observation Scale for Infants. Outcomes and results: Descriptively different patterns were seen across the three groups. Overall infants with FXS had lower social communication than ASIBs or TD infants when controlling for nonverbal cognitive abilities. However, infants with FXS had similar levels of social communication as ASIBs or TD infants during peek-a-boo. No differences were observed between ASIBs and TD infants. For all infants, higher social communication was related to lower ASD risk. Conclusions and implications: Findings provide insight into the developmental course of social communication in FXS. The dynamic nature of social games may help to stimulate communication in infants with FXS. Language interventions with a strong social component may be particularly effective for promoting language development in FXS. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Social skills plus relaxation training with a child with ASD in the schools.
Authors: Floress, Margaret T.; Zoder-Martell, Kim; Schaub, Rachel;
Abstract: A social skills plus relaxation training (SSRT) program was developed using direct training, relaxation training, and reinforcement principles. The aim was to examine the effectiveness of SSRT on increasing the frequency of three target behaviors for one 8-year-old, student classified with autism spectrum disorder (ASD). A multiple-baseline across behaviors design was used to evaluate the effects of SSRT. During baseline, intervention, and maintenance sessions the student's responses were videotaped and then subsequently viewed and coded after the session. During intervention, the student's correct responses for the targeted social skills increased and were maintained 17 weeks after SSRT ended. This
study adds support for the use of this SSRT program in a school setting with children who have ASD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Cognitive, affective, and social factors maintaining paranoia in adolescents with mental health problems: A longitudinal study.
Authors: Bird, Jessica C.; Waite, Felicity; Rowsell, Eleanor; Fergusson, Emma C.; Freeman, Daniel;
Abstract: Paranoia may be a significant concern during adolescence, but there has been little research on excessive mistrust in young people. In this longitudinal study we set out to test the predictive ability of a number of cognitive, affective, and social factors in the early development of paranoia in a clinical adolescent population. Thirty four help-seeking adolescents, aged 11–16 years, reporting paranoid thoughts and attending mental health services were recruited. Self-report and interview assessments of paranoia were conducted at baseline. Measures relating to a cognitive model of persecutory delusions were completed. Paranoia was reassessed after three months with thirty three participants. Significant predictors of paranoia persistence were anxiety, depression, worry, negative self-beliefs, perceptual anomalies, insomnia, affective reactivity, bullying, and cyber victimization. No effect was found for reasoning bias or negative perceptions of academic ability, social competence, and physical appearance. In conclusion, many of the maintenance factors implicated in adult paranoia are likely to prove important in the early development of paranoia in young people. Further experimental and treatment studies are now needed to examine the causal role of these factors in the occurrence of paranoia in adolescents. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Decreased levels of G protein-coupled estrogen receptor in children with autism spectrum disorders.
Authors: Altun, Hatice; Kurutaş, Ergül Belge; Şahin, Nilfer; Sınır, Hayati; Fındıklı, Ebru;
Abstract: Sex hormones, specially estrogen, and it is receptors plays a critical role in the pathogenesis of psychiatric disorders including autism spectrum disorders (ASD). The aim of this study was to investigate the relationship between ASD and G protein-coupled estrogen receptor (GPER), a recently discovered estrogen receptors, and also to study the relation of serum GPER levels with the severity of autistic symptoms. The present study included 45 children with drug naive ASD diagnosed by DSM-V criteria, aged between 3 and 12 years and 40 age- and gender-matched healthy controls. The severity of ASD was evaluated with the Childhood Autism Rating Scale (CARS) total score. The GPER levels in the serum were measured using the quantitative sandwich enzyme immunoassay technique. The serum GPER level was significantly lower in the ASD patients than in the controls. There was a negative significant correlation between the GPER level and the CARS score. There were no significant correlations between GPER level with estradiol and age. In conclusion, this study demonstrated that the decreased serum GPER levels were associated with ASD and GPER may play an important role in the etiology of ASD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Decreased levels of serum fibroblast growth factor-2 in children with autism spectrum disorder.
Authors: Esnafoğlu, Erman; Ayyıldız, Sema Nur;

Abstract:
The neurodevelopment and functioning of the central nervous system, and especially the cerebral cortex, have basic importance to understand neuropsychiatric disorders like autism. Fibroblast growth factor-2 (FGF-2) plays a very important role in the development and functioning of the cortex. FGF-2 is related to developmental processes in the central nervous system such as neurogenesis, migration, differentiation and survival. This study researched the serum FGF-2 levels in children with autism spectrum disorder (ASD). With this aim, 60 ASD children and 40 healthy controls were compared. We applied a sociodemographic form and the Childhood Autism Rating Scale (CARS) to each subject with their family to assess the severity of autism. Additionally, all subjects had routine laboratory tests performed. Serum samples were studied with ELISA. The results found that serum FGF-2 levels were statistically significantly low in the patient group compared to the healthy control group (p value 0.003). Additionally there was a statistically significant negative correlation identified between serum FGF-2 levels and CARS score for all subjects (r = −0.300; p = 0.02). In conclusion, FGF-2 may contribute to the etiopathogenesis of ASD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Synapsin-antibodies in psychiatric and neurological disorders: Prevalence and clinical findings.
Authors: Höltje, Markus; Mertens, Robert; Schou, Morten Brix; Saether, Sverre Georg; Kochova, Elena; Jarius, Sven; Prüss, Harald; Komorowski, Lars; Probst, Christian; Paul, Friedemann; Bellmann-Strobl, Judith; Gitler, Daniel; Benfenati, Fabio; Piepgras, Johannes; Ahnert-Hilger, Gudrun; Ruprecht, Klemens;
Abstract:
Objective: To study the prevalence of autoantibodies to synapsin in patients with psychiatric and neurological disorders and to describe clinical findings in synapsin antibody positive patients. Methods: Sera of 375 patients with different psychiatric and neurological disorders and sera of 97 healthy controls were screened (dilution 1:320) for anti-synapsin IgG using HEK293 cells transfected with rat synapsin Ia. Positive sera were further analyzed by immunoblots with brain tissue from wild type and synapsin knock out mice and with HEK293 cells transfected with human synapsin Ia and Ib. Binding of synapsin IgG positive sera to primary neurons was studied using murine hippocampal neurons. Results: IgG in serum from 23 (6.1%) of 375 patients, but from none of the 97 healthy controls (p = 0.007), bound to rat synapsin Ia transfected cells with a median (range) titer of 1:1000 (1:320–1:100,000). Twelve of the 23 positive sera reacted with a protein of the molecular size of synapsin I in immunoblots of wild type but not of synapsin knock out mouse brain tissue. Out of 19/23 positive sera available for testing, 13 bound to human synapsin Ia and 16 to human synapsin Ib transfected cells. Synapsin IgG positive sera stained fixed and permeabilized murine hippocampal neurons. Synapsin IgG positive patients had various psychiatric and neurological disorders. Tumors were documented in 2 patients (melanoma, small cell lung carcinoma); concomitant anti-neuronal or other autoantibodies were present in 8 patients. Conclusions: Autoantibodies to human synapsin Ia and Ib are detectable in a proportion of sera from patients with different psychiatric and neurological disorders, warranting further investigation into the potential pathophysiological relevance of these antibodies. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Escalating patterns of emergency health care prior to first admission with amphetamine psychosis: A window of opportunity?
Authors: Sara, Grant; Lappin, Julia; Dobbins, Timothy; Dunlop, Adrian J.; Degenhardt, Louisa;
Source: Drug and Alcohol Dependence, Vol 180, Nov 1, 2017 pp. 171-177. Publisher: Elsevier Science;
Abstract:
Aim: To describe health service contact in the two years prior to a first hospital admission with amphetamine-related psychosis, and to identify possible opportunities for early intervention. Method: Routine health data collections were used to identify 6130 persons aged 16–65 who had a first hospital admission with amphetamine-related psychosis in New South Wales (NSW), Australia, between 2005 and 2016. Health service contacts in the two years prior to first admission were identified, using public hospital, emergency department and community mental health data. Prior care was compared to 41,444 people with first psychosis admissions without amphetamine diagnoses. Results: Two thirds of people with amphetamine-related psychosis had health service contact in the two years prior to their first psychosis admission. Of these, 45% had ED contacts and 30% had prior general hospital admissions. The likelihood of contact escalated throughout the two years prior to admission. Prior substance-related conditions, infectious diseases, injuries and accidents were common. Compared to other first psychosis admissions, people with amphetamine-related psychoses were less likely to have prior specialised mental health care (OR 0.84, 95% CI 0.78, 0.89) and more likely to have prior general health care (OR 1.40, 95% CI 1.29, 1.51). Conclusion: Emergency departments and units treating people with infectious diseases or injuries should consider strategies to detect amphetamine and other substance use. Early detection and referral to specialist mental health or drug and alcohol care may prevent some amphetamine-related psychoses.


Title: Glutamatergic metabolites among adolescents at risk for psychosis.
Authors: Demro, Caroline; Rowland, Laura; Wijtenburg, S. Andrea; Waltz, James; Gold, James; Kline, Emily; Thompson, Elizabeth; Reeves, Gloria; Hong, L. Elliot; Schiffman, Jason;
Abstract: Proton-Magnetic Resonance Spectroscopy (¹H-MRS) may serve as an important tool for identifying biomarkers that aid the understanding of early psychosis, as development of this condition may be associated with metabolite concentration changes that reflect an alteration in glutamatergic mechanisms. The current study explored ¹H-MRS metabolite concentrations in the striatum and anterior cingulate cortex (ACC) as potential biomarkers of psychosis-risk symptom severity. In a sample of 12 adolescents at clinical high-risk for psychosis, the subclinical symptom of grandiosity significantly correlated with glutamate in the ACC. Striatal glutathione, a marker of oxidative stress linked to the glutamatergic system, significantly correlated with grandiosity. Anterior cingulate glutathione significantly correlated with grandiosity and disorganized communication. These findings suggest that within a small sample of young people at clinical high-risk, glutamatergic metabolites are correlated with symptomatology generally predictive of conversion to psychosis. These mechanisms may serve as relevant biomarkers for facilitating prediction of symptom severity and providing insight into the etiology of early psychosis. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Prolonged breastfeeding for 24 months or more and mental health at 6 years of age: evidence from the 2004 Pelotas Birth Cohort Study, Brazil.
Authors: Delgado, Carlos Alberto; Munhoz, Tiago N.; Santos, Iná S.; Barros, Fernando C.; Matijasevich, Alicia;
Abstract: Background: There is scarce and conflicting evidence on medium- to long-term effects of prolonged breastfeeding on child behavior. Method: A population-based birth cohort study started in 2004 in the city of Pelotas, Southern Brazil. Children were followed up at 3, 12, 24, and 48 months and 6 years of age. Breastfeeding duration was determined based on information collected around the time of weaning. Psychiatric disorders were assessed using the Development and Well-Being Assessment (DAWBA). Children who were never breastfed were excluded from the analysis. Crude and adjusted analyses were performed using Poisson regression with robust variance. Results: Data on breastfeeding and mental
health at the age of 6 years were available for 3377 children. Prevalence of breastfeeding for 24–35 months and ≥ 36 months was 16.1% (95% CI: 14.8–17.3) and 8.1% (95% CI: 7.2–9.1), respectively. Prevalence of psychiatric disorders among those who were breastfed for < 24 months, 24–35 months and ≥ 36 months was 12.4% (95% CI: 11.1–13.7), 13.1% (95% CI: 10.4–16.2) and 12.3% (95% CI: 8.7–16.8), respectively. No association was found between breastfeeding for 24 months or more and psychiatric disorders among children aged 6 years both in the crude and adjusted analyses. Conclusions: In this cohort there was no association between breastfeeding for 24 months or more and an increased prevalence of psychiatric disorders at the age of 6 years. Studies analyzing the medium- and long-term effects of prolonged breastfeeding for 2 years or more are scarce and further research is needed regarding this practice. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: The relationship between salivary C-reactive protein and cognitive function in children aged 11–14 years: Does psychopathology have a moderating effect?

Authors: Cullen, Alexis E.; Tappin, Ben M.; Zunszain, Patricia A.; Dickson, Hannah; Roberts, Ruth E.; Nikkheslat, Naghmeh; Khondoker, Mizan; Pariante, Carmine M.; Fisher, Helen L.; Laurens, Kristin R.;


Abstract: Elevated C-reactive protein (CRP), a non-specific biomarker of systemic bodily inflammation, has been associated with more pronounced cognitive impairments in adults with psychiatric disorders, particularly in the domains of memory and executive function. Whether this association is present in early life (i.e., the time at which the cognitive impairments that characterise these disorders become evident), and is specific to those with emerging psychiatric disorders, has yet to be investigated. To this end, we examined the association between salivary CRP and cognitive function in children aged 11–14 years and explored the moderating effect of psychopathology. The study utilised data from an established longitudinal investigation of children recruited from the community (N=107) that had purposively over-sampled individuals experiencing psychopathology (determined using questionnaires). CRP was measured in saliva samples and participants completed assessments of cognition (memory and executive function) and psychopathology (internalising and externalising symptoms and psychotic-like experiences). Linear regression models indicated that higher salivary CRP was associated with poorer letter fluency (β =−0.24, p =0.006) and scores on the inhibition (β =−0.28, p =0.004) and inhibition/switching (β =−0.36, p <0.001) subtests of the colour-word interference test, but not with performance on any of the memory tasks (working, visual, and verbal memory tasks). Results were largely unchanged after adjustment for psychopathology and no significant interactions between CRP and psychopathology were observed on any cognitive measure. Our findings provide preliminary evidence that elevated salivary CRP is associated with poorer cognitive function in early life, but that this association is not moderated by concurrent psychopathology. These findings have implications for early intervention strategies that attempt to ameliorate cognitive deficits associated with emerging psychiatric disorders. Further research is needed to determine whether salivary CRP levels can be used as a valid marker of peripheral inflammation among healthy adolescents. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Emotional reactivity in a clinical sample of patients with eating disorders and nonsuicidal self-injury.

Authors: Smith, Kathryn E.; Hayes, Nicole A.; Styer, Denise M.; Washburn, Jason J.;


Abstract: Emotional reactivity is theorized to contribute to both eating disorders (ED) and nonsuicidal self-injury (NSSI). Although EDs and NSSI frequently co-occur, no study has examined emotional reactivity in individuals with both conditions. This study examined the following hypotheses in a large clinical sample...
(N = 648): (1) patients with co-occurring ED and NSSI would report higher emotional reactivity and more severe clinical characteristics; (2) among those with EDs, patients with bulimia nervosa (BN) would be more likely to report NSSI and evidence higher emotional reactivity compared to those with anorexia nervosa (AN); and (3) higher emotional reactivity would be associated with worse treatment outcomes. Data were collected at admission and discharge from inpatient, partial hospitalization, and intensive outpatient treatment programs for EDs or NSSI. The NSSI-only and co-occurring groups reported significantly higher emotional reactivity than the ED-only group. Among those with EDs, individuals with BN reported higher emotional reactivity and were more likely to engage in NSSI compared to those with AN. Emotional reactivity was inconsistently related to treatment outcomes among the co-occurring and ED-only groups. In sum, results highlight the importance of emotional reactivity in clinical presentations, particularly when NSSI is present. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Distress, psychotic symptom exacerbation, and relief in reaction to talking about trauma in the context of beneficial trauma therapy: Perspectives from young people with post-traumatic stress disorder and first episode psychosis.

Authors: Tong, Janet; Simpson, Katrina; Alvarez-Jimenez, Mario; Bendall, Sarah;


Abstract: Background: Of young people with first episode psychosis (FEP), over half report exposure to childhood trauma and consequent co-morbid post-traumatic stress disorder (PTSD) or symptoms. Currently no evidence-based interventions exist for PTSD in FEP. Clinicians report concerns that trauma-focused interventions with young people with FEP could result in distress and symptom exacerbation. Scant research suggests that talking about trauma in therapy can be distressing for some people. Aims: To explore young people’s reactions to a trauma-focused treatment for PTSD in FEP. Method: Semi-structured interviews were conducted with eight participants (age 18–27 years) with co-morbid PTSD and FEP, after completing a trauma-focused intervention. Transcripts were analysed using an interpretative phenomenological approach. Participants’ baseline and end-of-treatment PTSD and psychotic symptoms were assessed. Results: Three themes related to participants’ reactions were identified from the analysis: (1) distress in session; (2) feeling relieved in and out of session; and (3) symptom exacerbation out of session. All but one participant reported experiencing increased distress in session. Four participants described PTSD, psychotic symptoms and/or suicidal ideation worsening in immediate reaction to talking about trauma in therapy sessions. 86% of participants showed improvement in their PTSD and psychotic symptoms at end of treatment. All participants described the intervention as beneficial and worthwhile. Conclusions: Results suggest that feelings of distress are to be expected from individuals with PTSD and FEP during trauma-focused treatment. Psychotic and PTSD symptom exacerbation can occur in PTSD treatment in FEP. Clinicians should be aware of, plan for, and clearly inform their clients of treatment risks. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Intense video gaming is not essentially problematic.

Authors: Király, Orsolya; Tóth, Dénes; Urbán, Róbert; Demetrovics, Zsolt; Maraz, Aniko;


Abstract: Video games are more popular than ever and the general public, including parents, educators, and the media, tends to consider intense video gaming fundamentally problematic. To test this hypothesis, participants were recruited via gaming-related websites resulting in a sample of N = 5,222 online video gamers (mean age: 22.2 years, SD = 6.4). Besides assessing gaming time, we administered the Ten-Item
Internet Gaming Disorder Test, the Brief Symptom Inventory, and the Motives for Online Gaming Questionnaire. Two structural regression models were estimated with both gaming time and problematic gaming as outcome variables. Predictors were psychiatric symptoms in the first, and gaming motives in the second model. Both models yielded adequate fit indices. Psychiatric symptoms had a moderate positive effect on problematic use ($\beta = .46, p < .001$) whereas their effect on gaming time was practically zero ($\beta = -.01, p = .84$). In the second model, Escape was the most prominent motive and was moderately to strongly associated ($\beta = .58, p < .001$) with problematic use. However, the association between Escape and gaming time was substantially weaker ($\beta = .21, p < .001$). The correlation between gaming time and problematic use was weak-to-moderate in both models ($r = .26, p < .001$ and $r = .21, p < .001$, respectively). Data suggest that gaming time is weakly associated with negative psychological factors such as psychiatric symptoms and Escape motive, which were found to be consistently related to problematic use. Therefore, the amount of gaming time alone appears to be an unreliable predictor of problematic use, which questions the aforementioned idea that intense gaming is essentially problematic. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Exploring the relationship between body mass index and positive symptom severity in persons at clinical high risk for psychosis.

Authors: Caravaggio, Fernando; Brucato, Gary; Kegeles, Lawrence S.; Lehmber-Shiah, Eugénie; Arndt, Leigh Y.; Colibazzi, Tiziano; Girgis, Ragy;

Source: Journal of Nervous and Mental Disease, Vol 205(11), Nov, 2017 pp. 893-895. Publisher: Lippincott Williams & Wilkins; [Journal Article]

Abstract: Metabolic health and positive symptom severity has been investigated in schizophrenia, but not in clinical high risk (CHR) patients. We hypothesized that greater body mass index (BMI) in CHR patients would be related to less positive symptoms. We examined this relationship in CHR patients being treated with 1) no psychotropic medications ($n = 58$), 2) an antipsychotic ($n = 14$), or 3) an antidepressant without an antipsychotic ($n = 10$). We found no relationship between BMI and positive symptoms in unmedicated CHR patients, the majority of whom had a narrow BMI range between 20 and 30. However, in the smaller sample of CHR patients taking an antidepressant or antipsychotic, BMI was negatively correlated with positive symptoms. Although potentially underpowered, these preliminary findings provide initial steps in elucidating the relationships between metabolic health, neurochemistry, and symptom severity in CHR patients. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Efficacy and safety of pediatric prolonged-release melatonin for insomnia in children with autism spectrum disorder.

Authors: Gringras, Paul; Nir, Tali; Breddy, John; Frydman-Marom, Anat; Findling, Robert L.;


Abstract: Objective: To assess the efficacy and safety of novel pediatric-appropriate, prolonged-release melatonin mini-tablets (PedPRM) versus placebo for insomnia in children and adolescents with autism spectrum disorder (ASD), with or without attention-deficit/hyperactivity disorder (ADHD) comorbidity, and neurogenetic disorders (NGD). Method: A total of 125 children and adolescents (2–17.5 years of age; 96.8% ASD, 3.2% Smith-Magenis syndrome [SMS]) whose sleep failed to improve on behavioral intervention alone were randomized (1:1 ratio), double-blind, to receive PedPRM (2 mg escalated to 5 mg) or placebo for 13 weeks. Sleep measures included the validated caregivers’ Sleep and Nap Diary (SND) and Composite Sleep Disturbance Index (CSDI). The a priori primary endpoint was SND-reported total sleep time (TST) after 13 weeks of treatment. Results: The study met the primary endpoint: after 13 weeks of double-blind treatment, participants slept on average 57.5 minutes longer at night with PedPRM
compared to 9.14 minutes with placebo (adjusted mean treatment difference PedPRM–placebo = 32.43 minutes; p = .034). Sleep latency (SL) decreased by 39.6 minutes on average with PedPRM and 12.5 minutes with placebo (adjusted mean treatment difference −25.30 minutes; p = .011) without causing earlier wakeup time. The rate of participants attaining clinically meaningful responses in TST and/or SL was significantly higher with PedPRM than with placebo (68.9% versus 39.3% respectively; p = .001) corresponding to a number needed to treat (NNT) of 3.38. Overall sleep disturbance (CSDI) tended to decrease. PedPRM was generally safe; somnolence was more commonly reported with PedPRM than placebo. Conclusion: PedPRM was efficacious and safe for treatment of insomnia in children and adolescents with ASD with/without ADHD and NGD. The acceptability of this pediatric formulation in a population who usually experience significant difficulties in swallowing was remarkably high. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip.athens&db=psyh&AN=2017-49638-014&site=ehost-live

Title: Relationship between perceived limit-setting abilities, autism spectrum disorder severity, behaviour problems and parenting stress in mothers of children with autism spectrum disorder.
Authors: Reed, Phil; Howse, Jessie; Ho, Ben; Osborne, Lisa A.;
Abstract: Parenting stress in mothers of children with autism spectrum disorder (ASD) is high and impacts perceptions about parenting. This study examined the relationship between parenting stress and observer-perceived limit-setting ability. Participants' perceptions of other parents’ limit-setting ability were assessed by showing participants video clips of parenting behaviours. Mothers of 93 children with autism spectrum disorder completed an online survey regarding the severity of their own child’s autism spectrum disorder (Social Communication Questionnaire), their child’s behaviour problems (Strengths and Difficulties Questionnaire) and their own levels of parenting stress (Questionnaire on Resources and Stress). They were shown five videos of other parents interacting with children with autism spectrum disorder and were asked to rate the limit-setting abilities observed in each video using the Parent–Child Relationship Inventory. Higher parenting stress negatively related to judgements about others' limit-setting skills. This mirrors the literature regarding the relationship between self-reported parenting stress and rating child behaviour more negatively. It suggests that stress negatively impacts a wide range of judgements and implies that caution may be required when interpreting the results of studies in which parenting skills are assessed by self-report. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Anxiety disorders, gender nonconformity, bullying and self-esteem in sexual minority adolescents: Prospective birth cohort study.
Authors: Jones, Abbeygail; Robinson, Emily; Oginni, Olakunle; Rahman, Qazi; Rimes, Katharine A.;
Abstract: Background: Sexual minority adolescents (i.e. youth not exclusively heterosexual) report more anxiety than heterosexual youth on symptom questionnaires but no research has used standardised diagnostic tools to investigate anxiety disorder risk. This study uses a UK birth cohort to investigate the risk of anxiety disorders in sexual minority and heterosexual youth using a computerised structured clinical interview and explores the influence of gender nonconformity, bullying and self-esteem. Methods: Participants were 4,564 adolescents (2,567 girls and 1,996 boys) from the Avon Longitudinal Study of Parents and Children (ALSPAC). Logistic regression analyses were performed to investigate the association between sexual orientation at 15.5 years and the presence of an anxiety disorder at 17.5 years. Covariates including maternal occupation, ethnicity, mother-reported childhood gender nonconformity at 30, 42 and 57 months,
child-reported gender nonconformity at 8 years, child-reported bullying between 12 and 16 years and self-esteem at 17.5 years were added sequentially to regression models. Results: Sexual minority adolescents (i.e. those not exclusively heterosexual) had higher early childhood gender nonconformity (CGN), lower self-esteem and reported more bullying than adolescents identifying as 100% heterosexual. Minority sexual orientation at 15.5 years was associated with increased risk of an anxiety disorder at 17.5 years for girls (OR 2.55, CI 1.85–3.52) and boys (OR 2.48, CI 1.40–4.39). Adjusting for ethnicity, maternal occupation, mother-reported and child-reported CGN had minimal impact on this association. Adjusting for bullying between 12 and 16 years and self-esteem at 17.5 years reduced the strength of the associations, although the overall association remained significant for both sexes (girls OR 2.14 and boys OR 1.93). Conclusions: Sexual minority youth are at increased risk of anxiety disorders relative to heterosexual youth at 17.5 years. Bullying between 12–16 years and lower self-esteem may contribute to this risk.


Title: Homotypic and heterotypic continuity of symptoms of psychiatric disorders from age 4 to 10 years: A dynamic panel model.
Authors: Wichstrøm, Lars; Belsky, Jay; Steinsbekk, Silje;
Abstract: Background: Childhood psychiatric disorders and their symptoms evince both within-disorder (homotypic) and between-disorder (heterotypic) continuities. These continuities may be due to earlier symptoms causing later symptoms or, alternatively, that the same (unknown) causes (e.g., genetics) are operating across time. Applying a novel data analytic approach, we disentangle these two explanations. Methods: Participants in a Norwegian community study were assessed biennially from 4 to 10 years of age with clinical interviews (n = 1,042). Prospective reciprocal relations between symptoms of disorders were analyzed with a dynamic panel model within a structural equation framework, adjusting for all unmeasured time-invariant confounders and time-varying negative life-events. Results: Homotypic continuities in symptoms characterized all disorders; strongest for attention-deficit/hyperactivity disorder (ADHD) (r = .32–.62), moderate for behavioral disorders (r = .31–.48) and for anxiety and depression (r = .15–.40), and stronger between 8 and 10 than between 4 and 6 years. Heterotypic continuity also characterized all disorders. A dynamic panel model showed that most continuities were due to unmeasured time-invariant factors rather than effects of earlier symptoms on later symptoms, although symptoms of behavioral disorders, which evinced two-year homotypic continuity (B = .14, 95% CI: .04, .25), did influence later symptoms of ADHD (B = .13, CI: .03, .23), and earlier ADHD symptoms influenced later anxiety disorder symptoms (B = .07, CI: .01, .12). Conclusions: Homotypic and heterotypic continuities of symptoms of childhood psychiatric disorders are mostly due to unobserved time-invariant factors. Nonetheless, symptoms of earlier behavioral disorders may affect later symptoms of such disorders and of ADHD, and ADHD may increase the risk of later anxiety. Thus, even if interventions do not alter basic etiological factors, symptom reduction may itself cause later symptom reduction. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Longitudinal identification of clinically distinct neurophenotypes in young children with fragile X syndrome.
Authors: Bruno, Jennifer L.; Romano, David; Mazaika, Paul; Lightbody, Amy A.; Hazlett, Heather Cody; Piven, Joseph; Reiss, Allan L.;
Abstract: Fragile X syndrome (FXS), due to mutations of the FMR1 gene, is the most common known inherited cause of developmental disability. The cognitive, behavioral, and neurological phenotypes observed in
affected individuals can vary considerably, making it difficult to predict outcomes and determine the need for interventions. We sought to examine early structural brain growth as a potential marker for identification of clinically meaningful subgroups. Participants included 42 very young boys with FXS who completed a T1-weighted anatomical MRI and cognitive/behavioral assessment at two longitudinal time points, with mean ages of 2.89 y and 4.91 y. Topological data analysis (TDA), an unsupervised approach to multivariate pattern analysis, was applied to the longitudinal anatomical data to identify coherent but heretofore unknown subgroups. TDA revealed two large subgroups within the study population based solely on longitudinal MRI data. Post hoc comparisons of cognition, adaptive functioning, and autism severity scores between these groups demonstrated that one group was consistently higher functioning on all measures at both time points, with pronounced and significant unidirectional differences (P < 0.05 for time point 1 and/or time point 2 for each measure). These results support the existence of two longitudinally defined, neuroanatomically distinct, and clinically relevant phenotypes among boys with FXS. If confirmed by additional analyses, such information may be used to predict outcomes and guide design of targeted therapies. Furthermore, TDA of longitudinal anatomical MRI data may represent a useful method for reliably and objectively defining subtypes within other neuropsychiatric disorders. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Is emotional eating a problem of concern among adolescents in poor countries? An example from Sudan.
Authors:
Musaiger, Abdulrahman O.; Nabag, Fatima O.; Al-Mannai, Mariam A.;
Source:
Abstract:
Objective: Although emotional eating is positively associated with serious health problems such as obesity and eating disorders, it is rarely investigated. The aim of this study was to investigate the prevalence of emotional eating among urban adolescents in Sudan, one of the poorest countries in the world. Methods: A multistage stratified sampling method was used to select adolescents aged 14–18 years from governmental schools in Khartoum State, the capital of Sudan. The total sample selected was 945 (507 males, 438 females). A self-reported validated questionnaire was used to collect the data. Results: Of the males, 57% eat mostly or sometimes while watching television, compared with 62% of females (p < 0.036). Females were more likely to eat when angered than males (9.6% and 5.7%, eat mostly when angered, respectively, p < 0.02). There were no statistically significant differences between males and females regarding eating late at night, eating when bored and eating when anxious. Conclusion: The findings revealed that emotional eating is a growing problem among urban adolescents in Sudan. This creates the need to incorporate emotional eating in any prevention plan to promote healthy eating among these adolescents. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Symptom profile of catatonia in children and adolescents admitted to psychiatry inpatient unit.
Authors:
Grover, Sandeep; Chauhan, Nidhi; Sharma, Akhilash; Chakrabarti, Subho; Avasthi, Ajit; Asian
Source:
Abstract:
Aim: To study the symptom profile of catatonia in children and adolescents. Methodology: Treatment records of all the inpatients aged (≤ 19 years) were reviewed for the period January 2005 to January 2017. Patients with catatonia (diagnosed as having at least two symptoms as per the Bush Francis Catatonia Rating scale) were included. Results: During the study period, data was available for 52 children and adolescent. The mean age of the sample was 16.8 years (SD = 2.0; range 9–19). Males (N = 28; 53.8%) outnumbered females. The most common primary psychiatric diagnostic category was that of psychotic disorders (N =26; 78.8%). One-sixth (N =8; 15.4%) were diagnosed with organic illnesses like epilepsy and systemic lupus erythematosus. Affective disorders accounted for only one-tenth (N =5; 9.6%) of
cases, with mania being more common presentation than depression. Very few patients were diagnosed with pervasive developmental disorder (N =2). The common signs and symptoms noted were mutism (90.4%) followed by immobility/stupor (75%), staring (71.2%), negativism (57.7%), rigidity (55.8%) and posturing (53.8%). The mean BFCRS score was 13.73 (SD=7.6; range 3–20). Overall there was no significant difference in the prevalence of various signs and symptoms of catatonia between those with psychotic disorders, affective disorders and those with catatonia due to organic causes. In only half of the patients catatonia responded to lorazepam and other half required electroconvulsive therapy. Conclusion: The most common symptoms of catatonia in children and adolescent are mutism, immobility/stupor, staring, posturing, negativism and rigidity. The most common underlying psychiatric diagnosis is that of schizophrenia. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Reliability, factor structure, and associations with measures of problem relationship and behavior of the Personality Inventory for DSM-5 in a sample of Italian community-dwelling adolescents.

Authors: Somma, Antonella; Borroni, Serena; Maffei, Cesare; Giarolli, Laura E.; Markon, Kristian E.; Krueger, Robert F.; Fossati, Andrea;


Abstract: In order to assess the reliability, factorial validity, and criterion validity of the Personality Inventory for DSM-5 (PID-5) among adolescents, 1,264 Italian high school students were administered the PID-5. Participants were also administered the Questionnaire on Relationships and Substance Use as a criterion measure. In the full sample, McDonald’s ω values were adequate for the PID-5 scales (median ω = .85, SD = .06), except for Suspiciousness. However, all PID-5 scales showed average inter-item correlation values in the .20–.55 range. Exploratory structural equation modeling analyses provided moderate support for the a priori model of PID-5 trait scales. Ordinal logistic regression analyses showed that selected PID-5 trait scales predicted a significant, albeit moderate (Cox & Snell R² values ranged from .08 to .15, all ps < .001) amount of variance in Questionnaire on Relationships and Substance Use variables. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Beta-adrenergic antagonism modulates functional connectivity in the default mode network of individuals with and without autism spectrum disorder.

Authors: Hegarty, John P.; Ferguson, Bradley J.; Zamzow, Rachel M.; Rohowetz, Landon J.; Johnson, Jeffrey D.; Christ, Shawn E.; Beversdorf, David Q.;


Abstract: The beta-adrenergic antagonist propranolol benefits some social and communication domains affected in autism spectrum disorder (ASD), and these benefits appear to be associated with increased functional connectivity (FC) in the brain during task performance. FC is implicated in ASD, with the majority of studies suggesting long distance hypo-connectivity combined with regionally specific local hyper-connectivity. The objective in the current investigation was to examine the effect of propranolol on FC at rest and determine whether ASD-specific effects exist. Participants with and without ASD attended three sessions in which propranolol, nadolol (a beta-adrenergic antagonist that does not cross the blood-brain barrier), or placebo were administered. Resting-state fMRI data were acquired, and graph theory techniques were utilized to assess additional aspects of FC. Compared to placebo, propranolol administration was associated with decreased FC in the dorsal medial prefrontal cortex subnetwork of the default mode network and increased FC in the medial temporal lobe subnetwork, regardless of diagnosis. These effects were not seen with nadolol suggesting that the alterations in FC following propranolol administration were not exclusively due to peripheral cardiovascular effects. Thus, beta-adrenergic antagonism can up- or down- regulate FC, depending on the network, and alter coordinated functional activation in the brain. These changes in information processing, as demonstrated by FC, may mediate
some of the clinical and behavioral effects of beta-adrenergic antagonism previously reported in patients with ASD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Intrinsic functional connectivity in preterm infants with fetal growth restriction evaluated at 12 months corrected age.

Authors:
Padilla, Nelly; Fransson, Peter; Donaire, Antonio; Figueras, Francesc; Arranz, Angela; Sanz-Cortés, Magdalena; Tenorio, Violeta; Bargallo, Núria; Junqué, Carme; Lagercrantz, Hugo; Ádén, Ulrika; Gratacós, Eduard;

Source:

Abstract:
Fetal growth restriction (FGR) affects brain development in preterm infants, but little is known about its effects on resting-state functional connectivity. We compared 20 preterm infants, born at < 34 weeks of gestation with abnormal antenatal Doppler measurements and birth weights < 10th percentile, with 20 appropriate for gestational age preterm infants of similar gestational age and 20 term infants. They were scanned without sedation at 12 months of age and screened for autistic traits at 26 months. Resting functional connectivity was assessed using group independent component analysis and seed-based correlation analysis. The groups showed 10 common resting-state networks involving cortical, subcortical regions, and the cerebellum. Only infants with FGR showed patterns of increased connectivity in the visual network and decreased connectivity in the auditory/language and dorsal attention networks. No significant differences between groups were found using seed-based correlation analysis. FGR infants displayed a higher frequency of early autism features, related to decreased connectivity involving the salience network, than term infants. These data suggest that FGR is an independent risk factor for disrupted intrinsic functional connectivity in preterm infants when they are 1-year old and provide more clues about the neurodevelopmental abnormalities reported in this population. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Cue exposure therapy reduces overeating of exposed and non-exposed foods in obese adolescents.

Authors:
Schyns, Ghislaine; Roefs, Anne; Smulders, Fren T. Y.; Jansen, Anita;

Source:

Abstract:
Background and objectives: This study tested whether two sessions of food cue exposure therapy reduced eating in the absence of hunger (EAH), specified for exposed and non-exposed food, in overweight and obese adolescents, and whether habituation of food cue reactivity and reduced CS-US expectancies predicted a decrease in EAH. Methods: 41 overweight adolescents (aged 12–18 years) were randomly assigned to a cue exposure intervention or a lifestyle intervention (control condition). Habituation of food cue reactivity (self-reported desire to eat and salivation) and CS-US expectancy were measured during both sessions, and EAH was measured at the end of session two. Results: Compared to the control condition, the cue exposure condition showed less EAH for the exposed food item as well as for the non-exposed food items. Larger within-session (WSH) and between-session habituation (BSH) of cue reactivity were not related to less EAH, change in CS-US expectancy was unrelated to EAH. Limitations: The study was underpowered, and compliance to homework instructions between sessions was poor, intervention effects might have been larger when participants adhered to daily homework exercises. Conclusions: Food cue exposure was effective to reduce EAH of exposed and non-exposed food items, indicating generalisability of the exposure effect. In line with exposure effects in anxiety disorders, habituation was not found to benefit outcome, though the present data do not provide evidence that CS-US expectancy violation predicts EAH. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: Enhance emotional and social adaptation skills for children with autism spectrum disorder: A virtual reality enabled approach.

Authors: Ip, Horace H. S.; Wong, Simpson W. L.; Chan, Dorothy F. Y.; Byrne, Julia; Li, Chen; Yuan, Vanessa S. N.; Lau, Kate S. Y.; Wong, Joe Y. W.


Abstract: Deficits in social-emotional reciprocity, one of the diagnostic criteria of Autism Spectrum Disorder (ASD), greatly hinders children with ASD from responding appropriately and adapting themselves in various social situations. Although evidences have shown that virtual reality environment is a promising tool for emotional and social adaptation skills training on ASD population, there is a lack of large-scale trials with intensive evaluations to support such findings. This paper presents a virtual reality enabled program for enhancing emotional and social adaptation skills for children with ASD. Six unique learning scenarios, of which one focuses on emotion control and relaxation strategies, four that simulate various social situations, and one that facilitates consolidation and generalization, are designed and developed with corresponding psychoeducation procedures and protocols. The learning scenarios are presented to the children via a 4-side immersive virtual reality environment (a.k.a., half-CAVE) with non-intrusive motion tracking. A total number of 94 children between the ages of 6–12 with clinical diagnosis of ASD participated in the 28-session program that lasted for 14 weeks. By comparing pre- and post-assessments, results reported in this paper show significant improvements in the project's primary measures on children's emotion expression and regulation and social-emotional reciprocity but not on other secondary measures. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Medical considerations in children and adolescents with eating disorders.

Authors: DerMarderosian, Diane; Chapman, Heather A.; Tortolani, Christina; Willis, Matthew D.


Abstract: Eating disorders are a group of psychiatric illnesses with significant, potentially fatal, medical complications requiring early detection and treatment for optimal outcome. Included in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition, Feeding and Eating Disorder classification are anorexia nervosa, bulimia nervosa, binge eating disorder, and 'other' and 'unspecified' categories, all of which include elements of body image distortion and are referred to in this article collectively as 'eating disorders.' Acknowledging that diagnosis is the first step to treatment, it is important to understand that patients with limited weight loss, or seemingly brief duration of illness, can be at risk for medical complications and negative outcomes necessitating medical assessment and treatment. It is critical to involve clinicians familiar with these issues and open to interdisciplinary collaboration, which includes primary medical providers, therapists, psychiatrists, dieticians, and family. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Music-based interventions to reduce internalizing symptoms in children and adolescents: A meta-analysis.

Authors: Geipel, Josephine; Koenig, Julian; Hillecke, Thomas K.; Resch, Franz; Kaess, Michael

Source:
Journal of Affective Disorders, Vol 225, Jan 1, 2018 pp. 647-656. Publisher: Elsevier Science; [Journal Article]

Abstract:
Background: Existing systematic reviews provide evidence that music therapy is an effective intervention in the treatment of children and adolescents with psychopathology. The objective of the present review was to systematically review and quantify the effects of music-based interventions in reducing internalizing symptoms (i.e., depression and anxiety) in children and adolescents using a meta-analytical approach.

Methods: Databases and journals were systematically screened for studies eligible for inclusion in meta-analysis on the effects of music-based interventions in reducing internalizing symptoms. A random-effect meta-analysis using standardized mean differences (SMD) was conducted.

Results: Five studies were included. Analysis of data from (randomized) controlled trials, yielded a significant main effect (Hedge’s g = −0.73; 95%CI [−1.42;−0.04], Z = 2.08, p = 0.04, k = 5), indicating a greater reduction of internalizing symptoms in youth receiving music-based interventions (n = 100) compared to different control group interventions (n = 95). Limitations: The existing evidence is limited to studies of low power and methodological quality. Included studies were highly heterogeneous with respect to the nature of the intervention, the measurements applied, the samples studied, and the study design.

Conclusions: Findings indicate that music-based interventions may be efficient in reducing the severity of internalizing symptoms in children and adolescents. While these results are encouraging with respect to the application of music-based intervention, rigorous research is necessary to replicate existing findings and provide a broader base of evidence. More research adopting well controlled study designs of high methodological quality is needed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: The influence of alexithymia on mobile phone addiction: The role of depression, anxiety and stress.
Authors: Gao, Tingting; Li, Jiaomeng; Zhang, Han; Gao, Jinglei; Kong, Yixi; Hu, Yueyang; Mei, Songli;
Source: Journal of Affective Disorders, Vol 225, Jan 1, 2018 pp. 761-766. Publisher: Elsevier Science; [Journal Article]

Abstract:
Background: Alexithymia is an important predictor of mobile phone addiction. Enhancing and improving college students' mental health can reduce the rate of mobile phone addiction. However, it is not clear about the role of depression, anxiety and stress in the relationship between college students' alexithymia and mobile phone addiction. Methods: A total of 1105 college students were tested with the Toronto Alexithymia Scale, the Depression Anxiety Stress Scale and the Mobile Phone Addiction Index. Results: An individual's level of alexithymia was significantly correlated with depression, anxiety, stress and mobile phone addiction. Alexithymia had a significantly positive prediction effect on mobile phone addiction, and depression, anxiety, and stress on mobile phone are positive predictors. Depression, anxiety or stress had partially mediating effects between alexithymia and mobile phone addiction. Alexithymia not only directly had a positively impact on mobile phone addiction, but both also had an indirect effect on mobile phone addiction through depression, anxiety or stress. Limitations: Limitations included sampling method and modest sample size, self-report measures, and unmeasured potential confounders. Conclusion: Alexithymia is an important correlate of mobile phone addiction, and depression, anxiety or stress is an important mediator in this relationship. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Changes in intrinsic local connectivity after reading intervention in children with autism.
Authors: Maximo, Jose O.; Murdaugh, Donna L.; O'Kelley, Sarah; Kana, Rajesh K.;
Source: Brain and Language, Vol 175, Dec, 2017 pp. 11-17. Publisher: Elsevier Science; [Journal Article]

Abstract:
Most of the existing behavioral and cognitive intervention programs in autism spectrum disorders (ASD) have not been tested at the neurobiological level, thus falling short of finding quantifiable neurobiological changes underlying behavioral improvement. The current study takes a translational neuroimaging
approach to test the impact of a structured visual imagery-based reading intervention on improving reading comprehension and assessing its underlying local neural circuitry. Behavioral and resting state functional MRI (rs-fMRI) data were collected from children with ASD who were randomly assigned to an Experimental group (ASD-EXP; n = 14) and a Wait-list control group (ASD-WLC; n = 14). Participants went through an established reading intervention training program (Visualizing and Verbalizing for language comprehension and thinking or V/V; 4-h per day, 10- weeks, 200 h of face-to-face instruction). Local functional connectivity was examined using a connection density approach from graph theory focusing on brain areas considered part of the Reading Network. The main results are as follows: (I) the ASD-EXP group showed significant improvement, compared to the ASD-WLC group, in their reading comprehension ability evidenced from change in comprehension scores; (II) the ASD-EXP group showed increased local brain connectivity in Reading Network regions compared to the ASD-WLC group post-intervention; (III) intervention-related changes in local brain connectivity were observed in the ASD-EXP from pre to post-intervention; and (IV) improvement in language comprehension significantly predicted changes in local connectivity. The findings of this study provide novel insights into brain plasticity in children with developmental disorders using targeted intervention programs. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
A systematic review and meta-analysis of parent training for disruptive behavior in children with autism spectrum disorder.

Authors:
Postorino, Valentina; Sharp, William G.; McCracken, Courtney E.; Bearss, Karen; Burrell, T. Lindsey; Evans, A. Nichole; Scahill, Lawrence;

Source:

Abstract:
Parent training (PT) has emerged as a promising treatment for disruptive behavior in children with autism spectrum disorder (ASD). This review summarizes the essential elements of PT for disruptive behavior in children with ASD and evaluates the available evidence for PT using both descriptive and meta-analytic procedures. We searched Medline, PsycINFO, and PubMed databases (1980–2016) in peer-reviewed journals for randomized controlled trials (RCTs) of PT for disruptive behavior in children with ASD. The systematic search of 2023 publications yielded eight RCTs involving a total of 653 participants. We calculated effect sizes using either raw post-treatment means and standard deviations for each treatment group (PT and control) or group mean differences with associated 95% confidence intervals (CIs). Differences in post-treatment means were converted to a standardized difference in means (SMD) for each primary outcome. Results support the efficacy of PT for disruptive behavior in children with ASD, with a SMD of −0.59 [95% CI (−0.88, −0.30); p < 0.001]. Across these eight studies, there was significant heterogeneity in the effect of PT on disruptive behavior. This variability is likely due to differences in sample size, number of treatment sessions, study duration, and control condition employed. Current findings provide solid support for the efficacy of PT for disruptive behavior in children with ASD. Future studies should focus on effectiveness trials to promote wider implementation of PT in clinical settings. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Psychotic-like experiences in help-seeking adolescents: Dimensional exploration and association with different forms of bullying victimization—a developmental social psychiatry perspective.

Authors:
Catone, Gennaro; Marotta, Roberta; Pisano, Simone; Lennox, Belinda; Carotenuto, Marco; Gritti, Antonella; Pascotto, Antonio; Broome, Matthew R.;

Source:

Abstract:
Background: Psychotic-like experiences (PLEs) are common in the general population and increase the risk of psychotic disorders. Adolescents are a high-risk group of this condition. Stressful events, such as
bullying, have a role in the onset of PLEs. This study has several aims: (1) to assess PLEs in adolescents seeking help from a Child and Adolescent Mental Health Service, (2) to assess the association of PLEs with specific bullying victimization and (3) to assess difference in PLEs and victimizations by sex and age.

Methods: Participants were help-seeking (HS) adolescents initially screened for PLEs. They completed an assessment including characteristics of PLEs and bullying victimization. We paid particular attention to different kinds of PLEs and victimization. Results: In total, 50 PLE-positive adolescents screened from 324 HS adolescents (15.4%) constituted the sample. Paranoia and verbal bullying were the PLEs and form of victimization most represented, respectively. Verbal bullying was strongly associated with paranoia (odds ratio (OR): 4.40, confidence interval (CI): 2.8−5.9, p < .001). Results remained significant after controlling for confounder (socio-demographic, anxiety, depression and for the latter analysis also other forms of victimization). Furthermore, social manipulation showed a strong association of paranoia and physical bullying with grandiosity. Verbal bullying was also associated with psychotic negative symptoms, but controlling for emotional symptoms and other victimization led to a reduction in the effect. Men were more involved in physical victimization and experienced grandiosity; on the contrary, late adolescents were most involved in social victimization and negative psychotic symptoms.

Conclusion: PLEs are relevant in HS adolescents. Bullying victimization interacts with the onset of these phenomena. In particular, verbal bullying predicted paranoia onset significantly. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: A multi-level investigation of the association between sensory features in boys and adolescents with ASD and their mothers’ anxiety and depression.
Authors: Bitsika, Vicki; Sharpley, Christopher F.; Mills, Richard;
Abstract: The association between boys’ Sensory Features (SF) and their mothers' anxiety and depression was investigated in two groups of boys with ASD (M age Gp 1 = 7.5 yr.; M age Gp 2 = 14.3 yr). Mothers completed the Sensory Profile (SP) on their sons, and the GAD7 and PHQ9 on themselves. Results indicated significant associations between mothers’ GAD7 scores and the boys’ SP quadrant scores (global level), between GAD7 scores and Auditory, Visual and Touch Processing Domains (subscale level), and between boys’ specific SF-related Visual and Touch behaviours and specific symptoms of mothers’ GAD7 and PHQ9 scores (item level). Implications for clinical interventions with parents of these children are described. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: ASD traits among youth with obsessive–compulsive disorder.
Authors: Griffiths, Donna L.; Farrell, Lara J.; Waters, Allison M.; White, Susan W.;
Abstract: Research has shown high rates of comorbid psychiatric disorders among samples of youth with obsessive–compulsive disorder (OCD) (Farrell et al., Psychiatry Res 199(2):115–123, 2012; Lewin et al., Psychiatry Res 178(2):317–322, 2010; POTS Team, J Am Med Assoc 292(16):1969–1976, 2004). Autism and autistic traits co-occur at high rates within clinical samples of youth with OCD (Ivarsson and Melin in J Anxiety Disord 22(6):969–978, 2008; Stewart et al. in Child Psychiatry Hum Dev 1–9, 2016). This study extends the literature by examining the relationship between ASD traits, family accommodation, and functional impairment in a sample of youth with OCD across a wide age range (n = 80; aged 7–17 years). Results indicated that autistic traits, as measured by the social responsiveness scale (SRS), were elevated in 32.5% of youth (based on a T-score of 66T and above) relative to typically developing youth, as well as youth with non-autism-related psychiatric disorders (Constantino and Gruber in Social responsiveness scale, Western Psychological Services, Torrance, 2012). Furthermore, 27.5% of youth scored within a moderate range (66T–75T) and 5% of youth scored within a severe range (76T or higher)
on the SRS, typical of children with ASD (Constantino and Gruber in Social responsiveness scale, Western Psychogical Services, Torrance, 2012). Additionally, ASD traits were associated with greater functional impairment above OCD severity. Furthermore, family accommodation mediated the relationship between ASD traits and functional impairment. Implications of these findings are discussed in the context of clinical assessment and direction for further research. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: The dissociative subtype of posttraumatic stress disorder (PTSD) among adolescents: Co-occurring PTSD, depersonalization/derealization, and other dissociation symptoms.

Authors: Choi, Kristen R.; Seng, Julia S.; Briggs, Ernestine C.; Munro-Kramer, Michelle L.; Graham-Bermann, Sandra A.; Lee, Robert C.; Ford, Julian D.;


Abstract: Objective: The purpose of this study was to examine the co-occurrence of posttraumatic stress disorder (PTSD) and dissociation in a clinical sample of trauma-exposed adolescents by evaluating evidence for the depersonalization/derealization dissociative subtype of PTSD as defined by the DSM-5 and then examining a broader set of dissociation symptoms. Method: A sample of treatment-seeking, trauma-exposed adolescents 12 to 16 years old (N = 3,081) from the National Child Traumatic Stress Network Core Data Set was used to meet the study objectives. Two models of PTSD/dissociation co-occurrence were estimated using latent class analysis, one with 2 dissociation symptoms and the other with 10 dissociation symptoms. After model selection, groups within each model were compared on demographics, trauma characteristics, and psychopathology. Results: Model A, the depersonalization/derealization model, had 5 classes: dissociative subtype/high PTSD; high PTSD; anxious arousal; dysphoric arousal; and a low symptom/reference class. Model B, the expanded dissociation model, identified an additional class characterized by dissociative amnesia and detached arousal. Conclusion: These 2 models provide new information about the specific ways PTSD and dissociation co-occur and illuminate some differences between adult and adolescent trauma symptom expression. A dissociative subtype of PTSD can be distinguished from PTSD alone in adolescents, but assessing a wider range of dissociative symptoms is needed to fully characterize adolescent traumatic stress responses. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Clinical correlates of carbon dioxide hypersensitivity in children.

Authors: Rappaport, Lance M.; Sheerin, Christina; Carney, Dever M.; Towbin, Kenneth E.; Leibenluft, Ellen; Pine, Daniel S.; Brotman, Melissa A.; Roberson-Nay, Roxann; Hettema, John M.;


Abstract: Objective: Hypersensitivity to carbon dioxide (CO₂−enriched air may be a promising risk marker for anxiety disorders. Among adult and adolescent samples, heterogeneity in distress response to the CO₂ challenge task indexes 3 underlying classes of individuals, which distinguish between sustained and acute threat response as markers for internalizing disorders, broadly, and anxiety disorders, specifically. The present study examines latent classes in children’s response to the CO₂ challenge task to clarify the association of CO₂ hypersensitivity with anxiety and internalizing symptomatology in childhood. Method: Healthy children from a community twin sample (N = 538; age 9–13 years) rated anxious distress every 2 minutes while breathing air enriched to 7.5% CO₂ for 8 minutes. Latent growth mixture modeling evaluated potential classes of individuals with characteristic trajectories of distress during the task to clarify the association with internalizing disorder symptoms and related traits (e.g., anxiety sensitivity, irritability). Results: Although all participants reported increased distress during the task, interindividual
heterogeneity in distress indexed 3 underlying classes: a consistently low class ('low'), a consistently high class ('high'), and participants who demonstrated markedly increased acute distress ('acute'). Compared to the low class, the high class reported greater internalizing psychopathology, whereas membership in the acute class was associated with experiencing a panic-like event during the task. Conclusion: As in older individuals, 3 distinct trajectories emerged to capture interindividual heterogeneity in children's distress during the CO₂ challenge task. These classes were distinguished by clinical validators that reinforce the association of CO₂ hypersensitivity and internalizing disorder phenotypes in children. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Randomized trial of omega-3 for autism spectrum disorders: Effect on cell membrane composition and behavior.
Authors: Parellada, Mara; Llorente, Cloe; Calvo, Rosa; Gutierrez, Silvia; Lázaro, Luisa; Graell, Montserrat; Guisasola, Maria; Dorado, Maria Luisa; Boada, Leticia; Romo, Jose; Dulin, Elena; Sanz, Inmaculada; Arango, Celso; Moreno, Carmen;
Abstract: A high ω6/ω3 ratio [fatty acid (FA) index] in the cell membrane has been associated with inadequate brain development. It has started to be used as a biomarker of treatment efficacy in human diseases. The aim of this study was to investigate if omega-3 supplementation improves erythrocyte membrane ω6/ω3, plasma antioxidant status (TAS) and autistic behaviors. A randomized, crossover, placebo-controlled study was designed to investigate the effect of 8 weeks of supplementation with ω3 (962 mg/d and 1155 mg/d for children and adolescents, respectively). Sixty-eight children and adolescents with Autism Spectrum Disorders (ASD) completed the full protocol. Primary outcome measures were erythrocyte membrane FA composition and TAS. Secondary outcome measures were Social Responsiveness Scale and Clinical Global Impression-Severity. Treatment with ω3 improved the erythrocyte membrane ω6/ω3 ratio (treatment effect p < 0.008, d = 0.66; within subjects effect p < 0.007, d = 0.5) without changing TAS. There was a within subjects significant improvement in Social Motivation and Social Communication subscales scores, with a moderate to large effect size (p = 0.004, d = 0.73 and p = 0.025, d = 0.79 respectively), but no treatment effect (treatment-placebo order). Carryover effects cannot be discarded as responsible for the results in behavioral measures. In conclusion, supplementation with ω3 FA might be studied as an add-on to behavioral therapies in ASD. Optimal duration of treatment requires further investigation. With regard to side effects, the effect of this supplementation on the lipid profile needs monitoring. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Hot and cold executive functions in youth with psychotic symptoms.
Abstract: Background: Psychotic symptoms are common in children and adolescents and may be early manifestations of liability to severe mental illness (SMI), including schizophrenia. SMI and psychotic symptoms are associated with impairment in executive functions. However, previous studies have not differentiated between 'cold' and 'hot' executive functions. We hypothesized that the propensity for psychotic symptoms is specifically associated with impairment in 'hot' executive functions, such as decision-making in the context of uncertain rewards and losses. Methods: In a cohort of 156 youth (mean age 12.5, range 7–24 years) enriched for familial risk of SMI, we measured cold and hot executive functions with the spatial working memory (SWM) task (total errors) and the Cambridge Gambling Task (decision-making), respectively. We assessed psychotic symptoms using the semi-structured Kiddie

Results: In total 69 (44.23%) youth reported psychotic symptoms on one or more assessments. Cold executive functioning, indexed with SWM errors, was not significantly related to psychotic symptoms [odds ratio (OR) 1.36, 95% confidence interval (CI) 0.85–2.17, \( p = 0.204 \)]. Poor hot executive functioning, indexed as decision-making score, was associated with psychotic symptoms after adjustment for age, sex and familial clustering (OR 2.37, 95% CI 1.25–4.50, \( p = 0.008 \)). The association between worse hot executive functions and psychotic symptoms remained significant in sensitivity analyses controlling for general cognitive ability and cold executive functions. Conclusions: Impaired hot executive functions may be an indicator of risk and a target for pre-emptive early interventions in youth. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Anxiety, intolerance of uncertainty and restricted and repetitive behaviour: Insights directly from young people with ASD.

Authors: Joyce, Caroline; Honey, Emma; Leekam, Susan R.; Barrett, Sarah L.; Rodgers, Jacqui;


Abstract: In order to investigate the experience of anxiety and restricted and repetitive behaviours (RRB) in young people with ASD, 19 families with young people with ASD aged between 13 and 20 years completed questionnaire measures of RRB, anxiety, and intolerance of uncertainty. Ten young people also completed a novel semi-structured interview exploring an individualised example of an RRB. Findings demonstrated that young people with ASD can self-report and show insight in to their RRB, and replicated previous findings based on parent report showing a significant positive relationship between RRB and anxiety. This is the first evidence of young person self-report using both quantitative and qualitative data and indicates a range of reasons why young people may engage in RRB. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Examining changes in personality disorder and symptomology in an adolescent sample receiving intensive mentalization based treatment: A pilot study.

Authors: Hauber, Kirsten; Boon, Albert Eduard; Vermeiren, Robert;


Abstract: Objective: To examine changes in personality disorders and symptomology and the relation between personality disorder variables and treatment outcomes in an adolescent sample during partial residential mentalization based treatment. Methods: In a sample of 62 (out of 115) adolescents treated for personality disorders, assessment was done pre- and post-treatment using the Structured Clinical Interview for DSM personality disorders and the Symptom Check List 90. Results: Significant reductions in personality disorder traits (\( t = 8.36, p = .000 \)) and symptoms (\( t = 5.95, p = .000 \)) were found. During pre-treatment, 91.8% (\( n = 56 \)) of the patients had one or more personality disorders, compared to 35.4% (\( n = 22 \)) at post-treatment. Symptom reduction was not related to pre-treatment personality disorder variables. Conclusion: During intensive psychotherapy, personality disorders and symptoms may diminish. Future studies should evaluate whether the outcomes obtained are the result of the treatment given or other factors. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title:
Coordination difficulties in preschool-aged children are associated with maternal parenting stress: A community-based cross-sectional study.

Authors:
Takahashi, Michio; Adachi, Masaki; Takayanagi, Nobuya; Yasuda, Sayura; Tanaka, Masanori; Osato-Kaneda, Ayako; Masuda, Takahito; Nakai, Akio; Saito, Manabu; Kuribayashi, Michito; Nakamura, Kazuhiko;

Source:

Abstract:
Background: Although coordination difficulties are sometimes observed even in children in the general population, no empirical studies have examined the impact of these difficulties on parenting stress. Aims: The aim of this study was to elucidate the relationship between coordination difficulties and parenting stress in a community-based sample of preschool-aged children and their mothers. Methods: The study included 1691 families. Mothers with 4- or 5-year-old children completed questionnaires about parenting stress and children's coordination difficulties, as well as traits associated with attention-deficit/hyperactivity disorder (ADHD) and autism spectrum disorder (ASD). Results: The results of hierarchical multiple regression analyses showed that coordination difficulties, and ADHD and ASD traits were each independent predictors of parenting stress. Among the significant predictive factors, impaired general coordination, as well as hyperactivity-impulsivity, showed a strong impact on parenting stress. In addition, a gender difference was observed in the manner in which coordination difficulties influenced parenting stress. Conclusions: Coordination difficulties in preschool-aged children in the general population increased maternal parenting stress (as did ADHD and ASD traits). This highlights the need to provide support for mothers who have children with coordination difficulties, even when there is no clinical diagnosis. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Back to top
Title: Employment and Mental Health

A history of non-parental care in childhood predicts more positive adult attitudes towards non-parental care and maternal employment.

Authors: Shpancer, Noam; Schweitzer, Stefanie N.

Source: Early Child Development and Care, Vol 188(3), Mar, 2018 pp. 375-386. Publisher: Taylor & Francis;

Abstract: Data were collected over a 15-year span from three comparable cohorts of students at a Midwestern university about their childcare histories and current attitudes towards non-parental childcare and maternal employment. Across cohorts, a history of non-parental childcare predicted adult attitudes towards non-parental childcare and maternal employment. Compared to participants who did not experience early non-parental care, participants who reported experiencing early non-parental care had more favourable attitudes towards non-parental care and towards maternal employment and were more open to placing their future children in non-parental care. More time spent in non-parental care predicted more favourable attitudes towards it. Females reported significantly more positive attitudes towards non-parental care than did males. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Differential support for female supervisors among men and women.

Authors: Vial, Andrea C.; Brescoll, Victoria L.; Napier, Jaime L.; Dovidio, John F.; Tyler, Tom R.


Abstract: Two studies evaluated the lay belief that women feel particularly negatively about other women in the workplace and particularly in supervisory roles. The authors tested the general proposition, derived from social identity theory (Tajfel & Turner, 1979, 2004), that women, compared to men, may be more supportive of other women in positions of authority, whereas men would respond more favorably to other men than to women in positions of authority. Consistent with predictions, data from an online experiment (n = 259), in which the authors randomly assigned men and women to evaluate identical female (vs. male) supervisors in a masculine industry, and a correlational study in the workplace using a Knowledge Networks sample (n = 198) converged to demonstrate a pattern of gender in-group favoritism. Specifically, in Study 1, female participants (vs. male participants) rated the female supervisor as higher status, were more likely to believe that a female supervisor had attained her supervisory position because of high competence, and viewed the female supervisor as warmer. Study 2 results replicated this pattern. Female employees (vs. male employees) rated their female supervisors as higher status and practiced both in-role and extra-role behaviors more often when their supervisor was female. In both studies, male respondents had a tendency to rate male supervisors more favorably than female supervisors, whereas female respondents tended to rate female supervisors more favorably than male supervisors. Thus, across both studies, the authors found a pattern consistent with gender in-group favoritism and inconsistent with lay beliefs that women respond negatively to women in authority positions. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Differential association between unemployment status and mental health among veterans and civilians.

Authors: Tran, Thanh V.; Canfield, Julie; Chan, Keith T.
This study aims to examine the negative effect of unemployment on mental health among 2,762 veterans and 45,095 civilians aged 18 to 50 years. The data were from the 2012 Behavioral Risk Factor Surveillance System (BRFSS) survey. We used ordinary least squares regression to test the interaction association between employment status and veteran/civilian status with mental health status. Findings revealed that long-term unemployed veterans had a significantly greater number of days with poor mental health than long-term unemployed civilians. The study highlights the need for future research concerning the negative effects of long-term unemployment on veterans' mental health as well as the reciprocal relationships between mental health and occupational functioning for veterans. The findings challenge researchers to question the meanings that are associated with employment status for veterans as compared to those of their civilian peers. In addition to this, the study raises the need for further exploration into the topics of identity, self-perception, and the notion often present in the military/veteran culture that there is 'dignity in labor.' (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Crisis resolution treatment (CRT) is a short-term acute psychiatric home-based treatment offered as an alternative to hospitalization. The purpose of CRT is to support patient recovery by maintaining and improving competencies in relation to everyday life. Individuals with mental disorders are at increased risk of leaving the labor market, which is a central aspect of everyday life. Thus, a primary outcome of interest is whether CRT enables higher employment compared with traditional hospitalization. The aim of this study was to assess the effectiveness of CRT compared with hospitalization in relation to attempted or committed suicides, admissions, readmissions and employment. This study utilized register-based psychiatric data. The CRT intervention, which was carried out in a psychiatric center (N = 374), was matched to traditional hospitalization treatment in a corresponding area (N = 9460). The outcomes (suicide attempts, suicides, admissions and readmissions) were replicated by applying propensity score matching (PSM) to evaluate the general treatment effect of CRT. The effectiveness of CRT on employment was estimated by applying PSM combined with a difference-in-difference estimator to account for any time trends. Receiving CRT was associated with significantly more employment after 1 year compared with hospitalization. Furthermore, after 1 year, receiving CRT was associated with fewer suicide attempts, admissions and readmissions. The associations were not significant after two years. The results suggest that CRT patients retain a higher employment rate, which could indicate better recovery. Using CRT could lead to savings in the social security system owing to higher employment rates. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

With the economic crisis an increase in suicidality has been reported across Europe but especially in Greece. These reports hit the mass media headlines and were also included in the debate among political parties. The literature suggests that during periods of deep economic crisis, there is an increase specifically in suicides but causality remains unclear. The prevailing picture both in the scientific literature
and in the mass media is that the economic crisis acts as a more or less generic risk factor on the entire population putting at risk literally anybody. Two recent studies clearly dispute it by reporting that suicides had increased several months before unemployment increased. Additionally and specifically concerning Greece, where the economic crisis is deeper and more prolonged, the detailed inspection of age and gender specific rates are not in accord with a 'male gender' by 'unemployment' interaction. Taking into consideration the above and since the rise in suicides also affects prospering countries without high unemployment, including Germany and Norway, another possible explanation is that the changes in the socioeconomic environment and especially in the employment conditions have overstressed vulnerable populations (e.g. mental patients) leading to the increased suicide rates. The problem is that in the majority of the literature the economic crisis/austerity is considered to be a generic risk factor affecting the entire population and subsequently generic horizontal measures are proposed. Unfortunately patients at risk to commit suicide are not considered as such; instead they are rather considered as normal healthy people from the general population who respond with suicide to generic adverse events. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-49376-008&site=ehost-live

Title: Mental health and wellbeing of care leavers: Making sense of their perspectives.
Authors: Sims-Schouten, Wendy; Hayden, Carol;
Abstract:
Despite considerable quantifiable data about the circumstances of care leavers in the United Kingdom, there is less qualitative data about how these circumstances are experienced. This article is underpinned by positioning theory, with a particular focus on the unfolding personal narratives of young care leavers in relation to their mental health and wellbeing and the role of a life-skills programme in supporting them in this respect. The research illustrates that leaving care projects, such as the one in the current study, are more focused on employment and housing issues than on addressing the mental health and wellbeing needs of young people. Our analysis of interviews with young people illustrates the ambiguity of understandings of concepts such as 'mental health' and 'wellbeing,' and the complexity of responses to questioning around this area. This illustrates one of the major problems in evaluating the outputs and outcomes of such projects in terms of simplistic targets, where mental health and wellbeing are not clearly defined or understood by young people themselves. The current research provides a more complex picture. More research is needed that involves in-depth and longitudinal assessment of specific mental health needs of care leavers and how they can be addressed successfully. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: A life course perspective on mental health problems, employment, and work outcomes.
Authors: Veldman, Karin; Reijneveld, Sijmen A.; Verhulst, Frank C.; Ortiz, Josue Almansa; Bültmann, Ute;
Abstract:
Objectives: Little is known about how employment and work outcomes among young adults are influenced by their life-course history of mental health problems. Therefore, the aims of this study were to (i) identify trajectories of mental health problems from childhood to young adulthood and (ii) investigate the association between these trajectories and employment and work outcomes among young adults. Methods: Data were used from 360 participants of the Tracking Adolescents’ Individual Lives Survey (TRAILS), a Dutch prospective cohort study, with 12-year follow-up. Trajectories of externalizing and internalizing problems were identified with latent class growth models. Employment conditions and work outcomes (i.e., psychosocial work characteristics) were measured at age 22. We assessed the association
between mental health trajectories and employment conditions and work outcomes. Results: Four trajectories of mental health problems were identified: high-stable, decreasing, moderate-stable and low-stable. Young adults with high-stable trajectories of externalizing problems worked over six hours more [B=6.71, 95% confidence interval (95% CI) 2.82–10.6] and had a higher income [odds ratio (OR) 0.33, 95% CI 0.15–0.71], than young adults with low-stable trajectories. Young adults with high-stable trajectories of internalizing problems worked six hours less per week (B=−6.07, 95% CI -10.1– -2.05) and reported lower income (OR 3.44, 95% CI 1.53–7.74) and poorer psychosocial work characteristics, compared to young adults with low-stable trajectories. Conclusions: Among young adults who had a paid job at the age of 22 (and were not a student or unemployed), those with a history of internalizing problems are less likely to transition successfully into the labor market, compared to other young adults. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Length of sickness absence and sustained return-to-work in mental disorders and musculoskeletal diseases: A cohort study of public sector employees.
Authors: Kausto, Johanna; Pentti, Jaana; Oksanen, Tuula; Virta, Lauri J.; Virtanen, Marianna; Kivimäki, Mika; Vahtera, Jussi;
Abstract: Objectives: The aim of this study was to investigate the association between the length of sickness absence and sustained return to work (SRTW) and the predictors of SRTW in depression, anxiety disorders, intervertebral disc disorders, and back pain in a population-based cohort of employees in the Finnish public sector. Methods: We linked data from employers' registers and four national population registers. Cox proportional hazards regression analysis with a cluster option was applied. SRTW was defined as the end of the sickness benefit period not followed by a recurrent sickness benefit period in 30 days. Results: For depression, the median time to SRTW was 46 and 38 days among men and women, respectively. For anxiety disorders, the figures were 24 and 22 days, for intervertebral disc disorders, 42 and 41 days, and, for back pain, 21 and 22 days among men and women respectively. Higher age and the persistence of the health problem predicted longer time to SRTW throughout the diagnostic categories. Comorbid conditions predicted longer time to SRTW in depression and back pain among women. Conclusions: This large cohort study adds scientific evidence on the length of sickness absence and SRTW in four important diagnostic categories among public sector employees in Finland. Further research taking into account, eg, features of the work environment is suggested. Recommendations on the length of sickness absence at this point should be based on expert opinion and supplemented with research findings. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Employment status of depressed individuals in an 11-year follow-up: Results from the Finnish Health 2011 Survey.
Authors: Markkula, Niina; Kivekäs, Teija; Suvisaari, Jaana; Virtanen, Marianna; Ahola, Kirsi;
Source: Journal of Occupational and Environmental Medicine, Vol 59(7), Jul, 2017 pp. 603-608. Publisher: Lippincott Williams & Wilkins; [Journal Article]
Abstract: Objectives: The aim of this study was to describe the employment and mental health status of persons with depressive disorders after an 11-year follow-up, and identify individual and work-related factors that predict adverse outcomes. Methods: Two nationally representative health surveys, Health 2000 and its follow-up, Health 2011 were used, and persons with depressive disorders at baseline (n = 275) were re-interviewed after 11 years. Results: Information on employment status was available for all 263
participants in 2011. About 15.7% had been granted disability pension by 2011, while 55.5% were employed and 18.2% on old-age pension. High job control was the only statistically significant predictor of lower probability of disability pension (adjusted odds ratio 0.42, 95% confidence interval [95% CI] 0.23 to 0.77). Being unmarried (adjusted odds ratio 2.99, 95% CI 1.19 to 7.52) was associated with persistent depressive disorder. Conclusions: Job control emerged as an important predictor of long-term employment outcomes among depressed individuals. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: When the party continues: Impulsivity and the effect of employment on young adults’ post-college alcohol use.
Authors: Geisner, I. M.; Koopmann, J.; Bamberger, P.; Wang, M.; Larimer, M. E.; Nahum-Shani, I.; Bacharach, S.;
Abstract: Background: The transition from college to work is both an exciting and potentially high risk time for young adults. As students transition from academic settings to full-time employment, they must navigate new social demands, work demands, and adjust their drinking behaviors accordingly. Research has shown that there are both protective factors and risk factors associated with starting a new job when it comes to alcohol use, and individual differences can moderate these factors. Method: 1361 students were recruited from 4 geographically diverse universities and followed 1 month pre- and 1 month post-graduation. Drinking frequency, quantity, consequences, and impulsivity were assessed. Results: Full-time employment was related to increased drinking quantity but not related to changes in other drinking outcomes. However, impulsivity moderated the relationship between employment and drinking. For those reporting higher levels of impulsivity at baseline, full-time employment was associated with an increase in drinking variables (quantity and frequency), whereas drinking was unaffected by full-time employment status among those reporting lower levels of impulsivity. Implications for future research are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: 'Doing our best to keep a routine:' how low-income mothers manage child feeding with unpredictable work and family schedules.
Authors: Agrawal, Tara; Farrell, Tracy Jean; Wethington, Elaine; Devine, Carol M.;
Source: Appetite, Vol 120, Jan 1, 2018 pp. 57-66. Publisher: Elsevier Science; [Journal Article]
Abstract: Significant changes in work and family conditions over the last three decades have important implications for understanding how young children are fed. The new conditions of work and family have placed pressures on families. The aim of this study was to explore the work and family pressures shaping the ways parents feed their young children on a day-to-day basis. Twenty-two purposively recruited low-income employed mothers of 3–4 year old children from a rural county Head Start program in Upstate New York reported details about the context of their children's eating episodes in a 24-h qualitative dietary recall. Participating mothers were employed and/or in school at least 20 h a week and varied in partner and household characteristics. Interview transcripts were open coded using the constant comparative method for usual ways of feeding children. A typology of three emergent child feeding routines was identified based on mothers' accounts of the recurring ways they fed their child. Mothers’ feeding routines were distinguished by a combination of four recurring key strategies—planning ahead, delegating, making trade-offs, and coordinating. Work schedule predictability and other adults helped mothers maintain feeding routines. Unexpected daily events, such as working overtime or waking up late, disrupted child feeding routines and required modifications. These findings suggest that understanding how young children are fed requires recognizing the socio-ecological environments that involve working mothers' daily schedules and household conditions and the multiple ways that mothers manage food and feeding to fit
environmental constraints. There is a need to look at more than just family meals to understand parents' daily strategies for feeding young children and their implications for child nutrition. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: The psychosocial work environment in times of change: Society and the workplace.
Authors: Leka, Stavroula; Iavicoli, Sergio;
Abstract: This article provides an overview of the papers presented in the issue of Safety Science. This special issue seeks to shed light on how changes at the macro and at the organisational level impact on the psychosocial work environment and on the workforce. It further seeks to highlight resources at the individual, organisational and macro level that can help in adapting to these changes. Through the discussion offered across all papers, the special issue essentially aims to highlight ways (whether in policy, research or practice) to develop a healthy psychosocial work environment in times of change at national or organisational level. The papers in this special issue explore the impact of organisational change on employee health and well-being. The papers place emphasis on the type of employment contract and its association with working conditions and health and well-being outcomes in different countries. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Restructuring seriously damages well-being of workers: The case of the restructuring programme in local administration in Greece.
Authors: Koukoulaki, Theoni; Pinotsi, Dimitra; Geogiadou, Paraskevi; Daikou, Afroditi; Zorba, Konstantina; Targoutzidis, Antonis; Poulos, Kostas; Naris, Steryios; Panousi, Panayiota; Skoulatakis, Yiannis; Drivas, Spyros; Kapsali, Konstantina; Pahkin, Krista;
Abstract: Organisational restructuring has become an important characteristic of the modern working environment, both for private and public organisations. This study examines the impact of 'Kallikratis', a major restructuring programme of local administration in Greece, on employee well-being. Using an adapted version of the 'PSYRES' questionnaire in a representative sample of 1600 employees in 13 municipalities, the study investigated the effect of restructuring, job insecurity and psychosocial factors on wellbeing. The main issues identified were the 'rushed' and 'abrupt' implementation of the restructuring process, as well as lack of sufficient information and training. Moreover restructuring resulted in higher levels of (reported) work intensification and stress. Increased work-related stress was found to be related to increased emotional and quantitative job demands, as well as to job insecurity. Moreover, higher levels of emotional exhaustion were found to be related to increased job demands, job insecurity and unfair treatment during change. Employees in certain departments and under permanent contract were found to be more negatively affected by restructuring. Permanent employees reported higher levels of work-related stress and emotional exhaustion. Employees working in urban planning services and waste collection services reported increased workload and significantly higher levels of stress. Restructuring has been expanding both in the private and public sector in Greece and further studies should be carried out to investigate its effects on the well-being of workers. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Employment arrangement, job stress, and health-related quality of life.
Authors:
Abstract

Objective: We aimed to understand the characteristics of U.S. workers in non-standard employment arrangements, and to assess associations between job stress and Health-related Quality of Life (HRQL) by employment arrangement. Background: As employers struggle to stay in business under increasing economic pressures, they may rely more on non-standard employment arrangements, thereby increasing the pool of contingent workers. Worker exposure to job stress may vary by employment arrangement. Excessive exposure to stressors at work is considered to be a potential health hazard, and may adversely affect health and HRQL. Methods: We used the Quality of Worklife (QWL) module which supplemented the General Social Survey (GSS) in 2002, 2006, 2010, and 2014. GSS is a biannual, nationally representative cross-sectional survey of U.S. households that yields a representative sample of the civilian, non-institutionalized, English-speaking, U.S. adult population. The QWL module assesses an array of psychosocial working conditions and quality of work life topics among GSS respondents. We used pooled QWL responses from 2002 to 2014 by only those who reported being employed at the time of the survey. After adjusting for sampling probabilities, including subsampling for non-respondents and correcting for the number of adults in the household, 6005 respondents were included in our analyses. We grouped respondents according to their employment arrangement, including: (i) independent contractors (contractor), (ii) on call workers (on call), (iii) workers paid by a temporary agency (temporary), (iv) workers who work for a contractor (under contract), or (v) workers in standard employment arrangements (standard). Respondents were further grouped into those who were stressed and those who were not stressed at work. Descriptive population prevalence rates were calculated by employment arrangement for select demographic and organizational characteristics, psychosocial working conditions, work-family balance, and health and well-being outcomes. We also assessed the effect of employment arrangement on job stress, and whether job stress was associated with the number of reported unhealthy days and days with activity limitations. These two health and well-being outcomes capture aspects of worker HRQL. Results: Our results underscored the importance of employment arrangement in understanding job stress and associated worker health and well-being outcomes. Between 2002 and 2014, the prevalence of workers in non-standard employment arrangements increased from 19% to 21%; however, the observed trend did not monotonically increase during that period. Compared with workers in standard arrangements, independent contractors and on call workers were significantly less likely to report experiencing job stress. For workers in standard arrangements and for contractors, we observed significant association between perceived job stress and reported unhealthy days. We observed a similar association for reported days with activity limitations, for workers in standard and temporary arrangements. Conclusion: The major contribution of our study was to highlight the differences in job stress and HRQL by employment arrangement. Our results demonstrated the importance of studying each of these employment arrangements separately and in depth. Furthermore, employment arrangement was an important predictor of job stress, and compared with non-stressed workers, stressed workers across all employment arrangements reported more unhealthy days and more days with activity limitations.

European flexicurity policies: Multilevel effects on employee psychosocial reactions to job insecurity.

Probst, Tahira M.; Jiang, Lixin;

Source:

Abstract:

Increasing emphasis has been placed within the European Union on the development of flexicurity policies, which seek to simultaneously foster organizational competitiveness while ensuring employment security for workers. The purpose of the current study was to examine how country-level differences in European flexicurity policies impact employee psychosocial reactions to perceived job insecurity. By combining individual-level international survey data from 13,738 individuals nested within 19 European countries with country-level indices of flexicurity, multilevel modeling was used to empirically test whether and how employees in countries with differing levels of employment security protections and flexible work arrangements react differently to the perception that their job may be at risk in terms of their affective and
stress reactions. Analyses indicated that employee perceptions of job insecurity were significantly related to greater affective insecurity and higher levels of job stress. However, greater enactment of country-level flexicurity (i.e., high flexibility coupled with high employment security) attenuated those relationships. These findings are discussed in light of recent European events, as well as implications of flexicurity policies on the health and well-being of employees during times of organizational change. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: What women want: Employment preference and adjustment among mothers.
Authors: Ciciolla, Lucia; Curlee, Alexandra S.; Luthar, Suniya S.;
Abstract: In this study of over 2000 mothers, we considered the alignment between employment preference and status, examining the well-being of mothers who were employed and wanting to work; employed because they need the money; not employed and not wanting work; and not employed but wanting to work. Alignment between employment preference and employment status was significantly associated with well-being, and mothers who stayed at home but wanted work had the most difficulties. Strong associations across multiple outcomes were found for emotional support variables, and costs of childcare was the most common reason for staying home even if employment was desired. Results suggest the importance of women’s self-agency in employment decisions, access to child-care, and emotional support in mothers’ lives. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: The influence of crisis resolution treatment on employment: A retrospective register-based comparative study.
Authors: Blæhr, Emely Ek; Madsen, Jacob Vagner; Christiansen, Nanna Limskov Stærk; Ankersen, Pia Vedel;
Abstract: Crisis resolution treatment (CRT) is a short-term acute psychiatric home-based treatment offered as an alternative to hospitalization. The purpose of CRT is to support patient recovery by maintaining and improving competencies in relation to everyday life. Individuals with mental disorders are at increased risk of leaving the labor market, which is a central aspect of everyday life. Thus, a primary outcome of interest is whether CRT enables higher employment compared with traditional hospitalization. The aim of this study was to assess the effectiveness of CRT compared with hospitalization in relation to attempted or committed suicides, admissions, readmissions and employment. This study utilized register-based psychiatric data. The CRT intervention, which was carried out in a psychiatric center (N = 374), was matched to traditional hospitalization treatment in a corresponding area (N = 9460). The outcomes (suicide attempts, suicides, admissions and readmissions) were replicated by applying propensity score matching (PSM) to evaluate the general treatment effect of CRT. The effectiveness of CRT on employment was estimated by applying PSM combined with a difference-in-difference estimator to account for any time trends. Receiving CRT was associated with significantly more employment after 1 year compared with hospitalization. Furthermore, after 1 year, receiving CRT was associated with fewer suicide attempts, admissions and readmissions. The associations were not significant after two years. The results suggest that CRT patients retain a higher employment rate, which could indicate better recovery. Using CRT could lead to savings in the social security system owing to higher employment rates. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-48874-005&site=ehost-live
Title: Provider perspectives on employment for people with serious mental illness.
Authors: Costa, Mark; Baker, Michaella; Davidson, Larry; Giard, Julienne; Guillorn, Linda; Ibáñez, Angels González; Weitz, Dawn; O'Connell, Maria;
Abstract: Background: Persons with serious mental illnesses (SMI) can lead productive lives, and the majority want to work. Mental health providers can play an important role in helping their clients gain and maintain employment. Aims: The Provider Survey was developed to shed additional light on providers’ views toward employment and recovery, and the utilization of Individual Placement and Support (IPS) supported employment (SE) services for people with SMI. Methods: A total of 1,306 providers of the State of Connecticut participated in the survey. Four main questions were addressed in the survey: what do providers do, what do they view as most important regarding employment, what are their views when it comes to what promotes recovery and what barriers do providers face in attempting to refer their clients to IPS services. Results: Referring clients to additional supports was rated as the most important aspect of what providers do; encouragement was rated as the most important component to enable clients in gaining and maintaining employment; agency, belonging and medical care were rated as most important in promoting recovery; and expectations that clients would be discriminated against at work was the most important barrier to referring clients for SE. Conclusion: This survey suggests that one reason that more clients may not be referred to IPS programs is that clinicians do not view employment or financial self-sufficiency as important factors in recovery, further compounding the historical view that these persons are unable to, and uninterested in, working. Such findings call for a provider education and training campaign to highlight the fact that most persons with SMI—Like most persons in general—Do want to work and, with supports, most are capable of doing so. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Case-mix tool, costs and effectiveness in improving primary care mental health and substance abuse services.
Authors: Riihimäki, Kirsi; Heiska-Johansson, Ainomaija; Ketola, Eeva;
Abstract: Background: Despite its importance in improving care and developing services, high-quality data evaluating cost-effectiveness and services in different case-mix populations is scarce in primary care. Aims: The objective was to investigate the service use of those mental health and substance abuse patients, who use lots of services. Methods: Primary health care diagnosis-related groups (pDRG) is a tool to evaluate service provider system and improve efficiency, productivity and quality. We viewed all pDRG results available from the year 2015 concerning municipal mental health and substance abuse services. Results: In primary care mental health and substance abuse services, the most common ICD-10-codes were depression and substance abuse. One-fifth of patients produced 57% of costs. Their medium of appointments was 16 per year versus 6 per year of all patients. Only 54% of their diagnoses were recorded in the electronic health records versus 75% of all patients. They made 5.7 different pDRG episodes, including 1.8 episodes of depression, per patient. The average episode cost for this patient group was 301€. Conclusions: pDRG makes health care production transparent also in mental health and substance abuse services. It is easy to identify patients, who use a lot of services and thus induce the majority of costs, and focus on their needs in managing and developing services. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Involved, inputting or informing: 'shared' decision making in adult mental health care.

Authors: Bradley, Eleanor; Green, Debra; Health Expectations:


Abstract:

Background: A diagnosis of serious mental illness can impact on the whole family. Families informally provide significant amounts of care but are disproportionately at risk of carer burden when compared to those supporting people with other long-term conditions. Shared decision making (SDM) is an ethical model of health communication associated with positive health outcomes; however, there has been little research to evaluate how routinely family is invited to participate in SDM, or what this looks like in practice.

Objective: This UK study aimed to better understand how the family caregivers of those diagnosed with SMI are currently involved in decision making, particularly decisions about treatment options including prescribed medication. Objectives were to 1. Explore the extent to which family members wish to be involved in decisions about prescribed medication 2. Determine how and when professionals engage family in these decisions 3. Identify barriers and facilitators associated with the engagement of family in decisions about treatment. Participants: Open-ended questions were sent to professionals and family members to elicit written responses. Qualitative responses were analysed thematically. Results: Themes included the definition of involvement and 'rules of engagement.' Staff members are gatekeepers for family involvement, and the process is not democratic. Family and staff ascribe practical, rather than recovery-oriented roles to family, with pre-occupation around notions of adherence. Conclusions: Staff members need support, training and education to apply SDM. Time to exchange information is vital but practically difficult. Negotiated teams, comprising of staff, service users, family, peers as applicable, with ascribed roles and responsibilities could support SDM. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Authors: Lloyd-Evans, Brynmor; Paterson, Bethan; Onyett, Steve; Brown, Ellie; Istead, Hannah; Gray, Richard; Henderson, Claire; Johnson, Sonia;


Abstract:

In response to pressures on mental health inpatient beds and a perceived ‘crisis in acute care’, Crisis Resolution Teams (CRTs), acute home treatment services, were implemented nationally in England following the NHS Plan in the year 2000: an unprecedentedly prescriptive policy mandate for three new types of functional community mental health team. We examined the effects of this mandate on implementation of the CRT service model. Two hundred and eighteen CRTs were mapped in England, including services in all 65 mental health administrative regions. Eighty-eight percent (n = 192) of CRT managers in England participated in an online survey. CRT service organization and delivery was highly variable. Nurses were the only professional group employed in all CRT staff teams. Almost no teams adhered fully to government implementation guidance. CRT managers identified several aspects of CRT service delivery as desirable but not routinely provided. A national policy mandate and government guidance and standards have proved insufficient to ensure CRT implementation as planned. Development and testing of resources to support implementation and monitoring of a complex mental health intervention is required. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
A coproduced patient and public event: An approach to developing and prioritizing ambulance performance measures.

Authors: Irving, Andy; Turner, Janette; Marsh, Maggie; Broadway-Parkinson, Andrea; Fall, Dan; Coster, Joanne; Siriwardena, A. Niroshan;


Abstract: Background: Patient and public involvement (PPI) is recognized as an important component of high-quality health services research. PPI is integral to the Pre-hospital Outcomes for Evidence Based Evaluation (PhOEBE) programme. The PPI event described in detail in this article focusses on the process of involving patients and public representatives in identifying, prioritizing and refining a set of outcome measures that can be used to support ambulance service performance measurement. Objective: To obtain public feedback on little known, complex aspects of ambulance service performance measurement. Design: The event was codesigned and coproduced with the PhOEBE PPI reference group and PhOEBE research team. The event consisted of brief researcher-led presentations, group discussions facilitated by the PPI reference group members and electronic voting. Setting and participants: Data were collected from eighteen patient and public representatives who attended an event venue in Yorkshire. Results: The results of the PPI event showed that this interactive format and mode of delivery was an effective method to obtain public feedback and produced a clear indication of which ambulance performance measures were most highly favoured by event participants. Discussion and conclusions: The event highlighted valuable contributions the PPI reference group made to the design process, supporting participant recruitment and facilitation of group discussions. In addition, the positive team working experience of the event proved a catalyst for further improvements in PPI within the PhOEBE project. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Mental health nursing: Daring to be different, special and leading recovery-focused care?

Authors: Santangelo, Peter; Procter, Nicholas; Fassett, Denise;


Abstract: How mental health nursing is differentiated from other disciplines and professions, and what special contribution mental health nurses make to health services, is a question at the heart of contemporary practice. One of the significant challenges for mental health nurses is identifying, developing and advancing those aspects of their practice that they consider differentiate them in the multi-disciplinary mental health care team and to articulate clearly what a mental health nurse is and does. This paper draws on data from interviews with 36 mental health nurses in Australia who identified their practice as autonomous. Participants were asked the question, 'What's special about mental health nursing?' Constructivist grounded theory techniques were applied to the research process. Findings were formulated and expressed as the 'Ten P's of the professional profile that is mental health nursing', which are 'present', 'personal', 'participant partnering', 'professional', 'phenomenological', 'pragmatic', 'power-sharing', 'psycho-therapeutic', 'proud' and 'profound'. The combined elements of the findings present a theoretical construct of mental health nursing practice as something distinctive and special. It provides a model and exemplar for contemporary practice in mental health nursing, embracing the role of mental health nurses in the health care workforce as being well placed as providers of productive and effective care. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Seeking and defining the ‘special’ in specialist mental health nursing: A theoretical construct.

Authors:
Santangelo, Peter; Procter, Nicholas; Fassett, Denise;

**Source:**

**Abstract:**
In the context of an enduring debate about the distinct identity of mental health nursing, this qualitative study explored the nature, scope and consequences of mental health nursing practice. Data for interpretation were generated through interviews with 36 mental health nurses, five of their clients and one health care colleague, each of whom were asked to speak in as much detail as possible about what they believe is special about mental health nursing and what had influenced them to arrive at this understanding. Using a constructivist grounded theory approach, the study generated a substantive theory of recovery-focused mental health nursing expressed as 'Being in the here and now, side by side, co-constructing care'. The study revealed that the distinct nature and identity of mental health nursing provides the foundation that primes and drives practice scope and consequences. Conceptual interpretations of the data emphasized the mental health nursing perspective of care as an acquired lens founded in nursing as a profession and enhanced by the relational interplay between the nurse and the client that facilitates the nurse to adopt recovery-focused practices. This theoretical construct holds the potential to be the mediating connection between client and mental health nurse. By situating mental health nursing and its central role in practice as something co-constructed, findings from this study can be expanded beyond the Australian context, particularly in terms of mental health nursing's distinct professional identity and practice. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-05504-001&site=ehost-live

---

Title:
How do people with long-term mental health problems negotiate relationships with network members at times of crisis?

Authors:
Walker, Sandra; Kennedy, Anne; Vassilev, Ivaylo; Rogers, Anne;

**Source:**

**Abstract:**
Background: Social network processes impact on the genesis and management of mental health problems. There is currently less understanding of the way people negotiate networked relationships in times of crisis compared to how they manage at other times. Objective: This paper explores the patterns and nature of personal network involvement at times of crises and how these may differ from day-to-day networks of recovery and maintenance. Method: Semi-structured interviews with 25 participants with a diagnosis of long-term mental health (MH) problems drawn from recovery settings in the south of England. Interviews centred on personal network mapping of members and resources providing support. The mapping interviews explored the work of network members and changes in times of crisis. Interviews were recorded, transcribed and analysed using a framework analysis. Results: Three key themes were identified: the fluidity of network relationality between crisis and recovery; isolation as a means of crises management; leaning towards peer support. Personal network input retreated at times of crisis often as result of 'ejection' from the network by participants who used self-isolation as a personal management strategy in an attempt to deal with crises. Peer support is considered useful during a crisis, whilst the role of services was viewed with some ambiguity. Conclusions: Social networks membership, and type and depth of involvement, is subject to change between times of crisis and everyday support. This has implications for managing mental health in terms of engaging with network support differently in times of crises versus recovery and everyday living. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


---

Title:
Developing and using vignettes to explore the relationship between risk management practice and recovery-oriented care in mental health services.

Authors:
Holley, Jessica; Gillard, Steven;  
**Source:** Qualitative Health Research, Vol 28(3), Feb, 2018 pp. 371-380. Publisher: Sage Publications;  
**Abstract:** There is a lack of literature evaluating the development and use of vignettes to explore contested constructs in qualitative health care research where a conventional interview schedule might impose assumptions on the data collected. We describe the development and validation of vignettes in a study exploring mental health worker and service user understandings of risk and recovery in U.K. mental health services. Focus groups with mental health workers and service users explored study questions from experiential perspectives. Themes identified in the groups were combined with existing empirical literature to develop a set of vignettes. Feedback focus groups were conducted to validate and amend the vignettes. Following use in research interviews, results suggested that the vignettes had successfully elicited data on issues of risk and recovery in mental health services. Further research using creative, comparative methods is needed to fully understand how vignettes can best be used in qualitative health care research. (PsycINFO Database Record (c) 2018 APA, all rights reserved)  

[Link to article](http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2018-01343-004&site=ehost-live)

[Back to top](#)