Current Awareness Service

Issue no. 2 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 **link on the left. You will find link/s for Item held on CKN (example shown below).**

  ![Example of an article link](image)

Article is not available on CKN?

- If the article is not available on CKN, **will display on the left.**

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

  ![Example of an article request](image)

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

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

Cairns Hospital Library & Knowledge Centre  
P: 4226 6679  
E: cairns_library@health.qld.gov.au

QEII Jubilee Hospital Library  
P: 3275 6261  
E: qeii_lib@health.qld.gov.au

Caboolture Hospital Library  
P: 3883 7726  
E: cablib@health.qld.gov.au

Redcliffe Hospital Library  
P: 3883 7726  
E: redlib@health.qld.gov.au

Forensic and Scientific Services Library  
P: 32749159  
E: FSS_IRS@health.qld.gov.au

Redland Hospital Library  
P: 3488 3289  
E: bayside-lib@health.qld.gov.au

Gold Coast University Hospital Library  
P: 5687 1585  
E: gchlibrary@health.qld.gov.au

Robina Hospital Library  
P: 5668 6543  
E: robinahospitallibrary@health.qld.gov.au

Ipswich Hospital Library  
P: 3810 1344  
E: Ipswich_library@health.qld.gov.au

Rockhampton Hospital Health Sciences Library  
P: 4920 6287  
E: libhelp@health.qld.gov.au

Logan Hospital Library  
P: 3299 8508  
E: loganlib@health.qld.gov.au

Subacute and Ambulatory Library Service  
P: 3049 1507  
E: community_library@health.qld.gov.au

Mackay Hospital and Health Service Library  
P: 4885 7361  
E: mackay-library@health.qld.gov.au

Sunshine Coast Health Service Library  
P: 5202 2935  
E: SC-library@health.qld.gov.au

The Park Library  
P: 3271 8614  
E: parklibrary@health.qld.gov.au

Toowoomba Clinical Library Service  
P: 4616 5563  
E: ddhhs-library@health.qld.gov.au

The Prince Charles Hospital Library  
P: 3139 4085  
E: tpch_library@health.qld.gov.au

Townsville Health Library  
P: 4433 1763  
E: tsv-library@health.qld.gov.au

Princess Alexandra Hospital Library  
P: 07 3176 2571  
E: PAH_Library@health.qld.gov.au

Yacca Library (Mt Isa)  
P: 4745 4521  
E: mt_isa_library@health.qld.gov.au

University of Queensland Libraries

Herston Health Sciences Library  
P: 3365 5353  
E: hhsl@library.uq.edu.au

PACE Health Sciences Library  
P: 3346 1180  
E: pace@library.uq.edu.au

UQ/Mater McAuley Library  
P: 3163 1689  
E: mati@library.uq.edu.au
Anxiety

Title:
Predicting domestic and community violence by soldiers living in a conflict region.

Authors:
Nandi, Corina; Elbert, Thomas; Bambonye, Manassé; Weierstall, Roland; Reichert, Manfred; Zeller, Anja; Crombach, Anselm;

Source:
Publisher: Educational Publishing Foundation; [Journal Article]

Abstract:
Objective: Past research revealed war trauma and posttraumatic stress disorder (PTSD) symptoms as potential predictors for domestic and community violence in crisis regions and among soldiers in different armed conflicts. The impact of family violence and other adversities experienced in childhood as well as of a combat-enhanced appeal for aggressive behavior (appetitive aggression) remains to be specified.
Method: In the present study, the authors separately predicted violence against children, intimate partner violence and community violence in 381 Burundian soldiers returning from foreign deployment and living in a post-conflict region. Using path analysis, they aimed to disentangle the independent contributions and pathways of the following variables: Exposure to war trauma and childhood familial violence, PTSD and depression symptom severity, and appetitive aggression. Results: Childhood familial violence had an independent effect on all contexts of violence and was the only significant predictor for violence against the soldiers’ own children. Intimate partner violence was additionally predicted by depression symptom severity, while community violence was additionally predicted by PTSD symptom severity and appetitive aggression. Conclusions: Besides war-related mental ill-health and appetitive aggression, violent experiences during childhood development must not be overlooked as a factor fueling the cycle of violence in conflict regions. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Using the research domain criteria framework to track domains of change in comorbid PTSD and SUD.

Authors:
Zambrano-Vazquez, Laura; Levy, Hannah C.; Belleau, Emily L.; Dworkin, Emily R.; Howard Sharp, Katianna M.; Pittenger, Samantha L.; Schumacher, Julie A.; Coffey, Scott F.;

Source:
Publisher: Educational Publishing Foundation; [Journal Article]

Abstract:
Objectives: Comorbidity in diagnosis raises critical challenges for psychological assessment and treatment. The Research Domain Criteria (RDoC) Project, launched by the National Institutes of Mental Health, proposes domains of functioning as a way to conceptualize the overlap between comorbid conditions and inform treatment selection. However, further research is needed to understand common comorbidities (e.g., posttraumatic stress disorder [PTSD] and substance use disorder [SUD]) from an RDoC framework and how existing evidence-based treatments would be expected to promote change in the RDoC domains of functioning. To address these gaps, the current study examined change in 3 RDoC domains (Negative Valence Systems, Arousal/Regulatory Systems, and Cognitive Systems) during concurrent prolonged exposure (PE) and substance use treatment. Method: Participants were 85 individuals with co-occurring PTSD and SUD who received PE in a residential substance use treatment facility. They completed an experimental task to assess physiological reactivity to trauma and alcohol cues at pre- and posttreatment. Results: Results showed decreased severity in all 3 RDoC domains of interest across the study period. Pairwise comparisons between domains revealed that Arousal/Regulatory Systems had the lowest severity at posttreatment. Subsequent hierarchical linear regression analyses showed that posttreatment domain scores were associated with posttreatment cue reactivity for trauma and alcohol cues. Conclusions: The findings provide preliminary evidence of how the RDoC domains of...
functioning may change with evidence-based treatments and are discussed in terms of the assessment and treatment of mental health problems using the RDoC framework. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-05282-001&site=ehost-live

Title: Construct validity of the Race-Based Traumatic Stress Symptom Scale and tests of measurement equivalence.
Authors: Carter, Robert T.; Muchow, Carrie;
Publisher: Educational Publishing Foundation; [Journal Article]
Abstract: Objectives: The study was designed to examine the construct, measurement equivalence, and predictive validity of the Race-Based Traumatic Stress Symptom Scale (RBTSSS). Method: Confirmatory factor analysis (CFA) and structural equation modeling (SEM) were used with adults from various racial backgrounds throughout the Northeast. Results: The CFA revealed a good model fit and a second-order SEM supported the concept of race-based traumatic stress. Measurement equivalence was found for gender and race. Convergent validity was tested using canonical correlation analysis, whereby RBTSSS reactions were related to psychological outcomes. Conclusions: The findings of the CFA and SEM provide support for the measurement and theoretical models of the RBTSSS. Study findings offer scholarly and practical contributions to trauma assessment and treatment. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Measuring psychological change after trauma: Psychometric properties of a new bi-directional scale.
Authors: Nordstrand, Andreas Espetvedt; Hjemdal, Odin; Holen, Are; Reichelt, Jon Gerhard; Bøe, Hans Jakob;
Publisher: Educational Publishing Foundation; [Journal Article]
Abstract: Objective: The current scientific measures of posttraumatic changes in the wake of major stressors have mostly been unidirectional. This study is an attempt to develop a scale that will capture the continuum of positive to negative psychological changes after trauma. Method: Forty-five statements were presented to a veteran sample (N = 4,053) with the request to report for each item their experiences of negative, positive, or no posttraumatic changes as a result of their deployment to Afghanistan. Results: Principal component analysis brought out 4 dimensions; 26 nonoverlapping items that had correlations above .40 were selected for the final version of the scale. The 4 dimensions were given the following designations: Self-Confidence, Interpersonal Involvement, Awareness, and Social Adaptability. Most veterans reported positive changes (36.8–80.8%) whereas a minority reported negative changes (4.5–22.0%). The total scale score correlated negatively with measures of depression, anxiety, sleep disorders, and posttraumatic stress symptoms. Conclusion: The posttraumatic change scale (PTCS) demonstrated acceptable psychometric properties and captured the range from negative to positive posttraumatic changes after major stress. Contrary to several previous studies, positive posttraumatic change, as measured by the PTCS, was not associated with increased symptoms of psychopathology. This underscores the heterogeneity of psychological responses to traumatic events. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Abstract:
Objective: Trauma exposure and trauma symptom manifest have been associated with issues unique to the adjudicated youth population (Perkins, Calhoun, Glaser, & Kunemund, 2016), which necessitates accurate screening tools to facilitate appropriate allocation of resources (Briggs et al., 2013; Kerig, Moeddel, & Becker, 2011). The Child Report of Posttraumatic Symptoms (CROPS; Greenwald & Rubin, 1999) is a short and effective trauma assessment tool; however, predictive accuracy of the CROPS in classifying previous trauma exposure(s) as well as the factor structure of the CROPS has not been examined with this population. Method: Retrospective data of 215 adjudicated youth (50.2% boys) were used to investigate the predictive accuracy of the CROPS in detecting previous trauma exposures. Further, researchers examined the factor structure of the CROPS to identify principle components that most strongly contributed to accurate classification. Results: Logistic regression analyses indicated moderate predictive accuracy (64.2%) in identifying reported trauma histories for the total sample and among both adjudicated males (61.1%) and females (66.4%). Principle components analyses revealed a stable 3-factor solution (accounting for 47% of total variance) and yielded a 14-item CROPS factor accounting for 32.3% of total variance. The 14-item factor demonstrated improved predictive accuracy over the full 26-item CROPS for the total sample (65.1%) and among adjudicated males (66.7%). Conclusion: Overall findings provide moderate support for the utility of the CROPS in accurately identifying previous trauma exposure(s) among adjudicated youth and provide preliminary support for a 14-item version of the CROPS for screening for trauma symptoms in adjudicated youth. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: Mental strategies as mediators of the link between attachment and PTSD.

Authors: Ferrajão, Paulo Correia; Badoud, Deborah; Oliveira, Rui Aragão;

Publisher: Educational Publishing Foundation; [Journal Article]

Abstract: The authors analyzed the relationship between attachment dimensions (avoidance and anxiety) and posttraumatic stress disorder (PTSD) symptoms through the mediation of the mental strategies organization, that is, behavioral and intrapsychic strategies used to cope with traumatic events and symptoms, among a sample of war veterans. Sample was composed of Portuguese war veterans (N = 60): 30 veterans suffered from chronic PTSD (nonrecovered) and 30 veterans had remission from PTSD (recovered). Assessment of mental strategies was retrieved from 1 interview assessed by 3 judges, and attachment patterns and PTSD symptoms were assessed through self-report measures. Path coefficients of direct and total effects were estimated. Results showed lower mental strategies organization and higher attachment anxiety among nonrecovered participants. Indirect effect of attachment anxiety on PTSD symptoms through mental strategies was significant when no variable was entered as covariate. Indirect effect of attachment avoidance on PTSD symptoms through mental strategies organization was not significant. The authors discussed that the development of more mature mental strategies play a central role in working with veterans to cope with posttraumatic symptoms. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Treatment of developmental stress disorder: Mind, body and brain—Analysis and pharmacology coupled.

Authors: McFadden, Joseph;


Abstract: The schism between psychiatry, psychology and analysis, while long present, has widened even more in the past half-century with the advances in psychopharmacology. With the advances in electronic brain imaging, particularly in developmental and post-traumatic stress disorders, there has emerged both an understanding of brain changes resulting from severe, chronic stress and an ability to target brain chemistry in ways that can relieve clinical symptomatology. The use of alpha-1 adrenergic brain receptor antagonists decreases many of the manifestations of PTSD. Additionally, this paper discusses the ways in which dreaming, thinking and the analytic process are facilitated with this concomitant treatment and hypervigilence and hyper-arousal states are significantly decreased. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Trauma cognitions are related to symptoms up to 10 years after cognitive behavioral treatment for posttraumatic stress disorder.

Authors: Scher, Christine D.; Suvak, Michael K.; Resick, Patricia A.;

Publisher: Educational Publishing Foundation; [Journal Article]

Abstract: Objectives: This study examined (a) relationships between trauma-related cognitions and posttraumatic stress disorder (PTSD) symptoms from pretreatment through a long-term period after cognitive–behavioral therapy (CBT) for PTSD and (b) whether these relationships were impacted by treatment type. Method:
Participants were 171 women randomized into treatment for PTSD after rape. Measures of self-reported trauma-related cognitions and interviewer-assessed PTSD symptoms (i.e., Posttraumatic Maladaptive Beliefs Scale, Trauma-Related Guilt Inventory, and Clinician-Administered PTSD Scale) were obtained at pretreatment, posttreatment, and 3-month, 9-month, and 5–10 year follow-ups. Multilevel regression analyses were used to examine relationships between trauma-related cognitions and PTSD symptoms throughout the study period and whether these relationships differed as a function of treatment type (i.e., Cognitive Processing Therapy or Prolonged Exposure). Results: Initial multilevel regression analyses that examined mean within-participant associations suggested that beliefs regarding Reliability and Trustworthiness of Others, Self-Worth and Judgment, Threat of Harm, and Guilt were related to PTSD symptoms throughout follow-up. Growth curve modeling suggested that patterns of belief change throughout follow-up were similar to those previously observed in PTSD symptoms over the same time period. Finally, multilevel mediation analyses that incorporated time further suggested that change in beliefs was related to change in symptoms throughout follow-up. With 1 minor exception, relationships between beliefs and symptoms were not moderated by treatment type. Conclusions: These data suggest that trauma-related cognitions are a potential mechanism for long-term maintenance of treatment gains after CBT for PTSD. Moreover, these cognitions may be a common, rather than specific, treatment maintenance mechanism. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-06113-001&site=ehost-live

Title: The four faces of rumination to stressful events: A psychometric analysis.
Authors: García, Felipe E.; Duque, Almudena; Cova, Félix;
Publisher: Educational Publishing Foundation; [Journal Article]
Abstract: Objective: To increase the knowledge of rumination and its associations with stressful events, we explored the relationships between 4 types of rumination (brooding, reflection, intrusive, and deliberate rumination) in a sample of 750 adult participants who experienced a highly stressful event. We also explored the predictive value of the different types of rumination on posttraumatic stress symptoms and posttraumatic growth 6 months after the highly stressful event occurred. Method: Participants completed the Ruminative Response Scale and the Event-Related Rumination Inventory. Brooding and reflection rumination were obtained from the Ruminative Response Scale, whereas deliberate and intrusive rumination were obtained from the Event-Related Rumination Inventory. Confirmatory factorial analyses were conducted using the 4 types of rumination to test 3 different models: (a) 4-factor model (brooding, reflection, intrusive, and deliberate rumination), (b) 2-factor model: adaptive rumination (reflection and deliberate) and maladaptive rumination (brooding and intrusive), and (c) 2-factor model: depressive rumination (brooding and reflection) and posttraumatic rumination (intrusive and deliberate). Results: It was observed that the 4-factor model showed the best fit to the data. Moreover, 6 months later it was observed that the most significant predictor of posttraumatic symptoms was intrusive rumination, whereas deliberate rumination was the most significant predictor of posttraumatic growth. Conclusions: Results indicate that the 4 types of rumination are differentiated constructs. Ruminative thoughts experienced after a stressful event predicted posttraumatic consequences 6 months later. Implications of these findings are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: A comparison of veterans who repeat versus who do not repeat a course of manualized, cognitive-behavioral therapy for posttraumatic stress disorder.
Authors: Schumm, Jeremiah A.; Pukay-Martin, Nicole D.; Gore, Whitney L.;
Abstract:
Despite evidence that cognitive-behavioral therapy (CBT) for posttraumatic stress disorder (PTSD) is effective, some individuals do not experience clinically significant reduction or remission of their PTSD symptoms. These individuals may return for additional PTSD-focused psychotherapy. However, there is no research to know whether PTSD treatment repeaters have worse symptoms prior to the initial treatment episode or display differences in other pretreatment characteristics versus nonrepeaters. Research is also needed to explore whether treatment repeaters exhibit PTSD symptom changes during an initial or second course of treatment. The current study examines differences in pretreatment characteristics and treatment response among U.S. military veterans who participated in either a single course (n = 711) or in two separate courses (n = 87) of CBT for PTSD through an outpatient Veterans Affairs PTSD treatment program. Veterans completing two courses of CBT for PTSD were more likely to be married and employed and more likely to drop out of their initial course of treatment versus those who completed a single course. Hierarchical linear models showed that reductions in PTSD symptoms during treatment were not different for those who completed a second versus single course of CBT for PTSD. However, for those participating in two courses of CBT for PTSD, a relapse in PTSD symptoms was observed between the first and second course. These findings show that a second course of CBT may be viable for those with ongoing PTSD symptoms. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Using interpersonal process recall to compare patients’ accounts of resistance in two psychotherapies for generalized anxiety disorder.
Authors: Morrison, Nicholas R.; Constantino, Michael J.; Westra, Henny A.; Kertes, Angela; Goodwin, Brien J.; Antony, Martin M.;
Source: Journal of Clinical Psychology, Vol 73(11), Nov, 2017 pp. 1523-1533. Publisher: John Wiley & Sons;
Abstract: In a trial examining whether cognitive-behavioral therapy (CBT) could be improved by integrating motivational interviewing (MI) to target resistance, MI-CBT outperformed CBT over 12-month followup (Westra, Constantino, & Antony, 2016). Given that effectively addressing resistance is both a theoretically and an empirically supported mechanism of MI’s additive effect, we explored qualitatively patients’ experience of resistance, possibly as a function of treatment. For 5 patients from each treatment who exhibited early insession change ambivalence, and thus were at risk for later resistance, we conducted interpersonal process recall interviews after a session. Transcripts were analyzed with grounded theory and consensual qualitative research. A salient contrast in patient narratives was a sense of compliance engendered in standard CBT versus connection in MI-CBT. Yet both narratives supported the superordinate category of resistance as an interpersonal process triggered by patient perceptions of therapist beliefs and behaviors. Findings contribute to the conceptualization of resistance from patients’ firsthand accounts. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: The two faces of avoidance: Time‐frequency correlates of motivational disposition in blood phobia.
Authors: Mennella, Rocco; Sarlo, Michela; Messerotti Benvenuti, Simone; Buodo, Giulia; Mento, Giovanni; Palomba, Daniela;
Abstract: Contrary to other phobias, individuals with blood phobia do not show a clear-cut withdrawal disposition from the feared stimulus. The study of response inhibition provides insights into reduced action disposition in blood phobia. Twenty individuals with and 20 without blood phobia completed an emotional go/no-go task including phobia-related pictures, as well as phobia-unrelated unpleasant, neutral, and pleasant stimuli. Behavioral results did not indicate a phobia-specific reduced action disposition in the phobic group. Time-frequency decomposition of event-related EEG data showed a reduction of right prefrontal activity,
as indexed by an increase in alpha power (200 ms), for no-go mutilation trials in the phobic group but not in controls. Moreover, theta power (300 ms) increased specifically for phobia-related pictures in individuals with, but not without, blood phobia, irrespective of go or no-go trial types. Passive avoidance of phobia-related stimuli subtended by the increased alpha in the right prefrontal cortex, associated with increased emotional salience indexed by theta synchronization, represents a possible neurophysiological correlate of the conflicting motivational response in blood phobia. Through the novel use of time-frequency decomposition in an emotional go/no-go task, the present study contributed to clarifying the neurophysiological correlates of the overlapping motivational tendencies in blood phobia. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: War and well-being: The association between forgiveness, social support, posttraumatic stress disorder, and well-being during and after war.

Authors: Weinberg, Michael; Harel, Hila; Shamani, Michal; Or-Chen, Keren; Ron, Pnina; Gil, Sharon;


Abstract: Exposure to war can lead to numerous traumatic experiences affecting the daily lives and personal well-being of the civilian population. However, no research to date has examined the associations between postwar well-being and posttraumatic stress disorder (PTSD) symptoms, tendency to forgive, and social support during and following war. Authors examined a sample of 160 Israeli civilians who were exposed to rocket and missile fire during the 2014 Gaza War. Time 1 (T1) started approximately one week after the beginning of the war and ended four weeks later following the first 72-hour ceasefire declaration by the United Nations. Respondents were re-approached by personal e-mail approximately one month after T1.

A structural equation model design showed that higher postwar tendency to forgive, and social support, are associated with higher postwar well-being. It is notable that higher social support during the war had a negative effect on postwar well-being. In addition, higher posttraumatic symptoms and well-being during the war had a positive effect on higher postwar well-being. The study findings reinforce the importance of personal variables in postwar well-being. However, increased awareness of both social support and PTSD symptoms as 'double-edged sword' resources is advisable, considering the different effects of social support and PTSD symptoms on well-being both during and after the war. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Persistent encopresis, enuresis, and anxiety in a 7-year-old girl.

Authors: Nelson, Theodora; Chae, Heekyung; Anbar, Ran D.; Stein, Martin T.;


Abstract: CASE: Sonia is a 7-year-old old girl who was referred to the Developmental-Behavioral Pediatrics Clinic by the Pediatric Urology Clinic because of persistent wetting and soiling behaviors. Since age 3 years, she has had a history of encopresis (and wetting) for which she has seen gastroenterology and urology specialists. The mother reports that Sonia has accidents almost daily, and she is not upset when sitting in her urine or feces. She dislikes going into the bathroom or sitting on the toilet by herself. She participated in a behavior modification program associated with the pediatric urology clinic, which helps children learn healthy voiding habits and achieve continence. Sonia also has anxious behaviors. She bites her nails and chews on her hair or shirt. She is afraid of small spaces such as those between the bed and the wall and needs to have stuffed animals cover them. Other instances that trigger her anxious behaviors include loud noises, having a substitute teacher, being separated from her mother, and going to certain bathrooms or new places. She also has severe tantrums, which involve throwing and breaking objects, kicking, and hitting her head against doors. A cognitive behavioral therapy program was recommended to target anxiety symptoms, in addition to timed toileting after meals and polyethylene glycol. At a clinic visit several
months later, symptoms of anxiety, encopresis, and enuresis persisted. Cognitive behavior therapy was continued and sertraline 25 mg was prescribed for anxiety. In addition, she was referred to a pediatrician who specializes in relaxation techniques and hypnotherapy. Sonia showed modest improvement with these interventions. There were fewer episodes of angry outbursts and a decrease in soiling and wetting, but at times, she continued to have intermittent periods of wetting and soiling and fear of going to the bathroom by herself persisted. (This Challenging Case extends observations reviewed in a previous Challenging Case: J Dev Behav Pediatr 2010;531:513–515; DOI: 10.1097/DBP.0b013e3181e5a464.) (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Risk factors of delayed onset posttraumatic stress disorder in chronically critically ill patients.
Authors:
Wintermann, Gloria-Beatrice; Rosendahl, Jenny; Weidner, Kerstin; Strauß, Bernhard; Petrowski, Katja;
Source:
Journal of Nervous and Mental Disease, Vol 205(10), Oct, 2017 pp. 780-787. Publisher: Lippincott Williams & Wilkins; [Journal Article]
Abstract:
The main aim of this study was to investigate factors associated with a delayed-onset posttraumatic stress disorder (PTSD) after the intensive care unit (ICU) treatment of patients with a chronic critical illness (CCI). Patients (n = 97) with critical illness polyneuropathy or critical illness myopathy were interviewed via the Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders, 4th Edition. The diagnosis of the acute stress disorder was assessed within 1 month (t1), the diagnosis of PTSD at 3 (t2) and 6 (t3) months after transfer from the acute care ICU to the post-acute ICU. Patients showing a delayed-onset or persistent course of PTSD were subsumed in one group; 24.7% (n = 24) showed a delayed-onset PTSD. Significant risk factors were as follows: the severity of the medical illness, the perceived fear of dying at the ICU, the number of traumatic memories from the ICU, and the presence of a coronary heart disease. Every fourth patient with CCI showed a delayed-onset PTSD up to 6 months after the ICU treatment. Markers for a delayed-onset PTSD should already be assessed at the time of discharge from the ICU. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip.athens&db=psyh&AN=2017-46821-005&site=ehost-live

Title:
Political affiliation, probable PTSD, and symptoms of depression in Iraq and Afghanistan combat veterans: A pilot study.
Authors:
Lating, Jeffrey M.; Moore, Rich A.; Sherman, Martin F.; Kirkhart, Matthew W.; Everly, George S. Jr.; Chen, Justin K.;
Source:
Journal of Nervous and Mental Disease, Vol 205(10), Oct, 2017 pp. 809-811. Publisher: Lippincott Williams & Wilkins; [Journal Article]
Abstract:
Ideological commitment of military personnel has been associated with mitigating trauma and protecting mental health. This pilot study assessed whether Democratic and Republican political affiliation differentially predicted probable posttraumatic stress disorder (PTSD) and symptoms of depression in 62 male Iraq and Afghanistan combat veterans. The Liberalism-Conservatism Scale, the PTSD Checklist—Military Version (PCL-M), and the Patient Health Questionnaire–9 (PHQ-9) were assessment measures. Results revealed that Democratic combat veterans had stronger liberal attitudes than Republican combat veterans (r = 0.95). Moreover, of the 50% of the entire sample higher than the cutoff score of 50 on the PCL-M, 84.8% were Democrats compared with 10.3% of Republicans. On the PHQ-9, 46.9% of Democrats compared with 3.7% of Republicans were higher than the cutoff score of 20. These initial results suggest possible mechanisms of action, including differences in shattered world view assumptions, willingness to disclose emotional concerns, and physiological reactions between Democratic and Republican combat veterans. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title:
The effects of optimism, religion, and hope on mood and anxiety disorders in women with the FMR1 premutation.

Authors:
Lowell, E. P.; Tonnsen, B. L.; Bailey, D. B.; Roberts, J. E.;

Source:

Abstract:
Background: The FMR1 premutation, caused by a CGG trinucleotide repeat expansion on the FMR1 gene, has been identified as a genetic risk factor for mood and anxiety disorders. Building on recent studies identifying increased risk for mood and affective disorders in this population, we examined effects of potential protective factors (optimism, religion, hope) on depression and anxiety diagnoses in a prospective, longitudinal cohort. Methods: Eighty-three women with the FMR1 premutation participated in the Structured Clinical Interview for DSM-IV-TR Disorders at two-time points, 3 years apart. Participants also completed measures of optimism, religion, personal faith, hope, and child and family characteristics. We used logistic regression to examine correlates of major depressive disorder (MDD) and anxiety disorders at the initial assessment, as well as predictors of the diagnostic course over time. Results: Lower optimism and higher religious participation relevant to fragile X syndrome at the initial assessment were associated with a lifetime history of MDD. Lower optimism also predicted the occurrence and reoccurrence of an anxiety disorder 3 years later. Conclusions: In women with the FMR1 premutation, elevated optimism may reduce the occurrence or severity of MDD and anxiety disorders. These findings underscore the importance of supporting mental health across the FMR1 spectrum of involvement. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-40390-001&site=ehost-live

Title:
Brain-gut-microbiota axis and mental health.

Authors:
Dinan, Timothy G.; Cryan, John F.;

Source:
Psychosomatic Medicine, Vol 79(8), Oct, 2017 Special Issue: Brain-Gut Interactions and the Intestinal Microenvironment. pp. 920-926. Publisher: Lippincott Williams & Wilkins; [Journal Article]

Abstract:
Objective: The brain-gut-microbiota axis has been put forward as a new paradigm in neuroscience, which may be of relevance to mental illness. The mechanisms of signal transmission in the brain-gut-microbiota axis are complex and involve bidirectional communications that enable gut microbes to communicate with the brain and the brain to communicate with the microbes. This review assesses the potential usefulness and limitations of the paradigm. Methods: A selective literature review was conducted to evaluate the current knowledge in clinical and preclinical brain-gut-microbiota interactions as related to psychiatric disorders. Results: Most published studies in the field are preclinical, and there is so far a lack of clinical studies. Preliminary studies in psychiatric populations support the view of a dysbiosis in some conditions, but studies are often small scale and marred by potential confounding variables. Preclinical studies support the view that psychobiotics ("bacteria which when ingested in adequate amounts have a positive mental health benefit") might be of use in treating some patients with mental health difficulties. To date, we have no well-conducted studies in clinical populations, although there are some studies in healthy volunteers. A cocktail of probiotics has been shown to alter brain activity as monitored by functional magnetic resonance imaging, and Bifidobacterium longum was reported to alter brain electrical activity. Conclusions: It has yet to be convincingly demonstrated that the exciting findings of psychobiotic efficacy demonstrated in preclinical models of psychiatric illness will translate to patients. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: The microbiome in posttraumatic stress disorder and trauma-exposed controls: An exploratory study.
Authors: Hemnings, Sian M. J.; et al.
Source: Psychosomatic Medicine, Vol 79(8), Oct, 2017 Special Issue: Brain-Gut Interactions and the Intestinal Microenvironment. pp. 936-946. Publisher: Lippincott Williams & Wilkins; [Journal Article]
Abstract: Objective: Inadequate immunoregulation and elevated inflammation may be risk factors for posttraumatic stress disorder (PTSD), and microbial inputs are important determinants of immunoregulation; however, the association between the gut microbiota and PTSD is unknown. This study investigated the gut microbiome in a South African sample of PTSD-affected individuals and trauma-exposed (TE) controls to identify potential differences in microbial diversity or microbial community structure. Methods: The Clinician-Administered PTSD Scale for DSM-5 was used to diagnose PTSD according to Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition criteria. Microbial DNA was extracted from stool samples obtained from 18 individuals with PTSD and 12 TE control participants. Bacterial 16S ribosomal RNA gene V3/V4 amplicons were generated and sequenced. Microbial community structure, α-diversity, and β-diversity were analyzed; random forest analysis was used to identify associations between bacterial taxa and PTSD. Results: There were no differences between PTSD and TE control groups in α- or β-diversity measures (e.g., α-diversity: Shannon index, t = 0.386, p = .70; β-diversity, on the basis of analysis of similarities: Bray-Curtis test statistic = -0.033, p = .70); however, random forest analysis highlighted three phyla as important to distinguish PTSD status: Actinobacteria, Lentisphaerae, and Verrucomicrobia. Decreased total abundance of these taxa was associated with higher Clinician-Administered PTSD Scale scores (r = -0.387, p = .035). Conclusions: In this exploratory study, measures of overall microbial diversity were similar among individuals with PTSD and TE controls; however, decreased total abundance of Actinobacteria, Lentisphaerae, and Verrucomicrobia was associated with PTSD status. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Amiloride-sensitive cation channel 2 genotype affects the response to a carbon dioxide panic challenge.
Authors: Leibold, Nicole K.; van den Hove, Daniel L. A.; Viechtbauer, Wolfgang; Kenis, Gunter; Goossens, Liesbet; Lange, Iris; Knuts, Inge; Smeets, Hubert J.; Myin-Germeys, Inez; Steinbusch, Harry W. M.; Schruers, Koen R. J.;
Abstract: Until recently, genetic research into panic disorder (PD) has had only limited success. Inspired by rodent research, demonstrating that the acid-sensing ion channel 1a (ASIC1a) is critically involved in the behavioral fear response to carbon dioxide (CO₂) exposure, variants in the human homologue gene amiloride-sensitive cation channel 2 (ACCN2) were shown to be associated with PD. However, the relationship between changes in brain pH and ACCN2, as done in rodents by CO₂ exposure, has not been investigated yet in humans. Here, we examined this link between the ACCN2 gene and the response to CO₂ exposure in two studies: in healthy volunteers as well as PD patients and using both behavioral and physiological outcome measures. More specifically, 107 healthy volunteers and 183 PD patients underwent a 35% CO₂ inhalation. Negative affect was assessed using visual analogue scales and the panic symptom list (PSL), and, in healthy volunteers, cardiovascular measurements. The single nucleotide polymorphism rs10875995 was significantly associated with a higher emotional response in PD patients and with an increase in systolic as well as diastolic blood pressure in healthy subjects. In all measurements, subjects homozygous for the T-allele showed a heightened reactivity to CO₂. Furthermore, a trend towards an rs685012 genotype effect on the emotional response was found in PD patients. We provide the first evidence that genetic variants in the ACCN2 are associated with differential sensitivity to CO₂ in PD patients as well as healthy volunteers, further supporting ACCN2 as a promising candidate for future research to improve current treatment options. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Development of the Cogniphobia Scale for Headache Disorders (CS-HD): A pilot study.
Authors: Seng, Elizabeth K.; Klepper, Jaclyn E.
Abstract: Cogniphobia refers to the specific fear and avoidance of cognitive exertion, which is believed to precipitate or exacerbate headache. This parallels a well-documented phenomenon, kinesiophobia (fear of movement), in chronic pain. The existing measure of cogniphobia (C-Scale) was developed in persons with posttraumatic headache, and item content may not generalize to the broader headache population. This study aimed to develop and begin the initial examination of the psychometrics of a novel measure of cogniphobia for headache disorders: The Cogniphobia Scale for Headache Disorders (CS-HD). Candidate CS-HD items were developed through content analysis, patient evaluation, and peer debriefing. Eighty adults with migraine recruited from a headache center completed 23 candidate items for the CS-HD and surveys of demographics, anxiety, and headache locus of control. A series of dimensionality analyses identified a single component, composed of 15 items, which accounted for 54.05% of the variance in the CS-HD items. The CS-HD demonstrated high internal consistency in this sample (α = 0.94). Preliminary convergent validity analyses found CS-HD total scores were positively associated with anxiety (ρ = .37, p = .001) and locus of control (internal, r = .45, p < .001; chance, r = .30, p = .009). This study provides initial evidence supporting the use of the CS-HD to evaluate cogniphobia in people with headache. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Ketamine’s dose-related effects on anxiety symptoms in patients with treatment refractory anxiety disorders.
Authors: Glue, Paul; Medlicott, Natalie J.; Harland, Sarah; Neehoff, Shona; Anderson-Fahey, Bridie; Le Nedelec, Martin; Gray, Andrew; McNaughton, Neil;
Abstract: The N-methyl-D-aspartate receptor antagonist ketamine has rapid onset activity in treatment-resistant depression, post-traumatic stress disorder and obsessive compulsive disorder. Due to similarities in brain network activity in depression and anxiety disorders, we hypothesized that ketamine might also be active in other refractory anxiety disorders. We evaluated the efficacy and safety of ketamine in 12 patients with refractory generalized anxiety disorder and/or social anxiety disorder who were not currently depressed, using an ascending single dose study design (0.25, 0.5, 1 mg/kg administered subcutaneously) at weekly intervals. Within 1 h of dosing, patients reported reduced anxiety, which persisted for up to seven days. A dose-response profile was noted for anxiolytic effects, dissociative side effects, and changes in blood pressure and heart rate, with minor changes at 0.25 mg/kg, and progressively greater and more durable changes at the higher doses. Ten of 12 patients were treatment responders at 0.5–1 mg/kg. Ketamine was safe and well tolerated in this population. Ketamine may be a potential therapeutic alternative for patients with refractory generalized anxiety disorder/social anxiety disorder. Along with its demonstrated effectiveness in patients with treatment-resistant depression, obsessive compulsive disorder and post-traumatic stress disorder, these data raise the intriguing possibility that ketamine may have broad efficacy in disorders characterized by negative emotional states, and that these disorders may share a common precipitating neurobiology. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Effect of ketamine dose on self-rated dissociation in patients with treatment refractory anxiety disorders.
Authors: Castle, Cameron; Gray, Andrew; Neehoff, Shona; Glue, Paul;
Abstract: Patients receiving ketamine for refractory depression and anxiety report dissociative symptoms in the first 60 min post-dose. The most commonly used instrument to assess this is the Clinician-Administered Dissociative States Scale (CADSS), developed based on the assessment of patients with dissociative symptoms. Its psychometric properties for ketamine-induced dissociation have not been reported. We evaluated these from a study using 0.25–1 mg/kg ketamine and midazolam (as an active control) in 18 patients with treatment-resistant anxiety. Dissociation ratings were increased by ketamine in a dose-dependent manner. In contrast, midazolam showed no effect on ratings of dissociation. For individual CADSS items, the magnitude of change and the ketamine dose at which changes were observed were not homogenous. The Cronbach alpha for the total scale was high (0.937), with acceptable item-rest correlations for almost all individual items. Purposefully removing items to maximise alpha did not lead to meaningful improvements. Acceptable internal consistency was still observed after removing items which lacked evidence of responsiveness at lower doses. The high Cronbach alpha values identified in this study suggests that the CADSS is an internally consistent instrument for evaluating ketamine-induced dissociation in clinical trials in anxiety, although it does not capture symptoms such as thought disorder. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Dissecting the Yale-Brown Obsessive-Compulsive Scale severity scale to understand the routes for symptomatic improvement in obsessive-compulsive disorder.
Authors: da Conceição Costa, Daniel L.; Barbosa, Veronica S.; Requena, Guaraci; Shavitt, Roseli G.; de Bragança Pereira, Carlos A.; Diniz, Juliana B.;
Abstract: We aimed to investigate which items of the Yale-Brown Obsessive-Compulsive Severity Scale best discriminate the reduction in total scores in obsessive-compulsive disorder patients after 4 and 12 weeks of pharmacological treatment. Data from 112 obsessive-compulsive disorder patients who received fluoxetine (≤ 80 mg/day) for 12 weeks were included. Improvement indices were built for each Yale-Brown Obsessive-Compulsive Severity Scale item at two timeframes: from baseline to week 4 and from baseline to week 12. Indices for each item were correlated with the total scores for obsessions and compulsions and then ranked by correlation coefficient. A correlation coefficient ≥0.7 was used to identify items that contributed significantly to reducing obsessive-compulsive disorder severity. At week 4, the distress items reached the threshold of 0.7 for improvement on the obsession and compulsion subscales although, contrary to our expectations, there was greater improvement in the control items than in the distress items. At week 12, there was greater improvement in the time, interference, and control items than in the distress items. The use of fluoxetine led first to reductions in distress and increases in control over symptoms before affecting the time spent on, and interference from, obsessions and compulsions. Resistance did not correlate with overall improvement. Understanding the pathway of improvement with pharmacological treatment in obsessive-compulsive disorder may provide clues about how to optimize the effects of medication. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-46663-005&site=ehost-live
Title: Relationship between borderline personality symptoms and Internet addiction: The mediating effects of mental health problems.

Authors: Lu, Wei-Hsin; Lee, Kun-Hua; Ko, Chih-Hung; Hsiao, Ray C.; Hu, Huei-Fan; Yen, Cheng-Fang;

Source: Journal of Behavioral Addictions, Vol 6(3), Sep, 2017 pp. 434-441. Publisher: Akadémiai Kiadó

Abstract:

Aim: To examine the relationship between borderline personality symptoms and Internet addiction as well as the mediating role of mental health problems between them. Methods: A total of 500 college students from Taiwan were recruited and assessed for symptoms of Internet addiction using the Chen Internet Addiction Scale, borderline personality symptoms using the Taiwanese version of the Borderline Symptom List and mental health problems using four subscales from the Symptom Checklist-90- Revised Scale (interpersonal sensitivity, depression, anxiety, and hostility). Structural equation modeling (SEM) was used to test our hypothesis that borderline personality symptoms are associated with the severity of Internet addiction directly and also through the mediation of mental health problems. Results: SEM analysis revealed that all paths in the hypothesized model were significant, indicating that borderline personality symptoms were directly related to the severity of Internet addiction as well as indirectly related to the severity of Internet addiction by increasing the severity of mental health problems. Conclusion: Borderline personality symptoms and mental health problems should be taken into consideration when designing intervention programs for Internet addiction. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: TBI and treatment response in a randomized trial of acceptance and commitment therapy.

Authors: Bomyea, Jessica; Lang, Ariel J.; Schnurr, Paula P.;


Abstract:

Objective: Traumatic brain injury (TBI) occurs in a substantial minority of military personnel, and commonly is associated with mental health disorders and postconcussive symptoms (PCS). The implications of TBI for mental health treatment are not well understood. The present study sought to describe psychotherapy response in veterans with and without TBI. Design: This is a secondary analysis from a 2-group randomized controlled trial. Setting, Participants, and Measures: One hundred and sixty male and female veterans participated in a multisite randomized controlled trial of Acceptance and Commitment Therapy versus Present Centered Therapy; a subset of 129 veterans were included in these analyses. Outcomes included the Brief Symptom Inventory-18 (BSI), Short Form 12 Health Survey (SF-12), Rivermead Postconcussion Symptoms Questionnaire (RPQ), and Sheehan Disability Scale (SDS). Results: Regardless of the intervention, treatment response in those with and without TBI did not differ for the BSI, physical health-related SF-12, or SDS. Those with TBI showed less improvement on the mental health SF-12 subscale. The RPQ did not show significant improvement over time. Conclusion: Results did not suggest a need for differential psychotherapy treatment based on TBI history. In spite of evidence suggesting high correspondence between emotional symptoms and PCS, PCS did not respond to the current interventions. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: The role of guilt sensitivity in OCD symptom dimensions.
Authors: Melli, Gabriele; Carraresi, Claudia; Poli, Andrea; Marazziti, Donatella; Pinto, Antonio;
Abstract: Although some studies have found that guilt may precede, motivate, or be a consequence of obsessive–compulsive disorder (OCD), the relationship between guilt and OCD has been under investigated. The studies that explored the role of trait guilt (guilt propensity) in OCD reported inconsistent findings and failed to support its predictive role. Since it has been suggested that OCD patients perceive guilt in a more threatening manner, it might also be relevant to test to what extent they negatively evaluate the experience of guilt (i.e., guilt sensitivity; GS). Study 1 investigated the psychometric properties of a new 10-item Italian measure developed to assess GS—named Guilt Sensitivity Questionnaire—in a nonclinical sample (N = 473). Results from exploratory factor analyses supported the unidimensionality of the scale. It also showed excellent internal consistency and good discriminant validity. Study 2 investigated the role of GS in OCD symptoms, in particular with regard to responsibility for harm obsessions and checking compulsions, using a heterogeneous OCD sample (N = 61) and a control group of patients with anxiety disorders (N = 47). GS was the unique significant predictor of checking related OCD symptoms independent of negative mood states and obsessive beliefs. Guilt Sensitivity Questionnaire scores of patients with responsibility for harm concerns were significantly higher than those of patients with other kinds of obsessive concerns and with anxiety disorders. Findings supported the hypothesis that GS plays a relevant role in OCD symptoms when checking rituals are primarily involved. Implications for current cognitive behavioral models are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: The role of guilt sensitivity in OCD symptom dimensions.
Authors: Melli, Gabriele; Carraresi, Claudia; Poli, Andrea; Marazziti, Donatella; Pinto, Antonio;
Source: Clinical Psychology & Psychotherapy, Vol 24(5), Sep-Oct, 2017 pp. 1219. Publisher: John Wiley & Sons; [Correction]
Abstract: Reports an error in 'The role of guilt sensitivity in OCD symptom dimensions' by Gabriele Melli, Claudia Carraresi, Andrea Poli, Donatella Marazziti and Antonio Pinto (Clinical Psychology & Psychotherapy, 2017[Sep-Oct], Vol 24[5], 1219). We recently published in Clinical Psychology and Psychotherapy the paper titled 'The role of guilt sensitivity in OCD symptom dimensions' (Melli, Carraresi, Poli, Marazziti, & Pinto, 2017). Unfortunately, we missed to quote a previous study (Perdighe et al., 2015) in which the researchers, before us, proposed the definition and the relevance of Guilt Sensitivity in obsessive–compulsive disorder. They reported the psychometric properties of the Guilt Sensitivity Scale (GSS), which assesses the same construct and is composed by items somewhat similar to those of the GSQ. (The following Abstract of the original article appeared in record 2017-02440-001.) Reports an error in 'Validation of the psychometric properties of cognitive fusion questionnaire. A study of the factorial validity and factorial invariance of the measure among osteoarticular disease, diabetes mellitus, obesity, depressive disorder, and general populations' by Joana Alexandra Costa, João Marôco and José Pinto-Gouveia (Clinical Psychology & Psychotherapy, Advanced Online Publication, Feb 14, 2017, np). We recently published in Clinical Psychology and Psychotherapy the paper titled 'The role of guilt sensitivity in OCD symptom dimensions' (Melli, Carraresi, Poli, Marazziti, & Pinto, 2017). Unfortunately, we missed to quote a previous study (Perdighe et al., 2015) in which the researchers, before us, proposed the definition and the relevance of Guilt Sensitivity in obsessive–compulsive disorder. They reported the psychometric properties of the Guilt Sensitivity Scale (GSS), which assesses the same construct and is composed by items somewhat similar to those of the GSQ. (The following Abstract of the original article appeared in record 2017-07403-001.) Background The cognitive fusion questionnaire (CFQ) is a self-report questionnaire that assesses the extent to which individuals are psychologically entangled with, and dominated by the form–content of their thoughts. The aim of this study was to replicate the factor
structure of CFQ in osteoarticular disease, diabetes mellitus, obesity, depressive disorder, and normative population. It further examined the factorial invariance of the CFQ across these 5 groups. Method Data from 299 participants (N General Population = 67, N Osteoarticular Disease = 73, N Diabetes Mellitus = 47, N Depressive Disorder = 45, and N Obesity = 60) were subjected to confirmatory factorial analysis (CFA) to replicate the structural model of CFQ dimensionality. Results CFA supported a 1-factor structure with good internal consistency and construct related validity. The 1-factor solution was also supported by a second independent data set, which showed a configural, strict measurement, and structural invariance of the 1-factor solution proposed. Multigroup CFA showed the configural invariance, strict measurement invariance, and structural invariance of CFQ across the 5 groups under study. Conclusions The unidimensional model has both similar meanings and the same structure, but the measurement model across the groups was not the same. The study provides the first approach to CFQ to Portuguese population, as a reliable tool of general cognitive fusion. Furthermore, results indicated that CFQ has a coherent structure across multiple samples and clinical utility, as it discriminate individuals with psychological distress from those who do not. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Trajectory of PTSD symptom change in the course of exposure therapy among veterans with severe mental illness.
Authors: Grubaugh, Anouk L.; Davidson, Tatiana M.; Brown, Wilson; Source: Psychiatric Services, Vol 68(8), Aug 1, 2017 pp. 859. Publisher: American Psychiatric Assn; [Letter]
Abstract: To better understand how individuals with severe mental illness respond to PTSD treatment, authors compared the trajectory of PTSD symptom change between a sample of 55 veterans with PTSD and severe mental illness and a sample of 65 veterans with PTSD but without severe mental illness who presented for treatment at a southeastern Veterans Affairs medical center and who were enrolled to receive prolonged exposure therapy for PTSD. Results revealed that veterans with PTSD and a severe mental illness had higher PTSD Checklist scores at baseline. Coupled with other published data, the study suggested that frontline PTSD interventions can be delivered as developed for persons with and without a severe mental illness with fairly comparable gains. That is, individuals with a severe mental illness do not appear to respond to PTSD interventions in a way dramatically different from their PTSD-only counterparts or in a manner that suggests the need to modify how PTSD interventions such as prolonged exposure are delivered. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Supporting emotional well-being in schools: A pilot study into the efficacy of a mindfulness-based group intervention on anxious and depressive symptoms in children.
Authors: Dove, Catherine; Costello, Shane; Source: Advances in Mental Health, Vol 15(2), Jul, 2017 pp. 172-182. Publisher: Taylor & Francis; [Journal Article]
Abstract: Objective: This study examines the efficacy of a six week child mindfulness program (TRIPLE R) in teaching mindfulness skills and reducing negative emotional symptoms in a school setting. Method: Using a correlational within-subjects repeated measures design, the relationships between child self-reported mindfulness skills and negative emotional symptoms were explored. Mindfulness skills were measured using the Child and Adolescent Mindfulness Measure, and emotional symptoms were measured using the Revised Children’s Anxiety and Depression Scale. A sample of 57 Australian grade 5 children in three primary schools completed the measures pre and post intervention. Results: There was a small to moderate increase in mindfulness skills post intervention (Cohen’s d = 0.32), however negative emotional symptoms did not significantly improve. Increased mindfulness skills were significantly associated with decreased emotional symptoms, most notably for symptoms related to social phobia (R = −0.61), separation anxiety (R = −.42) and generalised anxiety (R = −.32). Discussion: This study provides
preliminary support for the TRIPLE R program and the potential benefits of school-based mindfulness interventions in improving children’s well-being. The limited improvement in negative emotional symptoms is likely related to the non-clinical sampling. The relationship between increased mindfulness skills and decreased emotional symptoms is discussed, and recommendations for further research are presented. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Hope and adjustment to college in the context of collective trauma.
Authors:
Liu, Sabrina R.; Kia-Keating, Maryam; Modir, Sheila;
Source:
Abstract:
Objectives: To understand predictors of first-year college adjustment in the context of collective trauma, including a school shooting. Participants: Two consecutive years of entering freshman (Year 1 (Y1) N = 169, Year 2 (Y2) N = 94) were surveyed over time: Y1 in October 2012 and March 2013, and Y2 in October 2013 and August 2014. During Y2, several collective traumas occurred, impacting the campus community and providing a stark comparison. Methods: Online surveys measuring predictors at the start of each year and adjustment at the end of each year. Results: Hope was the only significant predictor of adjustment when included in a regression model with depression symptoms in Y1, and with depression symptoms, baseline posttraumatic stress symptoms, and traumatic exposure in Y2. Conclusions: Fostering hope may promote college adjustment, regardless of collective traumas that might occur on campus. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
A time to be born and a time to die: Exploring the determinants of death anxiety among university students in a western Canadian city.
Authors:
Chow, Henry P. H.;
Source:
Abstract:
Using data collected from a questionnaire survey of 501 university students in a western Canadian city, this article explores the death anxiety among young adults and the factors influencing their levels of death anxiety. Results demonstrated that respondents displayed a moderate level of death anxiety. Multiple regression analysis further revealed that females, non-Caucasians and those who demonstrated to be less religious, indicated a higher level of loneliness, scored lower on the purpose in life scale, expressed dissatisfaction with their self-image, and reported a higher socio-economic status were found to exhibit a higher level of death anxiety. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Common mental disorder diagnosis and need for treatment are not the same: Findings from the NEMESIS study.
Authors:
Wang, Yunqiao; Henriksen, Christine A.; ten Have, Margreet; de Graaf, Ron; Stein, Murray B.; Enns, Murray W.; Sareen, Jitender;
Source:
Abstract:
The study aimed to determine whether some depressive, anxiety, and substance-use (DAS) disorders are mild, transient cases that remit without treatment. The first two waves of the first Netherlands Mental Health Survey and Incidence Study were used (age 18–64 years at baseline; wave two N = 5618). Mental disorders were assessed using CIDI 1.1. Past-year and past-month measures of DAS disorders, health service use, and quality of life were assessed at both waves. Individuals with a past-year DAS disorder who received no prior lifetime treatment were significantly more likely than those who received treatment to: (1) remit from their index disorder(s) without subsequent treatment, (2) be free of comorbid disorders, and (3) not have attempted suicide during follow-up (remission rates: 68.5 versus 32.0 %, respectively, p < 0.001). However, these individuals had lower quality of life compared to healthy individuals. Results were similar for past-month measures. Results show that many people who meet criteria for a DAS disorder remit without treatment. However, the lowered quality of life scores in this group nonetheless underscores the negative impact on the presence of residual symptoms. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Children with social anxiety and other anxiety disorders show similar deficits in habitual emotional regulation: Evidence for a transdiagnostic phenomenon.

Authors:
Keil, Verena; Asbrand, Julia; Tuschen-Caffier, Brunna; Schmitz, Julian;

Source:

Abstract:
Deficits in emotion regulation (ER) are an important factor in maintaining social anxiety disorder (SAD) in adults. As SAD and ER problems typically develop during childhood and adolescence, and are maintained dynamically within the parent–child dyad, research on families can help to reveal the role ER plays in the early development of SAD. The current study assessed self-reported habitual ER in dyads of children with SAD (n = 31), children with mixed anxiety disorders (MAD; n = 41) and healthy control children (HC; n = 36), and their parents. Results indicate a transdiagnostic quality of ER in that, children with SAD and children with MAD similarly reported less adaptive and more maladaptive ER strategies than HC children, whereas no group differences in parental ER strategies emerged. Furthermore, children’s ER strategies aggressive action, withdrawal and self-devaluation and the parental ER strategy reappraisal were associated with social anxiety symptoms. These results suggest that there may be deficits in ER which generalize across childhood anxiety disorders. Our results are discussed in relation to current theories and their implications for treatment of childhood SAD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Sex, sexual orientation, gender atypicality, and indicators of depression and anxiety in childhood and adulthood.

Authors:
Petterson, Lanna J.; VanderLaan, Doug P.; Vasey, Paul L.;

Source:

Abstract:
The current study evaluated the possibility that greater negative mental health outcomes reported among gay, lesbian, and gender-atypical individuals, compared to gender-typical individuals, are present in childhood and persist into adulthood. Sex and sexual orientation differences in self-reported adulthood and recalled childhood indicators of depression and anxiety and their association with current and retrospectively reported gender (a)typicality were examined in a non-clinically recruited community sample of Canadian heterosexual men (n = 98), heterosexual women (n = 142), gay men (n = 289), and lesbian women (n = 69). Indicators of depression and anxiety were constructed based on diagnostic criteria for generalized anxiety disorder, major depression, agoraphobia, social anxiety disorder, panic disorder,
obsessive–compulsive disorder, and specific phobias. Factor reduction analyses yielded three factors: (1) indicators of childhood separation anxiety, (2) indicators of childhood depression and anxiety, and (3) indicators of adulthood depression and anxiety. Lesbian women scored higher on childhood separation anxiety than all other groups. Heterosexual men scored lower on indicators of childhood separation anxiety than gay men and lower on indicators of childhood and adulthood depression and anxiety than all other groups. No other significant group differences were observed. Correlational analysis suggested that for men, but not for women, gender-atypical behavior was associated with negative mental health. The current study indicated that childhood should be considered a critical time period during which the noted sexual orientation-related mental health discrepancies manifest and that childhood gender atypicality is a key factor for understanding the emergence of such discrepancies. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
A trans-diagnostic perspective on obsessive-compulsive disorder.
Authors:
Gillan, C. M.; Fineberg, N. A.; Robbins, T. W.;
Source:
Psychological Medicine, Vol 47(9), Jul, 2017 pp. 1528-1548. Publisher: Cambridge University Press;
Abstract:
Progress in understanding the underlying neurobiology of obsessive-compulsive disorder (OCD) has stalled in part because of the considerable problem of heterogeneity within this diagnostic category, and homogeneity across other putatively discrete, diagnostic categories. As psychiatry begins to recognize the shortcomings of a purely symptom-based psychiatric nosology, new data-driven approaches have begun to be utilized with the goal of solving these problems: specifically, identifying trans-diagnostic aspects of clinical phenomenology based on their association with neurobiological processes. In this review, we describe key methodological approaches to understanding OCD from this perspective and highlight the candidate traits that have already been identified as a result of these early endeavours. We discuss how important inferences can be made from pre-existing case-control studies as well as showcasing newer methods that rely on large general population datasets to refine and validate psychiatric phenotypes. As exemplars, we take ‘compulsivity’ and ‘anxiety’, putatively trans-diagnostic symptom dimensions that are linked to well-defined neurobiological mechanisms, goal-directed learning and error-related negativity, respectively. We argue that the identification of biologically valid, more homogeneous, dimensions such as these provides renewed optimism for identifying reliable genetic contributions to OCD and other disorders, improving animal models and critically, provides a path towards a future of more targeted psychiatric treatments. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Executive function as a mediator in the link between single or complex trauma and posttraumatic stress in children and adolescents. op den
Authors:
Kelder, Rosanne; Ensink, Judith B. M.; Overbeek, Geertjan; Maric, Marija; Lindauer, Ramón J. L.;
Source:
Abstract:
Purpose: In this study, we examined whether there is a mediating role of executive function (EF) in the relationship between trauma exposure and posttraumatic stress in youth. Methods: Children and adolescents exposed to trauma were recruited at an academic center for child psychiatry in The Netherlands. The total sample consisted of 119 children from 9 to 17 years old (M = 13.65, SD = 2.45). Based on retrospective life event information, the sample was divided into three groups: a single trauma group (n = 41), a complex trauma group (n = 38), and a control group that was not exposed to traumatic events (n = 40). Results: Our findings revealed that youth exposed to complex trauma had more deficits in EF compared to youth in the single trauma and control groups. EF was found to partly mediate posttraumatic stress symptoms for youth exposed to complex trauma, but not for youth exposed to single
trauma. Youth exposed to complex trauma showed more deficits in EF, which was in turn associated with higher levels of posttraumatic stress symptoms. Conclusions: Our findings provide partial support for the role of EF in mediating posttraumatic stress outcomes for youth exposed to complex trauma. This points to the important role of EF in the etiology and treatment of complexly traumatized youth. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
The cross-national epidemiology of specific phobia in the World Mental Health Surveys.

Authors:

Source:
Psychological Medicine, Vol 47(10), Jul, 2017 pp. 1744-1760. Publisher: Cambridge University Press;

Abstract:
Background: Although specific phobia is highly prevalent, associated with impairment, and an important risk factor for the development of other mental disorders, cross-national epidemiological data are scarce, especially from low- and middle-income countries. This paper presents epidemiological data from 22 low-, lower-middle-, upper-middle- and high-income countries. Method: Data came from 25 representative population-based surveys conducted in 22 countries (2001–2011) as part of the World Health Organization World Mental Health Surveys initiative (n = 124 902). The presence of specific phobia as defined by the Diagnostic and Statistical Manual of Mental Disorders, fourth edition was evaluated using the World Health Organization Composite International Diagnostic Interview. Results: The cross-national lifetime and 12-month prevalence rates of specific phobia were, respectively, 7.4% and 5.5%, being higher in females (9.8 and 7.7%) than in males (4.9% and 3.3%) and higher in high- and higher-middle-income countries than in low-/lower-middle-income countries. The median age of onset was young (8 years). Of the 12-month patients, 18.7% reported severe role impairment (13.3–21.9% across income groups) and 23.1% reported any treatment (9.6–30.1% across income groups). Lifetime co-morbidity was observed in 60.5% of those with lifetime specific phobia, with the onset of specific phobia preceding the other disorder in most cases (72.6%). Interestingly, rates of impairment, treatment use and co-morbidity increased with the number of fear subtypes. Conclusions: Specific phobia is common and associated with impairment in a considerable percentage of cases. Importantly, specific phobia often precedes the onset of other mental disorders, making it a possible early-life indicator of psychopathology vulnerability. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Reduced optimism and a heightened neural response to everyday worries are specific to generalized anxiety disorder, and not seen in social anxiety.

Authors:
Blair, K. S.; Otero, M.; Teng, C.; Geraci, M.; Ernst, M.; Blair, R. J. R.; Pine, D. S.; Grillon, C.;

Source:
Psychological Medicine, Vol 47(10), Jul, 2017 pp. 1806-1815. Publisher: Cambridge University Press;

Abstract:
Background: Generalized anxiety disorder (GAD) and social anxiety disorder (SAD) are co-morbid and associated with similar neural disruptions during emotion regulation. In contrast, the lack of optimism examined here may be specific to GAD and could prove an important biomarker for that disorder. Method: Unmedicated individuals with GAD (n = 18) and age-, intelligence quotient- and gender-matched SAD (n = 18) and healthy (n = 18) comparison individuals were scanned while contemplating likelihoods of high- and low-impact negative (e.g. heart attack; heartburn) or positive (e.g. winning lottery; hug) events occurring to themselves in the future. Results: As expected, healthy subjects showed significant optimistic bias (OB); they considered themselves significantly less likely to experience future negative but significantly more likely to experience future positive events relative to others (p < 0.001). This was also seen in SAD, albeit at trend level for positive events (p < 0.001 and p < 0.10, respectively). However, GAD
patients showed no OB for positive events ($t_{17} = 0.82$, n.s.) and showed significantly reduced neural modulation relative to the two other groups of regions including the medial prefrontal cortex (mPFC) and caudate to these events ($p < 0.001$ for all). The GAD group further differed from the other groups by showing increased neural responses to low-impact events in regions including the rostral mPFC ($p < 0.05$ for both). Conclusions: The neural dysfunction identified here may represent a unique feature associated with reduced optimism and increased worry about everyday events in GAD. Consistent with this possibility, patients with SAD did not show such dysfunction. Future studies should consider if this dysfunction represents a biomarker for GAD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Effects of mental stress induction on heart rate variability in patients with panic disorder.

Authors: Petrowski, Katja; Wichmann, Susann; Siepmann, Timo; Wintermann, Gloria-Beatrice; Bornstein, Stefan R.; Siepmann, Martin;


Abstract: [Correction Notice: An Erratum for this article was reported in Vol 42(2) of Applied Psychophysiology and Biofeedback (see record 2017-24879-001). The original version of this article unfortunately contained a mistake in the author group, where Dr. Gloria-Beatrice Wintermann was not included as a co-author of the article. The correct list of authors has been published with the erratum, and this has been corrected in the original version of the article.] Reduced heart rate variability (HRV) constitutes a widely used marker of cardiac autonomic inflexibility which has been linked to disorders such as panic disorder (PD). To date, the pathophysiological mechanisms whereby panic leads to attenuated HRV are not fully elucidated. We aimed to investigate the hypothesis that PD patients show pathological reactivity both in response to interoceptive and psychosocial stress in comparison to healthy individuals. We performed a controlled study on 38 patients diagnosed with PD [20 males and 18 females aged 35.55 ± 10.12 years, mean ± standard deviation] and 23 age and gender matched healthy control participants. Distress was induced using the Trier Social Stress Test (TSST) and the dexamethasone–corticotropin-releasing-hormone (DEX–CRH) test. We assessed HRV prior to, during, and post-stress induction using the root mean square successive differences (RMSSD) as well as spectral analysis (high frequency; HF and low frequency; LF). Statistical analyses revealed significant main effects of time for mean heart rate (HR), HF, LF (solely DEX–CRH), LFHF-ratio (solely TSST) and the RMSSD. Significant interaction effects were observed with more pronounced increases in mean HR (TSST) and LFHF-ratio (DEX–CRH) in the healthy control participants. No significant main effects of group were observed. Overall, our results indicate 'normal' HRV parameters in patients with PD. The HRV of PD patients is no worse than that of healthy control participants since the HRV profiles were similar between the study groups. The current study is one of rather rarely published studies which was unable to show an influence of PD on HRV. Implications for future studies are under discussion. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Back to top
Depression

Title:
Prevalence and correlates of comorbid depression in a nonclinical online sample with DSM-5 internet gaming disorder.

Authors:
Wang, Hee Ryung; Cho, Hyun; Kim, Dai-Jin;

Source:

Abstract:
Background: We investigated the prevalence and correlates of comorbid depression among patients with internet gaming disorder using the Internet Gaming Disorder scale (IGD-9) and the Patient Health Questionnaire-9 (PHQ-9) among nonclinical online survey respondents. Methods: Korean adolescents and adults from 14 to 39 years of age were selected. We compared internet gaming use patterns and sociodemographic and clinical variables between patients with internet gaming disorder who had depression and those without depression. Results: In 2016, 7200 people participated in an online survey. Respondents with internet gaming disorder that was comorbid with depression were older, more often female, had greater Internet Addiction Test total scores, Alcohol Use Disorder Identification Test total scores, Generalized Anxiety Disorder Scale-7 total scores, Fagerstrom Test for Nicotine Dependence total scores, and higher Dickman Dysfunctional Impulsivity Instrument dysfunctional subscale scores than those without depression. The binary logistic regression analysis revealed that female gender, problematic alcohol use, anxiety, and a past history of psychiatric counseling or treatment due to internet gaming use were significant predictors for comorbid depression among participants with internet gaming disorder. Conclusion: Depression was a common comorbidity of internet gaming disorder. Internet gaming disorder with comorbid depression was related to more serious psychiatric phenomenology and a greater psychiatric burden. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Can flow experiences be protective of work-related depressive symptoms and burnout? A genetically informative approach.

Authors:
Mosing, Miriam A.; Butkovic, Ana; Ullén, Fredrik;

Source:

Abstract:
Background: Genetic research on depression and burnout has focused mostly on adverse factors, although various aspects in daily life related to positive coping and well-being have been shown to potentially be protective. Using a large genetically informative sample, we aim to explore the potential relationship between flow proneness and work-related depressive symptoms and burnout. Methods: About 10,000 Swedish twins filled in the Swedish Flow Proneness Questionnaire, a subscale of the Hopkins Symptom Checklist (SCL) depression scale, and the Emotional Exhaustion subscale of the Maslach Burnout Inventory-General Survey. A higher score indicated more flow, less emotional exhaustion and less depression. The classical twin design and co-twin control analyses were applied. Results: Phenotypic correlations were .43 between depressive symptoms and flow proneness, .34 between burnout and flow proneness, and .62 between depressive symptoms and burnout. Broad-sense heritabilities (G) ranged between 33–35% for the three variables. Associations between the variables were due to significant genetic as well as non-shared environmental influences. Co-twin control analyses showed that associations remained significant when controlling for all genetic and shared familial factors, in line with a causal relationship. Limitations: Although the co-twin control design can test for consistency of associations with a causal relationship, it cannot unequivocally establish causality. Conclusions: Genetic liability has a substantial influence on associations between flow proneness and emotional problems at work (depression, burnout). However, the presence of significant environmental correlations is in line with a (partly) causal relationship between flow and work related depression and burnout, which in turn may
suggested that interventions which increase flow could potentially reduce emotional problems at work. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Group-based multicomponent treatment to reduce depressive symptoms in women with co-morbid psychiatric and psychosocial problems during pregnancy: A randomized controlled trial.

Authors:
Van Ravesteyn, Leontien M.; Kamperman, Astrid M.; Schneider, Tom A. J.; Raats, Monique E.; Steegers, Eric A. P.; Tiemeier, Henning; Hoogendijk, Witte J. G.; Lambregtse-van den Berg, Mijke P.;

Source:
Journal of Affective Disorders, Vol 226, Jan 15, 2018 pp. 36-44. Publisher: Elsevier Science

Abstract:
Background: Depressive symptoms in pregnant women, which are common and debilitating, are often co-morbid with other mental disorders (e.g. anxiety and personality disorders), and related to low socioeconomic status (SES). This situation may hamper treatment outcome, which has often been neglected in previous studies on the treatment of depression during pregnancy. We developed a new group-based multicomponent treatment (GMT) comprising cognitive behavioral therapy, psycho-education and body-oriented therapy and compared the effect on depressive symptoms with individual counseling (treatment as usual, TAU) in a heterogeneous group of pregnant women with co-morbid mental disorders and/or low SES. Methods: An outpatient sample from a university hospital of 158 pregnant women who met DSM-IV criteria for mental disorders were included and 99 participants were randomized to GMT or TAU from January 2010 until January 2013. The Edinburgh Depression Scale (EDS) was used at baseline, every 5 weeks during pregnancy and as the primary outcome measure of depressive symptoms at 6 weeks postpartum. Secondary outcome measures included the clinician-reported Hamilton Depression Rating Scale (HDRS), obstetric outcomes and a ‘Patient Satisfaction’ questionnaire. Results: 155 participants were included in the intention-to-treat (ITT)-analysis. GMT was not superior above TAU according to estimated EDS (β = 0.13, CI = -0.46–0.71, p = 0.67) and HDRS scores (β = -0.39, CI = -0.82–0.05, p = 0.08) at 6 weeks postpartum. There were no differences in secondary outcomes between the GMT and TAU, nor between the randomized condition and patient-preference condition. Limitations: The ability to detect an effect of GMT may have been limited by sample size, missing data and the ceiling effect of TAU. Conclusions: GMT is an acceptable treatment for a heterogeneous group of pregnant women with depressive symptoms and co-morbid mental disorders and/or low SES, but not superior to TAU. Further research should focus on understanding and treating co-morbid disorders and psychosocial problems during pregnancy. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Treating late-life depression: Comparing the effects of internet-delivered cognitive behavior therapy across the adult lifespan.

Authors:
Hobbs, Megan J.; Joubert, Amy E.; Mahoney, Alison E. J.; Andrews, Gavin;

Source:

Abstract:
Background: The burden attributable to late-life depression is set to increase with the ageing population. The size of the workforce trained to deliver psychogeriatric medicine is limited. Internet-delivered cognitive behavioral therapy (iCBT) is an efficacious and scalable treatment option for depression. Yet older adults are underrepresented in iCBT research. This study examines the effects of iCBT for depression across the adult lifespan among patients seeking help in routine clinical care (N = 1288). Methods: Regression analyses were used to examine the relationship between age group (e.g., 18-24 years (n = 141); 25-34 years (n = 289); 35-44 years (n = 320); 45-54 years (n = 289); 55-64 years (n = 180); 65+ years (n = 69)) and presenting demographic and clinical characteristics, adherence to treatment, and rates of remission, recovery and reliable improvement. Linear mixed models were used to examine whether reductions in symptom severity, distress and impairment varied as a function of age. Results: Patients aged 65+ years were more likely to be male compared to those aged 18–34 years and have been prescribed iCBT by their GP compared to those aged 55–64 years. Patients experiencing late-life depression experienced
moderate to large effect size reductions in depressive symptom severity, psychological distress, and impairment, as did all other age groups. Rates of remission, recovery or reliable improvement were comparable across the adult lifespan. Conclusions: iCBT is an effective treatment option for depression including in later life, and can be used to scale evidenced-based medicine in routine clinical care.

Limitations: No follow-up data were collected. The long-term effects of treatment, particularly for those who did not experience remission, are unclear. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
A study in the general population about sadness to disentangle the continuum from well-being to depressive disorders.

Authors:
Tebeka, Sarah; Pignon, Baptiste; Amad, Ali; Le Strat, Yann; Brichant-Petitjean, Clara; Thomas, Pierre; Vaiva, Guillaume; Roelandt, Jean-Luc; Benradia, Imane; Etain, Bruno; Rolland, Benjamin; Dubertret, Caroline; Geoffroy, Pierre A.;

Source:

Abstract:
Objective: Sadness is both a common experience in general population and one of the main criteria of major depressive disorder (MDD). We tested the hypothesis of a depressive continuum using sadness as an intermediate experience between well-being and disorder. Methods: A French cross-sectional Mental Health survey in General Population interviewed 38,694 individuals. We examined prevalences and compared sociodemographic correlates and psychiatric disorders of individuals in 3 independent groups 1) MDD, 2) sadness without MDD, and 3) controls. Results: The prevalence of sadness was of 29.8% in the whole sample and of 93% in subjects suffering from MDD (n = 4976). The 'sadness' group shared the same sociodemographic patterns as the 'MDD' group. All psychiatric disorders assessed (i.e. bipolar disorder, anxiety disorder, alcohol use disorder, psychotic disorder and suicide attempts) were significantly associated with both 'sadness' and 'MDD' groups compared to 'controls'. Individuals with sadness, compared to those with MDD, were significantly less likely to meet the criteria for all psychiatric disorders. MDD's sensitivity of sadness was 94.2%. Limitations: Even though we used a quota sampling method, the sample was not strictly representative of the general population. Conclusion: Sadness validates the depressive continuum hypothesis, since it is more frequent in the general population than MDD itself and at the same time shares with MDD the same sociodemographic and clinical correlates. A gradual association from controls to MDD was observed for psychiatric comorbidities. Finally, the high sensitivity of sadness may suggest its use to screen at-risk individuals converting from well-being to full psychiatric disorders. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Network basis of suicidal ideation in depressed adolescents.

Authors:
Ordaz, Sarah J.; Goyer, Meghan S.; Ho, Tiffany C.; Singh, Manpreet K.; Gotlib, Ian H.;

Source:

Abstract:
Background: Suicidal ideation rates rise precipitously in adolescence, contributing to risk for attempts. Although researchers are beginning to explore the brain basis of attempts in depressed adolescents, none have focused on the basis of ideation, which has implications for prevention. This study examined the association between intrinsic neural network coherence and the severity of suicidal ideation in depressed adolescents. Methods: Forty adolescents diagnosed with Major Depressive Disorder were administered the Columbia-Suicide Severity Rating Scale and underwent resting-state fMRI. We quantified within-network coherence in the executive control (ECN), default mode (DMN), and salience (SN) networks, and in a non-relevant network consisting of noise signal. We associated coherence in each of these networks with the greatest lifetime severity of suicidal ideation experienced, covarying for motion, age of depression onset, and severity of current depressive and anxious symptoms. Results: Lower coherence in the left ECN, anterior DMN, and SN were independently associated with greater lifetime severity of suicidal
ideation. When including all three significant networks and covariates in a single model, only the left ECN significantly predicted suicidal ideation. Limitation: Studies with a larger sample size are needed to verify our findings. Conclusions: Our finding of hypoconnectivity in multiple networks extends emerging evidence for hypoconnectivity in adolescent suicidality and is consistent with theoretical conceptualizations of suicidal ideation as a complex set of cognitions associated with cognitive control, self-referential thinking, and processing salient information. While multiple networks could be targets for effective early interventions, those targeting ECN functionality (cognitive control) may be particularly beneficial.


Title: Insomnia and hypersomnia in major depressive episode: Prevalence, sociodemographic characteristics and psychiatric comorbidity in a population-based study.

Authors: Geoffroy, Pierre A.; Hoertel, Nicolas; Etain, Bruno; Bellivier, Frank; Delorme, Richard; Limosin, Frédéric; Peyre, Hugo;

Source: Journal of Affective Disorders, Vol 226, Jan 15, 2018 pp. 132-141. Publisher: Elsevier Science;

Abstract: Objectives: To examine (i) the frequency of different sleep complaints (early wake-up, trouble falling asleep, hypersomnia) and their co-occurrence and (ii) the sociodemographic characteristics and psychiatric comorbidity associated with each type of sleep profiles. Methods: Data were drawn from the Wave 2 National Epidemiologic Survey on Alcohol and Related Conditions, a nationally representative survey of the US adult population (wave 1, 2001–2002; wave 2, 2004–2005). The primary analyses were limited to 3573 participants who had a DSM-IV-TR diagnosis of major depressive episode (MDE) between the two waves. We used a multiple regression model to estimate the strength of independent associations between self-reported sleep complaints, sociodemographic characteristics and lifetime psychiatric comorbidity. Results: Most of participants with MDE (92%) reported significant sleep complaints, from whom 85.2% had insomnia and 47.5% hypersomnia symptoms. The prevalence rates were for insomnia 'only' of 48.5%, hypersomnia 'only' of 13.7%, and their co-occurrence of 30.2%. We found that several sociodemographic characteristics (gender, age, education, individual and familial income, marital status) and psychiatric disorders (bipolar disorders, post-traumatic disorders and panic disorder) were significantly and independently associated with different sleep profiles. The co-occurrence of insomnia (especially early wake-up) and hypersomnia presented with a two-/three- fold increase risk of bipolar disorders. Limitations: Definitions of sleep complaints were qualitative and subjective. Conclusion: Sleep complaints are prevalent and heterogeneous in expression during MDE. Sleep disturbance profiles are associated with specific patterns of comorbidity. Our findings highlight the importance of continued research on sleep complaints during MDE while taking into account psychiatric comorbidity. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Rehospitalization and suicide following electroconvulsive therapy for bipolar depression—a population-based register study.

Authors: Popiolek, Katarzyna; Brus, Ole; Elvin, Tove; Landén, Mikael; Lundberg, Johan; Nordanskog, Pia; Nordenskjöld, Axel;


Abstract: Background: Electroconvulsive therapy (ECT) is effective in bipolar depression, but relapse is common. The aim of the study was (i) to identify prognostic factors (ii) and to determine the impact of pharmacological approaches on the risk for rehospitalization or suicide. Methods: This register study analyzed data from individuals treated with inpatient ECT for bipolar depression. Subjects were identified using the Swedish National Patient Register between 2011 and 2014 and the Swedish National Quality Register for ECT. Other national registers provided data on psychopharmacotherapy, socio-demographic factors, and causes of death. The endpoint was the composite of rehospitalization for any psychiatric
disorder, suicide attempt or completed suicide (RoS). Cox regression was used to calculate hazard ratios in univariate and multivariate models. Results: Data from 1255 patients were analyzed. The mean period of follow-up was 346 days. A total of 29%, 41%, and 52% of patients reached RoS at 3, 6, and 12 months post-discharge. A history of multiple psychiatric admissions, lower age, and post-discharge treatment with antipsychotics or benzodiazepines was associated with RoS. Limitations: Indication bias may have affected the results. Conclusions: A history of multiple hospital admissions and lower age are key predictors of the composite of rehospitalization or suicide in patients treated with ECT for bipolar depression. Lithium might be effective. By contrast, antipsychotics and benzodiazepines were associated with increased risk, but possibly this finding was influenced by indication bias. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Cerebrospinal fluid d-serine concentrations in major depressive disorder negatively correlate with depression severity.
Authors: Ishiwata, Sayuri; Hattori, Kotaro; Sasayama, Daimei; Teraishi, Toshiya; Miyakawa, Tomoko; Yokota, Yuuki; Matsumura, Ryo; Nishikawa, Toru; Kunugi, Hiroshi;
Abstract: Background: D-serine is an endogenous co-agonist of N-methyl-D-aspartate receptor (NMDAR) and plays an important role in glutamate neurotransmission. Several studies suggested the possible involvement of D-serine related in the pathophysiology of psychiatric disorders including major depression disorders (MDD). We tried to examine whether cerebrospinal fluid (CSF) or plasma D-serine concentrations are altered in MDD and whether D-serine concentrations correlated with disease severity. Methods: 26 MDD patients and 27 healthy controls matched for age, sex and ethnicity were enrolled. We measured amino acids in these samples using by high-performance liquid chromatography with fluorometric detection. Results: D-serine and L-serine, precursor of D-serine, levels in CSF or plasma were not significantly different in patients of MDD compared to controls. Furthermore, a significant correlation between D-serine levels in CSF and Hamilton Depression Rating Scale (HAMD)-17 score was observed (r = −0.65, p = 0.006). Furthermore, we found a positive correlation between CSF D-serine and HVA concentrations in MDD (r = 0.54, p = 0.007). CSF D-serine concentrations were correlated with those of plasma in MDD (r = 0.61, p = 0.01) but not in controls. In CSF, we also confirmed a significant correlation between D-serine and L-serine levels in MDD (r = 0.72, p < 0.0001) and controls (r = 0.70, p < 0.0001).
Conclusions: The study has some limitations; sample size was relatively small and most patients were medicated. We revealed that CSF D-serine concentrations were correlated with depression severity and HVA concentrations and further investigation were required to reveal the effect of medication and disease heterogeneity. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Autonomic dysfunction of gastric motility in major depression.
Authors: Haj Kheder, S.; Heller, J.; Bär, J. K.; Wutzler, A.; Menge, B. A.; Juckel, G.;
Abstract: Background: Patients suffering from major depressive disorder (MDD) often complain about somatic symptoms. Cardiac complaints have been examined predominantly. However, gastrointestinal complaints are also reported frequently and are associated with worse outcomes. The research concerning changes in gastric motility of these patients is rather sparse. The aim of our study was to determine dysfunction of gastric motility and gastrointestinal symptoms in MDD. The duration and severity of MDD were examined regarding its influence over gastric emptying. Methods: Gastric emptying was determined by a 13C-acetate breath test in patients with MDD (n = 29) and healthy control subjects (n = 51). Prior to this, depressive illness was operationalized using external and self-assessment scales (HAMD-21, MADRS, BDI, CGI). Whether the severity or duration of MDD influenced the gastric emptying parameters was examined using
Spearman's correlation. In addition, autonomic complaints were recorded by means of an ANS score. Each ANS score item was determined using a Mann-Whitney U or Kruskal-Wallis test concerning the gastric emptying parameters. Results: There was a significant difference in the parameters of the maximum gastric emptying rate (Tmax) and gastric half emptying time T1/2b between patients with MDD and healthy control subjects (Tmax 66.21min vs 53.35min, p < 0.006, T1/2b 207.59min vs 133.27min, p < 0.005). There was a significant negative correlation between Tmax and the severity of MDD determined with the depression rating scales BDI (Spearman's rank − 0.521, p = 0.013) and HAMD-21 (r − 0.384, p = 0.048). No correlation was found between the duration of MDD and the maximum gastric emptying rate (r − 0.125, p = 0.519) and gastric half emptying time (r − 0.62, p = 0.749). Conclusion: Gastrointestinal motility is significantly impaired in patients with MDD compared to healthy control subjects. Autonomic complaints were indicated frequently in MDD patients. The duration of MDD had no influence over the time of gastric emptying. There was a significant negative correlation between the severity of MDD and Tmax, indicating that the Tmax was reached earlier with the progression of MDD. The slowing of gastric motility in MDD patients is likely a result of a dysfunction of the autonomic nervous system. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Self-compassion is more effective than acceptance and reappraisal in decreasing depressed mood in currently and formerly depressed individuals.
Authors: Ehret, Anna M.; Joormann, Jutta; Berking, Matthias;
Abstract: Background: Self-compassion has recently been discussed as an effective affect regulation strategy for reducing negative affective states. The primary aim of the current study was to compare the efficacy of self-compassion to the more established strategies of acceptance and reappraisal. Methods: For this purpose, we induced depressed mood in formerly, currently and never depressed individuals (n = 30 each) at four different time-points. Participants were instructed to regulate their emotions after each mood induction by either waiting, employing self-compassion, accepting their emotions or reappraising the situation. Level of depressed mood was assessed before and after each mood induction and regulation phase. Results: Across groups, decreases in depressed mood were greater in the self-compassion compared to the waiting and acceptance conditions. In recovered and never depressed participants, self-compassion was also more effective than reappraisal. Limitations: Our results rely solely on self-report data. Conclusions: Our finding that self-compassion is superior to acceptance and equally or more effective than reappraisal encourages future research on how self-compassion interventions can be used to enhance the efficacy and stability of current depression treatments. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Aberrant resting-state cerebellar blood flow in major depression.
Authors: Depping, Malte S.; Wolf, Nadine D.; Vasic, Nenad; Sosic-Vasic, Zrinka; Schmitgen, Mike M.; Sambataro, Fabio; Wolf, Robert C.;
Abstract: Background: Abnormal cortical cerebral blood flow and gray matter volume have been frequently reported in patients with major depressive disorder (MDD). In contrast, although the role of the cerebellum in MDD pathophysiology has attracted considerable interest more recently, studies investigating both functional and structural aspects of cerebellar integrity are scarce. Methods: In this study, we used structural and functional magnetic resonance imaging (MRI) to investigate cerebellar volume and regional cerebellar blood flow (rCBF) at rest in clinically acute MDD patients (n = 22) and healthy controls (n = 18). We acquired high-resolution structural images at 3 T together with perfusion images obtained with continuous arterial spin labeling. Cerebellar structure and function were investigated using cerebellum-optimized
analysis techniques. Results: Markedly increased rCBF was found in bilateral cerebellar areas VIIa and VIIIb (p < 0.05 family-wise-error [FWE] corrected). Significant differences in cerebellar volume between patients and controls were not found (p < 0.05, FWE-corrected). Left cerebellar area VIIa perfusion was significantly associated with depressive symptoms, as measured by the Hamilton Depression Rating Scale. Limitations: Potential limitations of this study include the modest sample size, the cross-sectional design, the lack of task-related imaging and the heterogeneity of drug treatment. Conclusions: The data suggest contributions of 'affective' cerebellar regions to MDD pathophysiology and symptom expression. While cerebellar perfusion at rest is compromised in MDD, cerebellar volume seems to be less affected. (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:
Is negative self-referent bias an endophenotype for depression? An fMRI study of emotional self-referent words in twins at high vs. low risk of depression.

Authors:

Source:

Abstract:
Background: Negative cognitive bias and aberrant neural processing of self-referent emotional words seem to be trait-marks of depression. However, it is unclear whether these neurocognitive changes are present in unaffected first-degree relatives and constitute an illness endophenotype. Methods: Fifty-three healthy, never-depressed monozygotic or dizygotic twins with a co-twin history of depression (high-risk group: n = 26) or no first-degree family history of depression (low-risk group: n = 27) underwent neurocognitive testing and functional magnetic imaging (fMRI) as part of a follow-up cohort study. Participants performed a self-referent emotional word categorisation task and free word recall task followed by a recognition task during fMRI. Participants also completed questionnaires assessing mood, personality traits and coping strategies. Results: High-risk and low-risk twins (age, mean ± SD: 40 ± 11)
were well-balanced for demographic variables, mood, coping and neuroticism. High-risk twins showed lower accuracy during self-referent categorisation of emotional words independent of valence and more false recollections of negative words than low-risk twins during free recall. Functional MRI yielded no differences between high-risk and low-risk twins in retrieval-specific neural activity for positive or negative words or during the recognition of negative versus positive words within the hippocampus or prefrontal cortex. Conclusions: The subtle display of negative recall bias is consistent with the hypothesis that self-referent negative memory bias is an endophenotype for depression. High-risk twins’ lower categorisation accuracy adds to the evidence for valence-independent cognitive deficits in individuals at familial risk for depression. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Genetic variations in the p11/tPA/BDNF pathway are associated with post stroke depression.
Authors: Liang, Jinfeng; Yue, Yingying; Jiang, HAITANG; Geng, Deqin; Wang, Jun; Lu, Jianxin; Li, Shenghua; Zhang, Kezhong; Wu, Aiqin; Yuan, Yonggui;
Source: Journal of Affective Disorders, Vol 226, Jan 15, 2018 pp. 313-325. Publisher: Elsevier Science
Abstract: Background: The effects of BDNF on post stroke depression (PSD) may be influenced by genetic variations in intracellular signal transduction pathways, such as the p11/tPA/BDNF pathway. In this study, we aimed to determine the association of polymorphisms in candidate genes of the gene transduction pathway with PSD, as well as the effects of the interactions between genes in our Chinese sample. Methods: Two-hundred-fifty-four Chinese samples with acute ischaemic stroke included 122 PSD patients and 132 nonPSD patients. Sixty-five single nucleotide polymorphisms (SNPs) in six genes (p11, tPA, PAI-1, BDNF, TrkB and p75NTR) of the p11/tPA/BDNF pathway with minor allele frequencies > 5% were successfully genotyped from an initial series of 76 SNPs. The severity of depressive symptoms was assessed by the 17-item Hamilton Depression Rating scale score. Environmental factors were measured with the life events scale and social support rating scale for all patients. SNP and haplotype associations were analysed using gPLINK software. Gene-gene interactions were evaluated with generalized multifactor dimensionality reduction software. Results: The results showed that TrkB polymorphisms (rs11140793AC genotype, rs7047042CG genotype, rs1221CT genotype, rs2277192AG genotype) were significantly associated with PSD. Three haplotypes (AT, GG, and AAT) of TrkB were significantly associated with PSD. Seven haplotypes (GC, AG, ACG, CGC, GCT, ACGC and ACAT) of BDNF were significantly correlated with PSD. We identified significant gene-gene interactions between the p11 (rs11204922 SNP), tPA (rs8178895, rs20249018 SNPs) and BDNF (rs6265, rs2049046, rs16917271, rs727155 SNPs) genes in the PSD group. We also identified significant gene-gene interactions between the BDNF (rs2049046, rs7931247 SNPs) and TrkB (rs7816 SNP) genes with increased occurrence of PSD and sig gene-gene interactions between the BDNF gene (rs6265, rs56164415, rs2049046, rs4923468, rs2883187, rs16917271, rs1491850, rs727155, rs2049048 SNPs) and p75NTR gene (rs2072446, rs11466155) in the PSD group. Conclusion: These findings provides evidence that the TrkB gene, BDNF and TrkB haplotypes, and gene-gene interactions between p11, tPA and BDNF are all associated with PSD, which suggests that genetic variations in the p11/tPA/BDNF pathway may play a central role in regulating the underlying mechanism of PSD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Childhood hunger and depressive symptoms in adulthood: Findings from a population-based study.
Authors: Stickley, Andrew; Leinsalu, Mall;
Abstract: Background: Several studies have linked childhood hunger to an increased risk for later depression. However, as yet, there has been little research on this relation in adults of all ages or whether there are...
sex differences in this association. The current study examined these issues using data from a national population-based sample. Methods: Data were analyzed from 5095 adults aged 25–84 collected during the Estonian Health Interview Survey 2006. Information was obtained on the frequency of going to bed hungry in childhood and on depressive symptoms using the Emotional State Questionnaire (EST-Q). Logistic regression analysis was used to examine the association between hunger and depression while controlling for other demographic, socioeconomic and health-related variables. Results: In a fully adjusted model, going to bed hungry in childhood either sometimes or often was associated with significantly increased odds for depressive symptoms. When the analysis was stratified by sex the association was more evident in men where any frequency of childhood hunger was linked to adult depression while only women who had experienced hunger often had higher odds for depressive symptoms in the final model. Limitations: Data on childhood hunger were retrospectively reported and may have been affected by recall bias. We also lacked information on potentially relevant variables such as other childhood adversities that might have been important for the observed associations. Conclusion: Childhood hunger is associated with an increased risk for depressive symptoms among adults. Preventing hunger in childhood may be important for mental health across the life course. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Gene-environment interactions between stress and 5-HTTLPR in depression: A meta-analytic update.
Authors: Bleys, Dries; Luyten, Patrick; Soenens, Bart; Claes, Stephan;
Abstract: Background: Meta-analyses have yielded contradictory findings concerning the role of 5-HTTLPR in interaction with stress (GxE) in depression. The current meta-analysis investigates if these contradictory findings are a result of differences between studies in methodological approaches towards the assessment of stress and depression. Methods: After performing a systematic database search (February to December 2016), first, a meta-analysis was used to investigate the total effect size and publication bias. Second, stratified meta-analyses were used to investigate the potential moderating influence of different methodological approaches on heterogeneity of study findings. Third, a meta-regression was used to investigate the combined influence of the methodological approaches on the overall effect size. Results: Results showed a small but significant effect of 5-HTTLPR in interaction with stress in the prediction of depression (OR[95%CI] = 1.18[1.09; 1.28], n = 48 effect sizes from 51 studies, totaling 51,449 participants). There was no evidence of publication bias. Heterogeneity of effect sizes was a result of outliers and not due to different methodological approaches towards the assessment of stress and depression. Yet, there was some evidence that studies adopting a categorical and interview approach to the assessment of stress report higher GxE effects, but further replication of this finding is needed. Limitations: A large amount of heterogeneity (i.e., 46%) was not explained by the methodological factors included in the study and there was a low response rate of invited studies. Conclusions: The current meta-analysis provides new evidence for the robustness of the interaction between stress and 5-HTTLPR in depression. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Adolescent peer networks and the moderating role of depressive symptoms on developmental trajectories of cannabis use.
Authors: Pollard, Michael S.; Tucker, Joan S.; Green, Harold D.; de la Haye, Kayla; Espelage, Dorothy L.;
Source: Addictive Behaviors, Vol 76, Jan, 2018 pp. 34-40. Publisher: Elsevier Science; [Journal Article]
Abstract: This paper investigated how depressive symptoms moderate the role of peer cannabis use on developmental patterns of individual cannabis use from adolescence to young adulthood, controlling for a broad set of individual and family factors. Data from two sources were analyzed separately: two saturated
schools in the National Longitudinal Study of Adolescent to Adult Health Waves I–III (N = 1550) covering 1994–2001; and three schools in the CARBIN study, covering 2012–2014. Discrete mixture models identified developmental trajectories of cannabis use in each data source, and logit models linked network and depressive symptom information to the trajectories. Five similar cannabis use trajectories were identified in both datasets: Nonuse, Low, Moderate, Increasing, and High. Peer cannabis use at baseline predicted higher individual cannabis use trajectories, controlling for a wide range of factors. However, the association between peer cannabis use and higher levels of use (Moderate and High) attenuated as the adolescent's level of depressive symptoms increased. Although these results may suggest that depression dampers adolescents' susceptibility to peer influence, these results are also consistent with the notion that depressed adolescents withdraw from their peer groups, distancing them from the initial source of peer influence over time. The resulting isolation may place adolescents at higher risk of adverse outcomes. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Depressive symptoms, ruminative thinking, drinking motives, and alcohol outcomes: A multiple mediation model among college students in three countries.

Authors: Bravo, Adrian J.; Pilatti, Angelina; Pearson, Matthew R.; Mezquita, Laura; Ibáñez, Manuel I.; Ortet, Generós;

Source: Addictive Behaviors, Vol 76, Jan, 2018 pp. 319-327. Publisher: Elsevier Science; [Journal Article]

Abstract: Background: Recent research suggests that ruminative thinking (specifically problem-focused thoughts) may explain why individuals engage in drinking to cope (DTC) when dealing with depressive symptoms; which in turn leads to increased negative alcohol-related consequences. Cross-cultural studies addressing these phenomena are scarce. Objectives: The present study cross-culturally tested whether four rumination facets (problem-focused thoughts, counterfactual thinking, repetitive thoughts, and anticipatory thoughts) uniquely mediate the relationships between depressive symptoms and drinking motives/alcohol outcomes in a multicultural sample of college student drinkers (n = 1429) from Spain, Argentina, and the U.S. Method: Structural equation modeling was conducted to test the models, controlling for sex. Further, we conducted invariance testing to determine whether our models were culturally-specific or culturally-universal. Results: Within both proposed models, no rumination facet uniquely mediated the relationship between depressive symptoms and drinking motives. However, an exploratory model with a second-order latent factor of ruminative thinking did significantly mediate these associations (exception was conformity motives). Further, there were two significant double-mediated associations that suggested that increased depressive symptoms is associated with increased ruminative thinking, which is associated with higher DTC motives, which in turn is associated with higher alcohol consumption and negative alcohol-related consequences. All models were found to be invariant across countries and sex, suggesting that these associations may be relatively universal. Conclusions: Rumination is relevant to understand the increased vulnerability of college drinkers to exhibit greater alcohol consumption and negative consequences via DTC motives when dealing with depressive symptoms. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Hamilton Rating Scale for Depression-24 (HAM-D<sub>24</sub>) as a novel predictor for diabetic microvascular complications in type 2 diabetes mellitus patients.

Authors: Pan, Shuo; Liu, Zhong-Wei; Shi, Shuang; Ma, Xun; Song, Wen-Qian; Guan, Gong-Chang; Zhang, Yong; Zhu, Shun-Ming; Liu, Fu-Qiang; Liu, Bo; Tang, Zhi-Guo; Wang, Jun-Kui; Lv, Ying;


Abstract: The study was designed to investigate whether the Hamilton Rating Scale for Depression (24-items) (HAM-D<sub>24</sub>) can be used to predict the diabetic microvascular complications in type 2 diabetes mellitus
(T2DM) patients. 288 hospitalized patients with T2DM were enrolled. Their diabetic microvascular complications including diabetic nephropathy, diabetic retinopathy, diabetic peripheral neuropathy and diabetic foot as well as demographic, clinical data, blood samples and echocardiography were documented. All the enrolled patients received HAM-D₂₄ evaluation. The HAM-D₂₄ score and incidence of depression in T2DM patients with each diabetic microvascular complication were significantly higher than those in T2DM patients without each diabetic microvascular complication. After the adjustment of use of insulin and hypoglycemic drug, duration of T2DM, mean platelet volume, creatinine, albumin, fasting glucose, glycated hemoglobin type A1C, left ventricular ejection fraction, respectively, HAM-D₂₄ score was still significantly associated with diabetic microvascular complications (OR = 1.188–1.281, all P < 0.001). The AUC of HAM-D₂₄ score for the prediction of diabetic microvascular complication was 0.832 (0.761–0.902). 15 points of HAM-D₂₄ score was considered as the optimal cutoff with the sensitivity of 0.778 and specificity of 0.785. In summary, HAM-D₂₄ score may be used as a novel predictor of diabetic microvascular complications in T2DM patients. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Neuroticism and quality of life: Multiple mediating effects of smartphone addiction and depression.
Authors: Gao, Tingting; Xiang, Yu-Tao; Zhang, Han; Zhang, Zhao; Mei, Songli;
Abstract: The purposes of this study were to investigate the mediating effect of smartphone addiction and depression on neuroticism and quality of life. Self-reported measures of neuroticism, smartphone addiction, depression, and quality of life were administered to 722 Chinese university students. Results showed smartphone addiction and depression were both significantly affected neuroticism and quality of life. The direct effect of neuroticism on quality of life was significant, and the chain-mediating effect of smartphone addiction and depression was also significant. In conclusion, neuroticism, smartphone addiction, and depression are important variables that worsen quality of life. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Influence of depressive symptoms on distress related to positive psychotic-like experiences in women.
Authors: Brañas, Antía; Barrigón, María Luisa; Lahera, Guillermo; Canal-Rivero, Manuel; Ruiz-Veguilla, Miguel;
Abstract: The Community Assessment of Psychic Experiences (CAPE) is an effective instrument for detection of the presence of psychotic symptoms and associated distress in the general population. However, little research has studied distress associated with positive psychotic-like experiences (PLEs). Our aim is to study PLE-related distress using the CAPE. In this study we analysed factors associated with differences in PLE-related distress in a sample of 200 non-clinical participants recruited by snowball sampling. Presence of PLEs and related psychological distress was measured using the CAPE questionnaire. The influence of age, gender, educational level and drug use was studied. In univariate analysis we found that gender and CAPE positive, depressive and negative scores, were associated with CAPE positive distress. Using multiple linear regression, we found that only the effect of gender, and the interaction between frequency of depression and gender, remained statistically significant. In our sample interaction between gender and depressive symptoms is a determining factor in distress associated with positive PLEs. The results of this study may be useful for the implementation of prevention programs. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Psychiatric comorbidity pattern in treatment-seeking veterans.


Abstract:
This study investigated comorbidity patterns in treatment-seeking veterans and currently-serving Canadian Forces members of an outpatient mental health clinic from September 2006-September 2014. Using a retrospective cohort design, latent class analysis was conducted to determine latent classes of comorbidity (including posttraumatic stress disorder [PTSD], major depressive disorder [MDD], generalized anxiety disorder, panic disorder, and alcohol use disorder [AUD]). Multiple logistic regression was used to determine which covariates (age, gender, number of deployments, and service duration) were predictors of latent class membership. Among the 486 participants, 79.2% had more than one probable mental health condition. The most common comorbidity was PTSD and MDD (61.5%), followed by PTSD and GAD (52.3%). Among those with PTSD, almost all (95%) had a subsequent condition, predominantly MDD (82.6% of those with PTSD had MDD). A two-class model was the best fitting model with a high comorbidity and a low comorbidity class. Older age and shorter service duration significantly increased the probability of being in the high comorbidity class when not controlling for member status. Results showed that treatment-seeking veterans and military personnel have high rates of comorbidity, particularly alongside PTSD. Therefore, it is critical for clinicians to be able to assess and treat comorbidity.

Title:
The therapeutic alliance in different mental disorders: A comparison of patients with depression, somatoform, and eating disorders.

Mander, Johannes; Neubauer, Andreas B.; Schlarb, Angelika; Teufel, Martin; Bents, Hinrich; Hautzinger, Martin; Zipfel, Stephan; Wittorf, Andreas; Sammet, Isa; Psychology and Psychotherapy: Theory, Research and Practice, Vol 90(4), Dec, 2017 pp. 649-667. Publisher: Wiley-Blackwell Publishing Ltd.; [Journal Article]

Abstract:
Objective: The therapeutic alliance is intensively investigated in psychotherapy research. However, there is scarce research on the role of the specific diagnosis of the patient in the formation of the therapeutic alliance. Hence, the aim of this study was to address this research gap by comparing the alliance in different mental disorders. Design: Our sample comprised 348 patients (mean age = 40 years; 68% female; 133 patients with depression, 122 patients with somatoform disorders, and 93 patients with eating disorders). Methods: Patients completed the Working Alliance Inventory and measures of therapeutic outcome in early, middle, and late stages of inpatient psychotherapy. We applied multivariate multilevel models to address the nested data structure. Results: All three disorder groups experienced positive alliances that increased across the course of therapy and showed similar alliance–outcome relations that were of comparable strengths as in current meta-analyses. However, we found perspective incongruence of alliance ratings from patient and therapist in the three disorder groups. Conclusions: Our results generally indicate that the working alliance is of importance irrespective of the specific mental disorder. Perspective incongruence feedback of working alliance experiences could help to strengthen coordination between patient and therapist and thereby improve the therapeutic process. Further implications of these findings are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title:
Guideline adherence of antidepressant treatment in outpatients with major depressive disorder: A naturalistic study.

Authors:
Herzog, David P.; Wagner, Stefanie; Ruckes, Christian; Tadic, André; Roll, Sibylle C.; Härter, Martin; Lieb, Klaus;

Source:
Publisher: Springer; [Journal Article]

Abstract:
Little is known about guideline adherence of naturalistic antidepressant drug therapy in outpatients with major depressive disorder (MDD). The aim of the study was to analyze guideline adherence, especially regarding treatment length, treatment evaluation and medication change strategies. We investigated 889 patients with MDD who had been admitted for inpatient treatment and were enrolled in the early medication change trial (ClinicalTrials.gov NCT00974155). We investigated all patients at screening visit regarding previous outpatient drug treatment in the index episode, which was assessed by structured interviews. Demographic variables were obtained from patients and patients’ records. 51.0% of the patients had received previous drug treatment in the index episode, 56.6% were females, and their mean age was 40.0 years. In the 153 patients who were pharmacologically treated at least 8 weeks, medication was not changed in 129 (84.3%) patients. Patients who had a medication change in their index episode (n = 24, 15.7%) waited 71.1 weeks (± 110.4) for their treatment optimization. Only 5 of those 153 patients (3.3%) had a dose increase, whereas 132 patients (86.3%) had no dose adaption at all. Antidepressant blood levels were measured in 46 patients (30.1%). We conclude that a large proportion of patients with MDD is not treated in adherence to treatment guidelines recommending treatment evaluation (e.g. therapeutic drug monitoring) and treatment change after 4 to 8 weeks in non-responders. Earlier treatment optimization may prevent long-term suffering of patients and may avoid inpatient treatment. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Prefrontal transcranial direct current stimulation (tDCS) as treatment for major depression: Study design and methodology of a multicenter triple blind randomized placebo controlled trial (DepressionDC).

Authors:
Padberg, Frank; Kumpf, Ulrike; Mansmann, Ulrich; Palm, Ulrich; Plewnia, Christian; Langguth, Berthold; Zwanzger, Peter; Fallgatter, Andreas; Nolden, Jana; Burger, Max; Keeser, Daniel; Rupprecht, Rainer; Falkai, Peter; Hasan, Alkomiet; Egert, Silvia; Bajbouj, Malek; European

Source:
Archives of Psychiatry and Clinical Neuroscience, Vol 267(8), Dec, 2017 pp. 751-766. Publisher: Springer;

Abstract:
Transcranial direct current stimulation (tDCS) has been proposed as novel treatment for major depressive disorder (MDD) based on clinical pilot studies as well as randomized controlled monocentric trials. The DepressionDC trial is a triple-blind (blinding of rater, operator and patient), randomized, placebo controlled multicenter trial investigating the efficacy and safety of prefrontal tDCS used as additive treatment in MDD patients who have not responded to selective serotonin reuptake inhibitors (SSRI). At 5 study sites, 152 patients with MDD receive a 6-weeks treatment with active tDCS (anode F3 and cathode F4, 2 mA intensity, 30 min/day) or sham tDCS add-on to a stable antidepressant medication with an SSRI. Follow-up visits are at 3 and 6 months after the last tDCS session. The primary outcome measure is the change of the Montgomery-Asberg Depression Rating Scale (MADRS) scores at week 6 post-randomisation compared to baseline. Secondary endpoints also cover other psychopathological domains, and a comprehensive safety assessment includes measures of cognition. Patients undergo optional investigations comprising genetic testing and functional magnetic resonance imaging (fMRI) of structural and functional connectivity. The study uses also an advanced tDCS technology including standard electrode positioning and recording of technical parameters (current, impedance, voltage) in every tDCS session. Aside reporting the study protocol here, we present a novel approach for monitoring technical parameters of tDCS which will allow quality control of stimulation and further analysis of the interaction between technical parameters and clinical outcome. The DepressionDC trial will hopefully answer the important clinical question whether prefrontal tDCS is a safe and effective antidepressant intervention in
Title:
Electroconvulsive therapy enhances endocannabinoids in the cerebrospinal fluid of patients with major depression: A preliminary prospective study.

Authors:
Kranaster, Laura; Hoyer, Carolin; Aksay, Suna Su; Bumb, Jan Malte; Leweke, F. Markus; Janke, Christoph; Thiel, Manfred; Lutz, Beat; Bindila, Laura; Sartorius, Alexander;

Source:
Publisher: Springer; [Journal Article]

Abstract:
Despite the lack of clinical data about the role of the endocannabinoid system (ECS) in affective disorders, preclinical work suggests that the ECS is relevant in both with regard to the etiology of depression as well as the mediation of antidepressant effects. We measured the intrindividuial levels of the endocannabinoids N-arachidonoylethanolamine (AEA) and 2-arachidonoylglycerol (2-AG) in the cerebrospinal fluid of 12 patients suffering from a major depressive episode before and after the antidepressant treatment by electroconvulsive therapy (ECT). AEA was significantly elevated after ECT as compared to baseline. The AEA increase positively correlated with the number of individually performed ECT sessions. Although the sample size was small and confounders were not rigorously controlled for, our finding corroborates preclinical work and should encourage further exploration of the involvement of the ECS in depressive disorder. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: Disentangling the interplay among cognitive biases: Evidence of combined effects of attention, interpretation and autobiographical memory in depression.

Authors: Sanchez, Alvaro; Duque, Almudena; Romero, Nuria; Vazquez, Carmelo;


Abstract: Previous research has found that cognitive biases in attention, interpretation, and memory play an important role in depression. However, there is little knowledge of the interplay between these biases in clinical depression. The present study was aimed to model different pathways of relation among attention, interpretation and autobiographical memory biases, and to examine their contribution to account for depression status outcomes. Cognitive biases were evaluated in a sample comprising 22 currently-depressed and 36 never-depressed individuals representing a broad range of depression severity levels. Cognitive biases were assessed by three separate tasks using different types of stimuli. Our main finding was a significant indirect effect model in which attention bias to negative faces was linked to greater negative memory bias via its association with negative interpretation bias. Within this model, the specific pathway between attention bias to negative faces and negative faces and negative interpretation bias accounted both for significant variance in depression severity as well as for depression diagnostic status. These findings increase our understanding of the complex interplay between cognitive mechanisms involved in clinical depression and highlight hypothetical pathways relevant for future interventions. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Microbes and mental health: A review.

Authors: Rieder, Ryan; Wisniewski, Paul J.; Alderman, Brandon L.; Campbell, Sara C.;


Abstract: There is a growing emphasis on the relationship between the microorganisms inhabiting the gut (gastrointestinal microbiota) and human health. The emergence of a microbiota-gut-brain axis to describe the complex networks and relationship between the gastrointestinal microbiota and host reflects the major influence this environment may have in brain health and disorders of the central nervous system (CNS). Bidirectional communication between the microbiota and the CNS occurs through autonomic, neuroendocrine, enteric, and immune system pathways. Potential neurobiological mechanisms through which disruptions in this network may impact health and disease include hypothalamic-pituitary-adrenal (HPA)-axis activation, and altered activity of neurotransmitter and immune systems. Perturbations of the gut microbial community have already been implicated in multiple host diseases such as obesity, diabetes, and inflammation, while recent evidence suggests a potential role of the microbiota-gut-brain axis in neuropsychiatric disorders, such as depression and anxiety. Here, we review the current literature related to the influence of the gut microbial community on central nervous system function, with a specific focus on anxiety and depressive symptoms. The role of stress and stress-mediated changes in autonomic, neuroendocrine, immune, and neurotransmitter systems are examined, followed by a discussion of the role of the microbiota in novel gastrointestinal-based treatment options for the prevention and treatment of brain-based disorders such as anxiety and depression. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Detached mindfulness reduced both depression and anxiety in elderly women with major depressive disorders.

Authors:
Ahmadpanah, Mohammad; Akbari, Tayebe; Akhondi, Amineh; Haghigi, Mohammad; Jahangard, Leila; Sadeghi Bahmani, Dena; Bajoghli, Hafez; Holsboer-Trachsler, Edith; Brand, Serge;

Source:

Abstract:
We investigated the influence of detached mindfulness (DM) in treating symptoms of depression and anxiety among elderly women. Thirty-four elderly females (mean age: 69.23 years) suffering from moderate major depressive disorders (MDD) and treated with a standard medication (citalopram) at therapeutic doses were randomly assigned either to an intervention condition (DM; group treatment, twice weekly) or to a control condition (with leisure activities, twice weekly). At baseline (BL), four weeks later at study completion (SC), and four weeks after that at follow-up (FU), participants completed ratings for symptoms of depression and anxiety; experts blind to patients’ group assignments rated patients’ symptoms of depression. Symptoms of depression (self and experts’ ratings) and anxiety declined significantly over time in the DM, but not in the control condition. Effects remained stable at FU. The pattern of results suggests that, compared to a control condition, a specific psychotherapeutic intervention such as DM can have a beneficial effect in elderly female patients with MDD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-45232-017&site=ehost-live

Title:
Associations of C-reactive protein and psychological distress are modified by antidepressants, supporting an inflammatory depression subtype: Findings from UKHLS.

Authors:
Hughes, Amanda; Kumari, Meena;

Source:

Abstract:
Background: Clinical evidence increasingly suggests inflammation may be important specifically for an etiologically distinct depression subtype, characterised by resistance to antidepressant medication. However, epidemiological investigations of the relationship of inflammation with depression and psychological distress have failed to acknowledge these developments, which may have resulted in bias or masking of associations driven by the subtype. This may have contributed to inconsistent results in epidemiological studies, and equivocal support for an inflammation-depression link. Methods: An antidepressant-resistant, inflammatory depression subtype would result in stronger associations of depressive symptomatology with inflammation among antidepressant users than non-users, due to over-representation of subtype individuals among antidepressant users experiencing severe or persistent symptoms. We investigate, in a sample of 10,363 UK adults aged 16–98, modification by antidepressants of cross-sectional and longitudinal associations between C-reactive protein and psychological distress (General Health Questionnaire score, GHQ). We account for confounding by age, gender, income, inflammatory somatic illness, body mass index and, in longitudinal models, baseline psychological distress. Sensitivity analyses consider smoking, ethnicity, and other medications. Results: Robust associations of log-CRP and GHQ were seen for antidepressant users but not for non-users in both cross-sectional (coeff: 0.54, p=0.01 vs 0.06, p=0.28) and longitudinal models (coeff: 0.57, p=0.006 vs 0.04, p=0.39 two waves post-baseline). Cross-sectional associations were strongest for tricyclic users, and longitudinal associations strongest for SSRI users. In multilevel, repeated-measures longitudinal models, associations for antidepressant users peaked two waves after baseline before declining. Conclusions: Results suggest evidence for existence of an inflammatory depression subtype. Previous studies’ exclusion of antidepressant users and failure to consider interactive effects may have obscured associations driven by the subgroup. Follow-up work is now needed in community samples with clinical depression measures and prescription histories, to further elucidate the mechanisms involved. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Maternal infection during pregnancy has been linked to increased risk of offspring depression. Additionally, maternal stress during pregnancy has been consistently linked with adverse offspring outcomes associated with depression. Relatedly, stress has been associated with increased risk of infection; however no study has investigated stress-infection interactions during pregnancy and risk for offspring depression. Participants were drawn from the Child Health and Development Studies (CHDS), a prospective, longitudinal study that enrolled pregnant women from 1959 to 1966. Maternal health and birth outcome information were collected, as well as open-ended interviews about worrisome events during pregnancy. The present study included participants from a subsample of women whose offspring (n = 1711) completed self-reports of depressive symptoms during adolescence. Results indicated that maternal infection during only the second trimester was associated with higher scores on adolescent offspring depressive symptoms, while controlling for maternal education at birth, adolescent age, and maternal depressive symptoms at adolescence. Maternal experiences of daily stress during pregnancy moderated this association, such that mothers diagnosed with second trimester infection and who experienced daily stress had offspring with significantly higher depression scores than mothers of adolescents diagnosed with an infection alone. Findings have potential implications for prevention and intervention strategies.

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

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.
Title: Adiposity moderates links from early adversity and depressive symptoms to inflammatory reactivity to acute stress during late adolescence.

Authors: Chiang, Jessica J.; Bower, Julienne E.; Irwin, Michael R.; Taylor, Shelley E.; Fuligni, Andrew J.;


Abstract: Both early adversity and depression are associated with heightened inflammation. However, few studies have focused on inflammatory reactivity to psychosocial stress and examined adiposity as a potential moderator. Yet, repeated heightened inflammatory reactivity over time is thought to contribute to low-grade chronic inflammation and adipose tissue is a key source of pro-inflammatory cytokines. The purpose of the present study was to examine whether early adversity and depressive symptoms were related to stress-induced inflammation and whether these associations varied by total body and abdominal adiposity as measured by body mass index (BMI) and waist circumference (WC) in a sample of late adolescents. Participants reported on their early family environment and current depressive symptoms, had their height, weight, and WC assessed for adiposity markers, and provided blood samples for IL-6 assessment before and after a standardized laboratory stress task. No main effect of early adversity on IL-6 reactivity to acute stress was observed. However, significant interactions between early adversity and BMI and WC emerged. Greater exposure to early adversity was associated with greater IL-6 responses only among adolescents with higher BMI or WC. The same pattern of findings was observed for depressive symptoms. Additionally, moderated mediation analyses indicated that among adolescents with greater adiposity, early adversity indirectly influenced IL-6 reactivity via current depressive symptoms. These findings contribute to our understanding of vulnerability factors that may amplify the associations between early adversity and depressive symptoms and inflammation during relatively early stages of life. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Autobiographical memory deficits in patients with depression follow a temporal distribution.

Authors: Biedermann, Sarah V.; Demirakca, Traute; Sartorius, Alexander; Auer, Matthias K.; Ende, Gabriele; Berna, Fabrice;


Abstract: Autobiographical memory deficits are known in depression. The temporal distribution thereof across periods of life has rarely been considered yet. Autobiographical memories for 5 life periods were investigated in 27 depressed in-patients and compared to 31 matched healthy controls using the Bielefelder Autobiographisches Gedächtnis Inventar. Depressed patients reported significantly less details in memories dating from childhood to 30 years, correlating with severity of depression. Memories from childhood and recent periods were less positive in depressed patients. Thus, we found a distinct pattern of autobiographical memory deficits in depressed patients. Possible etiological factors, however, need further investigations. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Altered populations of natural killer cells, cytotoxic T lymphocytes, and regulatory T cells in major depressive disorder: Association with sleep disturbance.

Authors: Suzuki, Hideo; Savitz, Jonathan; Teague, T. Kent; Gandhapudi, Siva K.; Tan, Chibing; Misaki, Masaya; McKinney, Brett A.; Irwin, Michael R.; Drevets, Wayne C.; Bodurka, Jerzy;


Abstract: A subset of individuals with major depressive disorder (MDD) have impaired adaptive immunity characterized by a greater vulnerability to viral infection and a deficient response to vaccination along with
a decrease in the number and/or activity of T cells and natural killer cells (NKC). Nevertheless, it remains unclear which specific subsets of lymphocytes are altered in MDD, a shortcoming we address here by utilizing an advanced fluorescence-activated cell sorting (FACS) method that allows for the differentiation of important functionally-distinct lymphocyte sub-populations. Furthermore, despite evidence that sleep disturbance, which is a core symptom of MDD, is itself associated with alterations in lymphocyte distributions, there is a paucity of studies examining the contribution of sleep disturbance on lymphocyte populations in MDD populations. Here, we measured differences in the percentages of 13 different lymphocytes and 6 different leukocytes in 54 unmedicated MDD patients (partially remitted to moderate) and 56 age and sex-matched healthy controls (HC). The relationship between self-reported sleep disturbance and cell counts was evaluated in the MDD group using the Pittsburgh Sleep Quality Index (PSQI). The MDD group showed a significantly increased percentage of CD127low/CCR4+ Treg cells, and memory Treg cells, as well as a reduction in CD56+CD16− (putative immunoregulatory) NKC counts, the latter, prior to correction for body mass index. There also was a trend for higher effector memory CD8+ cell counts in the MDD group versus the HC group. Further, within the MDD group, self-reported sleep disturbance was associated with an increased percentage of effector memory CD8+ cells but with a lower percentage of CD56+CD16− NKC. These results provide important new insights into the immune pathways involved in MDD, and provide novel evidence that MDD and associated sleep disturbance increase effector memory CD8+ and Treg pathways. Targeting sleep disturbance may have implications as a therapeutic strategy to normalize NKC and memory CD8+ cells in MDD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Season-independent cognitive deficits in seasonal affective disorder and their relation to depressive symptoms.

Authors:
Hjordt, Liv Vadskjær; Stenbæk, Dea Siggaard; Ozenne, Brice; Mc Mahon, Brenda; Hageman, Ida; Hasselbalch, Steen Gregers; Knudsen, Gitte Moos;

Source:

Abstract:
Although cognitive impairments are common in depressed individuals, it is unclear which aspects of cognition are affected and whether they represent state or trait features of depression. We here exploited a naturalistic model, namely the seasonal fluctuations in depressed status in individuals with Seasonal Affective Disorder (SAD), to study depression-related cognition, longitudinally. Twenty-nine medication-free individuals diagnosed with winter-SAD and 30 demographically matched healthy controls with no seasonality symptoms completed the Letter-number Sequencing task (LNS), the Symbol Digit Modalities Test (SDMT) and the Simple Reaction Time (SRT) twice; in summer and in winter. Compared to controls, SAD individuals showed significant season-independent impairments in tasks measuring working memory (LNS), cognitive processing speed (SDMT) and motor speed (SRT). In SAD individuals, cognitive processing speed was significantly negatively associated with the seasonal change in SAD depressive symptoms. We present novel evidence that in SAD individuals, working memory, cognitive processing and motor speed is not only impaired in the winter but also in the summer. This suggests that certain cognitive impairments are SAD traits. Furthermore, impairments in cognitive processing speed appear to be related to depressive symptoms in SAD. Reduced processing speed may thus constitute a SAD vulnerability trait marker. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Vulnerable narcissism is associated with severity of depressive symptoms in dysthymic patients.
Authors: Erkoreka, Leire; Navarro, Bárbara;
Abstract: Pathological narcissism involves grandiose and vulnerable presentations. Narcissism, and specifically the vulnerable presentation, has been associated to depression, although empirical research studying this relationship is limited. Dysthymia is characterized by a greater treatment resistance and poorer prognosis than other chronic depressive disorders. The presence of dysfunctional personality traits may explain it. We aim to explore the association between vulnerable narcissistic traits and severity of depressive symptoms in a sample of dysthymic patients. To that end, 80 dysthymic outpatients were evaluated. The treating psychiatrist collected sociodemographic and clinical data and completed the Clinical Global Impression-Severity Scale. Patients completed the Beck Depression Inventory (BDI) and the Hypersensitive Narcissism Scale (HSNS), that respectively assess severity of depressive symptoms and vulnerable narcissism. We tested for potential confounders and conducted a regression analysis to explore whether severity of vulnerable narcissism was associated with greater depressive symptoms. HSNS was found to be the principal predictor of BDI, and along with age, accounted for 23% of the variance in BDI. An assessment of personality functioning is therefore recommended in chronically depressed patients that have been refractory to standard treatments. Psychotherapies that address personality disturbance should be included in the treatment when necessary. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-45232-043&site=ehost-live

Title: Electroconvulsive therapy regulates emotional memory bias of depressed patients.
Authors: Bai, Tongjian; Xie, Wen; Wei, Qiang; Chen, Yang; Mu, Jingjing; Tian, Yanghua; Wang, Kai;
Abstract: Emotional memory bias is considered to be an important base of the etiology of depression and can be reversed by antidepressants via enhancing the memory for positive stimuli. Another antidepressant treatment, electroconvulsive therapy (ECT), has rapid antidepressant effect and frequently causes short-term memory impairment. However, it is unclear about the short-term effect of ECT on memory bias. In this study, the incidental memory task with emotional pictures were applied to evaluate the emotional memory of twenty depressed patients at pre- and post-ECT (three days after ECT) compared to twenty healthy controls. The depressive symptoms were evaluated using the Hamilton rating scale of depression (HRSD). Before ECT, patients showed decreased recognition memory for positive pictures compared to controls and remembered negative pictures more easily than positive pictures in the recognition task. In patients, the main effect of session (pre-ECT and post-ECT) was significant for both recognition and recall memory with reduced memory performance. The interaction between valence (positive, neutral and negative) and session was significant for recognition memory, indicating that negative memory was impaired more severely than positive memory. Our study indicates that ECT relieves depressive symptoms and regulates emotional memory through more severe impairment on memory for negative stimuli. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Active suicidal ideation during clinical antidepressant trials.
Authors: Ballard, Elizabeth D.; Snider, Sam L.; Nugent, Allison C.; Luckenbaugh, David A.; Park, Lawrence; Zarate, Carlos A. Jr.;
Abstract: Suicidal patients are often excluded from clinical trials of psychiatric medications and from investigations using neurobiological techniques. To evaluate the presence, impact, and stability of active suicidal ideation (SI) across a range of antidepressant trials, we reviewed 14 clinical trials conducted in patients with either major depressive disorder (MDD) or bipolar disorder (BD) (N = 269). Active SI at any time point in the clinical trial was identified and linked to participation in other research procedures. Stability of active SI across subsequent days was evaluated using intraclass correlation coefficients (ICCs) and compared to other depressive symptoms. Across 14 clinical trials, 63 participants (23%) reported active SI at some point during study participation. Of these participants, 33 completed a neuroimaging procedure and 16 completed polysomnography within a week of active SI. When active SI was subsequently assessed, only 39% of patients continued to report active SI after three days of assessment, despite receiving no additional treatment. ICCs were not significant for either SI or pessimism; other depressive symptoms showed stability over time. The results suggest that research can be conducted in depressed patients with active SI if such research coincides with careful observation. Active SI and pessimism may be particularly vulnerable to fluctuation. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Reported maladaptive decision-making in unipolar and bipolar depression and its change with treatment.
Authors: Alexander, Lara F.; Oliver, Alison; Burdine, Lauren K.; Tang, Yilang; Dunlop, Boadie W.;
Abstract: Mood disorder patients frequently experience difficulty making decisions and may make sub-optimal decisions with adverse life consequences. However, patients’ styles for decision-making when ill and after treatment have received little study to date. We assessed healthy controls (HC, n = 69) and patients with major depressive disorder (MDD, n = 61) or bipolar disorder (BP, n = 26) in a current major depressive episode using the Melbourne Decision-making Questionnaire. A subset of participants was re-evaluated after completing six weeks of pharmacotherapy. HC demonstrated significantly greater use of the healthy vigilance style, and significantly lower use of maladaptive decision-making styles, than the MDD and depressed BP patients. After six weeks of treatment, neither the MDD nor BP patients reported meaningful improvements in the vigilance style of decision-making, but scores on most maladaptive decision-making styles declined. BP patients who remitted reported significantly lower buckpassing and procrastination scores than healthy controls. Among MDD patients, however, the maladaptive passive buckpassing style of decision-making did not significantly diminish. For MDD patients, reported decision-making styles may remain impaired even after achieving remission. Among BP patients, low levels of adaptive vigilance decision-making may be a trait component of the illness, whereas for MDD patients, reported maladaptive passive decision-making styles are persistent. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: Maternal alcohol use disorders and depression in emerging adulthood: Examining the relevance of social ties, childhood adversity, and socioeconomic status.

Authors: Wolfe, Joseph D.;


Abstract: A number of recent studies have found that alcohol use disorders (AUDs) among parents are associated with higher levels of depression in their adult children. However, these studies have not considered whether several important social conditions in childhood help explain this association. Using a large sample of young adults from the National Longitudinal Surveys of Youth 1979 Children and Young Adults (NLSY79-CY), this study examines changes in the relationship between maternal AUDs and depression in emerging adulthood after controlling for three clusters of variables related to childhood social ties, adversity, and socioeconomic status. After models adjust for these factors, the association is reduced, but maternal AUDs remain a robust predictor of depression in emerging adulthood. These findings highlight the intergenerational consequences of AUDs and the need to develop interventions that supplement children’s social support and economic circumstances. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Meteorological analysis of symptom data for people with seasonal affective disorder.

Authors: Sarran, Christophe; Albers, Casper; Sachon, Patrick; Meesters, Ybe;


Abstract: It is thought that variation in natural light levels affect people with Seasonal Affective Disorder (SAD). Several meteorological factors related to luminance can be forecast but little is known about which factors are most indicative of worsening SAD symptoms. The aim of this meteorological analysis is to determine which factors are linked to SAD symptoms. The symptoms of 291 individuals with SAD in and near Groningen have been evaluated over the period 2003–2009. Meteorological factors linked to periods of low natural light (sunshine, global radiation, horizontal visibility, cloud cover and mist) and others (temperature, humidity and pressure) were obtained from weather observation stations. A Bayesian zero adjusted autocorrelated multilevel Poisson model was carried out to assess which variables influence the SAD symptom score BDI-II. The outcome of the study suggests that the variable sunshine duration, for both the current and previous week, and global radiation for the previous week, are significantly linked to SAD symptoms. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Narrative flexibility in brief psychotherapy for depression.

Authors: Boritz, Tali; Barnhart, Ryan; Angus, Lynne; Constantino, Michael J.;


Abstract: Objective: This study aimed to further understand how narrative flexibility contributes to therapeutic outcome in brief psychotherapy for depression utilizing the Narrative-Emotion Process Coding System (NEPCS), an observational measure that identifies specific markers of narrative and emotion integration in therapy sessions. Method: The present study investigated narrative flexibility by examining the contribution of NEPCS shifting (i.e., movement between NEPCS markers) in early, middle, and late sessions of client-centred therapy (CCT), emotion-focused therapy (EFT), and cognitive therapy (CT) and treatment outcome (recovered versus unchanged at the therapy termination). A logistic regression, with
Wald tests of parameter estimates and pairwise comparisons, was used to test the study hypotheses. Results: Results demonstrated that for recovered clients, the probability of shifting over the course of a therapy session was constant, whereas the probability of shifting declined for unchanged clients as the session progressed. There was also evidence that longer duration of time spent in any single NEPCS marker was negatively associated with shifting for both recovered and unchanged clients, although the effect was stronger for unchanged clients. Conclusions: The results provided preliminary support for the contribution of narrative flexibility to treatment outcomes in EFT, CCT, and CT treatments of depression. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Recollections of emotional abuse and neglect in childhood as risk factors for depressive disorders and the need for psychotherapy in adult life.

Authors: Neumann, Eva;
Source: Journal of Nervous and Mental Disease, Vol 205(11), Nov, 2017 pp. 873-878. Publisher: Lippincott Williams & Wilkins; [Journal Article]

Abstract: Theoretical and empirical works have pointed out that depression comes along with adverse interpersonal experiences in childhood and adult life. The purpose of this study was to explore whether past and current experiences differ in their relevance for depression. A clinical group of 80 psychotherapy patients diagnosed with a depressive disorder was contrasted with a control group of 111 nondepressed patients from somatic facilities. Child abuse, neglect, and adult attachment dimensions were measured with self-report scales. Depression was correlated with emotional abuse, neglect, and attachment anxiety. However, solely emotional abuse and neglect significantly predicted the probability to be in the group of depressed patients, whereas attachment anxiety did not contribute to this prediction. The findings reveal that childhood variables, namely, recollections of emotional traumas, are more closely associated with depression than representations of adult attachment bonds and therefore need special attention in the psychotherapeutic treatment of depressive disorders. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Pilot randomized controlled trial of titrated subcutaneous ketamine in older patients with treatment-resistant depression.

Authors: George, Duncan; Gálvez, Verònica; Martin, Donel; Kumar, Divya; Leyden, John; Hadzi-Pavlovic, Dusan; Harper, Simon; Brodaty, Henry; Glue, Paul; Taylor, Rohan; Mitchell, Philip B.; Loo, Colleen K.; The Source: American Journal of Geriatric Psychiatry, Vol 25(11), Nov, 2017 pp. 1199-1209. Publisher: Elsevier Science; [Journal Article]

Abstract: Objective: To assess the efficacy and safety of subcutaneous ketamine for geriatric treatment-resistant depression. Secondary aims were to examine if repeated treatments were safe and more effective in inducing or prolonging remission than a single treatment. Methods: In this double-blind, controlled, multiple-crossover study with a 6-month follow-up (randomized controlled trial [RCT] phase), 16 participants (≥ 60 years) with treatment-resistant depression who relapsed after remission or did not remit in the RCT were administered an open-label phase. Up to five subcutaneous doses of ketamine (0.1, 0.2, 0.3, 0.4, and 0.5 mg/kg) were administered in separate sessions (≥ 1 week apart), with one active control (midazolam) randomly inserted (RCT phase). Twelve ketamine treatments were given in the open-label phase. Mood, hemodynamic, and psychotomimetic outcomes were assessed by blinded raters. Remitters in each phase were followed for 6 months. Results: Seven of 14 RCT-phase completers remitted with ketamine treatment. Five remitted at doses below 0.5 mg/kg. Doses ≥ 0.2 mg/kg were significantly more effective than midazolam. Ketamine was well tolerated. Repeated treatments resulted in higher likelihood of remission or longer time to relapse. Conclusion: Results provide preliminary evidence for the efficacy and safety of ketamine in treating elderly depressed. Dose titration is recommended for optimizing antidepressant and safety outcomes on an individual basis. Subcutaneous injection is a practical method for giving ketamine. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Child-care quality moderates the association between maternal depression and children's behavioural outcome.

Authors:
Charrois, Justine; Côté, Sylvana M.; Japel, Christa; Séguin, Jean R.; Paquin, Stéphane; Tremblay, Richard E.; Herba, Catherine M.;

Source:

Abstract:
Background: Maternal depression is a risk factor for adverse outcomes in the child, including emotional and behavioural difficulties. There is evidence that child care attendance during the preschool years may moderate associations between familial risk factors and child outcome. However, the possibility that high-quality child care provides protection for children exposed to maternal depression or that low-quality child care provides additional risk has not been investigated. We study whether child-care quality moderates the association between probable history of maternal depression (PMD) and child emotional and behavioural difficulties over the preschool period. Methods: Within a longitudinal study, we examined PMD (no depression; clinical PMD before the child’s birth; subclinical PMD from 0 to 5 years; clinical PMD from 0 to 5 years), child-care quality and child emotional and behavioural difficulties at the ages of 2, 3 and 4 years. Child-care quality was evaluated in settings, and trajectories were calculated to reflect (a) global quality and (b) two quality subfactors: ‘Teaching and interactions’ and ‘Provision for learning’. Data were analysed for 264 families. Results: Significant interactions emerged between clinical PMD and global quality of child care for children’s externalising behaviour (b = −.185, p = .008), more specifically hyperactivity/inattention (b = −.237, p = .002). In the context of clinical PMD, children attending high-quality child care presented fewer difficulties than those attending a low-quality care. Child-care quality was not associated with outcomes for children whose mothers did not report a PMD or a PMD before their birth. Conclusions: In the context of PMD, high-quality child care was associated with fewer behavioural problems and may thus constitute a protective factor. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Validity and usefulness of the Hospital Anxiety and Depression Scale in carers of people with dementia: Evidence from confirmatory factor analysis, concurrent validity, and measurement invariance in a large sample.

Authors:
Stott, Joshua; Orrell, Martin; Charlesworth, Georgina;

Source:

Abstract:
Objective: The Hospital Anxiety and Depression Scale (HADS) is a self-report measure of anxiety and depression. It is recommended for clinical assessment and has been used as the primary outcome in large clinical trials with carers of people with dementia. Its validity and utility have never been examined in this population. The current study addresses this. Methods: In a secondary analysis of baseline data from a recent intervention trial (N = 284) with cross-validation in baseline data from a second trial (N = 230), the authors used confirmatory factor analysis to test whether a one-, two-, or three-factor structure best fit the data and used indices of model misspecification to respecify. Internal consistency, concurrent validity of obtained factors, and measurement invariance across gender, age, kinship, and cohabitation status were assessed. Results: A three-factor structure best fit the data. Removal of one item improved model fit. The factors showed good internal consistency and high levels of concurrent validity. Measurement invariance was adequate across gender and kinship but not age or cohabitation status. Results were replicated in the cross-validation sample, enhancing reliability. Conclusion: In this group the HADS measured three factors; depression, anxiety, and negative affectivity. The depression scale can be used as originally intended, supporting results of large clinical trials. The HADS does not validly measure distress or anxiety. Consequently, clinical practice recommendations could be revisited, and future research trials should not use HADS anxiety or distress as outcomes. Researchers should pay attention to measurement invariance
A follow-up study from a multisite, randomized controlled trial for traumatized children receiving TF-CBT.

Title: A follow-up study from a multisite, randomized controlled trial for traumatized children receiving TF-CBT.
Authors: Jensen, Tine K.; Holt, Tonje; Ormhaug, Silje M.;
Source: Journal of Abnormal Child Psychology, Vol 45(8), Nov, 2017 pp. 1587-1597. Publisher: Springer
Abstract: Trauma-focused cognitive behavioral therapy (TF-CBT) is the treatment of choice for traumatized youth, however, follow-up studies are scarce, and treatment effects for co-occurring depression show mixed findings. The aims of this study were to examine whether treatment effects of TF-CBT are maintained at 18 month follow-up and whether degree of co-occurring depression influences treatment effects. As rapid improvement in psychological functioning is warranted for youth, we also investigated whether the symptom trajectory was different for TF-CBT compared to therapy as usual (TAU). The sample consisted of 156 youth (M age = 15.05, 79.50% girls) randomly assigned to TF-CBT or TAU. The youth were assessed for posttraumatic stress symptoms (PTSS), depression, anxiety and general mental health symptoms. Mixed effects analyses followed the symptom courses over 5 time points. Youth receiving TF-CBT maintained their symptom improvement at 18 months follow-up with scores below clinical cut-of on all symptom measures. The most depressed youth had also a significant decline in symptoms that were maintained at follow-up. Symptom trajectories differed as the TF-CBT group reported a more rapid symptom reduction compared to the TAU condition. In the TAU condition, participants received 1.5 times the number of treatment sessions compared to the TF-CBT participants. After 18 months the groups were significantly different on general mental health symptoms only. In conclusion, youth receiving TF-CBT experienced more efficient improvement in trauma related symptoms than youth receiving TAU and these improvements were maintained after 18 months. Also youth experiencing serious co-occurring depression benefitted from TF-CBT. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title:
Decreased serum L-arginine and L-citrulline levels in major depression.

Authors:

Source:

Abstract:
Rationale: It has been suggested that endothelial dysfunction caused by a decreased endothelial production of nitric oxide (NO) may contribute to the consistently observed increased risk of developing cardiovascular disease (CVD) in physically healthy patients suffering from major depression (MD). NO is a gas synthesized from L-arginine (a conditionally essential amino acid) and oxygen by endothelial nitric oxide synthase (eNOS). The end products of NO production include both NO and L-citrulline. NO is rapidly reduced to the anions nitrite and nitrate, classically referred to as NO metabolites. Their measurement has been used as a surrogate measurement for endothelial NO production. We and others have shown decreased levels of NO metabolites in the serum of MD patients. The mechanism of this decreased production of NO by the endothelium has not yet been elucidated. Objectives: The purpose of this study is to assess serum levels of L-arginine and L-citrulline in patients with MD. Methods: Levels of L-arginine and L-citrulline were measured in 35 unmedicated physically healthy MD patients and 36 healthy controls (HCs). Results: L-arginine and L-citrulline concentrations were significantly lower in MD patients than in healthy controls (L-arginine, 73.54 + 21.53 μmol/L and 84.89 + 25.16, p = 0.04 μmol/L and L-citrulline 31.58 + 6.05 μmol/L and 35.19 + 6.85 μmol/L, p = 0.03, respectively). Conclusions: The decrease in L-arginine levels in MD patients is a possible explanation for the decrease in NO metabolites in MD patients and therefore may contribute, through endothelial dysfunction, to the increased CV risk associated with MD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
The role of motivation in cognitive reappraisal for depressed patients.

Authors:
Wang, Xiaoxia; Zhou, Xiaoyan; Dai, Qin; Ji, Bing; Feng, Zhengzi;

Source:

Abstract:
Background: People engage in emotion regulation in service of motive goals (typically, to approach a desired emotional goal or avoid an undesired emotional goal). However, how motives (goals) in emotion regulation operate to shape the regulation of emotion is rarely known. Furthermore, the modulatory role of motivation in the impaired reappraisal capacity and neural abnormalities typical of depressed patients is not clear. Our hypothesis was that (1) approach and avoidance motivation may modulate emotion regulation and the underlying neural substrates; (2) approach/avoidance motivation may modulate emotion regulation neural abnormalities in depressed patients. Methods: Twelve drug-free depressed patients and fifteen matched healthy controls reappraised emotional pictures with approach/avoidant strategies and self-rated their emotional intensities during fMRI scans. Approach/avoidance motivation was measured using Behavioral Inhibition System and Behavioral Activation System (BIS/BAS) Scale. We conducted whole-brain analyses and correlation analyses of regions of interest to identify alterations in regulatory prefrontal-amygdala circuits which were modulated by motivation. Results: Depressed patients had a higher level of BIS and lower levels of BAS-reward responsiveness and BAS-drive. BIS scores were positively correlated with depressive severity. We found the main effect of motivation as well as the interactive effect of motivation and group on the neural correlates of emotion regulation. Specifically, hypoactivation of IFG underlying the group differences in the motivation-related neural correlates during reappraisal may be partially explained by the interaction between group and reappraisal. Consistent with our prediction, dlPFC and vmPFC was differentially between groups which were modulated by motivation. Specifically, the avoidance motivation of depressed patients could predict the right dlPFC activation during decreasing positive emotion, while the approach motivation of normal individuals could predict the right vmPFC activation during decreasing negative emotion. Notably, striatal regions were observed when examining the neural substrates underlying the main effect of motivation (lentiform nucleus) and the interactive effect between motivation and group (midbrain). Conclusions: Our findings highlight the modulatory role of approach and avoidance motivation in cognitive reappraisal, which is dysfunctional in
depressed patients. The results could enlighten the CBT directed at modifying the motivation deficits in cognitive regulation of emotion. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Insulin-like growth factor-1: A possible marker for emotional and cognitive disturbances, and treatment effectiveness in major depressive disorder.
Authors: Levada, Oleg A.; Troyan, Alexandra S.;
Abstract: Depression and cognitive dysfunction share a common neuropathological platform. Abnormal neural plasticity in the frontolimbic circuits has been linked to changes in the expression of neurotrophic factors, including IGF-1. These changes may result in clinical abnormalities observed over the course of major depressive disorder (MDD), including cognitive dysfunction. The present review aimed to summarize evidence regarding abnormalities of peripheral IGF-1 in MDD patients and assess a marker and predictive role of the neurotrophin for emotional and cognitive disturbances, and treatment effectiveness. A literature search of the PubMed database was conducted for studies, in which peripheral IGF-1 levels were evaluated. Our analysis revealed four main findings: (1) IGF-1 levels in MDD patients mismatch across the studies, which may arise from various factors, e.g., age, gender, the course of the disease, presence of cognitive impairment, ongoing therapy, or general health conditions; (2) the initial peripheral IGF-1 levels may predict the occurrence of depression in future; (3) peripheral IGF-1 levels may reflect cognitive dysfunction, although the data is limited; (4) it is difficult to evaluate the influence of treatment on IGF-1 levels as there is discrepancy of this growth factor among the studies at baseline, although most of them showed a decrease in IGF-1 levels after treatment. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Investigating the epigenetic profile of the inflammatory gene IL-6 in late-life depression.
Authors: Ryan, Joanne; Pilkington, Lauren; Neuhaus, Katharina; Ritchie, Karen; Ancelin, Marie-Laure; Saffery, Richard;
Abstract: Background: It is well established that there is a link between inflammation and depression, with several studies reporting increased circulating levels of the pro-inflammatory cytokine, interleukin-6 (IL6), in depressed individuals. Peripheral epigenetic marks, including DNA methylation, hold promise as biomarkers for a range of complex conditions, with potential to inform diagnosis and tailor interventions. The aim of this study was to determine whether individuals with depression display differential methylation of the IL6 gene promoter compared to individuals without depression. Methods: The ESPRIT study of later life neuropsychiatric disorders used a random sampling framework to select non-institutionalised participants aged ≥ 65 years and over living in the Montpellier region of France. Major depressive disorder (MDD) was assessed using the Mini International Neuropsychiatric Interview (MINI) according to DSM-IV criteria. High levels of depressive symptoms were defined as a score of ≥ 16 on the Centre for Epidemiologic Studies Depression Scale (CES-D). IL6 promoter DNA methylation was measured on a sub-sample of 380 participants who provided buccal samples. Results: Individuals with depression (current MDD or high depressive symptoms) had lower IL6 methylation levels at one of the four sites investigated, however the effect size was small (Δ 2.4%, SE 0.009, p = 0.006). Interestingly, antidepressant use was independently associated with higher IL6 methylation at the same site (Δ 4.6%, SE 0.019, p = 0.015). In multivariate linear regression analyses adjusting for covariates, including sex and smoking status, these associations remained. There was no effect modification when considering IL6 genotype. Conclusion: This study presents evidence that IL6 methylation may be a marker of depression status in older individuals, however further work is now needed to replicate these findings and to assess
Title: Anxiety symptoms mediate the relationship between exposure to stressful negative life events and depressive symptoms: A conditional process modelling of the protective effects of resilience.

Authors: Anyan, Frederick; Worsley, Lyn; Hjemdal, Odin;


Abstract: Background: Resilience has provided a useful framework that elucidates the effects of protective factors to overcome psychological adversities but studies that address the potential contingencies of resilience to protect against direct and indirect negative effects are lacking. These obvious gaps have also resulted in oversimplification of complex processes that can be clarified by moderated mediation associations. This study examines a conditional process modelling of the protective effects of resilience against indirect effects. Method: Two separate samples were recruited in a cross-sectional survey from Australia and Norway to complete the Patient Health Questionnaire −9, Generalized Anxiety Disorder, Stressful Negative Life Events Questionnaire and the Resilience Scale for Adults. The final sample sizes were 206 (females = 114; males = 91; other = 1) and 210 (females = 155; males = 55) for Australia and Norway respectively. Moderated mediation analyses were conducted across the samples. Results: Anxiety symptoms mediated the relationship between exposure to stressful negative life events and depressive symptoms in both samples. Conditional indirect effects of exposure to stressful negative life events on depressive symptoms mediated by anxiety symptoms showed that high subgroup of resilience was associated with less effect of exposure to stressful negative life events through anxiety symptoms on depressive symptoms than the low subgroup of resilience. Limitations: As a cross-sectional survey, the present study does not answer questions about causal processes despite the use of a conditional process modelling. Conclusions: These findings support that, resilience protective resources can protect against both direct and indirect—through other channels—psychological adversities. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Intolerance of uncertainty, depression, and anxiety: Examining the indirect and moderating effects of worry.

Authors: Dar, Kaiser Ahmad; Iqbal, Naved; Mushtaq, Arbaaz;


Abstract: The present study sought to examine the indirect and moderating effects of worry between intolerance of uncertainty (IU) and symptoms of depression and anxiety. The study was a cross-sectional study. Data were collected from 120 psychiatric patients, aged 22 to 37 years. A battery of self-report questionnaires was administered for tapping IU, worry, depression and anxiety symptoms. Results from indirect effects analyses revealed that even though IU, worry, depression, and anxiety symptoms correlated moderately with each other, worry carried a substantial proportion of variance in predicting symptoms of depression and anxiety. However, the relative effect was more pronounced for anxiety compared to depression symptoms. The results from hierarchical analyses supported the moderator role of worry. More specifically, a high level of worry enhanced the association between IU and symptoms of depression and anxiety. Given the potential for worry as a mechanism, and/or moderator between IU and symptoms of depression and anxiety, adults with a tendency to use this negative repetitive thought process (e.g. worry) may be at higher risk to develop psychological symptoms. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title:
Antidepressant-related jitteriness syndrome in anxiety and depressive disorders: Incidence and risk factors.

Authors:
Sinha, Preeti; Shetty, Disha Jayaram; Bairy, Laxminarayana K.; Andrade, Chittaranjan;

Source:

Abstract:
Introduction: Jitteriness syndrome (JS) is a poorly understood but important adverse effect of antidepressant drugs. This study examined the incidence and pattern of antidepressant-related JS and its predictors. Methods: 209 patients diagnosed with any anxiety or depressive disorder and started on mirtazapine, sertraline, desvenlafaxine, escitalopram or fluoxetine were assessed at baseline, after 2 weeks, and after 6 weeks with psychopathology rating scales and for predefined categories of JS. Results: The incidence of JS during the 6-week study was 27.7%, but only 6.7% in first 2 weeks. JS rates were similar in anxiety and depressive disorders. Mirtazapine was associated with the lowest rate of 14.3%, and other antidepressants with rates of 23–34%. High dose antidepressant treatment was significantly associated with JS (OR, 2.68; 95% CI, 1.37–5.25). No other variable predicted JS. JS was associated with significantly higher objective ratings of psychopathology. Discussion: We conclude that up to a quarter of patients may suffer JS during the first 6 weeks of antidepressant initiation; higher antidepressant dose is a risk factor. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Sustained engagement of attention is associated with increased negative self-referent processing in major depressive disorder.

Authors:
Dainer-Best, Justin; Trujillo, Logan T.; Schnyer, David M.; Beevers, Christopher G.;

Source:

Abstract:
This study investigated the link between self-reference and attentional engagement in adults with (n = 22) and without (HC; n =24) Major Depressive Disorder (MDD). Event-related potentials (ERPs) were recorded while participants completed the Self-Referent Encoding Task (SRET). MDD participants endorsed significantly fewer positive words and more negative words as self-descriptive than HC participants. A whole-scalp data analysis technique revealed that the MDD participants had larger difference wave (negative words minus positive words) ERP amplitudes from 380 to 1000ms across posterior sites, which positively correlated with number of negative words endorsed. No group differences were observed for earlier attentional components (P1, P2). The results suggest that among adults with MDD, negative stimuli capture attention during later information processing; this engagement is associated with greater self-referent endorsement of negative adjectives. Sustained cognitive engagement for self-referent negative stimuli may be an important target for neurocognitive depression interventions. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Beyond symptom severity: The differential impact of distress tolerance and reward responsiveness on quality of life in depressed and non-depressed individuals.

Authors:
Ameral, Victoria; Bishop, Lia S.; Palm Reed, Kathleen M.;

Source:

Abstract:
Economic and patient-centered research highlights the role of quality of life outcomes above and beyond symptom severity as a key target of depression treatment. Thus, research investigating processes related to the etiology and treatment of depression needs to consider such outcomes in addition to symptom-specific measures. The current study evaluated two such processes, derived from operant conditioning principles of reinforcement: distress tolerance (DT) and reward responsiveness (RR). We examined the direct effects of these processes on quality of life in a sample of depressed (n = 34) and non-depressed (n = 33) participants, and conducted an exploratory analysis of their potential interaction. Results indicated that higher levels of RR and DT were associated with higher overall quality of life regardless of diagnostic status. We did not find the expected interaction between DT and RR, though results indicate a potential trend suggesting DT may provide a protective influence for individuals with low RR. Results highlight the importance of both tolerating distress and responding to rewards for individuals along the quality of life continuum. While this investigation focused on the highly heterogeneous diagnosis of depression, future investigations should extend such work to consider mixed diagnostic samples to further enhance the validity of such processes as potential treatment targets in real-world clinical settings. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
The perils of aiming too high: Discrepancy between goals and performance in individuals with depressive symptoms.

Authors:

Source:

Abstract:
Background and Objectives: Negative evaluation processes play a pivotal role in the development and maintenance of depressive symptoms. However, it remains to be understood, whether evaluation processes in depression are impaired by maladaptive goal setting. Method: In a non-clinical sample (N = 50) of individuals with high (BDI-II-Score: 13–29) and low (BDI-II-Score: 0–3) levels of depressive symptoms goal setting prior to working on a cognitive task was measured. Goal feasibility was experimentally manipulated using an easy and a difficult version of the task. Results: When goal feasibility was low, a high level of depressive symptoms was associated with setting unattainable goals. Whereas individuals with low level of depressive symptoms adjusted their goals to a lower (more realistic) level when task difficulty increased, individuals with high level of depressive symptoms initially adhered to significantly higher goals, so that their performance failed to meet their self-set standards. After depressed individual revised their goals downwards, their subsequent performance on the task also worsened.

Limitations: The use of a non-clinical sample with self-reported depressive symptoms limits the generalizability of our findings to a clinical population. Future research would benefit from the use of a larger sample with patients suffering from clinical depression. Conclusions: The findings support the notion that negative evaluation processes in depressed individuals might be linked with their tendency to generate intractable conflicts between self-set inappropriate high goals and their own capacities to perform. However, the findings need to be confirmed in clinical samples to draw conclusions about the role of goal setting in negative evaluation processes in depression. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Patient learning of treatment contents in cognitive therapy.
Authors: Gumport, Nicole B.; Dong, Lu; Lee, Jason Y.; Harvey, Allison G.; 
Abstract: Background and objectives: Research has demonstrated that both memory and learning for treatment contents are poor, and that both are associated with worse treatment outcome. The Memory Support Intervention has been shown to improve memory for treatment, but it has not yet been established if this intervention can also improve learning of treatment contents. This study was designed to document the number of times participants exhibited each of the indices of learning, to examine the indices of learning and their relationship to recall of treatment points, and to investigate the association between the indices of learning and depression outcome. Methods: Adults diagnosed with major depressive disorder (N = 48) were randomly assigned to 14 sessions of cognitive therapy-as-usual (CT-as-usual) or cognitive therapy plus the Memory Support Intervention (CT + Memory Support). Measures of learning, memory, and depressive symptomatology were taken at mid-treatment, post-treatment, and at 6-month follow-up. Results: Relative to the CT-as-usual group, participants in the CT + Memory Support group reported more accurate thoughts and applications of treatment points at mid-treatment, post-treatment, and 6-month follow-up. Patient recall was significantly correlated with application and cognitive generalization. Thoughts and application at mid-treatment were associated with increased odds of treatment response at post-treatment. Limitations: The learning measure for this study has not yet been psychometrically validated. The results are based on a small sample. Conclusions: Learning during treatment is poor, but modifiable via the Memory Support Intervention. These results provide encouraging data that improving learning of treatment contents can reduce symptoms during and following treatment. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Exploring mechanisms of change in schema therapy for chronic depression.
Authors: Renner, Fritz; DeRubeis, Robert; Arntz, Arnoud; Peeters, Frenk; Lobbestael, Jill; Huibers, Marcus J. H.; 
Abstract: Background and objectives: The underlying mechanisms of symptom change in schema therapy (ST) for chronic major depressive disorder (cMDD) have not been studied. The aim of this study was to explore the impact of two potentially important mechanisms of symptom change, maladaptive schemas (proxied by negative idiosyncratic core-beliefs) and the therapeutic alliance. Methods: We drew data from a single-case series of ST for cMDD. Patients with cMDD (N = 20) received on average 78 repeated weekly assessments over a course of up to 65 individual sessions of ST. Focusing on repeated assessments within-individuals, we used mixed regression to test whether change in core-beliefs and therapeutic alliance preceded, followed, or occurred concurrently with change in depressive symptoms. Results: Changes in core-beliefs did not precede but were concurrently related to changes in symptoms. Repeated goal and task agreement ratings (specific aspects of alliance) of the same session, completed on separate days, were at least in part associated with concurrent changes in symptoms. Limitations: By design this study had a small sample-size and no control group. Conclusions: Contrary to what would be expected based on theory, our findings suggest that change in core-beliefs does not precede change in symptoms. Instead, change in these variables occurs concurrently. Moreover, alliance ratings seem to be at least in part colored by changes in current mood state. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip.athens&db=psyh&AN=2017-51766-014&site=ehost-live
Title: How can the depressed mind extract and remember predictive relationships of the environment? Evidence from implicit probabilistic sequence learning.

Authors: Janacsek, Karolina; Borbély-Ipkovich, Emőke; Nemeth, Dezso; Gonda, Xénia;


Publisher: Elsevier Science;

Abstract: A growing body of evidence suggests that emotion and cognition are fundamentally intertwined; impairments in explicit, more effortful and attention-dependent cognitive functions have widely been observed in negative mood. Here we aimed to test how negative mood affects implicit cognition that is less susceptible to motivational and attentional factors associated with negative mood. Therefore, we examined implicit learning and retention of predictive relationships in patients with major depressive episode (MDE). Additionally, we directly compared subgroups of patients with major depressive disorder (MDD) vs. bipolar disorder (BD) in order to gain a deeper understanding of how implicit cognition is affected by these conditions. Implicit probabilistic sequence learning was measured by the Alternating Serial Reaction Time Task. The acquired knowledge was retested after a 24-hour delay period. Consistent with the frontostriatal deficits frequently reported in depression, we found weaker learning in patients with MDE, with a more pronounced deficit in patients with MDD compared to BD. After the 24-hour delay, MDE patients (both subgroups) showed forgetting, while the controls retained the previously acquired knowledge. These results cannot be explained by alterations in motivation, attention and reward processing but suggest more profound impairments of implicit learning and retention of predictive relationships among neutral stimuli in depression. To the best of our knowledge, this is the first study investigating retention of implicitly acquired sequential knowledge and reporting deficits in this domain in MDE. Our findings not only contribute to a better understanding of the complex interplay between affect and cognition but can also help improve screening, diagnosis and treatment protocols of depression. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Back to top
Schizophrenia

Title: Benzodiazepine long-term administration is associated with impaired attention/working memory in schizophrenia: Results from the national multicentre FACE-SZ data set.


Abstract: Objective: The effect of benzodiazepine long-term administration (BLTA) in cognitive functioning of subjects with schizophrenia (SZ) has been partially explored to date. The objective was to assess BLTA-associated cognitive impairment with a comprehensive cognitive battery in a non-selected multicentric/national community-dwelling sample of stabilized SZ subjects. Method: 407 community-dwelling stabilized SZ subjects were consecutively included in the FondaMental Academic Centers of Expertise for Schizophrenia Cohort (FACE-SZ). Patients taking daily benzodiazepine were defined as BLTA+ as all patients examined by the Expert Center were clinically stabilized and under stable dose of treatment for at least 3 months. Each patient has been administered a 1-day long comprehensive cognitive battery (including The National Adult Reading Test, the Wechsler Adult Intelligence Scale, the Trail Making Test, the California Verbal Learning Test, the Doors test, and The Continuous Performance Test—Identical Pairs). Results: In the multivariate analyses, results showed that BLTA was associated with impaired attention/working memory (OR 0.60, 95% confidence interval 0.42–0.86; p = 0.005) independently of socio-demographic variables and illness characteristics. Verbal and performance current IQ—respectively, OR 0.98, 95% CI (0.96;0.99), p = 0.016 and 0.98, 95% CI(0.97;0.99), p = 0.034] but not premorbid IQ—(p > 0.05) have been associated with BLTA in a multivariate model including the same confounding variables. Conclusion: BLTA is associated with impaired attention/working memory in schizophrenia. The BLTA benefit/risk ratio should be regularly reevaluated. Alternative pharmacological and non-pharmacological strategies for comorbid anxiety disorders and sleep disorders should be preferred when possible. It seems reasonable to withdraw BLTA before the start of cognitive remediation therapy, as soon as possible, to improve the effectiveness of this therapy. Limits: the delay between the last benzodiazepine intake and testing, as well as the specific class of benzodiazepines (long half-life vs. short half-life), and the number of benzodiazepine daily intakes have not been recorded in the present study. The precise motive for BLTA prescription and sleep disturbances have not been reported, which is a limit for the interpretation of the present results. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The impact of cognitive insight, self-stigma, and medication compliance on the quality of life in patients with schizophrenia.

Authors: Lien, Yin-Ju; Chang, Hsin-An; Kao, Yu-Chen; Tzeng, Nian-Sheng; Lu, Chien-Wen; Loh, Ching-Hui;


Abstract: Impaired quality of life (QoL) is a common and clinically relevant feature of schizophrenia. In the present study, we attempted to formulate a model of QoL in the chronic stage of schizophrenia by including key variables—namely cognitive insight, self-stigma, insight into treatment, and medication compliance—that were proposed as its significant predictors in previous studies. We employed structural equation modeling (SEM) to simultaneously test the associations between these variables. A total of 170 community-dwelling
patients with schizophrenia participated in this study. Cognitive insight, self-stigma, insight into treatment, medication compliance, and QoL were assessed through self-reporting. Symptoms were rated by interviewers. The influences of cognitive insight, stigma, insight into treatment, and medication compliance on QoL were supported using SEM. Our findings indicated that cognitive insight had a significant, positive, and direct effect on both self-stigma and insight into treatment; in contrast, it had a negative and direct effect on medication compliance. Notably, no evidence indicated a direct effect of cognitive insight on QoL. Thus, individuals with high cognitive insight reported low QoL because of stigma, low medication compliance, and their increased insight into treatment. In contrast, cognitive insight might indirectly ameliorate QoL mediated by the effect of insight into treatment on medication compliance. The findings provide additional support of the links between cognitive and clinical insight, self-stigma, medication compliance, and QoL in those with schizophrenia and suggest the need for screening and intervention services appropriate for this high-risk population. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Neurological soft signs precede the onset of schizophrenia: A study of individuals with schizotypy, ultra-high-risk individuals, and first-onset schizophrenia.

Authors: Chan, Raymond C. K.; Cui, Hui-ru; Chu, Min-yi; Zhang, Tian-hong; Wang, Ya; Wang, Yi; Li, Zhi; Lui, Simon S. Y.; Wang, Ji-jun; Cheung, Eric F. C.;


Abstract: Neurological soft signs (NSS) are one of the biomarkers for schizophrenia spectrum disorders. However, a few studies have examined the prevalence of NSS across the schizophrenia spectrum. The present study adopted a quasi-longitudinal study design and examined the prevalence of NSS and their associations with clinical and behavioural manifestations in participants in different stages of the illness. The abridged version of the Cambridge Neurological Inventory was administered to 39 patients with the first-episode schizophrenia, 39 individuals with ultra-high risk (UHR) for psychosis, 39 individuals with schizotypy, and 39 healthy controls. Patients with the first-episode schizophrenia had a higher prevalence of NSS in motor coordination than healthy controls as well as individuals with UHR and schizotypy. Individuals with UHR exhibited a higher prevalence of sensory integration items than individuals with schizotypy and healthy controls. Discriminant analysis classified the membership of the individuals correctly across the spectrum with an accuracy of up to 60.9%. In particular, NSS could discriminate individuals with UHR from healthy controls at up to 85.9% accuracy. These findings suggest that NSS are robust biomarkers to detect and discriminate individuals in different stages of the schizophrenia spectrum from healthy controls. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Treatment effect with paliperidone palmitate compared with oral antipsychotics in patients with recent-onset versus more chronic schizophrenia and a history of criminal justice system involvement.

Authors: Alphs, Larry; Bossie, Cynthia; Mao, Lian; Lee, Erin; Starr, H. Lynn;


Abstract: Aim: Long-acting injectable antipsychotics (APs) are not well studied in recent-onset schizophrenia. This exploratory analysis of a study designed to reflect real-world schizophrenia, as defined by patients, interventions and outcomes, compared relative treatment effect between once-monthly paliperidone palmitate (PP) and daily oral APs in patients with recent-onset or chronic illness Methods: This randomized, open-label, event monitoring board–blinded study compared treatment response in subjects with schizophrenia and a history of criminal justice system involvement following treatment with PP or oral
APs for 15 months (ClinicalTrials.gov identifier, NCT01157351). Event-free probabilities were estimated using Kaplan–Meier method; hazard ratios (HRs) were estimated using Cox proportional hazard models. This subgroup analysis analysed data by disease duration (≤ 5 (recent-onset) or > 5 years (chronic illness) since first psychiatric diagnosis). Results: Seventy-seven subjects met the criteria for recent-onset illness; 365 for chronic illness. HRs (95% CI) for treatment failure for oral APs versus PP were 1.73 (0.87–3.45; P = 0.121) for recent-onset and 1.37 (1.02–1.85; P = 0.039) for chronic illness. Most common adverse events for PP versus oral APs were injection site pain (recent-onset, 26% vs. 0%; chronic, 17% vs. 0%), increased weight (14% vs. 6%; 12% vs. 6%), akathisia (14% vs. 9%; 10% vs. 7%), insomnia (12% vs. 17%; 18% vs. 10%) and anxiety (12% vs. 6%; 10% vs. 8%). Conclusions: Although neither pre-planned nor adequately powered, the estimated HRs suggest that the relative advantage of PP over oral APs for reducing the risk for treatment failure may be greater in patients with recent-onset schizophrenia than in those with more chronic illness. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Assessment of functioning and disability in patients with schizophrenia using the WHO Disability Assessment Schedule 2.0 in a large-scale database.

Authors: Chen, Ruey; Liou, Tsan-Hon; Chang, Kwang-Hwa; Yen, Chia-Feng; Liao, Hua-Fang; Chi, Wen-Chou; Chou, Kuei-Ru;

Source: European Archives of Psychiatry and Clinical Neuroscience, Vol 268(1), Feb, 2018 pp. 65-75. Publisher: Springer; [Journal Article]

Abstract: Schizophrenia is a common mental disorder characterized by deficits in multiple domains of functioning. This study is arguably the first of its kind in Taiwan to examine, in a multifaceted and objective manner, the disability of patients with schizophrenia and the factors affecting it. A cross-sectional design was adopted to gather data from 24,299 patients with schizophrenia who were listed in the Taiwan Databank of Persons with Disabilities. The level of disability in these patients was measured using the World Health Organization Disability Assessment Schedule 2.0. Statistical analyses were conducted through the χ² statistic and Poisson regression. The highest level of disability was in participation and the lowest was in self-care. An analysis of disability in all six domains of functioning on the basis of sex, age, type of residence, and socioeconomic status (SES) showed significant differences (P < 0.05). Significant factors (P < 0.05) affecting disability in these domains were female gender, age, educational attainment, SES, type of residence, and employment status. The overall degree of disability in schizophrenia patients was moderate. Six domains were measured in this study. The degrees of disability in mobility and self-care were mild while cognition, getting along, life activities, and participation were moderate. Moreover, female gender, an age of 45 or older, low educational attainment, middle to low SES, staying at healthcare institutions, and unemployment were crucial factors affecting disability of the participants. Preventive and rehabilitation programs should be developed to delay disability and functional degeneration in schizophrenic patients with these characteristics. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The stigma of voice-hearing experiences: Religiousness and voice-hearing contents matter.

Authors: Phalen, Peter L.; Warman, Debbie M.; Martin, Joel M.; Lysaker, Paul H.;

Source: Stigma and Health, Vol 3(1), Feb, 2018 pp. 77-84. Publisher: Educational Publishing Foundation; [Journal Article]

Abstract: Extensive research confirms that people with psychotic disorders suffer high levels of social stigma on average. However, psychotic-like experiences show incredible diversity and cannot reasonably be understood as a monolithic category. It is plausible that voice-hearing experiences with benign content might elicit less stigma than those with negative content, and researchers have hypothesized that
culturall or theologically consistent voice-hearing experiences might elicit no stigma at all. The present study evaluated these hypotheses by testing how voice-hearing experiences that varied in terms of valence and the presence or absence of religious content affected stigma responses (i.e., perceived dangerousness and desired social distance) among people who were high or low in religiousness. Participants read vignettes describing two people who hear voices: one with positive content (complimentary, supportive) and the other negative (insulting, homicidal). Via random assignment, half read vignettes that attributed the voice to Abraham Lincoln whereas the other half read vignettes that replaced the words Abraham Lincoln with the word God. Results suggested that different voice-hearing contents elicited different levels of stigma. More religious participants perceived God-hearers to be less dangerous and desired particularly low levels of social distance from people who were described as hearing the voice of God saying positive things. Religiousness was associated with decreased stigma only in the context of specific voice-hearing experiences, lending support to the hypothesis that the stigma of voice-hearing experiences is determined as a simultaneous function of the contents of the experiences and the cultural context within which they are embedded. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
primarily in mPFC whereas patients showed this in PCC/PC. During retrieval, fMRI data indicated controls showed differentiation across ROIs between 'self' and 'other' conditions, but patients did not. Conclusions: Results suggest regional differences in the neural processing of self-referential information in individuals with schizophrenia, perhaps because representation of the self is not as well established in patients relative to controls. The current study presents novel findings that add to the literature implicating impaired self-oriented processing in schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The Research and Evaluation of Antipsychotic Treatment in Community Behavioral Health Organizations, Outcomes (REACH-OUT) study: Real-world clinical practice in schizophrenia.

Authors: Joshi, Kruti; Mao, Lian; Biondi, David M.; Millet, Robert;


Abstract: Background: Outpatient facilities, such as community behavioral health organizations (CBHOs), play a critical role in the care of patients with serious mental illness, but there is a paucity of 'real-world' patient outcomes data from this health care setting. Therefore, we conducted The Research and Evaluation of Antipsychotic Treatment in Community Behavioral Health Organizations, Outcomes (REACH-OUT) trial, a real-world, prospective, noninterventional observational study of patients with mental illness treated at CBHOs across the United States. We describe demographic and clinical characteristics, antipsychotic therapy (APT) treatment patterns, and health care resource utilization in patients with schizophrenia undergoing medical care as usual. Methods: This study enrolled adults with schizophrenia or bipolar I disorder who initiated APT treatment at various time points: 1) within 8 weeks of initiating risperidone long-acting injectables (RLAIs) or other APTs except paliperidone palmitate (PP), 2) after more than 24 weeks of continuous RLAI treatment, or 3) at any time after initiating PP LAI treatment (schizophrenia only). Study assessments were performed via participant interview, medical chart abstraction, and clinical survey at enrollment and at month 12. Results: A total of 1065 patients from 46 CBHOs were enrolled. Of these, 944 (88.6%) had a diagnosis of schizophrenia and 121 (11.4%) had bipolar I disorder. At enrollment, 599 (63.5%) of patients with schizophrenia were receiving RLAIs or PP LAI, 281 (29.8%) were receiving oral APTs, and 64 (6.8%) were receiving other injectable APTs. A number of differences in patient characteristics and outcomes were observed between patients in the LAI APT cohort and the oral APT cohort. Conclusion: Descriptive analyses from this observational study suggest differences in the patient characteristics, treatment patterns, and clinical and economic outcomes among those with schizophrenia treated at CBHOs with LAI APT or oral APTs. Additional analyses will be conducted to delineate the impact of LAI APT versus oral APTs on patient outcomes. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Category fluency in schizophrenia: Opposing effects of negative and positive symptoms?

Authors: Egeland, Jens; Holmen, Tom Langerud; Bang-Kittilsen, Gry; Bigseth, Therese Torgersen; Engh, John Abel;

Source: Cognitive Neuropsychiatry, Vol 23(1), Jan, 2018 pp. 28-42. Publisher: Taylor & Francis; [Journal Article]

Abstract: Introduction: Category fluency is associated with speed-, executive- and semantic impairments in schizophrenia. It has traditionally been linked to negative symptoms, whereas the relation to positive symptoms is mixed. Associations to the consensus negative, positive and disorganisation factors have not been analysed before. Methods: Animal fluency was administered to 81 patients with schizophrenia. Measures of overall performance and applied strategies were analysed in relation to the Wallwork five-factor PANSS-model. Results: Negative and disorganisation symptoms were negatively related to overall fluency performance. Positive symptoms were positively related to overall performance when controlling for disorganisation symptoms. Negative symptoms were related to fewer switches, less repetitions, less
single animals intrusions, and both less rare and common animals. Positive symptoms were related to more effective retrieval of sub-category exemplars following a sub-category title, whereas there were no relation between symptoms and exemplars when the title was not retrieved. The Beta values of negative and positive symptoms were opposite. Conclusion: This is the first study showing that positive symptoms are related to increased fluency performance when disorganisation is controlled for. Like previous studies, negative symptoms were found to depress fluency. Strategy measures indicated that negative symptoms predispose for rigidity, whereas positive symptoms facilitate more efficient associative pathways. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Verbal fluency in male and female schizophrenia patients: Different patterns of association with processing speed, working memory span, and clinical symptoms.

Authors:
Brébion, Gildas; Stephan-Otto, Christian; Ochoa, Susana; Nieto, Lourdes; Contel, Montserrat; Usall, Judith;

Source:
Neuropsychology, Vol 32(1), Jan, 2018 pp. 65-76. Publisher: American Psychological Association;

Abstract:
Objective: Decreased processing speed in schizophrenia patients has been identified as a major impairment factor in various neuropsychological domains. Working memory span has been found to be involved in several deep or effortful cognitive processes. We investigated the impact that these 2 cognitive functions may have on phonological and semantic fluency in schizophrenia patients and healthy participants. Method: Fifty-five patients with schizophrenia and 60 healthy participants were administered a neuropsychological battery including phonological and semantic fluency, working memory, and cognitive and motor speed. Results: Regression analyses revealed that motor speed was related to phonological fluency in female patients, whereas cognitive speed was related to semantic fluency in male patients. In addition, working memory span was related to verbal fluency in women from both the patient and the healthy control groups. Decreased processing speed, but not decreased working memory span, accounted for the verbal fluency deficit in patients. Verbal fluency was inversely related to attention deficit in female patients and to negative symptoms in male patients. Conclusions: Decreased processing speed may be the main factor in verbal fluency impairment of patients. Further, the cognitive and clinical predictors of verbal fluency efficiency are different in men and women. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Working memory predicts presence of auditory verbal hallucinations in schizophrenia and bipolar disorder with psychosis.

Authors:
Jenkins, Lisanne M.; Bodapati, Anjuli S.; Sharma, Rajiv P.; Rosen, Cherise;

Source:

Abstract:
Objective: The recent dramatic increase in research investigating auditory verbal hallucinations (AVHs) has broadened the former narrow focus on schizophrenia to incorporate additional populations that experience these symptoms. However, an understanding of potential shared mechanisms remains elusive. Based on theories suggesting a failure of top-down cognitive control, we aimed to compare the relationship between AVHs and cognition in two categorical diagnoses of psychosis, schizophrenia and psychotic bipolar disorder. Method: A total of 124 adults aged 21–60 participated, of whom 76 had present-state psychosis (schizophrenia, n = 53; bipolar disorder with psychosis, n = 23), and 48 were non-clinical controls. Diagnosis and hallucination presence was determined using the Structured Clinical Diagnostic Interview for DSM-IV TR. AVHs severity was assessed using the Positive and Negative Syndrome Scale. Participants also completed the MATRICS cognitive battery. Results: The bipolar disorder with psychosis group performed better than the schizophrenia group for cognitive domains of Processing speed, Attention, Working memory (WM), and Visual memory. Hierarchical binary logistic
regression found that WM significantly predicted presence of AVHs in both psychotic groups, but diagnosis did not significantly increase the predictive value of the model. A hierarchical multiple linear regression found that schizophrenia diagnosis was the only significant predictor of hallucination severity. Conclusions: The findings of this study—the first, to our knowledge, to compare the relationship between AVHs and MATRICS domains across schizophrenia and bipolar disorder with psychosis—support theories that deficits in WM underly the genesis of AVHs. WM potentially represents a shared mechanism of AVHs across diagnoses, supporting dimensional classifications of these psychotic disorders. However, non-cognitive factors predictive of hallucination severity may be specific to schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Feasibility and effectiveness of a cognitive remediation programme with original computerised cognitive training and group intervention for schizophrenia: A multicentre randomised trial.

Authors: Matsuda, Yasuhiro; Morimoto, Tsubasa; Furukawa, Shunichi; Sato, Sayaka; Hatsuse, Norifumi; Iwata, Kazuhiko; Kimura, Mieko; Kishimoto, Toshifumi; Ikebuchi, Emi;


Abstract: Devising new methods to improve neurocognitive impairment through cognitive remediation is an important research goal. We developed an original computer programme termed the Japanese Cognitive Rehabilitation Programme for Schizophrenia (JCORES) that provides cognitive practice across a broad range of abilities. The current study examined for the first time whether a cognitive remediation programme, including both computerised cognitive training using JCORES and group intervention such as enhancing metacognition and teaching strategies, is more effective than treatment as usual for improving neurocognitive and social functioning. Sixty-two outpatients with schizophrenia were randomised to either a cognitive remediation group or a control group. Participants engaged in two computerised cognitive training sessions and one group meeting per week for 12 weeks. The average number of total sessions attended (computerised cognitive practice + group intervention) was 32.3 (89.7%). The cognitive remediation group showed significantly more improvements in verbal memory, composite score of the Brief Assessment of Cognition in Schizophrenia, Japanese version (BACS-J), and general psychopathology on the Positive and Negative Syndrome Scale (PANSS) than the control group. These findings demonstrate that a cognitive remediation programme is feasible in Japan and is a more effective way to improve neurocognitive functioning and psychiatric symptoms. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Detecting allocentric and egocentric navigation deficits in patients with schizophrenia and bipolar disorder using virtual reality.

Authors: Mohammadi, Alireza; Hesami, Ehsan; Kargar, Mahmoud; Shams, Jamal;


Abstract: Present evidence suggests that the use of virtual reality has great advantages in evaluating visuospatial navigation and memory for the diagnosis of psychiatric or other neurological disorders. There are a few virtual reality studies on allocentric and egocentric memories in schizophrenia, but studies on both memories in bipolar disorder are lacking. The objective of this study was to compare the performance of allocentric and egocentric memories in patients with schizophrenia and bipolar disorder. For this resolve, an advanced virtual reality navigation task (VRNT) was presented to distinguish the navigational performances of these patients. Twenty subjects with schizophrenia and 20 bipolar disorder patients were compared with 20 healthy-matched controls on the newly developed VRNT consisting of a virtual neighbourhood (allocentric memory) and a virtual maze (egocentric memory). The results demonstrated that schizophrenia patients were significantly impaired on all allocentric, egocentric, visual, and verbal memory tasks compared with patients with bipolar disorder and normal subjects. Dissimilarly, the performance of patients with bipolar disorder was slightly lower than that of control subjects in all these abilities, but no significant differences were observed. It was concluded that allocentric and egocentric navigation deficits are detectable in patients with schizophrenia and bipolar disorder using VRNT, and this task along with RAVLT and ROCFT can be used as a valid clinical tool for distinguishing these patients from normal subjects. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2018-01655-005&site=ehost-live
Title:
Higher order thalamic nuclei resting network connectivity in early schizophrenia and major depressive disorder.

Authors:
Penner, Jacob; Osuch, Elizabeth A.; Schaefer, Betsy; Théberge, Jean; Neufeld, Richard W.J.; Menon, Ravi S.; Rajakumar, Nagalingam; Bourne, James A.; Williamson, Peter C.;

Source:

Abstract:
The pulvinar and the mediodorsal (MDN) nuclei of the thalamus are higher order nuclei which have been implicated in directed effort and corollary discharge systems. We used seed-based resting fMRI to examine functional connectivity to bilateral pulvinar and MDN in 24 schizophrenic patients (SZ), 24 major depressive disorder patients (MDD), and 24 age-matched healthy controls. SZ had less connectivity than controls between the left pulvinar and precuneus, left ventral-lateral prefrontal cortex (vlPFC), and superior and medial-frontal regions, between the right pulvinar and right frontal pole, and greater connectivity between the right MDN and left dorsolateral prefrontal cortex (dlPFC). SZ had less connectivity than MDD between the left pulvinar and ventral anterior cingulate (vACC), left vlPFC, anterior insula, posterior cingulate cortex (PCC), and right hippocampus, between the right pulvinar and right PCC, and between the right MDN and right dorsal anterior cingulate (dACC). This is the first study to measure the functional connectivity to the higher order nuclei of the thalamus in both SZ and MDD. We observed less connectivity in SZ than MDD between pulvinar and emotional encoding regions, a directed effort region, and a region involved in representation and salience, and between MDN and a directed effort region. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Altered corticostriatal pathway in first-episode paranoid schizophrenia: Resting-state functional and causal connectivity analyses.

Authors:
Huang, Huan; Shu, Chang; Chen, Jun; Zou, Jilin; Chen, Cheng; Wu, Shihao; Xiao, Ling; Liu, Zhongchun; Wang, Huiling; Zhou, Yuan; Wang, Gaohua; Jiang, Tianzi;

Source:

Abstract:
Neuroimaging studies suggest the abnormal structure and function of basal ganglion may contribute to the pathophysiology of schizophrenia. However, little is investigated about the both aberrant functional and causal connectivity of striatum in first-episode paranoid schizophrenia (FEPS). Resting-state functional magnetic resonance imaging was used to characterize the functional connectivity (FC) and casual connectivity within the corticostriatal circuit in 31 patients with FEPS and 33 healthy controls. Degree centrality (DC) was used to explore the regions influenced in schizophrenia at the whole-brain level. Subsequently, a seed-based Granger causality analysis was performed to analyze the causal connectivity. We identified reduced DC of the bilateral putamen in the patients, compared to the controls. In the causal connectivity analysis, we found causal dysconnectivity between the putamen and several regions of default mode network, right orbital part of inferior frontal cortex and right fusiform in the patients. Further, the abnormal causal effect was associated with cognitive impairment in FEPS. The present study highlighted the abnormal functional and causal integrity of the striatum in the patients with FEPS during resting state and suggests a potentially implicated role for the cortical-striatal circuit, especially the striatal-default mode network loop, in the pathophysiology of schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Brain functional and perfusional alterations in schizophrenia: An arterial spin labeling study.

Authors: Oliveira, Ícaro A. F.; Guimarães, Tiago M.; Souza, Roberto M.; dos Santos, Antônio C.; Machado-de-Sousa, João Paulo; Hallak, Jaime E. C.; Leoni, Renata F.;


Abstract: Schizophrenia is a severe mental disorder that affects the anatomy and function of the brain, with an impact on one's thoughts, feelings, and behavior. The purpose of the study was to investigate cerebral blood flow (CBF) and brain connectivity in a group of patients with schizophrenia. Pseudo-continuous arterial spin labeling (pCASL) images were acquired from 28 patients in treatment and 28 age-matched healthy controls. Mean CBF and connectivity patterns were assessed. Schizophrenia patients had decreased CBF in the bilateral frontal pole and superior frontal gyrus, right medial frontal gyrus, triangular and opercular parts of the inferior frontal gyrus, posterior division of the left supramarginal gyrus, superior and inferior divisions of the left lateral occipital cortex, and bilateral occipital pole. Moreover, through different methods to assess connectivity, our results showed abnormal connectivity patterns in regions involved in motor, sensorial, and cognitive functions. Using pCASL, a non-invasive technique, we found CBF deficits and altered functional organization of the brain in schizophrenia patients that are associated with the symptoms and characteristics of the disorder. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Schizophrenia heterogeneity revisited: Clinical, cognitive, and psychosocial correlates of statistically-derived negative symptoms subgroups.

Authors: Ahmed, Anthony O.; Strauss, Gregory P.; Buchanan, Robert W.; Kirkpatrick, Brian; Carpenter, William T.;


Abstract: Traditional efforts to delineate the clinical heterogeneity of schizophrenia have been unsuccessful because of the absence of a valid, stable, and meaningful subtyping scheme. A clinically-informed nosology supported by multivariate statistical classification methods may provide a better approach for classifying schizophrenia. The goals of the current study were to 1) use multivariate classification methods to validate a clinical subtyping scheme based on the profile of negative symptoms; and 2) following validation to contrast the statistically-derived subgroups to ascertain distinguishing demographic, clinical, cognitive, and functional characteristics. In the current study, 706 people with schizophrenia completed measures of positive and negative symptoms, premorbid adjustment, cognition, and psychosocial functioning. Latent class analysis served to identify the number of negative symptom subgroups in schizophrenia. Next, statistical classification methods—Bayes Theorem and the Base Rate Classification Technique—were used to assign participants into the identified subgroups. Subgroups were compared on external validation variables not used in the classification process via logistic regression and discriminant function analysis. Latent class analysis supported a three-class model of schizophrenia that included deficit, persistent, and transient negative symptom subgroups. Posthoc comparisons showed that demographic characteristics, positive symptoms, premorbid adjustment, and cognitive profiles can distinguish the schizophrenia subgroups with moderate accuracy. The deficit subgroup had the greatest impairments in psychosocial functioning and quality of life variables. Findings suggest that schizophrenia encapsulates qualitatively distinct negative symptom subgroups that differ in their demographic, symptomatic, neuropsychological, and functional profiles. Schizophrenia heterogeneity reflects a combination of non-arbitrary subgroups and severity-based differences in negative symptoms. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Deficit of supramodal executive control of attention in schizophrenia.
Authors: Spagna, Alfredo; He, Genxia; Jin, Shengchun; Gao, Liling; Mackie, Melissa-Ann; Tian, Yanghua; Wang, Kai; Fan, Jin;
Abstract: Although a deficit in executive control of attention is one of the hallmarks in schizophrenia that has significant impact on everyday functioning due to its relationship with thought processing, whether this deficit occurs across modalities, i.e., is supramodal, remains unclear. To investigate the supramodal mechanism in SZ, we examined cross-modal correlations between visual and auditory executive control of attention in a group of patients with schizophrenia (SZ, n = 55) compared to neurotypical controls (NC, n = 55). While the executive control effects were significantly correlated between the two modalities in the NC group, these effects were not correlated in the SZ group, with a significant group difference in the correlation. Further, the inconsistency and magnitude of the cross-modal executive control effects were significantly larger in the SZ group compared to the NC group. Together, these results suggest that there is a disruption of a common supramodal executive control mechanism in patients with schizophrenia, which may be related to the thought processing disorder characterizing the disorder. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Safety of service users with severe mental illness receiving inpatient care on medical and surgical wards: A systematic review.
Authors: Reeves, Ella; Henshall, Catherine; Hutchinson, Marie; Jackson, Debra;
Abstract: This review aimed to synthesize the evidence on the likelihood of harm and mortality on medical and surgical inpatient wards for people with severe mental illness (SMI). From 937 results identified through database searching, and a further 10 papers identified through citation searching and hand searching, 11 papers met the criteria for inclusion in the final review. This review did not find strong evidence for higher in-hospital mortality in people with SMI. There was evidence that adverse events are higher in people with SMI. A higher likelihood of emergency instead of planned care, and poorer access to treatment were identified as potential contributing factors to these adverse events. In addition, service users with SMI were more likely to have a longer length of stay, associated with a higher cost of care. The severity of the mental illness increased the likelihood of harm or death, and people with schizophrenia were more likely than people with other mental illnesses to experience these adverse outcomes. There is evidence that people with SMI are provided with lower-quality health care, whereas higher-quality, better-planned care is required to overcome the inequalities in access faced by this vulnerable population. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Impulsivity in unaffected adolescent biological relatives of schizophrenia patients.
Authors: Ho, Beng-Choon; Barry, Amy B.; Koeppel, Julie A.;
Abstract: Objective: Although schizophrenia is not a prototypic impulse-control disorder, patients report more impulsive behaviors, have higher rates of substance use, and show dysfunction in brain circuits that underlie impulsivity. We investigate impulsivity in unaffected biological relatives of schizophrenia patients
to further understand the relationships between schizophrenia risk and impulse control during adolescence. Method: Group differences in impulsivity (UPPS-P Impulsive Behavior Scale and delay discounting) were tested in 210 adolescents contrasting 39 first- and 53 second-degree biological relatives of schizophrenia patients, and 118 subjects with no schizophrenia family history (NSFH). Results: Compared to NSFH adolescents and to second-degree relatives, first-degree relatives of schizophrenia patients had increased impulsivity-related behaviors (higher UPPS-P Perseverance, Positive Urgency and Premeditation subscale scores) and greater preference for immediate rewards (smaller AUC and larger discounting constant). Second-degree relatives did not differ significantly from NSFH adolescents on self-report impulsive behaviors or on measures of impulsive decision-making. These group differences remained even after careful consideration of potential confounding factors. Conclusion: Impulsivity is associated with schizophrenia risk, and its severity increases with greater familial relatedness to the schizophrenia proband. Additional studies are needed to understand the role impulsivity may play in mediating schizophrenia susceptibility during adolescence. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Efficacy and acceptability of cariprazine in acute exacerbation of schizophrenia: Meta-analysis of randomized placebo-controlled trials.

Authors: Zhao, Ming-jun; Qin, Bin; Wang, Jin-bao; Zhang, Yan-ping; Zhao, Jian-ting; Mao, Ya-ge; Zhang, Xiang-yang; Zhang, Rui-ling;


Abstract: Purpose: The purpose of this study was to assess the efficacy and acceptability of cariprazine treatment in acute exacerbation of schizophrenia. Methods: This review included randomized controlled trials of patients with acute exacerbation of schizophrenia in relation to efficacy and acceptability. The efficacy outcomes were assessed by pooling standardized mean differences (SMDs) calculated from the difference in the reduction in the mean of the Positive and Negative Syndrome Scale (PANSS) total score, PANSS positive and negative scores, and response rate. The primary acceptability outcomes were determined by pooling the risk ratios (RRs) of discontinuation for any reason, the incidence of serious adverse events, and treatment emergent events. Findings: Four randomized controlled trials consisting of 1843 patients met all inclusion and exclusion criteria. Efficacy analysis showed significant positive effects in relation to cariprazine therapy (SMD: −0.37, P < 0.00001 for PANSS total score change; SMD: −0.32, P < 0.00001 for PANSS positive score change; SMD: −0.32, P < 0.0001 for PANSS negative score change; RR, 1.41; 95% confidence interval [CI], 1.19–1.67; P < 0.0001 for response rate). For primary acceptability outcomes, less patients taking cariprazine discontinued treatment for any reason compared with patients receiving placebo (RR, 0.90; 95% CI, 0.78–1.04; P = 0.16). Significantly less patients on cariprazine had serious adverse events during the double-blind treatment period compared with patients taking placebo (RR, 0.55; 95% CI, 0.34–0.89; P = 0.01). Significantly more patients on cariprazine had treatment emergent events compared with those receiving placebo (RR, 1.10; 95% CI, 1.03–1.18; P = 0.006). Implications: Results suggest that cariprazine may be an effective and acceptable treatment for schizophrenia and future research is warranted. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Rare missense coding variants in oxytocin receptor (OXTR) in schizophrenia cases are associated with early trauma exposure, cognition and emotional processing.

Authors: Veras, Andre B.; Getz, Mara; Froemke, Robert C.; Nardi, Antonio Egidio; Alves, Gilberto Sousa; Walsh-Messinger, Julie; Chao, Moses V.; Kranz, Thorsten M.; Malaspina, Dolores;

Abstract:
Background: Oxytocin is a peptide hormone that influences the integration of social cognition with behavior and affect regulation. Oxytocin also prominently directs the transition of neuronal GABA neurotransmission from excitatory to inhibitory after birth. The oxytocin receptor (OXTR) is linked to schizophrenia, a heterogeneous syndrome. Relationships of OXTR polymorphisms with specific clinical features could aid in evaluating any role of oxytocin in the pathogenesis of schizophrenia. Method: Schizophrenia cases with rare missense coding OXTR single nucleotide variants (SNVs) were identified from a well-characterized sample of cases and controls who were assessed for symptoms, cognition and early life trauma. Results: Five of 48 cases showed rare OXTR variants. Compared to the other cases they had less severe negative symptoms (deficits in emotional expression and motivation) and less severe general psychopathology scores (depression and anxiety). They demonstrated lower nonverbal (performance) than verbal intelligence due to deficient perceptual organization and slow processing speed. They also reported greater early trauma exposure (physical and sexual abuse and emotional trauma). Conclusion: Cases carrying rare OXTR SNVs had less negative and affective symptoms than other cases, but similar psychotic symptoms, along with specific cognitive deficits. The clinical characterization of these cases occurred in association with environmental exposure to early trauma, especially sexual abuse, which may have influenced the expression of schizophrenia in subjects harboring specific SNVs in the OXTR. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Fat distribution in schizophrenia patients: A pilot study comparing first- and second-generation antipsychotics.

Authors:
Sapra, Mamta; Lawson, Donna; Iranmanesh, Ali;
Source:
Abstract:
Background: Introduction of second-generation antipsychotics (SGAs) has reduced neurologic toxicity but are associated with increased weight gain and obesity. The objective of this pilot study is to compare the effects of first-generation antipsychotics (FGAs) and SGAs in patients with schizophrenia on body fat and presumed concomitant metabolic parameters. Methods: Study compared schizophrenia nondiabetic men treated with FGAs (group 1, n = 5) and men treated with SGAs (group 2, n = 9). Each subject completed psychiatric and endocrine evaluation including severity of psychiatric symptoms, adverse effects, body weight, body composition, and measurements of glucose, insulin, adipokines, and inflammatory markers. Student t test was used for statistical analysis. Results: Men treated with FGAs had a lower mean body mass index with a trend toward statistical significance (25.3 ± 1.4 vs 29.3 ± 1.7, P = 0.06). Treatment with FGAs was associated with lower waist/height ratio (0.55 ± 0.02 vs 0.62 ± 0.02, P = 0.036) and android fat mass index (0.62 ± 0.01 vs 0.96 ± 0.1, P = 0.03). Homeostasis Model Assessment for insulin resistance values were suggestive of significantly lower peripheral insulin resistance in men treated with SGAs (0.92 ± 0.15 vs 2.3 ± 0.34, P = 0.014). Conclusions: The results of this study are significant for decreased peripheral insulin resistance in men treated with SGAs in a setting of no significant age difference and only a trend toward higher body mass index, but consistent documentation of increased abdominal fat by 3 different methodologies. Future studies involving larger number of subjects are warranted to verify the present findings. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Risk factors and peripheral biomarkers for schizophrenia spectrum disorders: An umbrella review of meta-analyses.

Authors:
Belbasis, L.; Köhler, C. A.; Stefanis, N.; Stubbs, B.; van Os, J.; Vieta, E.; Seeman, M. V.; Arango, C.; Carvalho, A. F.; Evangelou, E.;

Source:

Abstract:
Objective: This study aimed to systematically appraise the meta-analyses of observational studies on risk factors and peripheral biomarkers for schizophrenia spectrum disorders. Methods: We conducted an umbrella review to capture all meta-analyses and Mendelian randomization studies that examined associations between non-genetic risk factors and schizophrenia spectrum disorders. For each eligible meta-analysis, we estimated the summary effect size estimate, its 95% confidence and prediction intervals and the I² metric. Additionally, evidence for small-study effects and excess significance bias was assessed. Results: Overall, we found 41 eligible papers including 98 associations. Sixty-two associations had a nominally significant (P-value < 0.05) effect. Seventy-two of the associations exhibited large or very large between-study heterogeneity, while 13 associations had evidence for small-study effects. Excess significance bias was found in 18 associations. Only five factors (childhood adversities, cannabis use, history of obstetric complications, stressful events during adulthood, and serum folate level) showed robust evidence. Conclusion: Despite identifying 98 associations, there is only robust evidence to suggest that cannabis use, exposure to stressful events during childhood and adulthood, history of obstetric complications, and low serum folate level confer a higher risk for developing schizophrenia spectrum disorders. The evidence on peripheral biomarkers for schizophrenia spectrum disorders remains limited. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Fluctuations in hallucination spectrum experiences co-vary with social defeat but not with social deafferentation. A 3-week daily assessment study.

Authors:
Schlier, Björn; Winkler, Katharina; Jaya, Edo Sebastian; Lincoln, Tania Marie;

Source:

Abstract:
The social deafferentation hypothesis proposes social isolation to be a risk factor for hallucinations, whereas the social defeat hypothesis postulates that only negatively appraised experiences of social exclusion constitute a risk factor. In a community sample, we tested whether social isolation and social defeat coincide with or precede hallucination spectrum experiences (HSE; i.e. auditory hallucinations and their subclinical precursors vivid imagination, perceptual sensitivity, and intrusive thoughts). Once daily for three weeks, 75 participants answered questionnaires on social contact, social exclusion, and HSE during the last 24 h. Multilevel-regressions were calculated. Social exclusion was associated with the subclinical precursors of auditory hallucinations on the same and following day but not with auditory hallucinations as such. Thus, social exclusion coincides with and potentially triggers HSE. Further research needs to expand on these findings in ESM studies with clinical samples to test whether these findings extend to brief time-intervals and clinical hallucinations. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: The Glasgow antipsychotic side-effects scale for clozapine in inpatients and outpatients with schizophrenia or schizoaffective disorder.

Authors: Ignjatović Ristić, Dragana; Cohen, Dan; Obradović, Andrea; Nikić-Đuričić, Katarina; Drašković, Marija; Hinić, Darko;


Abstract: Background: The inconsistency in clinician and patient ratings of clozapine-induced side effects underscore the need to supplement clinician-based estimates of side effects with patient-reported ones. Aims: The main aims of the study are validation of the Glasgow antipsychotic side-effects scale for clozapine (GASS-C) in Serbian inpatients/outpatients with schizophrenia or schizoaffective disorder and recommendations for its future use, based on common and rare clozapine-associated side-effects. Methods: The GASS-C was administered to 95 outpatients/inpatients diagnosed with schizophrenia, schizoaffective, or chronic psychotic disorder. Results: The scale showed good overall reliability, with an internal consistency coefficient of α = 0.84, an average retest coefficient of ρho = 0.76, and a Spearman–Brown coefficient of validity of 0.81. Side effects were absent or mild in 64.2% of the patients, moderate in 31.6%, severe in 4.2%; 14% of the subjects considered their symptoms distressing. The most commonly reported side-effects were drowsiness, thirst, frequent urination, and dry mouth. Women reported more side effects than men, and patients not in a relationship reported significantly fewer side effects than patients in a relationship. Results indicate a weak positive correlation (ρho = 0.231; p = .025) between severity of side effects and clozapine dose. Conclusions: The GASS-C showed good psychometric characteristics in clinical population of patients on clozapine. In future studies, clozapine serum concentrations should be measured when using the GASS-C to monitor side effects. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Effect of family sense of coherence on internalized stigma and health-related quality of life among individuals with schizophrenia.

Authors: Hsiao, Chiu-Yueh; Lu, Huei-Lan; Tsai, Yun-Fang;


Abstract: Health-related quality of life is an increasingly critical outcome of mental healthcare, yet its disease-independent attributes, particularly family-focused resilient indicators, for individuals with schizophrenia have not been explicitly examined. The aim of this study was to explore the degree of health-related quality of life and to examine the mediating effect of family sense of coherence on internalized stigma and health-related quality of life in individuals with schizophrenia. A cross-sectional and correlational study design was used. A total of 111 individuals with schizophrenia were enrolled from the in-patient psychiatric rehabilitation services of two psychiatric hospitals in Taiwan. Face-to-face structured interviews were applied to collect information. Data were analyzed with descriptive statistics and multiple regression analyses. The results indicated that affected individuals experienced impaired health-related quality of life. Family sense of coherence partially mediated the relationship between internalized stigma and health-related quality of life. This study indicates that knowledge about the role of family sense of coherence in mental health rehabilitation may assist mental healthcare professionals to provide therapeutic interventions to address internalized stigma, thereby promoting health-related quality of life in individuals living with schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Efficacy and safety profile of paliperidone palmitate injections in the management of patients with schizophrenia: An evidence-based review.

Authors: Emsley, Robin; Kilian, Sanja;


Abstract: The course of schizophrenia is characterized by multiple relapses, incomplete remission of symptoms, enduring cognitive deficits, and social and occupational functional impairments. Nonadherence to antipsychotic medication is a major determinant of this poor outcome. Long-acting injectable antipsychotics were developed specifically to address the nonadherence problem and are increasingly considered as an early treatment option, in an attempt to prevent accruing morbidity. This review focuses on paliperidone palmitate, the long-acting injectable (LAI) formulation of paliperidone. After considering the pharmacology of paliperidone palmitate, we review the randomized controlled trials, as well as pertinent observational, pragmatic studies for paliperidone once-monthly injections in schizophrenia. Finally, we review the recently introduced 3-monthly formulation of paliperidone palmitate. Taken together, the studies indicate that paliperidone palmitate (PP) has good efficacy compared with placebo and comparable with other antipsychotics including risperidone. The tolerability profile of PP is similar to that of risperidone, with the most important side effects being prolactin elevation, weight gain, and extrapyramidal symptoms. Advantages of PP include the extensive research database and clinical experience with paliperidone and its parent compound risperidone, the availability of different LAI formulations (once-monthly, 3-monthly, and perhaps even longer acting formulations in future), and the novel dose initiation procedure that provides rapid onset of action without the need for oral antipsychotic supplementation. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Testing decision-making competency of schizophrenia participants in clinical trials. A meta-analysis and meta-regression.

Authors: Hostiuc, Sorin; Rusu, Mugurel Constantin; Negoi, Ionut; Drima, Eduard;

Source: BMC Psychiatry, Vol 18, Jan 5, 2018 ArtID: 2. Publisher: BioMed Central Limited; [Journal Article]

Abstract: Background: The process of assessing the decision-making capacity of potential subjects before their inclusion in clinical trials is a legal requirement and a moral obligation, as it is essential for respecting their autonomy. This issue is especially important in psychiatry patients (such as those diagnosed with schizophrenia). The primary purpose of this article was to evaluate the degree of impairment in each dimension of decision-making capacity in schizophrenia patients compared to non-mentally-ill controls, as quantified by the (MacCAT-CR) instrument. Secondary objectives were (1) to see whether enhanced consent forms are associated with a significant increase in decision-making capacity in schizophrenia patients, and (2) if decision-making capacity in schizophrenia subjects is dependent on the age, gender, or the inpatient status of the subjects. Methods: We systematically reviewed the results obtained from three databases: ISI Web of Science, Pubmed, Scopus. Each database was scrutinised using the following keywords: 'MacCAT-CR + schizophrenia', 'decision-making capacity + schizophrenia', and 'informed consent + schizophrenia.' Results: We included 13 studies in the analysis. The effect size between the schizophrenia and the control group was significant, with a difference in means of −4.43 (−5.76; −3.1, p < 0.001) for understanding, −1.17 (−1.49, −0.84, p < 0.001) for appreciation, −1.29 (−1.79, −0.79, p < 0.001) for reasoning, and −0.05 (−0.9, −0.01, p = 0.022) for expressing a choice. Conclusions: Even if schizophrenia patients have a significantly decreased decision-making capacity compared to non-mentally-ill controls, they should be considered as competent unless very severe changes are identifiable during clinical examination. Enhanced informed consent forms decrease the differences between schizophrenia patients and non-mentally-ill controls (except for the reasoning dimension) and should be used whenever the investigators want to include more ill patients in their clinical trials. Increased age, men gender and an increased percentage of inpatients might increase the differential of decision-making
incompetence compared to non-mentally-ill subjects in various dimensions of the decision-making competence as analysed by the MacCAT-CR scale, but the small number of subjects did not allow us (except for one instance) to reach statistical significance. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Achieving recovery in patients with schizophrenia through psychosocial interventions: A retrospective study.

Authors:
Buonocore, Mariachiara; Bosia, Marta; Baraldi, Maria A.; Bechi, Margherita; Spangaro, Marco; Cocchi, Federica; Bianchi, Laura; Guglielmino, Carmelo; Mastromatteo, Antonella R.; Cavallaro, Roberto;

Source:

Abstract:
Aim: Recovery, or functional remission, represents the ultimate treatment goal in schizophrenia. Despite its importance, a standardized definition of remission is still lacking, thus reported rates significantly vary across studies. Moreover, the effects of rehabilitative interventions on recovery have not been thoroughly investigated. This study aimed to evaluate recovery in a sample of patients with chronic schizophrenia engaged in rehabilitation programs and to explore contributing factors, with a focus on sociocognitive rehabilitative interventions. Methods: Data from 104 patients with schizophrenia treated either with a standard rehabilitation program, including cognitive remediation (n = 46), or the latter plus a specific sociocognitive intervention (n = 58), and assessed for psychopathology, cognition, social cognition, and Quality of Life Scale, were retrospectively analyzed for this study. Results: Recovery, evaluated with the Quality of Life Scale, was achieved by 56.76% of patients in our sample. While no effects were observed for clinical, cognitive, or sociocognitive variables, participation in the sociocognitive rehabilitative interventions was positively associated with recovery. Conclusion: Our results indicate that high rates of recovery can be achieved in patients treated with psychosocial interventions and suggest that rehabilitative programs targeting social cognition may further facilitate the process of recovery. If confirmed, these results may have relevant implications for daily clinical practice and service provision, allowing clinicians to develop and optimize specific rehabilitation programs in order to promote recovery. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Decreased resting-state interhemispheric functional connectivity correlated with neurocognitive deficits in drug-naive first-episode adolescent-onset schizophrenia.

Authors:
Liu, Yi; Guo, Wenbin; Zhang, Yan; Lv, Luxian; Hu, Feihu; Wu, Renrong; Zhao, Jingping; International

Source:
Journal of Neuropsychopharmacology, Vol 21(1), Jan, 2018 pp. 33-41. Publisher: Oxford University Press;

Abstract:
Background: Given that adolescence is a critical epoch in the onset of schizophrenia, studying aberrant brain changes in adolescent-onset schizophrenia, particularly in patients with drug-naive first-episode schizophrenia, is important to understand the biological mechanism of this disorder. Previous resting-state functional magnetic resonance imaging studies have shown abnormal functional connectivity in separate hemispheres in patients with adult-onset schizophrenia. Our aim to study adolescent-onset schizophrenia can provide clues for the early aetiology of schizophrenia. Method: A total of 48 drug-naive, first-episode, adolescent-onset schizophrenia outpatients and 31 healthy controls underwent resting-state functional magnetic resonance imaging scans. Data were subjected to voxel-mirrored homotopic connectivity and support vector machine analyses. Results: Compared with the healthy controls, the adolescent-onset schizophrenia group showed significantly lower voxel-mirrored homotopic connectivity values in different brain regions, including the fusiform gyrus, superior temporal gyrus/insula, precentral gyrus, and precuneus. Decreased voxel-mirrored homotopic connectivity values in the superior temporal gyrus/insula were significantly correlated with Trail-Making Test: Part A performance (r = −0.437, P = .002). A combination of the voxel-mirrored homotopic connectivity values in the precentral gyrus and precuneus
may be used to discriminate patients with adolescent-onset schizophrenia from controls with satisfactory classification results, which showed sensitivity of 100%, specificity of 87.09%, and accuracy of 94.93%.

Conclusion: Our findings highlight resting-state interhemispheric FC abnormalities within the sensorimotor network of patients with adolescent-onset schizophrenia and confirm the relationship between adolescent-onset schizophrenia and adult-onset schizophrenia. These findings suggest that reduced interhemispheric connectivity within the sensorimotor network has a pivotal role in the pathogenesis of schizophrenia.


Title: Pyridoxamine: A novel treatment for schizophrenia with enhanced carbonyl stress.
Authors: Itokawa, Masanari; Miyashita, Mitsuhiro; Arai, Makoto; Dan, Takashi; Takahashi, Katsuyoshi; Tokunaga, Taro; Ishimoto, Kayo; Toriumi, Kazuya; Ichikawa, Tomoe; Horiuchi, Yasue; Kobori, Akiko; Usami, Satoshi; Yoshikawa, Takeo; Amano, Naoji; Washizuka, Shinsuke; Okazaki, Yuji; Miyata, Toshio;
Abstract: Aim: The aim of this clinical trial was to obtain proof of concept for high-dose pyridoxamine as a novel treatment for schizophrenia with enhanced carbonyl stress. Methods: Ten Japanese schizophrenia patients with high plasma pentosidine, which is a representative biomarker of enhanced carbonyl stress, were recruited in a 24-week, open trial in which high-dose pyridoxamine (ranging from 1200 to 2400 mg/day) was administered using a conventional antipsychotic regimen. Main outcomes were the total change in Positive and Negative Syndrome Scale score and the Brief Psychiatric Rating Scale score from baseline to end of treatment at week 24 (or at withdrawal). Results: Decreased plasma pentosidine levels were observed in eight patients. Two patients showed marked improvement in their psychological symptoms. A patient who harbors a frameshift mutation in the Glyoxalase 1 gene also showed considerable reduction in psychosis accompanied with a moderate decrease in plasma pentosidine levels. A reduction of greater than 20% in the assessment scale of drug-induced Parkinsonism occurred in four patients. Although there was no severe suicide-related ideation or behavior, Wernicke's encephalopathy-like adverse drug reactions occurred in two patients and were completely suppressed by thiamine supplementation. Conclusion: High-dose pyridoxamine add-on treatment was, in part, effective for a subpopulation of schizophrenia patients with enhanced carbonyl stress. Further randomized, placebo-controlled trials with careful monitoring will be required to validate the efficacy of high-dose pyridoxamine for these patients. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Cortical thickness, cortical surface area and subcortical volumes in schizophrenia and bipolar disorder patients with cannabis use.
Authors: Hartberg, Cecilie Bhandari; Lange, Elisabeth H.; Lagerberg, Trine Vik; Hauvik, Unn K.; Andreassen, Ole A.; Melle, Ingrid; Agartz, Ingrid;
Source: European Neuropsychopharmacology, Vol 28(1), Jan, 2018 pp. 37-47. Publisher: Elsevier Science;
Abstract: Cannabis is associated with increased risk for severe mental illness and is commonly used among individuals with schizophrenia or bipolar disorder. In this study we investigated associations between cannabis use and brain structures among patients with schizophrenia or bipolar disorders. Magnetic resonance imaging scans were obtained for 77 schizophrenia and 55 bipolar patients with a history of cannabis use (defined as lifetime use > 10 times during one month or abuse/dependence), and 97 schizophrenia, 85 bipolar disorder patients and 277 healthy controls without any previous cannabis use. Cortical thickness, cortical surface area and subcortical volumes were compared between groups. Both hypothesis-driven region-of-interest analyses from 11 preselected brain regions in each hemisphere and exploratory point-by-point analyses were performed. We tested for diagnostic interactions and controlled
for potential confounders. After controlling for confounders such as tobacco use and alcohol use disorders we found reduced cortical thickness in the caudal middle frontal gyrus compared to non-user patients and healthy controls. The findings were not significant when patients with co-morbid alcohol and illicit drug use were excluded from the analyses, but onset of cannabis use before illness onset was associated with cortical thinning in the caudal middle frontal gyrus. To conclude, we found no structural brain changes associated with cannabis use among patients with severe mental illness, but the findings indicate excess cortical thinning among those who use cannabis before illness onset. The present findings support the understanding that cannabis use is associated with limited brain effects in schizophrenia as well as bipolar disorder. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
A systematic meta-analysis of the association of Neuregulin 1 (NRG1), D-amino acid oxidase (DAO), and DAO activator (DAOA)/G72 polymorphisms with schizophrenia.

Authors:
Jagannath, Vinita; Gerstenberg, Miriam; Correll, Christoph U.; Walitza, Susanne; Grünblatt, Edna;

Source:

Abstract:
The glutamate hypothesis of schizophrenia is related to the proposed dysregulation of D-amino acid oxidase (DAO), DAO activator (DAOA)/G72, and Neuregulin 1 (NRG1) genes. Genetic studies have shown significant associations between DAO, DAOA, NRG1 single-nucleotide polymorphisms (SNPs), and schizophrenia. The systematic literature search yielded 6, 5, and 18 new studies for DAO, DAOA, and NRG1 published after 2011 and not included in the previous SchizophreniaGene (SZGene) meta-analysis. We conducted meta-analyses of 20, 23, and 48 case–control studies, respectively, to comprehensively evaluate the association of 8 DAO, 12 DAOA, and 14 NRG1 SNPs with schizophrenia. The updated meta-analyses resulted in the following findings: the C-allele of DAO rs4623951 was associated with schizophrenia across all pooled studies (Odds ratio (OR) = 0.88, 95% confidence interval (CI) = 0.79–0.98, p = 0.02, N = 3143); however, no new reports could be included. The G-allele of DAOA rs778293 was associated with schizophrenia in Asian patients (OR = 1.17, 95% CI = 1.08–1.27, p = 0.00008, N = 6117), and the T-allele of DAOA rs3916971 was associated with schizophrenia across all studies (OR = 0.84, 95% CI = 0.73–0.96, p = 0.01, N = 1765). Again, for both SNPs, no new eligible studies were available. After adding new reports, the T-allele of NRG1 SNP8NRG241930 (rs62510682) across all studies (OR = 0.89, 95% CI = 0.95–0.99, p = 0.03, N = 16,014), and the C-allele of NRG1 rs10503929 across all studies (OR = 0.89, 95% CI = 0.95–0.99, p = 0.01, N = 6414) were protective against schizophrenia. Our systematic meta-analysis is the most updated one for the association of DAO, DAOA, and NRG1 SNPs with schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Social motivation in schizophrenia: The impact of oxytocin on vigor in the context of social and nonsocial reinforcement.

Authors:
Fulford, Daniel; Treadway, Michael; Woolley, Joshua;

Source:

Abstract:
Experiential negative symptoms—including diminished motivation—have a profound impact on functional outcomes in schizophrenia. Animal research suggests that abnormalities in dopaminergic regulation can negatively impact effort exertion, a translational model that has been applied to individuals with schizophrenia. Paradigms that assess effort-based decision making, for example, suggest less likelihood of choosing high effort tasks that are high in probability of success, and this preference varies with negative symptoms and impaired functioning. Although asociality is another well-documented component of experiential negative symptoms, it is unclear whether diminished motivation for monetary reward
extends to the social domain. To test this question, the authors designed the Social Vigor Task (SVT)—a measure of effort exertion in the context of live social encouragement. They further examined the effect of oxytocin, a neuropeptide implicated in social behavior, on vigor. Forty-two individuals with schizophrenia and 43 healthy controls completed the SVT twice: once after intranasal administration of saline placebo and again after oxytocin. Both groups showed similar increases in vigor in response to social encouragement, suggesting effort in the social context is spared in schizophrenia. Group differences in the effect of social encouragement on vigor varied by point-based reward rate and trial length. Oxytocin did not increase vigor during social encouragement in either group. Within the schizophrenia group, clinician-rated passive social withdrawal, but not active social avoidance, was negatively associated with vigor. Results suggest that people with schizophrenia show normative levels of effort in the context of social encouragement; low approach motivation, however, relates to lower effort. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Cross-species neurophysiological biomarkers of attentional dysfunction in schizophrenia: Bridging the translational gap.

Authors: Young, Jared W.; Light, Gregory A.;


Abstract: It is noted that there has been a fundamental failure to translate preclinically-supported compounds into novel psychiatric treatments. That failure has been driven by a lack of suitable animal models of disease with concomitant biomarkers of neural-circuit function across species. Electroencephalographic (EEG) biomarkers of behavioral performance are direct assays of neural system functioning with compelling opportunity for cross-species translation. The recently developed 5-choice continuous performance test (5C-CPT) provides an example for integrating behavioral outcomes and neurophysiological biomarkers. Designed to quantify cognitive control (attention) and response inhibition in rodents and humans, the 5C-CPT has demonstrable cross-species validity including; (a) 36 h sleep deprivation-induced deficits; (b) amphetamine-induced improvement; (c) parietal requirement for performance from human fMRI and rodent lesion studies; and (d) vigilance decrement observations across time. Importantly, this task is also clinically sensitive as patients with schizophrenia exhibit deficient performance. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Individualized prediction of schizophrenia based on the whole-brain pattern of altered white matter tract integrity.

Authors: Chen, Yu-Jen; Liu, Chih-Min; Hsu, Yung-Chin; Lo, Yu-Chun; Hwang, Tzung-Jeng; Hwu, Hai-Gwo; Lin, Yi-Tin; Tseng, Wen-Yih Isaac;


Abstract: Background: A schizophrenia diagnosis relies on characteristic symptoms identified by trained physicians, and is thus prone to subjectivity. This study developed a procedure for the individualized prediction of schizophrenia based on whole-brain patterns of altered white matter tract integrity. Methods: The study comprised training (108 patients and 144 controls) and testing (60 patients and 60 controls) groups. Male and female participants were comparable in each group and were analyzed separately. All participants underwent diffusion spectrum imaging of the head, and the data were analyzed using the tract-based automatic analysis method to generate a standardized two-dimensional array of white matter tract integrity, called the connectogram. Unique patterns in the connectogram that most accurately identified schizophrenia were systematically reviewed in the training group. Then, the diagnostic performance of the patterns was individually verified in the testing group by using receiver-operating characteristic curve analysis. Results: The performance was high in men (accuracy = 0.85) and satisfactory in women.
In men, the pattern was located in discrete fiber tracts, as has been consistently reported in the literature; by contrast, the pattern was widespread over all tracts in women. These distinct patterns suggest that there is a higher variability in the microstructural alterations in female patients than in male patients. Conclusions: The individualized prediction of schizophrenia is feasible based on the different whole-brain patterns of tract integrity. The optimal masks and their corresponding regions in the fiber tracts could serve as potential imaging biomarkers for schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Functional connectivity of cognitive brain networks in schizophrenia during a working memory task.

Authors: Godwin, Douglass; Ji, Andrew; Kandala, Sridhar; Mamah, Daniel;


Abstract: Task-based connectivity studies facilitate the understanding of how the brain functions during cognition, which is commonly impaired in schizophrenia (SZ). Our aim was to investigate functional connectivity during a working memory task in SZ. We hypothesized that the task-negative (default mode) network and the cognitive control (frontoparietal) network would show dysconnectivity. Twenty-five SZ patient and 31 healthy control scans were collected using the customized 3T Siemens Skyra MRI scanner, previously used to collect data for the Human Connectome Project. Blood oxygen level dependent signal during the 0-back and 2-back conditions were extracted within a network-based parcelation scheme. Average functional connectivity was assessed within five brain networks: frontoparietal (FPN), default mode (DMN), cingulo-opercular (CON), dorsal attention (DAN), and ventral attention network; as well as between the DMN or FPN and other networks. For within-FPN connectivity, there was a significant interaction between n-back condition and group (p = 0.015), with decreased connectivity at 0-back in SZ subjects compared to controls. FPN-to-DMN connectivity also showed a significant condition × group effect (p = 0.003), with decreased connectivity at 0-back in SZ. Across groups, connectivity within the CON and DAN were increased during the 2-back condition, while DMN connectivity with either CON or DAN were decreased during the 2-back condition. Our findings support the role of the FPN, CON, and DAN in working memory and indicate that the pattern of FPN functional connectivity differs between SZ patients and control subjects during the course of a working memory task. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Back to top
Suicide

Title:
Surviving moment to moment: The experience of living in a state of ambivalence for those with recurrent suicide attempts.

Authors:
Bergmans, Yvonne; Gordon, Evelyn; Eynan, Rahel;

Source:
Publisher: Wiley-Blackwell Publishing Ltd.; [Journal Article]

Abstract:
Objective: This qualitative study aimed to capture the experience of living in the ambivalent space between life and death for adults with recurrent suicide attempts (RSA). It sought to expand upon an earlier study that explored the processes involved in transitioning away from RSA among adults, which revealed that occupying this ambivalent space is a crucial part of this process. Design: Interpretive phenomenological analysis (IPA) was used. This methodology was designed to explore the lived experiences and meaning making and enabled interpretation of the multidimensional subjective experiences of RSA participants. Methods: In-depth semi-structured interviews were conducted with eight adult women with a history of RSA who had participated in a therapeutic intervention at the research site (Skills for Safer Living: A Psychosocial/Psychoeducational Intervention for People with Recurrent Suicide Attempts [SfSL/PISA]). The six stages of IPA were followed to analyse the interview data. Results: Analysis revealed the superordinate theme, 'surviving moment to moment', which refers to a precarious state of making decisions about one's life and destiny on a moment-to-moment basis without clear commitment to either life or death. Two subordinate themes were identified: 'deciding not to die in the moment' when the participants were more invested in dying than living and 'deciding to live in the moment' when they were more invested in living than dying. Conclusion: The study illuminated the complex process of making decisions about ones' destiny on a moment-to-moment basis. It revealed the torment experienced when occupying this state, while paradoxically, also revealing how indecision about life and death provided a lifeline opportunity for those with RSA. Clinicians who recognize the subtle distinctions associated with this in-between state can tailor their interventions accordingly. (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:
Publisher: Wiley-Blackwell Publishing Ltd.; [Journal Article]

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: Suicide risk among BDSM practitioners: The role of acquired capability for suicide. Brown, Sarah L.;
Authors: Roush, Jared F.; Mitchell, Sean M.; Cukrowicz, Kelly C.;
Abstract: Objective: Bondage and discipline, dominance and submission, and sadomasochism (BDSM) practitioners are at increased risk for suicidal thoughts and behaviors. We hypothesized the association between (a) lifetime frequency of BDSM-related sexual behaviors and (b) BDSM identification and suicide attempt status would be mediated by acquired capability components (i.e., fearlessness about death and pain tolerance). Gender differences were examined. Method: Participants were 576 BDSM practitioners (mean age = 28.71; 66.7% male) recruited from online BDSM-related groups, cross-sectionally. Results: Among males, the total indirect effect of acquired capability components in the relation between BDSM-related sexual behaviors and suicide attempt status was significant. The specific indirect effect of perceived pain tolerance in the relation between both BDSM-related sexual behaviors and BDSM identification and suicide attempt status was significant. There were no significant effects for females. Additionally, 12% reported a suicide attempt history. Conclusion: Among males, BDSM-related sexual behaviors and BDSM identification were associated with increased acquired capability components, which were positively associated with suicide attempt status. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Do undiagnosed suicide decedents have symptoms of a mental disorder?
Authors: Joiner, Thomas E. Jr.; Buchman-Schmitt, Jennifer M.; Chu, Carol;
Abstract: Background: Psychological autopsy studies consistently report that the rate of detected mental disorders among suicide decedents is below 100%. This implies three possibilities: (a) a subset of suicide decedents did not have a mental disorder at the time of death; (b) all suicide decedents suffered from a mental disorder, but some were undetected due to methodological limitations; and/or (c) suicide decedents with an undetected mental disorder displayed significant and perhaps subclinical features of a mental disorder. Objective: In this article, we examined these possibilities by evaluating the differences in symptoms and stressors between suicide decedents who were undiagnosed and those diagnosed with a mental disorder at the time of death. Method: We reviewed 130 case studies of community-based suicide decedents originally described in Robins’ (1981) psychological autopsy study. Results: Without exception, suicide decedents in Robins’ sample suffered either from a clearly diagnosable mental disorder or displayed features indicative of a significant, even if subclinical, presentation of a mental disorder. Undiagnosed and diagnosed suicide decedents did not significantly differ with regards to demographics, violence of suicide method, suicide attempt history, the number and intensity of stressful life events preceding death, and whether their death was a murder-suicide. Conclusion: Although clearly not all who suffer from mental disorders will die by suicide, these findings imply that all who die by suicide appear to exhibit, at minimum, subclinical psychiatric symptoms with the great majority showing prominent clinical symptoms. We conclude with clinical implications and recommendations for future study. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

**Title:**
Determinants of mental and physical health-related quality of life among patients hospitalized for suicidal behavior.

**Authors:**
Grendas, Leandro; Rodante, Demián; Rojas, Sasha; Puppo, Soledad; Vidjen, Patricia; Lado, Gisela; Portela, Alicia; Daray, Federico M.;

**Source:**
Psychiatry Research, Vol 257, Nov, 2017 pp. 56-60. Publisher: Elsevier Science; [Journal Article]

**Abstract:**
The current study was interested in exploring the clinical factors related to mental and physical health-related quality of life among patients hospitalized for suicidal behavior. A multicenter cross-sectional study was designed to compare data obtained from 246 patients hospitalized for suicide behavior. Results suggest that mental health-related quality of life was negatively associated with hopelessness while physical health-related quality of life was negatively associated with age, medical disease and the number of previous suicide attempts and positively associated with employment. Findings are discussed in the context of theoretical evidence and clinical implications. (PsycINFO Database Record (c) 2017 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 use 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:**
Adolescent insomnia, suicide risk, and the interpersonal theory of suicide.

**Authors:**
Zullo, Lucas; Horton, Sarah; Eaddy, Michael; King, Jessica; Hughes, Jennifer; Diederich, Andrew; Kennard, Betsy; Emslie, Graham; Stewart, Sunita;

**Source:**

**Abstract:**
Although insomnia has been repeatedly linked with suicide ideation, the reason for the linkage is not clear. The Interpersonal Psychological Theory of Suicide (IPTS) proposes that three core variables (thwarted belongingness, perceived burdensomeness, and acquired capability) are the final common pathway for all
risk factors for suicide ideation and behavior. Recent research has suggested that insomnia may be associated with suicide ideation independently of the IPTS. We examined cross-sectional data from 151 psychiatric inpatients (ages 12–17) to determine if the association between insomnia symptoms and a continuous measure of suicide risk (measured as increasingly severe ideation and plan) was explained by the framework of the IPTS. When all IPTS variables and depressive symptoms were included in the model, insomnia symptoms did not contribute unique variance to suicide risk. Perceived burdensomeness and depressive symptoms were found to explain the relationship between insomnia symptoms and suicide risk. Our findings suggest that improved sleep might reduce suicide risk, that management of interpersonal need cognitions might reduce risk in the presence of insomnia symptoms, and reinforce the independent role of depressive symptoms in suicide risk in clinical samples of adolescents. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Attachment style and suicide behaviors in high risk psychiatric inpatients following hospital discharge: The mediating role of entrapment.
Authors: Li, Shuang; Galynker, Igor I.; Briggs, Jessica; Duffy, Molly; Frechette-Hagan, Anna; Kim, Hae-Joon; Cohen, Lisa J.; Yaseen, Zimri S.;
Abstract: Insecure attachment is associated with suicidal behavior. This relationship and its possible mediators have not been examined in high-risk psychiatric inpatients with respect to the critical high-risk period following hospital discharge. Attachment styles and perception of entrapment were assessed in 200 high-risk adult psychiatric inpatients hospitalized following suicidal ideation or suicide attempt. Suicidal behaviors were evaluated with the Columbia Suicide Severity Rating Scale at 1–2 months post-discharge. Associations between different attachment styles and suicidal behaviors were assessed and mediation of attachment effects by entrapment was modeled. Fearful attachment was associated with post-discharge suicidal behavior and there was a trend-level negative association for secure attachment. In addition, entrapment mediated the relationship between fearful attachment and suicidal behavior. The current study highlights the mediating role of perceptions of entrapment in the contribution of fearful attachment to suicidal behavior in high-risk patients, suggesting entrapment as potential therapeutic target to prevent suicidal behavior in these individuals. Further research is warranted to establish the mechanisms by which entrapment experiences emerge in patients with insecure attachment styles. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Adult associations of childhood suicidal thoughts and behaviors: A prospective, longitudinal analysis.
Authors: Copeland, William E.; Goldston, David B.; Costello, E. Jane;
Abstract: Objective: Suicidal thoughts and behavior (STBs) have their peak period of onset in adolescence, but little is known about how such behavior is associated with later functioning. The aim of this study is to test whether childhood STBs are related to adult psychiatric, suicidal, and functional outcomes. Method: This is a prospective, population-based community study of 1,420 participants assessed with structured interviews up to 7 times in childhood/adolescence (ages 9–16 years; 6,674 observations) for STBs including passive and active ideation, plans, and attempts. Participants were then assessed 4 times in young adulthood (ages 19, 21, 24, and 30 years; 4,556 observations of 1,273 participants) for psychiatric diagnoses, STBs, and functional outcomes. Results: By age 16 years, 7.0% of participants had reported some type of STBs, with 3.9% reporting an attempt. Both ideation only and suicide attempts were associated with higher levels of anxiety disorders and STBs in adulthood, as well as poor functioning
across financial, health, risky/illegal, and social domains. These observed effects generally were attenuated after adjusting for other psychiatric and psychosocial factors that predict childhood STBs (particularly maltreatment, depression, and disruptive behavior disorders). The exception was adult suicidal behavior, which was predicted by both childhood ideation and attempts, even in the fully adjusted model. Children and adolescents with STBs were more likely to have had a disrupted transition to adulthood. Conclusion: Childhood STBs are a marker for a multitude of poor psychiatric and functional outcomes in adulthood, but these effects are largely accounted for by other factors. In contrast, childhood STBs are a robust risk factor for adult suicidal thoughts and behavior. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


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: 
Emergency nursing experiences in assisting people with suicidal behavior: A grounded theory study.

Authors: 
Giacchero Vedana, Kelly Graziani; Magrini, Daniel Fernando; Miasso, Adriana Inocenti; Guidorizzi Zanetti, Ana Carolina; de Souza, Jacqueline; Borges, Tatiana Longo;

Source: 

Abstract: 
Aim: To understand emergency nursing experiences in assisting people with suicidal behavior. Method: Grounded theory study with symbolic interactionism conducted in 2015 to 2016 in Brazil with 19 nurses. Results: Assistance for people with suicidal behavior is critical, challenging, evokes different feelings and requires knowledge, skills and emotional control. Nurses did not feel prepared or supported, and identified recurrent gaps and problems. Nurses occupied a limited role, restricted to attending to physical needs. They predominantly manifested opposition, judgments and incomprehension about patients. Conclusion: This study presents key elements to be addressed in interventions and investigations regarding nursing support, training and supervision. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title:
Are there sensitive periods when child maltreatment substantially elevates suicide risk? Results from a nationally representative sample of adolescents.

Authors:
Gomez, Stephanie H.; Tse, Jenny; Wang, Yan; Turner, Brianna; Millner, Alexander J.; Nock, Matthew K.; Dunn, Erin C.;

Source:

Abstract:
Background: Although child maltreatment is a well documented risk factor for suicidal behavior, little is known about whether the timing of child maltreatment differentially associates with risk of suicidal ideation, suicide plans, or suicide attempts. The goal of this study was to examine whether a first exposure to physical or sexual abuse during specific developmental periods significantly elevated risk for suicidal behavior in adolescents. Methods: Data came from the National Comorbidity Survey Adolescent Supplement, a population-based sample of US adolescents aged 13–18 years old (n = 9,272). Using discrete time survival analysis, we assessed the association between timing of first abuse (early childhood: ages 0–5; middle childhood: ages 6–10; adolescence: ages 11–18) and suicidal ideation, plans, and attempts. Results: Exposure to either physical or sexual abuse increased the odds of reporting suicidal ideation (odds ratio [OR] = 5.06 and OR = 3.56, respectively), plans (OR = 3.63 and OR = 3.58, respectively), and attempts (OR = 5.80 and OR = 4.21, respectively), even after controlling for sociodemographic covariates and psychiatric disorders. However, the timing of physical and sexual abuse exposure was unassociated with suicidal behavior (all p values > .05). Conclusions: Exposure to child maltreatment is strongly associated with risk for adolescent suicidal behaviors, though this association did not vary based on the developmental timing of first exposure. These findings suggest that prevention efforts should be implemented throughout early development and target all children, regardless of when they were first exposed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Pathways to suicide in lesbian and gay populations in Australia: A life chart analysis.

Authors:
Skerrett, Delaney M.; Kõlves, Kairi; Leo, Diego;

Source:

Abstract:
Given the continued paucity of research into suicide in lesbian and gay (LG) people, there is a need to investigate the characteristics of those LG suicides that are able to be identified. The aim of this article was to analyze pathways to suicide in lesbian and gay individuals by way of life charts. Data were gathered through of 24 psychological autopsy interviews with next-of-kin of an LG person who had died by suicide. The female (n = 5) and male (n = 19) cases in this study clustered into younger and older suicides. The defining feature of the younger suicides was lack of acceptance by family and, to a lesser extent, self, and that of the older suicides was romantic relationship conflict, although this was also common in younger suicides. There appears to have been, furthermore, an accumulation of risk factors, particularly in the period prior to death where these specific risk factors combined with other life stressors, such as work problems. Initiatives to reduce stigma around diversity in sexuality and to support families and young people through the 'coming out' process as well as services designed to assist those experiencing problems in same-sex relationships, in particular, would appear to be the most relevant within the trajectories presented. (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


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;


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.


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, Scot 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.;

**Source:**

**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;

Source:
PLoS ONE, Vol 12(4), Apr 26, 2017 ArtID: e0176565. Publisher: Public Library of Science;

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 corresponded 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;

Source:

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-structured 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: Handgun legislation and changes in statewide overall suicide rates.

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


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: A ventricular assist device recipient and suicidality: Multidisciplinary collaboration with a psychiatrically distressed patient.

Authors: Balliet, Wendy E.; Madan, Alok; Craig, Michael L.; Serber, Eva R.; Borckardt, Jeffery J.; Pelic, Christine; Barth, Kelly; Hale, Anthony; van Bakel, Adrian B.; Peura, Jennifer L.

Source: Journal of Cardiovascular Nursing, Vol 32(2), Mar-Apr, 2017 pp. 135-139. Publisher: Lippincott Williams & Wilkins; [Journal Article]

Abstract: Background: Ventricular assist device (VAD) recipients are at high risk of depression and anxiety, and poor psychosocial functioning is associated with worse medical outcomes. Purpose: We present a case of a 31-year-old depressed patient who demonstrated passive suicidal behavior through multiple episodes of noncompliance, including temporarily discontinuing warfarin (Coumadin) several months after VAD implantation. The patient’s psychosocial and medical histories and outcomes are presented. Conclusions: This case underscores the importance of pre-VAD as well and ongoing psychosocial evaluation and management for this unique patient population. Clinical Implications: Medical teams who are treating patients with cardiovascular disease who are under consideration for VAD or heart transplantation need to be aware of the multitude of ways in which patients can express depressed and suicidal mood and work with a multidisciplinary team to treat such symptoms to optimize patients’ success with VAD/heart transplantation. (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)


Title:
Assisted suicide in Switzerland: Clarifying liberties and claims.

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

Source:

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;

Source:
The Psychiatric Bulletin, Vol 41(1), Feb 1, 2017 pp. 18-20. Publisher: Royal College of Psychiatrists;

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

Back to top
Title: Development of the citizens measure into a tool to guide clinical practice and its utility for case managers.

Authors: Bellamy, Chyrell D.; Kriegel, Liat; Barrenger, Stacey; Klimczak, Michele; Rakfeldt, Jaak; Benson, Victoria; Baker, Michella; Benedict, Patricia; Williamson, Bridgett; MacIntyre, Gillian;


Abstract: A measure of citizenship was developed and validated by Rowe and colleagues (O'Connell, Clayton, & Rowe, 2017). The items clustered around the 5 Rs of citizenship as defined by Rowe et al.: relationships, rights, resources, roles, and rights, and a sense of belonging. Although a measure has its utility in clinical settings, to address time constraints and other administrative burdens expressed by providers in their day-to-day practice, a citizens tool was developed as a practical way that providers can enhance dialogue between providers and clients on citizenship for clients served in mental health and criminal justice reentry settings. This article describes the development of the tool, testing of the tool's utility with case managers, and implications for practice. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Lessons from a national mental health arts festival.

Authors: Aldam, Gail; Dickie, Rob; Knifton, Lee; Davidson, Larry;


Abstract: The Scottish Mental Health Arts and Film Festival has evolved over the last 10 years into one of the world’s largest mental health events, engaging more than 30,000 people each year. The model of the festival will be outlined and the evolution traced over three distinct phases: from its inception as an antistigma campaign, to a broad-based social movement harnessing grassroots activism, and finally, to achieving international reach and artistic recognition. The first phase details the inception and early incarnations of the festival, building upon Allport’s contact theory model that the most effective way to reduce stigma is through positive personal contact with someone in a valued social role. The learning demonstrated that the festival could achieve large-scale reach among the most marginalized communities and increase positive perceptions and intentions among audience members. As the festival evolved into its second phase, artists and activists began to develop events and grassroots partnerships throughout Scotland. A feature of the festival at this stage, as people with and without mental health diagnoses worked together, was that many events explored ‘mental health identities’ in a broader sense, and this led many of those involved to reframe their ideas of mental health and illness. The third phase explores the impact of the festival at a broader social level. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Recovery, citizenship, and psychosocial rehabilitation: A dialog between Brazilian and American mental health care approaches.

Authors: Campos, Rosana T. Onoko; Costa, Mark; Pereira, Mariana Barbosa; Ricci, Ellen Cristina; da Silva Tavares Enes, Giselli; Janeth, Leidy; Chavez, Erazo; Reis, Graziele; Davidson, Larry;


Abstract: Over the past 30 years, the Brazilian psychiatric reform, based on the anti-asylum social movement and the psychosocial rehabilitation model of care, transformed radically the country's system of mental health care. Even though tremendous gains were made, people with serious mental illness continue to have limited access to citizenship. In the United States the recovery movement has enhanced the central role of people with serious mental illness as an active and responsible agent in their recovery process, encouraging a more collaborative role for service users, but, still, there are challenges to citizenship. This article first identifies commonalities between these two movements, central to mental health advances in the two distinct cultures of Brazil and the United States. Then, though celebrating the cultural differences between the two societies, the authors consider the possibility of cross-fertilization and propose a set of suggestions that could help both countries to overcome the remaining barriers to social justice for those living with mental health issues. From the American recovery movement, the authors learn that society can and must make adaptations to allow people with mental health disorders to live as citizens regardless of the symptoms they might manifest. From Brazil, mental health workers can use solidarity as a tool to create inventive solutions for those with a mental health disorder to live as citizens, regardless of the symptoms they might manifest. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Evaluation of a pilot service to facilitate discharge of patients with stable long-term mental health needs from secondary to primary care: The role of Primary Care Mental Health Specialists.

Authors: Hamilton-West, Kate; Hotham, Sarah; Yang, Wei; Hedayioglu, Julie; Brigden, Charlotte;


Abstract: Aim: We aimed to evaluate a pilot service to facilitate discharge of patients with stable long-term mental health needs from secondary to primary care. Background: Patients with stable long-term mental health conditions are often not discharged from secondary mental health services when no longer needed due to insufficient systems and processes to enable safe, effective, recovery-focussed treatment and support. The Primary Care Mental Health Specialist (PCMHS) Service was developed to address this gap; new PCMHS posts were introduced to act as a conduit for patients being discharged from secondary care and a single point of referral back into secondary care, should it be required. The two-year pilot, across six Clinical Commissioning Groups in South East England, began in March 2013. Methods: Interviews were conducted with all PCMHS employed in the pilot service (n = 13) and a sample of service users (n = 12). The views of professionals working alongside the service, including GPs, Psychiatrists and Mental Health Nurses, were captured using a brief online questionnaire (n = 50). Time and Activity Recording Sheets were used to capture data required for economic analysis. Findings: Our findings indicate that the service is working well from the perspective of patients; staff employed within the service and professionals working alongside the service. Patients described the service as a 'safety net' they could fall back on in case of difficulties, whereas staff used the analogy of a 'bridge' to describe the way the service improved communication and collaboration between the various professionals and organisations involved in the patient's care. Improvements in well-being were seen to result from increased support for those transitioning from secondary to primary care, a more pro-active approach to relapse prevention and increased engagement in daily activities. Each PCMHS covered 36 patients in a one-month period, with a unit cost of £73.01 per patient. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Saving jobs that save lives.
Authors: Rosenberg, Linda;
Abstract: We must bring employment parity to behavioral health, ending the second-class status of employees working in mental health and addiction organizations. Certified Community Behavioral Health Clinics (CCBHCs), authorized by the Excellence Act, will help level the playing field. CCBHCs will provide evidence-based mental health and substance use services integrated with primary care and collect uniform data. In return, they will qualify for cost-based reimbursement that supports the infrastructure, staff, and skilled supervision to deliver care that works. This is the same reimbursement system used for hospitals and Federally Qualified Health Centers (FQHC). It’s about time. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Being seconded to a mental health trust: The (in)visibility of mental health social work.
Authors: Morriss, Lisa;
Source: British Journal of Social Work, Vol 47(5), Jul, 2017 pp. 1344-1360. Publisher: Oxford University Press; Abstract: The paper explores the implications of being a social worker seconded to a Mental Health Trust based on narrative interviews with mental health social workers. As part of a wider study, thirteen mental health social workers from across England were interviewed individually about their experiences of being seconded to a Mental Health Trust. Building on the work of Andrew Pithouse, the findings reveal the (in)visibility of mental health social work. The social workers were isolated within Health Trusts with minimal links to their local authority employers. They struggled to articulate and define social work. Instead, social work was depicted as being indefinable, involving working in liminal spaces and as filling the gaps left by other professions. Furthermore, the social workers were unable to make social work visible, as social work is not ‘seen’ by the other members of the team. Finally, the social workers were unable to make social visible through supervision if they did not have a social work manager. The paper ends with an unexpected outcome of the research: the notion of the research interview as surrogate supervision. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: An analysis of whether a working-age ward-based liaison psychiatry service requires the input of a liaison psychiatrist.
Authors: Guthrie, Elspeth A.; McMeekin, Aaron T.; Khan, Sylvia; Makin, Sally; Shaw, Ben; Longson, Damien;
Source: The Psychiatric Bulletin, Vol 41(3), Jun 1, 2017 pp. 151-155. Publisher: Royal College of Psychiatrists; Abstract: Aims and method: This article presents a 12-month case series to determine the fraction of ward referrals of adults of working age who needed a liaison psychiatrist in a busy tertiary referral teaching hospital. Results: The service received 344 referrals resulting in 1259 face-to-face contacts. Depression accounted for the most face-to-face contacts. We deemed the involvement of a liaison psychiatrist necessary in 241 (70.1%) referrals, with medication management as the most common reason. Clinical implications: A substantial amount of liaison ward work involves the treatment and management of severe and complex
mental health problems. Our analysis suggests that in the majority of cases the input of a liaison psychiatrist is required. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-35774-005&site=ehost-live

Title: Improving the quality of mental health services using patient outcome data: Making the most of HoNOS.
Authors: Crawford, Mike J.; Zoha, Mo; Macdonald, Alastair J. D.; Kingdon, David;
Abstract: Efforts to assess and improve the quality of mental health services are often hampered by a lack of information on patient outcomes. Most mental health services in England have been routinely collecting Health of the Nation Outcome Scales (HoNOS) data for some time. In this article we illustrate how clinical teams have used HoNOS data to identify areas where performance could be improved. HoNOS data have the potential to give clinical teams the information they need to assess the quality of care they deliver, as well as develop and test initiatives aimed at improving the services they provide. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Critical thinking and contemporary mental health care: Michel Foucault's 'history of the present'.
Authors: Roberts, Marc;
Abstract: In order to be able to provide informed, effective and responsive mental health care and to do so in an evidence-based, collaborative and recovery-focused way with those who use mental health services, there is a recognition of the need for mental health professionals to possess sophisticated critical thinking capabilities. This article will therefore propose that such capabilities can be productively situated within the context of the work of the French philosopher Michel Foucault, one of the most challenging, innovative and influential thinkers of the 20th century. However, rather than focusing exclusively upon the content of Foucault's work, it will be suggested that it is possible to discern a general methodological approach across that work, a methodological approach that he refers to as 'the history of the present.' In doing so, Foucault's history of the present can be understood as a productive, albeit provisional, framework in which to orientate the purpose and process of critical thinking for mental health professionals by emphasizing the need to both historicize and politicize the theoretical perspectives and therapeutic practices that characterize contemporary mental health care. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Are we failing children in care?
Authors: Jones, Richard T.; Tully, Ruth J.;
Abstract: The number of children placed in care has been steadily increasing since 2008. Often, Looked After Children (LAC) have experienced multifaceted abuse and multiple placement breakdowns in childhood and adolescence. Prompt therapeutic intervention then becomes a necessity before their mental-health-related issues worsen. With government spending under scrutiny, the effectiveness of services such as Child and Adolescent Mental Health Services (CAMHS) inevitably comes under the microscope. Overall,
improvements are necessary in service provision and prevention of children/adolescents' mental health deteriorating to the point where inpatient services are necessary. This highlights the critical state of affairs our LAC are facing to get support. Those who have trauma-related needs and no other diagnosable mental health problem can 'slip through the net'. In the authors' experience, the stigma attached to commissioning privately provided psychological intervention seems ever present, even where this can be provided more quickly to at least the same quality. They put forward suggestions they have experienced as barriers to the stakeholders commissioning this work, when it is in the best interests of the child to receive such provision: (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Finding the right connections: Peer support within a community-based mental health service.
Authors:
Gray, Mel; Davies, Kate; Butcher, Luke;
Source:
Abstract:
This article reports on a qualitative study that examined the organisational enablers and barriers to implementing peer support work in an Australian, rural, community-based mental health service. Interviews with 19 peer and non-peer staff were conducted to identify attitudes towards peer support and whether there were organisational values, practices and strategies that might support the implementation of peer support. The findings revealed that peer support workers were valued for their ability to build trusting connections with clients and to accept client choice in a nonjudgemental way. However, peer support workers tended to 'fill service gaps' within intensive, administrative case-management environments. These findings highlight the importance of an organisational-wide approach to integrating peer support, where the responsibilities for adopting new ways of working fall to all staff, not just the peer support workers themselves. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Transforming an out-of-date psychiatric hospital into a patient friendly space: A matter of taking risks.
Authors:
Ganesan, Mahesan;
Source:
Abstract:
The author describes his experience as a psychiatrist in a large psychiatric hospital near Colombo, the capital of Sri Lanka. While there, he attempted to transform the wards under his supervision into patient friendly spaces through empowering both patients and staff members. This personal reflection shows that sometimes it can be wise not to have a plan, but to make use of opportunities as they arise. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-48869-008&site=ehost-live

Title:
Reducing mental health emergency services for children served through California’s Full Service Partnerships.
Authors:
Cordell, Katharan D.; Snowden, Lonnie R.;
Source:
Medical Care, Vol 55(3), Mar, 2017 pp. 299-305. Publisher: Lippincott Williams & Wilkins; [Journal Article]
Abstract:
Background: Children’s Full Service Partnerships (FSP), created through California’s Mental Health Services Act of 2004 are comprehensive treatment and support programs incorporating a wraparound
model designed to serve undertreated families with children who have a serious emotional disturbance and are at risk for suicide, violence, residential instability, criminal justice involvement, or involuntary hospitalization. Objective: This study investigated whether FSP programs resulted in reduced crisis-related mental health emergency services (MHES) for the children they served. Research Design: Using a statewide data set for 464,880 children and youth ages 11 to < 18 served by California's county mental health systems between 2004 and 2012, the study compared age-related trajectories of MHES use for FSP-served children before and after treatment alongside children in usual care. Estimates were made within stratified age groups (11 to < 15 and 15 to < 18), utilizing propensity score adjusted random effects for each child's increasing age to control individual differences in MHES likelihood and trajectory, while controlling for age, cohort, county of service, and clinical and demographic covariates. Results: Before treatment in FSP, FSP-served children showed higher and increasing MHES rates initially, reflecting greater severity. After FSP treatment, FSP-served children's MHES trajectory declined more rapidly than those of controls. Conclusions: There is strong evidence for the success of FSP's aggressive approach in reducing dangerous, increasing trajectories in MHES use. More research is needed, but key efficacious components within the program may be candidates for broader application when providing community-based, crisis-averting care for the most socially and economically vulnerable, seriously mentally ill children and youth. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-07020-014&site=ehost-live

Title:
Coaching in a non-clinical setting with coachees who access mental health services.

Authors:
Pendle, Andrew; Rowe, Nick; Britten, David;

Source:

Abstract:
This paper presents the findings from the study of a unique coaching situation. Coachees currently accessing mental health services and members of Converge (see below) were paired with undergraduate coaching students for time-limited coaching. Participants took part in semi-structured interviews. Transcripts were analysed using Interpretive Phenomenological Analysis. Results suggest that both groups found the experience to be beneficial. Both groups reported greater sense of agency. Coachees experienced a sense of potential achievement in their personal lives. The student coaches reported a sense of greater professional competence and identity. Both groups negotiated tensions between concepts of normality/abnormality and formality/informality, which seemed to create learning. (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; Luccock, Mike; Groom, Martin; Kirby, Naomi; McMillan, Dean; Gilbody, Simon; Lutz, Wolfgang; Rubel, Julian A.; de Jong, Kim;
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: 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's 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;

Source:

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


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: Ethical and methodological issues in qualitative studies involving people with severe and persistent mental illness such as schizophrenia and other psychotic conditions: A critical review.

Authors: Carlsson, Ing-Marie; Blomqvist, Marjut; Jormfeldt, Henrika;


Abstract: Undertaking research studies in the field of mental health is essential in mental health nursing. Qualitative research methodologies enable human experiences to become visible and recognize the importance of lived experiences. This paper argues that involving people with schizophrenia in research is critical to promote their health and well-being. The quality of qualitative research needs scrutinizing according to methodological issues such as trustworthiness and ethical standards that are a fundamental part of qualitative research and nursing curricula. The aim of this study was to critically review recent qualitative studies involving people with severe and persistent mental illness such as schizophrenia and other psychotic conditions, regarding descriptions of ethical and methodological issues in data collection and analysis. A search for relevant papers was conducted in three electronic databases, in December 2016. Fifteen qualitative interview studies were included and reviewed regarding methodological issues related to ethics, and data collection and analysis. The results revealed insufficient descriptions of methodology regarding ethical considerations and issues related to recruitment and sampling in qualitative interview studies with individuals with severe mental illness, putting trustworthiness at risk despite detailed descriptions of data analysis. Knowledge from the perspective of individuals with their own experience of mental illness is essential. Issues regarding sampling and trustworthiness in qualitative studies involving people with severe mental illness are vital to counteract the stigmatization of mental illness. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Dependence and resistance in community mental health care—negotiations of user participation between staff and users.

Authors: Femdal, I.; Knutsen, I. R.;


Abstract: Introduction: Implementation of user participation is considered important in today’s mental health care. Research shows, however, that user participation lacks clarity and provokes uncertainty regarding shifting roles. Aim: To investigate negotiation of user participation in a microstudy of interplay between users and health professionals in community mental health care. Method: This qualitative study is based on semi-structured in-depth interviews, involving ten service users and ten professionals in community mental health care in Norway. The analysis is inspired by Willig’s model for Foucauldian discourse analysis. Results: The study illuminates the dynamic nature of user participation that arises through negotiation between users’ and professionals’ positions as change enablers, dependents, resisters, persuaders and knowledge holders. Discussion: Discourses of user participation allow for different subject positions in mental health care. User participation also involves government and questions of power, as well as ambitions of change and control. Professionals act in different ways to make and keep users active, participating, enterprise and self-governing, and users respond and take part within the same discursive framework. Implications for practice: Awareness of subjects’ positions in discourses is important to increase reflection on the dynamic interplay in user–professional collaboration. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Back to top
Personality Disorders

Title:
Borderline personality features and integration of positive and negative thoughts about significant others.

Authors:
Berenson, Kathy R.; Johnson, Jessica C.; Zhao, Fanghui; Nynaes, Olga; Goren, Tamir;

Source:
Personality Disorders: Theory, Research, and Treatment Publisher: Educational Publishing Foundation;

Abstract:
Taking the bad with the good is a necessity of life, and people who readily integrate thoughts of their loved one's flaws with thoughts of their more positive attributes maintain more stable, satisfying relationships. Borderline personality disorder, however, is often characterized by interpersonal perceptions that fluctuate between extremes of good and bad. We used a timed judgment task to examine information processing about significant others in individuals high in borderline personality features relative to healthy individuals and those high in avoidant personality features. In Study 1, when judging traits of a liked significant other, same-valence facilitation by negative primes (judging negative traits faster than positive traits after a negative prime) was significantly stronger in the borderline features group than the other two groups, and was inversely associated with self-reports of integrated thoughts about significant others. In contrast, same-valence facilitation by positive primes (judging positive traits faster than negative traits after a positive prime) was significantly stronger in the avoidant features group than the other two groups, and inversely associated with self-esteem. No between-group differences in same-valence facilitation were statistically significant when participants judged traits of disliked significant others, liked foods, and disliked foods. In Study 2, same-valence facilitation by negative primes when judging traits of a liked significant other was significantly associated with less integrated positive/negative thoughts about that person in a 12-day diary. These results identify an implicit information-processing pattern relevant to interpersonal difficulties in borderline personality disorder. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Relations between facets and personality domains with impulsivity: New evidence using the DSM-5 section III framework in patients with substance use disorders.

Authors:
Moraleda-Barreno, Enrique; Díaz-Batanero, Carmen; Pérez-Moreno, Pedro Juan; Gómez-Bujedo, Jesús; Lozano, Oscar M.;

Source:
Personality Disorders: Theory, Research, and Treatment Publisher: Educational Publishing Foundation;

Abstract:
Section III of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition proposes an alternative diagnostic model for personality disorders based on the identification of pathological personality facets. Despite the existing evidence for the relationship between personality disorders and impulsivity in patients with substance use disorders, no study has yet been conducted within this framework. Thus, using a sample of 110 patients with substance use disorders, the present work aims to (a) analyze the relationship between the different personality facets and domains evaluated by the Personality Inventory for the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (PID-5) and impulsivity and (b) explore the relationships between severity of dependency and personality facets and dimensions of impulsivity. With respect to PID-5 domains, except for sensation-seeking, antagonism and disinhibition showed correlations higher than .30 with the following dimensions: urgency, premeditation, perseverance, sensation-seeking, and positive urgency (UPPS-P). The domains of detachment and psychoticism showed weaker correlations with different UPPS-P dimensions. The risk-taking PID-5 facet explains 49% variability of the sensation-seeking dimension of UPPS-P, whereas the impulsivity facet was significant on regression models computed with lack of premeditation, positive urgency, and negative urgency dimensions. Heroin and cocaine severity of dependence were moderately related to different personality facets. Lower relationships between alcohol and cannabis severity of dependence, impulsivity, and PID-5 facets were found. As a conclusion, the relationships between personality domains and impulsivity behave similarly to their five-factor equivalents for some dimensions
but not for negative urgency, which might indicate the lack of specificity of this dimension of impulsivity on this type of patients. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
The effects of working memory load and attention refocusing on delay discounting rates in alcohol use disorder with comorbid antisocial personality disorder.
Authors:
Gunn, Rachel L.; Gerst, Kyle R.; Lake, Allison J.; Finn, Peter R.;
Source:
Abstract:
Executive working memory capacity (eWMC) is central to adaptive decision-making. Research has revealed reduced eWMC and higher rates of impulsive decision making in individuals with alcohol use disorders (AUDs: DSM-IV Alcohol Dependence of Alcohol Abuse) and antisocial psychopathology (AP). Recent work has shown that placing a load on working memory (WM) further increases impulsive decision making on the delay discounting (DD) task in those with AUDs and AP. The current study examined the effects of an attention refocusing manipulation to offset the effects of this WM-load on DD rates in control subjects, those with AUDs without AP, and AUDs with AP (AUD-AP). Results revealed that 1) the AUD-AP group had higher DD rates (i.e., more impulsive decision-making) than the AUD group, followed by controls, and 2) attention refocusing after a load is placed on WM was associated with lower DD rates compared to the load without refocusing in both AUD groups, but not controls. Results suggest that refocusing attention after a cognitive load may be an effective cognitive strategy for reducing the impulsivity-enhancing effects of cognitive load on decision making in individuals with AUDs and AP. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Electroconvulsive therapy for depression with comorbid borderline personality disorder or post-traumatic stress disorder: A matched retrospective cohort study.
Authors:
Kaster, Tyler S.; Goldbloom, David S.; Daskalakis, Zafiris J.; Mulsant, Benoit H.; Blumberger, Daniel M.;
Source:
Brain Stimulation, Vol 11(1), Jan-Feb, 2018 pp. 204-212. Publisher: Elsevier Science; [Journal Article]
Abstract:
Background: The impact of comorbid borderline personality disorder (BPD) or post-traumatic stress disorder (PTSD) on clinical and cognitive outcomes of electroconvulsive therapy (ECT) in patients with major depressive episodes (MDE) is unknown. Objective: Compare clinical response and adverse cognitive effects for MDE patients with comorbid BPD or PTSD to MDE only. Methods: In a matched retrospective cohort study of 75 patients treated with ECT at an academic psychiatric hospital with DSM-IV MDE and either comorbid BPD, PTSD or both (MDE + BPD/PTSD), 75 MDE patients without BPD or PTSD (MDE-only) were matched. We reviewed clinical records to determine treatment response by estimating clinical global impression of improvement (c-CGI) and presence of adverse cognitive effects based on subjective distress or objective impairment. We explored factors associated with response and cognitive effects in the MDE + BPD/PTSD group. Results: There was no difference in c-CGI response rates between groups (p > 0.017). Secondary analysis of inpatients found lower response rates for MDE + BPD (55.4%) and MDE + BPD + PTSD (55.8%) than MDE-only (82.5%), but not MDE + PTSD (65.0%). There was no difference in adverse cognitive effects in the MDE + BPD/PTSD (23.3%–26.8%) group compared to MDE-only (25.0%). In the MDE + BPD/PTSD group, factors associated with higher response rate were: referral indications other than failed pharmacotherapy, greater number of ECT treatments, presence of adverse cognitive effects, and seizure duration > 30 s. Conclusions: Despite a lower c-CGI response for inpatients with MDE + BPD, ECT is a viable treatment option for patients in the MDE + BPD/PTSD group with similar adverse cognitive effect profiles to MDE-only. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Feasibility and effectiveness of cognitive remediation in the treatment of borderline personality disorder.

Vita, Antonio; Deste, Giacomo; Barlati, Stefano; Poli, Roberto; Cacciani, Paolo; De Peri, Luca; Sacchetti, Emilio;


Abstract:
Several studies have demonstrated that borderline personality disorder (BPD) is associated with neuropsychological deficits and there is evidence that the neurocognitive profile of patients with BPD may be related to the outcome of this disorder. The aim of this study was to investigate the feasibility and the effectiveness of a cognitive remediation intervention in patients with BPD. Thirty patients with a DSM-IV-TR diagnosis of BPD were assessed on clinical, neuropsychological and functional outcome measures at baseline and after 16 weeks of a computer-assisted cognitive remediation (CACR) intervention or treatment as usual (TAU). Patients who received CACR showed a greater improvement in working memory and psychosocial functioning measures than patients treated with TAU. Symptom severity was not significantly affected by CACR treatment. The findings of this pilot study suggest the feasibility and potential effectiveness on specific cognitive domains, but modest clinical usefulness of a computerised modality of cognitive remediation in the treatment of BPD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Dynamic associations between borderline personality disorder and stressful life events over five years in older adults.

Conway, Christopher C.; Boudreaux, Michael; Oltmanns, Thomas F.;

Personality Disorders: Theory, Research, and Treatment pp. 1-9. Publisher: Educational Publishing Foundation; [Journal Article]

Abstract:
The time course of borderline personality disorder (BPD) is far more variable than traditionally assumed. Shifting environmental conditions are theorized to account, at least in part, for fluctuations in symptom presentation over time. In the present study, we evaluated the reciprocal influences of stressful life events and borderline pathology in a representative community sample of 1,630 older adults assessed 3 times over 5 years. An autoregressive cross-lagged model revealed strong, but imperfect, stability in symptoms of BPD over the study time frame. After adjusting for this continuity in BPD, the prospective effect of life stress on borderline pathology was virtually nil, contrary to expectations. On the other hand, borderline pathology was prospectively related to subsequent dependent event (i.e., stressors to which individuals may have contributed), but not independent event (i.e., fateful stressors), exposure. This pattern of associations was consistent with a stress generation effect. We conclude that stressful life events do not substantially redirect the trajectory of BPD in older adults, possibly owing to inertia of borderline pathology at this developmental stage. Instead, symptoms of BPD seem to promote stress exposure, thereby setting the stage for continued social impairment and comorbid psychiatric problems. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Borderline personality disorder affective instability: What you know impacts how you feel.
Authors: Dick, Alexandra M.; Suvak, Michael K.;
Source: Personality Disorders: Theory, Research, and Treatment Publisher: Educational Publishing Foundation;
Abstract: The current study examined the role of conceptual knowledge and language in affective instability (AI) associated with borderline personality disorder (BPD). Forty-six females meeting criteria for BPD and 51 nonclinical female control participants without BPD completed a measure of general vocabulary and a semantic similarities task that provided estimates of the degree to which participants weighted information about valence and arousal in their understanding of emotion language. Feelings of valence and arousal were assessed using the Self-Assessment Manikin in response to 62 emotionally evocative images, which was used to derive estimates of AI. BPD status was associated with valence and arousal AI at a bivariate level, but not after controlling for language variables (general vocabulary and semantic valence and arousal foci). Participants with stronger as opposed to weaker vocabularies exhibited less AI, and participants who emphasized arousal more in their conceptual representations of emotions exhibited less AI than those who emphasized it to a lesser degree. With the inclusion of language variables in a regression equation with BPD status predicting AI, semantic arousal focus, but not general vocabulary, was a significant predictor of AI. Consistent with psychological constructionist models of emotion that specify an active role of language throughout the emotion generation process, these findings suggest that language capacity (general vocabulary and the degree to which arousal influences understanding of emotion words) is an important determinant of the AI associated with BPD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Effects of brief mindfulness and loving-kindness meditation inductions on emotional and behavioral responses to social rejection among individuals with high borderline personality traits.
Authors: Keng, Shian-Ling; Tan, Hui Han;
Source: Behaviour Research and Therapy, Vol 100, Jan, 2018 pp. 44-53. Publisher: Elsevier Science;
Abstract: Borderline personality disorder (BPD) is characterized by an enduring pattern of instability across affective, behavioral, cognitive, and interpersonal domains. Individuals with BPD are known to be particularly vulnerable to experiences of social rejection, but little work has examined strategies that may moderate their reactivity to social rejection. Using a laboratory experimental approach, this study investigated the effects of brief mindfulness and loving-kindness meditation (LKM) inductions on emotional and behavioral responses to social rejection in a sample of adults with high BPD traits. One hundred and eighteen participants were randomly assigned to receive 10 min of mindful breathing practice, LKM, or a no-instruction control condition, prior to exposure to a social rejection manipulation. Participants rated their emotions and completed a competitive reaction time task, which provided a proxy measure of aggression. Compared to the control condition, the mindfulness group demonstrated significantly quicker recovery in negative affect and feelings of rejection after social rejection. The mindfulness group also reported significantly quicker recovery in negative affect compared to the LKM group. Whereas baseline trait mindfulness negatively predicted aggressive behaviors across all participants, groups did not differ in immediate emotional reactivity or aggressive behavior following social rejection. The findings suggest that mindfulness training may be a promising strategy in alleviating negative emotional effects of social rejection among individuals with high borderline personality traits, and highlight the limited utility of brief LKM practice in buffering the effects of social rejection. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: DNA methylation of APBA3 and MCF2 in borderline personality disorder: Potential biomarkers for response to psychotherapy.

Authors: Knoblich, Nora; Gundel, Friederike; Brückmann, Christof; Becker-Sadzio, Julia; Frischholz, Christian; Nieratschker, Vanessa;

Source: European Neuropsychopharmacology, Vol 28(2), Feb, 2018 pp. 252-263. Publisher: Elsevier Science;

Abstract: Borderline personality disorder (BPD) is a severe and complex mental disease associated with high suicidal tendencies and hospitalization rates. Accumulating evidence suggests that epigenetic mechanisms are implicated in the etiology of BPD. A recent epigenome-wide study identified several novel genes which are epigenetically dysregulated in BPD. Those genes include APBA3 and MCF2. Psychotherapy such as Dialectical Behavior Therapy (DBT), an established treatment for BPD, provides an excellent setting to investigate environmental influences on epigenetic mechanisms in order to identify biomarkers for disease status and therapy success. However, the effects of DBT on epigenetic regulation has only been researched in one previous study analyzing BDNF. In the present study, we aimed to investigate the role of DNA methylation of APBA3 and MCF2 as possible biomarkers for treatment outcome in BPD, whilst validating the previous findings of differential DNA methylation in a cohort of 44 BPD patients and 44 well-matched healthy control individuals. Unexpectedly, we did not detect significant DNA methylation differences between patients and control individuals. However, we found a high correlation between the methylation status of APBA3 and MCF2 and therapy outcome: before DBT treatment, both genes were significantly higher methylated in patients responding to therapy compared to patients that did not respond. Our study is the first to report results pointing to possible predictive epigenetic biomarkers of DBT outcome in BPD patients. Following replication in independent cohorts, our finding could facilitate the development of more personalized therapy concepts for BPD patients by including epigenetic information. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-57576-001&site=ehost-live

Title: Always on guard: Emotion regulation in women with borderline personality disorder compared to nonpatient controls and patients with cluster-C personality disorder.

Authors: van Zutphen, Linda; Siep, Nicolette; Jacob, Gitta A.; Domes, Gregor; Sprenger, Andreas; Willenborg, Bastian; Goebel, Rainer; Arntz, Arnoud;


Abstract: Background: Borderline personality disorder (BPD) is characterized by emotion dysregulation; however, it is unclear whether this is restricted to negative emotional stimuli or to what degree this is specific to BPD. We investigated neural correlates of hypothesized increased emotional sensitivity and impaired emotion regulation in patients with BPD. Methods: During functional MRI (fMRI) scanning, patients with BPD, nonpatient controls and patients with cluster-C personality disorder completed an emotion regulation task, including negative, positive and erotic social pictures. Results: We included 55 patients with BPD, 42 nonpatient controls and 24 patients with cluster-C personality disorder in our analyses. Passive viewing of negative stimuli resulted in greater activity in the anterior insula, temporoparietal junction and dorsolateral prefrontal cortex in patients with BPD than in nonpatient controls. The increased activity in the anterior insula and temporoparietal junction was also present when patients with BPD viewed positive stimuli. During regulation of negative stimuli compared with passive viewing, nonpatient controls showed greater activity in the temporal lobe, whereas patients with BPD showed a unique pattern of activity, suggesting an increase in brain activity involved in emotion generation. In the case of negative stimuli this is accompanied by increased activity in regulation areas. In contrast, increase of regulation processes seems absent when patients with BPD are explicitly instructed...
to regulate. Results of diagnosis specificity support a dimensional rather than a dichotomous differentiation between BPD and cluster-C personality disorder regarding emotional sensitivity and emotional regulation of social stimuli. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Assessing situational dysphoria in borderline patients: Development and preliminary validation of the Situational Dysphoria Scale (SITDS).

Authors:
D'Agostino, Alessandra; Aportone, Antonella; Monti, Mario Rossi; Starcevic, Vladan;

Source:

Abstract:
Objective: According to recent phenomenological literature, dysphoria is the psychopathological core of borderline personality disorder (BPD). It is a complex emotional state that consists of persistent tension, irritability, discontent and unhappiness, which is difficult to modulate and is associated with impulsivity. Under certain circumstances, this basic 'kind' of dysphoria ('background dysphoria') can be experienced differently, as 'situational dysphoria'. The latter is a sense of pressure, an urge to act and a feeling of quasi-explosion that is mostly related to interpersonal triggers. The aim of this study was to present the process of developing a questionnaire for measuring situational dysphoria in BPD (the Situational Dysphoria Scale, SITDS) and test its psychometric properties. Method: The sample consisted of 105 borderline patients recruited from adult psychiatric outpatient services and residential inpatient communities. The SITDS was developed over several stages, with the initial version consisting of 58 items. In order to test convergent and discriminant validity, the SITDS was administered with four self-report instruments (Nepean Dysphoria Scale, Cynical Distrust Scale, Inventory of Interpersonal Problems-47 and Empathy Quotient) and one semi-structured interview (Borderline Personality Disorder Severity Index-IV). Results: The final version of SITDS, consisting of 24 items, was derived after conducting two factor analyses, a hierarchical cluster analysis and further refinement of the scale. It is divided into three clusters (Personal Events, Interpersonal Events and Environmental Events) and rated on three subscales (Internal Pressure, Urge to Act and Quasi-Explosion). This version of the SITDS demonstrated excellent internal consistency (Cronbach’s alpha value = .91) and a solid degree of convergent and discriminant validity. Conclusions: The study provides preliminary support for use of the SITDS in BPD. Further studies of psychometric properties of the SITDS are needed to support it as a tool for routine clinical practice. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Convergent and discriminant validity of the five factor form and the Sliderbar Inventory.

Authors:
Rojas, Stephanie L.; Widiger, Thomas A.;

Source:

Abstract:
Existing measures of the five factor model (FFM) of personality are generally, if not exclusively, unipolar in their assessment of maladaptive variants of the FFM domains. However, two recently developed measures, the Five Factor Form (FFF) and the Sliderbar Inventory (SI), include items that assess for maladaptive variants at both poles of each item. This structure is unique among existing measures of personality and personality disorder, although there is a historical, infrequently used Stone Personality Trait Schema (SPTS) that had also included this item structure. To facilitate an exploration of their convergent and discriminant validity, the SI and SPTS items were reorganized into FFM scales. The convergent and discriminant validity of the FFF, SI-FFM, and SPTS-FFM scales was considered in a sample of 450 adults with current or a history of mental health treatment. The FFF, SI-FFM, and SPTS-FFM were also compared with respect to their relationship with FFM domains. Finally, the FFF items and SI-FFM scales were tested with respect to their relationship with measures of maladaptive variants of both high and low agreeableness and conscientiousness. The implications of the results are discussed with
respect to the assessment of maladaptive personality functioning, and suggestions for future research are provided. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:

Authors:
Oltmanns, Joshua R.; Widiger, Thomas A.;

Source:

Abstract:
Proposed for the 11th edition of the World Health Organization's International Classification of Diseases (ICD-11) is a dimensional trait model for the classification of personality disorder (Tyrer, Reed, & Crawford, 2015). The ICD-11 proposal consists of 5 broad domains: negative affective, detachment, dissocial, disinhibition, and anankastic (Mulder, Horwood, Tyrer, Carter, & Joyce, 2016). Several field trials have examined this proposal, yet none has included a direct measure of the trait model. The purpose of the current study was to develop and provide initial validation for the Personality Inventory for ICD-11 (PiCD), a self-report measure of this proposed 5-domain maladaptive trait model. Item selection and scale construction proceeded through 3 initial data collections assessing potential item performance. Two subsequent studies were conducted for scale validation. In Study 1, the PiCD was evaluated in a sample of 259 MTurk participants (who were or had been receiving mental health treatment) with respect to 2 measures of general personality structure: The Eysenck Personality Questionnaire—Revised and the 5-Dimensional Personality Test. In Study 2, the PiCD was evaluated in an additional sample of 285 participants with respect to 2 measures of maladaptive personality traits: The Personality Inventory for DSM-5 and the Computerized Adaptive Test for Personality Disorders. Study 3 provides an item-level exploratory structural equation model with the combined samples from Studies 1 and 2. The results are discussed with respect to the validity of the measure and the potential benefits for future research in having a direct, self-report measure of the ICD-11 trait proposal. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Fear of being laughed at in borderline personality disorder.

Authors:
Brück, Carolin; Derstroff, Stephanie; Wildgruber, Dirk;

Source:

Abstract:
Building on the assumption of a possible link between biases in social information processing frequently associated with borderline personality disorder (BPD) and the occurrence of gelotophobia (i.e., a fear of being laughed at), the present study aimed at evaluating the prevalence rate of gelotophobia among BPD patients. Using the Geloph< 15>, a questionnaire that allows a standardized assessment of the presence and severity of gelotophobia symptoms, rates of gelotophobia were assessed in a group of 30 female BPD patients and compared to data gathered in clinical and non-clinical reference groups. Results indicate a high prevalence of gelotophobia among BPD patients with 87% of BPD patients meeting the Geloph< 15> criterion for being classified as gelotophobic. Compared to other clinical and non-clinical reference groups, the rate of gelotophobia among BPD patients appears to be remarkably high, far exceeding the numbers reported for other groups in the literature to date, with 30% of BPD patients reaching extreme levels, 37% pronounced levels, and 20% slight levels of gelotophobia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Psychologically informed practice (PIP) for staff working with offenders with personality disorder: A pragmatic exploratory trial in approved premises.

**Authors:**
Bruce, Matt; Horgan, Harry; Kerr, Roz; Cullen, Alexis; Russell, Sam;

**Source:**

**Abstract:**
Background: Rates of reoffending and recall are high among released male prisoners with personality disorder. There is a need for innovative intervention to reduce offending and increase staff confidence in working with such men. Aim: The aim of this study was to evaluate the effectiveness of a novel intervention consisting of training and consultation termed ‘psychologically informed practice’, within community-based ‘approved premises’ for offenders. Method: A pragmatic exploratory trial was used to compare two premises in a South London borough licenced under criminal justice legislation to provide supervised accommodation for selected released prisoners. One used the PIP intervention for 12 months while the other (comparison group) functioned in a similar way but without this intervention. Outcome measures included staff attitudes and offender behaviours. Results: Significant improvements were observed only for the intervention group. Compared with baseline measures, significantly higher levels of knowledge and understanding of personality disorder as well as a greater sense of personal accomplishment were observed in staff who have been trained and supported in psychologically informed practice. Significantly lower rates of warnings and recalls to prison were observed only for the intervention group at 6 months following initial staff training. Conclusion: Psychologically informed practice appears to be sufficiently advantageous for staff and offenders, and the trial feasible, which is a full-scale multi-centre trial, seems warranted. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


The moral bioenhancement of psychopaths.

**Authors:**
Baccarini, Elvio; Malatesti, Luca;

**Source:**

**Abstract:**
We argue that the mandatory moral bioenhancement of psychopaths is justified as a prescription of social morality. Moral bioenhancement is legitimate when it is justified on the basis of the reasons of the recipients. Psychopaths expect and prefer that the agents with whom they interact do not have certain psychopathic traits. Particularly, they have reasons to require the moral bioenhancement of psychopaths with whom they must cooperate. By adopting a public reason and a Kantian argument, we conclude that we can justify to a psychopath being the recipient of mandatory moral bioenhancement because he has a reason to require the application of this prescription to other psychopaths. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Back to top
Forensic Psychiatry

Title: The relationship of the type of alleged crime with self-esteem and depressive symptoms in juvenile delinquents.

Authors: Tural Hesapcioglu, Selma; Düşünen Adam


Abstract:
Objective: Stemmed from the idea of ‘there is no juvenile delinquent, but rather there are juveniles draged to crime’, the children and adolescents who have been referred to Mus State Hospital Child and Adolescent Psychiatric outpatient clinic with different alleged crime types were examined retrospectively, in terms of depression, self-esteem, and various socio-demographic factors. Methods: The study was conducted retrospectively on children and adolescents who were referred to Mus State Hospital between February 2012 and February 2013 for the purpose of forensic psychiatric examination to assess their criminal responsibility regarding the alleged crimes. The children formed three groups of alleged crime types; theft, malicious wounding and terrorist propaganda. Child Depression Inventory (CDI) and Coopersmith Self-Esteem Scale (CSEI) scores were compared. Results: There was a difference between the CDI and CSEI scores of the groups. In post hoc comparisons, the CDI score of the alleged malicious wounding group was lower than the other two groups. CSEI score was significantly higher than the alleged theft group, and almost significantly higher than the alleged terrorist propaganda group. Discussion: It is observed that there is a difference in terms of CDI and CSEI scores between the groups of alleged crime type. In particular, the CDI scores of the alleged malicious wounding group were lower and their self-esteem was higher than the other two groups. This finding suggests that diverse etiologies may have been effective in directing different crime types in juvenile delinquency. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Vocational rehabilitation for veterans with felony histories and mental illness: 12-month outcomes.

Authors: LePage, James P.; Lewis, Avery A.; Crawford, April M.; Washington, Edward L.; Parish-Johnson, Julie A.; Cipher, Daisha J.; Bradshaw, Ledjona D.

Source: Psychological Services, Vol 15(1), Feb, 2018 pp. 56-64. Publisher: Educational Publishing Foundation; [Journal Article]

Abstract:
Lack of employment is an important barrier to successful reintegration encountered by those released from prison with mental illnesses and/or substance use disorders. This study compares 3 different vocational reintegration modalities for a veteran population: (a) basic services; (b) self-study using the About Face Vocational Manual; and (c) the About Face Vocational Program, a standardized group program focused on the About Face Vocational Manual. One-hundred eleven veterans with a history of at least one felony conviction and a mental illness and/or substance use disorder were recruited from a large urban Veterans Affairs (VA) medical center. Veterans were assigned to 1 of the 3 conditions and followed for 12 months. At the end of the 1-year follow-up period, veterans in the group condition had superior competitive and stable employment rates, as well as faster times to employment compared with both the basic and self-study conditions. The self-study condition was generally indistinguishable from the basic services condition. Overall, new employment during the last 6 months of the follow-up period was relatively low. The findings support the use of standardized group vocational reintegration programs such as the About Face Vocational Program. Limitations and implications are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-22801-001&site=ehost-live
Title: Prevalence of internalizing, externalizing, and psychotic disorders among low-risk juvenile offenders.

Authors: Kang, Tamara; Wood, James M.; Eno Louden, Jennifer; Ricks, Elijah P.

Source: Psychological Services, Vol 15(1), Feb, 2018 pp. 78-86. Publisher: Educational Publishing Foundation;

Abstract: To effectively allocate mental health services, agencies must be able to predict what proportion of youth will have a mental disorder. Prevalence estimates are available for juvenile offenders at intake, detained youth, and incarcerated youth, but there is limited research on prevalence of mental disorders for juvenile offenders who are low-risk to reoffend, many of whom are first time offenders (i.e., low-risk youth). To complicate matters, ethnic minorities are disproportionately represented in the justice system, and specifically, little is known about culturally sensitive clinical interviewing. To aid service providers and administrators in allocating mental health resources for low-risk offenders and to contribute to knowledge on culturally sensitive clinical assessment techniques, the present study reports the prevalence of mental disorders for a mostly Mexican American sample of 503 low-risk youth in diversion programming. We found that approximately 1 of every 6 (17.1%) low-risk juvenile offenders had a current affective, anxiety, or psychotic disorder, and 24.9% of low-risk juvenile offenders met criteria for a current substance/alcohol abuse disorder. These results suggest that allocating a portion of specialty mental health services and substance abuse treatment for low-risk juvenile offenders may help agencies combat the issue of repeat offending by offering public health interventions proactively to indirectly prevent recidivism rather than reacting afterward. Lastly, recommendations are given to help service providers incorporate culturally sensitive techniques into clinical assessment in order to better identify Mexican American juvenile offenders with mental health needs. (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: Circumstances preceding homicide-suicides involving child victims: A qualitative analysis.

Authors: Holland, Kristin M.; Brown, Sabrina V.; Hall, Jeffrey E.; Logan, Joseph E.;


Abstract: Homicide-suicide incidents involving child victims can have a detrimental impact on survivors of the violence, family members and friends of the decedents, and other community members, but the rare occurrence of these acts makes using quantitative data to examine their associated antecedents challenging. Therefore, using qualitative data from the 2003-2011 National Violent Death Reporting System, we examined 175 cases of homicide-suicide involving child victims in an effort to better understand the complex situational factors of these events. Our findings indicate that 98% of homicide-suicides with child victims are perpetrated by adults (mostly parents) and propelled by the perpetrators’ intimate partner problems, mental health problems, and criminal/legal problems. These events are often premeditated, and plans for the violence are sometimes disclosed prior to its occurrence. Findings provide support for several theoretical perspectives, and implications for prevention are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Achieving recovery in patients with schizophrenia through psychosocial interventions: A retrospective study.

Authors: Buonocore, Mariachiara; Bosia, Marta; Baraldi, Maria A.; Bechi, Margherita; Spangaro, Marco; Cocchi, Federica; Bianchi, Laura; Guglielmino, Carmelo; Mastromatteo, Antonella R.; Cavallaro, Roberto;


Abstract: Aim: Recovery, or functional remission, represents the ultimate treatment goal in schizophrenia. Despite its importance, a standardized definition of remission is still lacking, thus reported rates significantly vary across studies. Moreover, the effects of rehabilitative interventions on recovery have not been thoroughly investigated. This study aimed to evaluate recovery in a sample of patients with chronic schizophrenia engaged in rehabilitation programs and to explore contributing factors, with a focus on sociocognitive rehabilitative interventions. Methods: Data from 104 patients with schizophrenia treated either with a standard rehabilitation program, including cognitive remediation (n = 46), or the latter plus a specific sociocognitive intervention (n = 58), and assessed for psychopathology, cognition, social cognition, and Quality of Life Scale, were retrospectively analyzed for this study. Results: Recovery, evaluated with the Quality of Life Scale, was achieved by 56.76% of patients in our sample. While no effects were observed for clinical, cognitive, or sociocognitive variables, participation in the sociocognitive rehabilitative interventions was positively associated with recovery. Conclusion: Our results indicate that high rates of recovery can be achieved in patients treated with psychosocial interventions and suggest that rehabilitative programs targeting social cognition may further facilitate the process of recovery. If confirmed, these results may have relevant implications for daily clinical practice and service provision, allowing clinicians to develop and optimize specific rehabilitation programs in order to promote recovery. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Improving caregiver attendance at forensic service users' psychiatric clinic appointments.
Authors: Yeo Chen Kuan, Derrick; Soh Qian Ping, Jasmine; Hoo Jia Yi, Felicia; Poremski, Daniel;
Abstract: In Singapore, families play an important role caring for mentally disordered offenders. They are particularly important in cases where courts oblige psychiatric assessment, because they provide corroborating information not otherwise volunteered. However, their attendance is generally low. Our quality improvement project sought to increase caregiver attendance at outpatient visits. We followed WHO guidelines for quality improvement, determined the root cause of poor attendance, and devised three Plan–Do–Study–Act cycles over six weeks in late 2013. We followed their impact for 12 months. Case managers and medical social workers implemented three strategies to address issues of poor communication and awareness, which led to poor attendance. Prior to our project, caregivers attended 47% of outpatient visits. Following the implementation of our strategies, rates rose to 70%, sustained over the 12 following months. The entire case management department adopted our strategies. Simple changes to standard operating procedures improved the rate of caregiver attendance at follow-up appointments. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: A psychometric evaluation of the Defence Style Questionnaire-40 in a UK forensic patient population.
Authors: Tapp, James; Cottle, Louise; Christmas, Michelle; Stratton, Rose; Gannon, Theresa A.; Moore, Estelle;
Abstract: Psychological defence mechanisms have been considered important personality processes in the onset, maintenance and recovery of mental disorders. More recently, their application to understanding presenting problems and as potential outcome indicators for forensic patients has been recommended. However, to date there have been no investigations into the reliability and factor structure of defence mechanism assessments for this population. The current study investigated the factor structure, internal consistency and test-retest reliability of the Defence Style Questionnaire-40 (DSQ) for 160 adult male UK forensic patients. The three-factor model of defences proposed by the DSQ-40 developers was not confirmed in the study sample. Reliability indices of the three factors indicated that the Immature factor was the most ‘acceptable’ in terms of internal consistency. Test-retest reliability coefficients ranged from .70 to .91. A revised three-factor structure that closely corresponds to the original validation study is recommended following an exploratory factor analysis. The findings are compared with previous reliability and factor analytic evaluations of the DSQ-40, and recommendations for its use with forensic patients are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The pursuit of excellence in forensic psychiatry education.
Authors: Kelly, Michael;
Abstract: Forensic psychiatry is a diverse and rapidly expanding psychiatric subspecialty. This issue of Academic Psychiatry contains six articles related to training forensic psychiatrists. The topics of these articles address issues related to fostering an interest in the field among the next generation of psychiatrists,
navigating the fellowship application process, and instructing fellows in accordance with best practices and current methods for monitoring the quality of training. The articles in this issue highlight the intellectually stimulating and fulfilling work that is part and parcel of forensic psychiatry. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Finding common ground: Educating general psychiatry residents about forensic psychiatry.
Authors: Ford, Elizabeth; Gray, Susan; Subedi, Bipin;
Abstract: In conclusion, as the importance of the overlap of forensic psychiatric concepts in the practice of general psychiatry has grown, so too have the requirements promulgated by the ACGME and, subsequently, opportunities to design engaging and robust curricula in this area. Psychiatrists in training may be the most concerned about issues related to concepts such as liability, standards of care, and ethical obligations; however, they are also in the midst of a period of profound knowledge acquisition and motivation to learn. If we, as clinician educators, are interested in preparing our residents for the smoothest and safest transition into independent practice, thoughtful incorporation of forensic psychiatric topics can only be helpful in attaining that goal. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: A guide for applying to forensic psychiatry fellowship.
Authors: Kelly, Michael; Hearn, John; McBride, Anne; Daniels, Whitney; Ash, Peter;
Abstract: The purpose of this article is to provide psychiatry residents and psychiatry residency program training directors an overview of the application process to US forensic psychiatry fellowships. Forensic psychiatry is a fascinating, challenging, and diverse psychiatric subspecialty. Although all Accreditation Council of Graduate Medical Education (ACGME)-accredited forensic psychiatry fellowships will provide trainees the essentials needed to be competent forensic psychiatrists, a variety of factors (e.g., geography, clinical opportunities, programmatic strengths, case load) are important to consider. This article is written in the vein of similar articles that have appeared in previous issues of Academic Psychiatry on applying to general psychiatry residency programs and child and adolescent psychiatry fellowships. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Fitness for duty assessments: Teaching forensic psychiatry fellows best practices in workplace safety consultation.
Authors: Ferranti, Jessica;
Abstract: Forensic psychiatrists are commonly called upon to perform fitness for duty (FFD) evaluations in situations where employers have concerns regarding an employee’s ability to do the essential functions of their job safely. Referrals for fitness for duty evaluations typically occur when employers notice deficits in an employee’s ability to work or observe conflicts or disruptive (i.e., erratic, unusual, disturbing, or
aggressive) behavior in the workplace. In most state jurisdictions, an employer may require an employee to submit to a medical examination by a physician designated to evaluate the capacity of the employee to perform the work of his or her position. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Teaching psychological assessments to forensic psychiatry fellows: A practical guide.
Authors: Scott, Charles L.; McDermott, Barbara E.;
Abstract: Forensic psychologists have been leaders in the research and development of risk assessment instruments and assessments of feigned psychological symptoms and cognitive deficits. Over the last several years, forensic psychiatrists have begun to incorporate many of the structured assessment approaches in their research and related publications. If forensic psychiatrists are to become leaders in forensic research such as risk assessment and management and/or malingering assessment, they must have an in-depth knowledge of appropriate tools to use in the conduct of such research. Furthermore, forensic psychiatrists play vital leadership roles overseeing the delivery of care in forensic settings. In this role, the psychiatric administrator must have an understanding of these assessment tools, to include both their strengths and weaknesses and appropriate populations for their use. Without such knowledge, the psychiatrist must either proceed blindly or delegate their responsibility to an informed surrogate. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The implementation of a peer support scheme in an assertive rehabilitation ward in high secure forensic services.(includes abstract)
Authors: Wolfendale, Tori; Musaabi, Angella;
Abstract: Purpose The purpose of this paper is to provide an overview of the implementation of a peer support volunteer scheme in a high secure setting and to explore the peer support volunteer’s experiences conducting this role, based predominantly on an assertive rehabilitation ward. Design/methodology/approach This paper has outlined the implementation of the peer support volunteer scheme in a high secure setting and has explored the peer support volunteer’s experiences conducting this role and has explored the views of newly transferred patients who have accessed this scheme. The peer support scheme is based predominantly on an assertive rehabilitation ward. The data have been collected through the completion of detailed questionnaires that have been disseminated to participants through the clinical team. Findings This paper has outlined the implementation of a peer support scheme on an assertive rehabilitation ward within a high secure forensic mental health setting. This paper has explored the role and experiences of a peer support volunteer on an assertive rehabilitation ward and has explored the experience from a service recipient’s perspective also through the completion of questionnaires. This paper has explored the overall benefits of peer support within mental health services to both the volunteer, staff members and to a patient newly admitted to the ward, and has identified the skills that the volunteer is able to develop following contribution in to the peer support scheme. Practical implications This paper has acknowledged that there have been challenges introducing this particular scheme into mental health service teams. Challenges have included establishing appropriate boundaries and dilution of the role due to power imbalances, both between the peer support volunteer and the service recipient, but also between the clinical team that supervises the overall peer support scheme (<xref>Christie, 2016</xref>). The clinical team within this particular ward have been mindful with regards to the approach that has been utilised and has therefore, included the service users within the overall development of the scheme to encompass the recovery principles, but have continued to review the progression as a team and have taken into consideration all aspects of
relational security. Originality/value The paper relating to the implementation of the peer support volunteer scheme in a high secure setting has not been published before and is not under consideration for publication with another journal.

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=ccm&AN=124476432&site=ehost-live

Title:
Recovery in a low secure service. (includes abstract)
Authors:
Clarke, Caroline Sambrook, Suzanne Lumbard, Darren Kerr, Kevin Johnson, George;
Source:
Abstract:
This empirical paper describes a study that explored the lived experience of 'recovery' for six male patients who were detained in a low secure service. Interpretive phenomenological analysis (IPA) was used to capture the subjective meanings that participants ascribed to this process. Participants also discussed the My Shared Pathway initiative as a helpful format for embedding recovery principles. Five superordinate themes were identified: It's a journey; We're vulnerable in here; Relationships with staff; Loss; and Hope. These findings are consistent with those seen in the forensic recovery literature and suggest that My Shared Pathway helps promote recovery in a number of ways. Clinical implications and suggestions for further research are given.

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=ccm&AN=124575450&site=ehost-live

Title:
Understanding forensic psychiatry in healthcare practices and collaboration between legal nurse consultants and physicians. (includes abstract)
Authors:
Sharpe, Daphne K. Hall, Jasmine K. Ochije, Sochima Bailey, Rahn K.;
Source:
Abstract:
In 2000, the Institute of Medicine stunned many professionals with their published report that noted the vast number of deaths that occur each year in hospitals across the United States which reach as many as 98,000. Therefore, it comes as no surprise that the healthcare arena faces litigious issues regularly, with some specialties budgets being significantly impacted by the cost of maintaining liability insurance. Legal Nurse Consultants and forensic physicians working in tandem but who work independently from treating clinicians can carry out forensic independent medical examinations (IME). This can help to assess the validity of malpractice claims, including issues of causation and degree of injuries claimed due to the incident(s) and recommend treatment strategies where appropriate. Reviews can cover a wide range of issues such as a person's past or current testamentary capacity, a prisoner or an accused person's mental health and/or mental impairment where necessary sending them for more assessment or treatment outside prison. This article argues that independent medical reviews are a useful tool that can assist the civil and criminal courts processes.

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=ccm&AN=127943676&site=ehost-live
Title: Police employees' violence risk assessments: The predictive validity of the B-SAFER and the significance of protective actions.

Authors: Svalin, Klara; Mellgren, Caroline; Levander, Marie Torstensson; Levander, Sten;


Abstract: The violence risk assessment tools were developed in forensic psychiatric settings and were used in order to predict future violence. In the early 1990s, a new approach to violence risk assessment was introduced known as the structured professional judgment (SPJ) approach, and a number of risk assessment tools were launched. With the introduction of these new tools, risk management was introduced as a part of the risk assessment procedure and the focus shifted from violence prediction to violence prevention. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Back to top
Title: Inattention and hyperactivity/impulsivity among children with attention-deficit/hyperactivity-disorder, autism spectrum disorder, and intellectual disability.

Authors: McClain, Maryellen Brunson; Hasty Mills, Amber M.; Murphy, Laura E.


Abstract:
Background: Attention-Deficit/Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD), and Intellectual Disability (ID) are common co-occurring neurodevelopmental disorders; however, limited research exists regarding the presentation and severity of overlapping symptomology, particularly inattention and hyperactivity/impulsivity, when a child is diagnosed with one of more of these neurodevelopmental disorders. Aims: As difficulties with inattention and hyperactivity/impulsivity are symptoms frequently associated with these disorders, the current study aims to determine the differences in the severity of inattention and hyperactivity/impulsivity in children diagnosed with ADHD, ASD, ID, and co-occurring diagnosis of ADHD/ID, ASD/ADHD, and ASD/ID. Methods and procedures: Participants in the current study included 113 children between the ages of 6 and 11 who were diagnosed with ADHD, ASD, ID, ADHD/ID, ASD/ADHD, or ASD/ID. Two MANOVA analyses were used to compare these groups with respect to symptom (i.e., inattention, hyperactivity/impulsivity) severity. Outcomes and results: Results indicated that the majority of diagnostic groups experienced elevated levels of both inattention and hyperactivity/impulsivity. However, results yielded differences in inattention and hyperactivity/impulsivity severity. In addition, differences in measure sensitivity across behavioral instruments was found. Conclusions and implications: Children with neurodevelopmental disorders often exhibit inattention and hyperactivity/impulsivity, particularly those with ADHD, ASD, ASD/ADHD, and ADHD/ID; therefore, differential diagnosis may be complicated due to similarities in ADHD symptom severity. However, intellectual abilities may be an important consideration for practitioners in the differential diagnosis process as children with ID and ASD/ID exhibited significantly less inattention and hyperactive/impulsive behaviors. Additionally, the use of multiple behavior rating measures in conjunction with other assessment procedures may help practitioners determine the most appropriate diagnosis. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Treatment of eating disorders in child and adolescent psychiatry.

Authors: Herpertz-Dahlmann, Beate;


Abstract:
Purpose of review: Recent research on the multimodal treatment of eating disorders in child and adolescent psychiatry has yielded a significant increase in randomized controlled trials and systematic reviews. This review aims to present relevant findings published during the last 2 years related to medical and psychological treatment of anorexia nervosa, bulimia nervosa and avoidant/restrictive food intake disorder (ARFID). Recent findings: For anorexia nervosa, recent reports described the efficacy of different treatment settings, lengths of hospital stay and high vs. low-calorie refeeding programmes. For both anorexia and bulimia nervosa, a number of randomized controlled trials comparing individual and family-oriented treatment approaches were published. For the newly defined ARFID, only very preliminary results on possible treatment approaches implying a multidisciplinary treatment programme were obtained. Summary: Although there is some evidence of the effectiveness of new child and adolescent psychiatric treatment approaches to eating disorders, the relapse rate remains very high, and there is an urgent need for ongoing intensive research. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Social phobia, depression and eating disorders during middle adolescence: Longitudinal associations and treatment seeking.

Authors: Ranta, Klaus; Väänänen, Juha; Fröjd, Sari; Isomaa, Rasmus; Kaltiala-Heino, Riittakerttu; Marttunen, Mauri;


Abstract:
Background: Longitudinal associations between social phobia (SP), depression and eating disorders (EDs), and the impact of antecedent SP and depression on subsequent treatment seeking for EDs have rarely been explored in prospective adolescent population studies. Aim: We aimed to examine these associations in a large-scale follow-up study among middle adolescents. Method: We surveyed 3278 Finnish adolescents with a mean age of 15 years for these disorders. Two years later, 2070 were reached and again surveyed for psychopathology and treatment seeking. Longitudinal associations between the self-reported disorders and treatment-seeking patterns for self-acknowledged ED symptoms were examined in multivariate analyses, controlling for SP/depression comorbidity and relevant socioeconomic covariates. Results: Self-reported anorexia nervosa (AN) at age 15 years predicted self-reported depression at age 17 years. Furthermore, self-reported SP at age 15 years predicted not seeking treatment for bulimia nervosa (BN) symptoms, while self-reported depression at age 15 years predicted not seeking treatment for AN symptoms during the follow-up period. Conclusions: Adolescents with AN should be monitored for subsequent depression. Barriers caused by SP to help seeking for BN, and by depression for AN, should be acknowledged by healthcare professionals who encounter socially anxious and depressive adolescents, especially when they present with eating problems. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Anxiety and depression in adolescents with ADHD and autism spectrum disorders; correlation between parent- and self-reports and with attention and adaptive functioning.

Authors: Davidsson, Maria; Hult, Nicklas; Gillberg, Carina; Särneö, Charlotte; Gillberg, Christopher; Billstedt, Eva;


Abstract:
Background: Adolescents with attention-deficit/hyperactive disorder (ADHD) or autism spectrum disorder (ASD) are at high risk of anxiety and depression. This is important to identify in the clinical assessment to understand its impact. Aims: The aim of this study is to investigate the correlation between parent- and self-reports of anxiety and depression in adolescents with ADHD or ASD, as well as the correlation with adaptive functioning and performance on an attention test. Method: A total of 65 adolescents with an ADHD diagnosis (n = 24) or an ASD diagnosis (n = 41) filled out Beck Youth Inventories of Emotional and Social Impairment (BYI) to assess depression and anxiety and completed a Continuous Performance Test (QbTest) measuring ADHD symptoms. Parents of the participants completed the internalizing domain in the Five to Fifteen questionnaire (FTF), measuring symptoms of anxiety and depression, and the Vineland Adaptive Behavior Scales (VABS) about the adolescent’s adaptive functioning. Results: Approximately a third of the study group self-reported substantial internalizing mental symptoms not always recognized by parents, and not always obvious in adaptive function or performance at ADHD test. Correlations between BYI and FTF were low. The BYI depression inventory correlated negatively with VABS and positively with activity level in a subgroup medicated for ADHD. There was a stronger correlation between girls BYI and FTF results as compared with boys. Conclusions: The results highlight the need for identification of anxiety and depression, using both self- and parent report. Present anxiety and depression symptoms do not seem to affect the clinical assessment of ASD and ADHD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


DeGuzman, Pamela B.; Altrui, Paige; Allen, Marcus; Deagle, Cornelia Ramsey; Keim-Malpass, Jessica;


Despite the known developmental benefits of early intervention for autism spectrum disorder (ASD), diagnosis before age 5 years is often not achieved. Research suggests that lack of health insurance and living in rural areas and areas of severe provider shortages contribute significantly to these delays. The purpose of this project was to conduct a geospatial evaluation of potential gaps in early ASD diagnosis of uninsured children in Virginia. A secondary purpose was to show the use of geospatial analysis by pediatric nurse practitioners for policy advocacy. We mapped data from a statewide provider of ASD evaluative services associated with the Virginia Department of Health and found several communities with high numbers of uninsured children where children may not be receiving early diagnostic services. Pediatric nurse practitioners can help address community-level gaps in early identification of ASD for uninsured young children living in rural areas by conducting outreach programs to providers and families within rural communities and concurrently partnering with nurse—scientists to develop visually impactful geospatial analyses to educate legislators and further advocate for policy positions. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

A pre-post evaluation of OpenMinds: A sustainable, peer-led mental health literacy programme in universities and secondary schools.

Patalay, Praveetha; Annis, Jennifer; Sharpe, Helen; Newman, Robbie; Main, Dominic; Ragunathan, Thivvia; Parkes, Mary; Clarke, Kelly;

Prevention Science, Vol 18(8), Nov, 2017 pp. 995-1005. Publisher: Springer; [Journal Article]

Engaging young people in the design and delivery of mental health education could lead to more effective interventions; however, few of these interventions have been evaluated. This study aimed to gain preliminary evidence with regards to the efficacy and acceptability of OpenMinds: a peer-designed and facilitated mental health literacy programme for university and secondary school students. The programme involves a structured programme of education and training for university medical students, who then deliver workshops in secondary schools. Pre- and post-surveys were completed by 234 school students who received two workshops and 40 university medical students who completed the OpenMinds programme and delivered the workshops. The main outcomes in both groups were components of mental health literacy (non-stigmatising attitudes, knowledge, social distance and helping attitudes). Perceived teaching efficacy and interest in mental health careers (university medical students) and workshop acceptability (school students) were also examined. University and school student participation in OpenMinds was associated with significant improvements in three of four mental health literacy elements in both samples. Knowledge and attitudes improved in both samples, social distance improved only in the university sample and knowledge of helping behaviours increased in the school sample. University students’ perceived teaching efficacy improved but there was no change in their reported interest in pursuing psychiatry in their career. Acceptability was high; over 70% of the school students agreed that they enjoyed the workshops and liked being taught by a university student. This study provides preliminary evidence for the acceptability and efficacy of OpenMinds as a sustainable peer-led model of mental health education for young people. The OpenMinds programme is ready for efficacy testing in a randomised trial. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: Moving forward: Challenges and directions for psychopathological network theory and methodology.
Authors: Fried, Eiko I.; Cramer, Angélique O. J.;
Abstract: Since the introduction of mental disorders as networks of causally interacting symptoms, this novel framework has received considerable attention. The past years have resulted in over 40 scientific publications and numerous conference symposia and workshops. Now is an excellent moment to take stock of the network approach: What are its most fundamental challenges, and what are potential ways forward in addressing them? After a brief conceptual introduction, we first discuss challenges to network theory: (1) What is the validity of the network approach beyond some commonly investigated disorders such as major depression? (2) How do we best define psychopathological networks and their constituent elements? And (3) how can we gain a better understanding of the causal nature and real-life underpinnings of associations among symptoms? Next, after a short technical introduction to network modeling, we discuss challenges to network methodology: (4) heterogeneity of samples studied with network analytic models, and (5) a lurking replicability crisis in this strongly data-driven and exploratory field. Addressing these challenges may propel the network approach from its adolescence into adulthood and promises advances in understanding psychopathology both at the nomothetic and idiographic level. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-52242-005&site=ehost-live

Title: Mood stabilizers in pregnancy and child developmental outcomes: A systematic review.
Authors: Haskey, Carolyn; Galbally, Megan;
Abstract: Background: Research suggests that maintaining treatment during pregnancy for women with bipolar affective disorder reduces the risk of relapse. However, one of the key questions for women and clinicians during pregnancy is whether there are implications of exposure to mood stabilizers for longer term child development. Despite these concerns, there are few recent systematic reviews comparing the impact on child developmental outcomes for individual mood-stabilizing agents to inform clinical decisions. Objectives: To examine the strengths and limitations of the existing data on child developmental outcomes following prenatal exposure to mood stabilizers and to explore whether there are any differences between agents for detrimental effects on child development. Method: Using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines, a rigorous systematic search was carried out of four electronic databases from their respective years of inception to September 2016 to identify studies which examined the effects of mood stabilizers including sodium valproate, carbamazepine, lamotrigine, lithium and second-generation antipsychotics on child developmental outcomes. Results: We identified 15 studies for critical review. Of these, 10 examined antiepileptic drugs, 2 studied lithium and 3 studied second-generation antipsychotics. The most consistent finding was a dose–response relationship for valproate with higher doses associated with poorer global cognitive abilities compared to other antiepileptic drugs. The limited data available for lithium found no adverse neurodevelopmental outcomes. The limited second-generation antipsychotic studies included a report of a transient early neurodevelopmental delay which resolved by 12 months of age. Conclusion: This review found higher neurodevelopmental risk with valproate. While the existing data on lithium and second-generation antipsychotics are reassuring, these data are both limited and lower quality, indicating that further research is required. The information from this review is relevant for patients and clinicians to influence choice of mood-stabilizing agent in childbearing women. This must be balanced against the known risks associated with untreated bipolar affective disorder. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Utilization patterns at a specialized children's comprehensive psychiatric emergency program.

Authors: Gerson, Ruth; Havens, Jennifer; Marr, Mollie; Storfer-Isser, Amy; Lee, Mia; Marcos, Carolena Rojas; Liu, Michelle; Horwitz, Sarah McCue;

Source: Psychiatric Services, Vol 68(11), Nov 1, 2017 pp. 1104-1111. Publisher: American Psychiatric Assn;

Abstract: Objective: Most youths experiencing a psychiatric crisis present to emergency departments (EDs) that lack the specialized staff to evaluate them, so youths are often discharged without appropriate mental health assessment or treatment. To better understand the needs of this population, this study described clinical details and disposition associated with visits for psychiatric emergencies to a specialized ED staffed 24/7 by child psychiatrists. Methods: Through retrospective chart review, 1,180 visits to the ED during its first year of operation were reviewed for clinical characteristics, prior service utilization, and demographic characteristics. Bivariate analyses (chi-square test and Wilcoxon rank sum test) compared differences in disposition (evaluate and release, brief stabilization, and inpatient psychiatric admission) associated with characteristics of the children's first visit (N = 885). Measures with bivariate association of p < .10 were further assessed by using multinomial logistic regression analyses. Results: For most visits (59%), children were evaluated and released, 13% were briefly stabilized, and 28% were admitted for psychiatric treatment. Youths with mood or psychotic disorders were more likely to be admitted, as were those with current suicidality or aggression. Many youths who presented with aggression were also identified as having suicidality or self-harm. Conclusions: Clinical factors, especially suicidality, predicted psychiatric admission. Admission rates for youths with suicidality were significantly higher in this study than previously reported, suggesting the availability of child psychiatrists in this ED allowed greater ascertainment of suicide risk (and thus hospitalization to mitigate that risk) than occurs in EDs without such staffing. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Clinical decision support systems in child and adolescent psychiatry: A systematic review.

Authors: Koposov, Roman; Fossum, Sturla; Frodl, Thomas; Nytrø, Øystein; Leventhal, Bennett; Sourander, Andre; Quaglini, Silvana; Molteni, Massimo; de la Iglesia Vayá, María; Prokosch, Hans-Ulrich; Barbarini, Nicola; Milham, Michael Peter; Castellanos, Francisco Xavier; Skokauskas, Norbert;


Abstract: Psychiatric disorders are amongst the most prevalent and impairing conditions in childhood and adolescence. Unfortunately, it is well known that general practitioners (GPs) and other frontline health providers (i.e., child protection workers, public health nurses, and pediatricians) are not adequately trained to address these ubiquitous problems (Braddick et al. Child and Adolescent mental health in Europe: infrastructures, policy and programmes, European Communities, 2009; Levav et al. Eur Child Adolesc Psychiatry 13:395–401, 2004). Advances in technology may offer a solution to this problem with clinical decision support systems (CDSS) that are designed to help professionals make sound clinical decisions in real time. This paper offers a systematic review of currently available CDSS for child and adolescent mental health disorders prepared according to the PRISMA-Protocols (Preferred Reporting Items for Systematic Reviews and Meta-Analyses Protocols). Applying strict eligibility criteria, the identified studies (n = 5048) were screened. Ten studies, describing eight original clinical decision support systems for child and adolescent psychiatric disorders, fulfilled inclusion criteria. Based on this systematic review, there appears to be a need for a new, readily available CDSS for child neuropsychiatric disorder which promotes evidence-based, best practices, while enabling consideration of national variation in practices by leveraging data-reuse to generate predictions regarding treatment outcome, addressing a broader cluster of clinical disorders, and targeting frontline practice environments. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Age effect on prevalence of ultra-high risk for psychosis symptoms: Replication in a clinical sample of an early detection of psychosis service.

Authors: Schultze-Lutter, Frauke; Hubl, Daniela; Schimmelmann, Benno G.; Michel, Chantal;


Abstract: Higher frequencies of perceptual and lesser clinical significance of non-perceptual attenuated psychotic symptoms (APS) have been reported by 8- to 15-year-old of the general population compared to 16- to 40-year-old. We examined if such an age-effect can also be detected in a clinical never-psychotic sample (N = 133) referred to a specialized service for clinical suspicion of developing psychosis. APS and brief intermittent psychotic symptoms (BIPS) were assessed using items P1–P3 and P5 (non-perceptual), and P4 (perceptual) of the Structured Interview for Psychosis-Risk Syndromes, current axis-I disorders with the Mini-International Neuropsychiatric Interview, and psychosocial functioning with the Social and Occupational Functioning Assessment Scale. In the sample, 64% reported APS (61%) or BIPS (7%); any perceptual APS/BIPS was reported by 43% and any non-perceptual APS/BIPS by 44%. In correspondence to the results in the general population sample, perceptual but not non-perceptual APS/BIPS were significantly more frequent in younger age groups below the age of 16 (8–12 years: odds ratio (OR) = 4.7 (1.1–19.5); 13–15 years: OR = 2.7 (0.9–7.7); 20–24-year-old as reference group). An age-effect of APS/BIPS on the presence of any current axis-I disorder (59%) or functional difficulties (67%) was not detected. However, when onset requirements of APS criteria (onset/worsening in past year) were met, the likelihood of a psychiatric diagnosis increased significantly with advancing age. Overall, the replicated age-effect on perceptual APS/BIPS in this clinical sample highlights the need to examine ways to distinguish clinically relevant perceptual APS/BIPS from perceptual aberrations likely remitting over the course of adolescence. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Stigma towards mental health problems during childhood and adolescence: Theory, research and intervention approaches.

Authors: Heary, Caroline; Hennessy, Eilis; Swords, Lorraine; Corrigan, Patrick;


Abstract: Many children and teenagers living with mental health problems experience stigma from within their peer group, yet this remains an under-researched topic in developmental science and the broader mental health literature. This paper highlights the limitations of adopting measures, concepts and theories that have exclusively emanated from the adult mental health literature. We argue that the social context of children and adolescents is critical in understanding the development and maintenance of stigma towards those with mental health problems, alongside the changing developmental needs and abilities of children and adolescents. In this article we argue that a theory proposed to explain the development of stereotypes and prejudice in childhood has potential as a framework for integrating existing research findings on mental health stigma in childhood and adolescence and providing direction for further research. The need for interventions that are grounded within the developmental science literature and that explicitly state their theory of change are identified as key research priorities for reducing stigma during childhood and adolescence. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Children exposed to marital conflict exhibit more disordered eating behaviors: Child emotional insecurity and anxiety as mechanisms of risk.

Authors:
Bi, Shuang; Haak, Eric A.; Gilbert, Lauren R.; Keller, Peggy S.;

Source:

Abstract:
Disordered eating in children is a major public health concern, as it is precursor to clinical eating disorders and obesity. However, little is known about the potential causes of child disordered eating. The current study examined marital conflict as a predictor of disordered eating in a sample of children aged 5–12 years, from the perspective of emotional security theory. Ninety five children and their parents in the Southeast United States participated in the study. We found that marital conflict was associated with higher levels of restrained eating, emotional eating and external eating behaviors controlling for demographics and parental feeding practices. Further, we examined the possible pathways between marital conflict and child disordered eating and found that marital conflict was related to greater child emotional insecurity about the family, which was associated with greater child anxiety, which were then related to disordered eating. In addition to serving as a secondary pathway linking emotional insecurity to child disordered eating, anxiety also significantly directly mediated the association between marital conflict and all three types of disordered eating: restrained eating, emotional eating and external eating in children. Next we examined if parental feeding practices (food monitoring, food restriction and parental pressure to eat) moderate the relation between marital conflict and child disordered eating. Parental pressure to eat was negatively associated with child disordered eating under higher marital conflict. The current study highlights the importance of marital conflict and child emotional security as precursors of child disordered eating. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
A proton MR spectroscopy study of the thalamus in twins with autism spectrum disorder.

Authors:
Hegarty, John P.; Gu, Meng; Spielman, Daniel M.; Cleveland, Sue C.; Hallmayer, Joachim F.; Lazzeroni, Laura C.; Raman, Mira M.; Frazier, Thomas W.; Phillips, Jennifer M.; Reiss, Allan L.; Hardan, Antonio Y.;

Source:

Abstract:
Multiple lines of research have reported thalamic abnormalities in individuals with autism spectrum disorder (ASD) that are associated with social communication impairments (SCI), restricted and repetitive behaviors (RRB), or sensory processing abnormalities (SPA). Thus, the thalamus may represent a common neurobiological structure that is shared across symptom domains in ASD. Same-sex monozygotic (MZ) and dizygotic (DZ) twin pairs with and without ASD underwent cognitive/behavioral evaluation and magnetic resonance imaging to assess the thalamus. Neurometabolites were measured with ¹H magnetic resonance spectroscopy (MRS) utilizing a multi-voxel PRESS sequence and were referenced to creatine + phosphocreatine (tCr). N-acetyl aspartate (NAA), a marker of neuronal integrity, was reduced in twins with ASD (n = 47) compared to typically-developing (TD) controls (n = 33), and this finding was confirmed in a sub-sample of co-twins discordant for ASD (n = 11). NAA in the thalamus was correlated to a similar extent with SCI, RRB, and SPA, such that reduced neuronal integrity was associated with greater symptom severity. Glutamate + glutamine (Glx) was also reduced in affected versus unaffected co-twins. Additionally, NAA and Glx appeared to be primarily genetically-mediated, based on comparisons between MZ and DZ twin pairs. Thus, thalamic abnormalities may be influenced by genetic susceptibility for ASD but are likely not domain-specific. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Theraplay impact on parents and children with autism spectrum disorder: Improvements in affect, joint attention, and social cooperation.

Authors: Hiles Howard, Amanda R.; Lindaman, Sandra; Copeland, Rachel; Cross, David R.;


Abstract: The goal of the study was to evaluate Theraplay using a sample of autistic children. Eight children diagnosed with mild to moderate autism participated in a 2-week intensive Theraplay intervention. The intervention consisted of each caregiver–child dyad having two 1-hr sessions each day over a 2-week period of time with a trained Theraplay therapist. Two series of measures were completed: (a) those completed during the intervention and (b) those completed during pretesting, posttesting 2 weeks following the intervention, and posttesting 3 months following the intervention. During the intervention, therapists completed a form following each session evaluating both the child and parent. Measures completed pre- and postintervention a caregiver–child interaction task (MIM) at pretesting and 2 posttesting time points. In order to evaluate change across time for the interaction task, a scoring system for the MIM interactions was adapted, per McKay and colleagues (1996). Data for intervention measures revealed that both parents and children significantly improved across session according to the therapist evaluation. These finding suggest that as the intervention progressed, both children and parents became better at interacting during the therapy sessions. Significant changes were observed in the MIM interaction tasks. Overall, caregiver–child dyads scored significantly higher on the MIM interaction task from pretesting to posttesting. Further, dyads scored significantly higher on several specific dimensions. The patterns of these findings lend support to the validity and usefulness of Theraplay as an intervention for special-needs children. Future studies should utilize larger and more diverse samples. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


---

Title: Uncontrolled eating in adolescents: The role of impulsivity and automatic approach bias for food.

Authors: Booth, Charlotte; Spronk, Desiree; Grol, Maud; Fox, Elaine;

Source: Appetite, Vol 120, Jan 1, 2018 pp. 636-643. Publisher: Elsevier Science; [Journal Article]

Abstract: Obesity is a global problem reaching epidemic proportions and can be explained by unhealthy eating and sedentary lifestyles. Understanding the psychological processes underlying unhealthy eating behaviour is crucial for the development of effective obesity prevention programmes. Dual-process models implicate the interplay between impaired cognitive control and enhanced automatic responsivity to rewarding food cues as key risk factors. The current study assessed the influence of four different components of trait impulsivity (reflecting impaired cognitive control) and automatic approach bias for food (reflecting automatic responsivity to food) on uncontrolled eating in a large sample (N = 504) of young adolescents. Of the four impulsivity factors, negative urgency was found to be the strongest predictor of uncontrolled eating. Interestingly, we found that lack of premeditation was a key risk factor for uncontrolled eating, but only when approach bias for food was high, supporting a dual-process model. Lack of perseverance showed a similar interactive pattern to a lesser degree and sensation-seeking did not predict uncontrolled eating. Together, our results show that distinct components of trait impulsivity are differentially associated with uncontrolled eating behaviour in adolescents, and that automatic processing of food cues may be an important factor in modulating this relationship. (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 parental 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: 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)


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.;
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: Violence exposure is associated with adolescents’ same- and next-day mental health symptoms.

Authors: Odgers, Candice L.; Russell, Michael A.;


Abstract: Background: Young people exposed to violence are at increased risk for mental health and behavioral problems. However, very little is known about the immediate, or same-day, associations between violence exposure and adolescents’ mental health symptoms or whether daily symptom or behavioral reactivity marks future problems. Methods: Young adolescents were assessed three times a day for 30 consecutive days using mobile-phone-based Ecological Momentary Assessment (EMA) (N = 151 adolescents). Over 12,500 assessments and 4,329 person days were obtained via the EMA. Adolescents were recruited from low-income neighborhoods based on parent-reported risk for externalizing symptoms. Mental health symptoms were assessed via parent and child report at baseline, multiple times per day via EMA assessments of the adolescents, and again 18 months later when 93% of the adolescents were reinterviewed. Results: Results from multilevel models illustrated that young adolescents were more likely to experience symptoms of anger (OR = 1.74, CI: 1.31–2.30), depression (OR = 1.66, CI: 1.26–2.19), and conduct problems (OR = 2.63, CI: 1.71–4.04) on days that they were exposed versus not exposed to violence. Increases in depressive symptoms were also observed on days following violence exposure (OR = 1.46, CI: 1.09–1.97). Adolescents with the highest levels of violence exposure across the 30-day EMA were less behaviorally reactive to violence exposures in daily life, and heightened behavioral reactivity predicted increased risk for substance use across early adolescence. Conclusions: Findings support the need to focus on both the immediate and long-term associations between violence exposure and adolescents’ mental health and behavior. Results also suggest that heightened behavioral reactivity during early adolescence may signal emerging substance use problems. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Cannabis use and psychotic-like experiences trajectories during early adolescence: The coevolution and potential mediators.

Authors: Bourque, Josiane; Afzali, Mohammad H.; O'Leary-Barrett, Maeve; Conrod, Patricia;


Abstract: Background: The authors sought to model the different trajectories of psychotic-like experiences (PLE) during adolescence and to examine whether the longitudinal relationship between cannabis use and PLE is mediated by changes in cognitive development and/or change in anxiety or depression symptoms. Methods: A total of 2,566 youths were assessed every year for 4-years (from 13- to 16-years of age) on clinical, substance use and cognitive development outcomes. Latent class growth models identified three trajectories of PLE: low decreasing (83.9%), high decreasing (7.9%), and moderate increasing class (8.2%). We conducted logistic regressions to investigate whether baseline levels and growth in cannabis use were associated with PLE trajectory membership. Then, we examined the effects of potential mediators (growth in cognition and anxiety/depression) on the relationship between growth in cannabis use and PLE trajectory. Results: A steeper growth in cannabis use from 13- to 16-years was associated with a higher likelihood of being assigned to the moderate increasing trajectory of PLE [odds ratio, 2.59; 95% confidence interval (CI), 1.11–6.03], when controlling for cumulative cigarette use. Growth in
depression symptoms, not anxiety or change in cognitive functioning, mediated the relationship between
growth in cannabis use and the PLE moderate increasing group (indirect effect: 0.07; 95% CI, 0.03–0.11).
Conclusions: Depression symptoms partially mediated the longitudinal link between cannabis use and
PLE in adolescents, suggesting that there may be a preventative effect to be gained from targeting
depression symptoms, in addition to attempting to prevent cannabis use in youth presenting increasing
psychotic experiences. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Amygdala volume differences in autism spectrum disorder are related to anxiety.
Authors:
Herrington, John D.; Maddox, Brenna B.; Kerns, Connor M.; Rump, Keiran; Worley, Julie A.; Bush, Jennifer C.; McVey, Alana J.; Schultz, Robert T.; Miller, Judith S.;
Source:
Abstract:
Recent studies suggest that longstanding findings of abnormal amygdala morphology in ASD may be
related to symptoms of anxiety. To test this hypothesis, fifty-three children with ASD (mean age = 11.9)
underwent structural MRI and were divided into subgroups to compare those with at least one anxiety
disorder diagnosis (n = 29) to those without (n = 24) and to a typically developing control group (TDC; n =
37). Groups were matched on age and intellectual level. The ASD and anxiety group showed decreased
right amygdala volume (controlled for total brain volume) relative to ASD without anxiety (p = .04) and
TDCs (p = .068). Results suggest that youth with ASD and co-occurring anxiety have a distinct
neurodevelopmental trajectory. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
How anxious do you think I am? Relationship between state and trait anxiety in children with and without
ASD during social tasks.
Authors:
Source:
Abstract:
Individuals with autism spectrum disorder (ASD) often exhibit increased anxiety, even in non-stressful
situations. We investigate general anxiousness (anxiety trait) and responses to stressful situations
(anxiety state) in 22 adolescents with ASD and 32 typically developing controls. We measured trait anxiety
with standardized self- and parent-reported questionnaires. We used a Biopac system to capture state
anxiety via skin conductance responses, mean heart rate and heart rate variability during high- and low-
anxiety tasks. Results reveal higher trait anxiety in adolescents with ASD (p < 0.05) and no group
difference in state anxiety. Increased parent-reported trait anxiety may predict decreased state anxiety
during high-stress conditions. Together, these findings suggest that higher trait anxiety may result in
dampened physical responses to stress. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Stranger fear and early risk for social anxiety in preschoolers with Fragile X syndrome contrasted to autism spectrum disorder.
Authors:
Scherr, Jessica F.; Hogan, Abigail L.; Hatton, Deborah; Roberts, Jane E.;
Source:
Abstract:
This study investigated behavioral indicators of social fear in preschool boys with fragile X syndrome (FXS) with a low degree of autism spectrum disorder (ASD) symptoms (FXS-Low; n = 29), FXS with elevated ASD symptoms (FXS-High; n = 25), idiopathic ASD (iASD; n = 11), and typical development (TD; n = 36). Gaze avoidance, escape behaviors, and facial fear during a stranger approach were coded. Boys with elevated ASD symptoms displayed more avoidant gaze, looking less at the stranger and parent than those with low ASD symptoms across etiologies. The iASD group displayed more facial fear than the other groups. Results suggest etiologically distinct behavioral patterns of social fear in preschoolers with elevated ASD symptoms. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
The stability of self-reported anxiety in youth with autism versus ADHD or typical development.
Authors:
Schiltz, Hillary; McIntyre, Nancy; Swain-Lerro, Lindsay; Zajic, Matthew; Mundy, Peter;
Source:
Abstract:
Children with autism spectrum disorder (ASD) are at risk for anxiety symptoms. Few anxiety measures are validated for individuals with ASD, and the nature of ASD raises questions about reliability of self-reported anxiety. This study examined longitudinal stability and change of self-reported anxiety in higher functioning youth with ASD (HFASD) compared to youth with symptoms of attention deficit hyperactivity disorder and typical development (TD) using the Multidimensional Anxiety Scale for Children (March, 2012; March et al. J Am Acad Child Adolesc Psychiatry 36(4):554–565, 1997). Diagnostic groups demonstrated comparable evidence of stability for most dimensions of anxiety. The HFASD group displayed higher anxiety than both comparison groups, especially physical symptoms. These findings have implications for identification and measurement of anxiety in ASD. (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.


**Title:**
Long-term effects of CBT on social impairment in adolescents with ASD.

**Authors:**
Maddox, Brenna B.; Miyazaki, Yasuo; White, Susan W.;

**Source:**

**Abstract:**
Anxiety interventions involving social skills training and CBT for youth with ASD have shown promise, but few studies have examined the effects on social functioning or the maintenance of treatment gains. This study evaluated change in social skills during a randomized controlled trial of CBT and during the 1-year follow-up for 25 adolescents with ASD and anxiety. We examined the effect of pretreatment social anxiety and loneliness on treatment response. Social impairment improved during treatment and continued to improve through the 3-month follow-up. Although adolescents with higher social anxiety had greater pretreatment social impairment, they showed steeper improvement in social skills during treatment. Loneliness was not a significant predictor of change during treatment. CBT targeting social skills and anxiety can lead to long-term improvements in social functioning. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:**
Typical pubertal timing in an Australian population of girls and boys with Autism Spectrum Disorder.

**Authors:**
May, Tamara; Pang, Ken C.; O'Connell, Michele A.; Williams, Katrina;

**Source:**

**Abstract:**
Secondary data analyses from the Longitudinal Study of Australian Children Kindergarten cohort were performed to understand any alterations in pubertal timing in Autism Spectrum Disorder (ASD) in a population sample. Timing of parent-reported pubertal events (ages 8–9, 10–11, 12–13 years), and self-report (14–15 years; N = 3454 no ASD, N = 94 with ASD) included breast development, menses, skin changes, growth spurt, body hair, deepening voice and facial hair. Survival analyses and Cox regression controlling for covariates showed no evidence of altered pubertal onset amongst males with ASD. In contrast to some past studies, there was also no difference in pubertal timing in females with ASD. These exploratory findings suggest typical puberty timing in a population representative group of young people with ASD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:**
Maternal and paternal infertility disorders and treatments and autism spectrum disorder: Findings from the study to explore early development.

**Authors:**
Schieve, Laura A.; Drews-Botsch, Carolyn; Harris, Shericka; Newschaffer, Craig; Daniels, Julie; DiGuiseppi, Carolyn; Croen, Lisa A.; Windham, Gayle C.;

**Source:**

**Abstract:**
Previous studies of associations between ASD and conception using assisted reproductive technology (ART) are inconsistent and few studies have examined associations with other infertility treatments or
infertility disorders. We examined associations between ASD and maternal/paternal infertility disorders and numerous maternal treatments among 1538 mother–child pairs in the Study to Explore Early Development, a population-based case-control study. ASD was associated with any female infertility diagnosis and several specific diagnoses: blocked tubes, endometriosis, uterine-factor infertility, and polycystic ovarian syndrome. Stratified analyses suggested associations were limited to/much stronger among second or later births. The findings were not explained by sociodemographic factors such as maternal age or education or multiple or preterm birth. ASD was not associated with ART or non-ART infertility treatments. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Operant discrimination training to establish praise as a reinforcer.
Authors: Lugo, Ashley M.; Mathews, Therese L.; King, Melissa L.; Lamphere, John C.; Damme, Ana M.;
Abstract: Social deficits are a hallmark feature of autism spectrum disorder (ASD). Consequently, socially mediated consequences (i.e., praise) may not function as reinforcers for individuals with ASD. Given the frequency in which praise is used as a programmed consequence in empirical research and in clinical practice, it is necessary to explore procedures that could condition praise to function as reinforcers. Operant discrimination training has emerged as a potential procedure to condition stimuli to acquire reinforcing properties. This study aimed to utilize the operant discrimination training procedure to condition a praise statement to function as a reinforcer. Four children diagnosed with ASD participated in the study. A nonconcurrent multiple baseline design across participants was used to evaluate this emerging pairing procedure. Findings suggest that immediate effects were observed across all participants, but responding did not maintain, suggesting that reinforcing value of the praise statement diminished. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: The differential outcomes effect in children with autism.
Authors: McCormack, Jessica; Arnold-Saritepe, Angela; Elliffe, Douglas;
Abstract: The differential outcomes procedure uses reinforcement unique to each alternative in a conditional discrimination, leading to faster and more accurate learning relative to non-differential outcomes procedures. In this study, the differential outcomes procedure was used to teach novel tacts of musical instrument sounds to children with autism. For one set of instruments, response-specific reinforcers were used in combination with social reinforcement. For the other set, reinforcers were provided non-differentially. Two out of three participants showed enhanced learning in the differential outcomes condition, providing some support of the differential outcomes procedures as a useful tool for teaching individuals with autism. Future research into the differential outcomes effect is warranted to identify the procedural and individual factors that predict its effectiveness. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Abstract:
Child sleep problems are associated with maternal depressive symptoms. It is unclear to what extent the association is due to direct effects or common risk factors for mother and child. Direct effects could represent child-driven processes, where child sleep problems influence maternal depressive symptoms, or mother-driven processes, where maternal depressive symptoms influence child sleep problems. Common factors could be shared genetic and familial environmental risk. Child- and mother-driven processes are direct in the sense that they are not due to common factors. However, such processes could be mediated by a range of unmeasured variables. By using an autoregressive fixed-effects model on a community-based longitudinal sample comprising 956 families assessed when children were 1.5, 2.5, and 4 years of age, we estimated the direction of effect between, and common causes of, child sleep problems and maternal depressive symptoms. We were able to explain the association between child sleep problems and maternal depressive symptoms by both child-driven and mother-driven processes. The effect of child-driven processes was significantly larger than the effect of mother-driven processes. The clinical implication of the study is that treatment of child sleep problems will have considerable effect on maternal depressive symptoms. Furthermore, our model supports that treatment of current child sleep problems will have a direct effect on future sleep problems and also an indirect effect on future maternal depressive symptoms. We recommend that health professionals assess child sleep problems in mothers at risk for depression. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Neural and neuroendocrine predictors of pharmacological treatment response in adolescents with depression: A preliminary study.

Authors:
Klimes-Dougan, Bonnie; Westlund Schreiner, Melinda; Thai, Michelle; Gunlicks-Stoessel, Meredith; Reigstad, Kristina; Cullen, Kathryn R.;

Source:
Publisher: Elsevier Science; [Journal Article]

Abstract:
Objective: Typically, about 30 to 50% of adolescents with depression fail to respond to evidence-based treatments, including antidepressant medications such as selective serotonin reuptake inhibitors (SSRIs). Efforts for identifying predictors and moderators of treatment response are needed to begin to address critical questions relevant to personalized care in adolescent depression. In this pilot study, we aim to identify biological predictors of response to antidepressant treatment. Method: We used a multiple levels of analysis approach to evaluate threat system functioning (fronto-limbic system and the associated hormonal cascade) to determine if key biological indexes at baseline could predict improvement in depressive symptoms after eight weeks of antidepressant treatment in adolescents with depression. Results: Neural predictors of favorable treatment response included lower amygdala connectivity with left supplementary motor area and with right precentral gyrus, and greater amygdala connectivity with right central opercular cortex and Heschl's gyrus connectivity during rest. During an emotion task, neural predictors of treatment response were greater activation of the bilateral anterior cingulate cortex and left medial frontal gyrus. Additionally, different patterns of salivary cortisol obtained in the context of a modified Trier Social Stress Test were associated with those whose depressive symptoms remitted as compared to those whose symptoms persisted. Conclusions: This approach shows significant promise for identifying predictors of treatment response in adolescents with depression. Future work is needed that incorporates sufficiently powered, randomized control trials to provide the basis by which both predictors and moderators of treatment response are identified. The hope is that this work will inform the development of methods that can guide clinician decision-making in assigning beneficial treatments for adolescents who are suffering from depression. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Effects of maternal history of depression and early life maltreatment on children's health-related quality of life.

Authors:
Dittrich, Katja; Fuchs, Anna; Bermpohl, Felix; Meyer, Justus; Führer, Daniel; Reichl, Corinna; Reck, Corinna; Kluczniok, Dorothea; Kaess, Michael; Attar, Catherine Hindi; Möhler, Eva; Bierbaum, Anna-Lena

Source:

Abstract:
Background: There is a well-established link between maternal depression and child mental health. Similar effects have been found for maternal history of early life maltreatment (ELM). However, studies investigating the relationship of children's quality of life and maternal depression are scarce and none have been conducted for the association with maternal ELM. The aim of the present study was to investigate the effects of maternal history of ELM and depression on children's health-related quality of life and to identify mediating factors accounting for these effects. Methods: Our study involved 194 mothers with and without history of depression and/or ELM and their children between five and 12 years. Children's health-related quality of life was assessed by maternal proxy- and child self-ratings using the KIDSCREEN. We considered maternal sensitivity and maternal parenting stress as potential mediators. Results: We found an effect of maternal history of depression but not of maternal history of ELM on health-related quality of life. Maternal stress and sensitivity mediated the effects of maternal depression on child global health-related quality of life, as well as on the dimensions Autonomy & Parent Relation, School Environment (maternal and child rating), and Physical Wellbeing (child rating). Limitation: Due to the cross-sectional design of the study, causal interpretations must be made with caution. Some scales yielded low internal consistency. Conclusions: Maternal impairments in areas of parenting which possibly developed during acute depression persist even after remission of acute affective symptoms. Interventions should target parenting stress and sensitivity in parents with prior depression. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

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:
Clinical experience using intranasal ketamine in the longitudinal treatment of juvenile bipolar disorder with fear of harm phenotype.

Authors:
Papolos, Demitri; Frei, Mark; Rossignol, Daniel; Mattis, Steven; Hernandez-Garcia, Laura C.; Teicher, Martin H.;

Source:
Journal of Affective Disorders, Vol 225, Jan 1, 2018 pp. 545-551. Publisher: Elsevier Science

Abstract:
Objectives: Fear of Harm (FOH) is a pediatric onset phenotype of bipolar disorder (BD) characterized by BD plus treatment resistance, separation anxiety, aggressive obsessions, parasomnias, and thermal dysregulation. Intranasal ketamine (InK) in 12 youths with BD-FOH produced marked improvement during a two-week trial. Here we report on the open effectiveness and safety of InK in maintenance treatment of BD-FOH from the private practice of one author. Methods: As part of a chart review, patients 18 years or older and parents of younger children responded to a clinical effectiveness and safety survey. Effectiveness was assessed from analysis of responses to 49 questions on symptomatology plus qualitative content analyses of written reports and chart review. Adverse events (AEs) were analyzed by frequency, duration and severity. Peak InK doses ranged from 20 to 360 mg per administration. Results: Surveys were completed on 45 patients treated with InK for 3 months to 6.5 years. Almost all patients were 'much' to 'very much' improved clinically and in ratings of social function and academic performance. Significant reductions were reported in all symptom categories. There were 13 reports of persistent AEs, none of which resulted in discontinuation. Acute emergence reactions were sporadically observed in up to 75%, but were mild and of brief duration. Limitations: Retrospective review from a single practice without placebo control with potential for response and recall bias. Conclusions: InK every 3–4 days at sub-anesthetic doses appeared to be a beneficial and well-tolerated treatment. Use of InK may be considered as a tertiary alternative in treatment refractory cases. Randomized control trials are warranted. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Is behavioural activation effective in the treatment of depression in young people? A systematic review and meta-analysis.

Authors:
Tindall, Lucy; Mikocka-Walus, Antonina; McMillan, Dean; Wright, Barry; Hewitt, Catherine; Gascoyne, Samantha;

Source:

Abstract:
Purpose: Depression is currently the leading cause of illness and disability in young people. Evidence suggests that behavioural activation (BA) is an effective treatment for depression in adults but less research focuses on its application with young people. This review therefore examined whether BA is effective in the treatment of depression in young people. Methods: A systematic review (International Prospective Register of Systematic Reviews reference: CRD42015020453), following Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines, was conducted to examine studies that had explored behavioural interventions for young people with depression. The electronic databases searched included the Cochrane Library, EMBASE, MEDLINE, CINAHL Plus, PsychINFO, and Scopus. A meta-analysis employing a generic inverse variance, random-effects model was conducted on the included randomized controlled trials (RCTs) to examine whether there were overall effects of BA on the Children's Depression Rating Scale—Revised. Results: Ten studies met inclusion criteria: three RCTs and seven within-participant designs (total n = 170). The review showed that BA may be effective in the treatment of depression in young people. The Cochrane risk of bias tool and the Moncrieff scale used to assess the quality of the included studies revealed a variety of limitations within each. Conclusions: Despite demonstrating that BA may be effective in the treatment of depression in young people, the review indicated a number of methodological problems in the included studies meaning that the results and conclusions should be treated with caution. Furthermore, the paucity of studies in this area highlights the need for further research. Practitioner points Currently BA is included within National Institute for
Health and Clinical Excellence (NICE, 2009) guidelines as an evidence-based treatment for depression in adults with extensive research supporting its effectiveness. It is important to investigate whether it may also be effective in treating young people. Included studies reported reductions in depression scores across a range of measures following BA. BA may be an effective treatment of depression in young people. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Longitudinal pathways for the maintenance of non-suicidal self-injury in adolescence: The pernicious blend of depressive symptoms and self-criticism.
Authors: Xavier, Ana; Pinto-Gouveia, José; Cunha, Marina; Dinis, Alexandra;
Source: Child & Youth Care Forum, Vol 46(6), Dec, 2017 pp. 841-856. Publisher: Springer; [Journal Article]
Abstract: Background: Non-suicidal self-injury (NSSI) is a serious and alarming phenomenon during adolescence. There is a need for understanding the intrapersonal variables that might contribute to the maintenance of these self-injurious behaviors. Objective: This study aims to concurrently compare intrapersonal variables between adolescents with and without a lifetime history of NSSI, and to longitudinally test whether NSSI over lifetime history predicts 6-months NSSI through self-criticism and depressive symptoms among Portuguese adolescents with a self-reported history of NSSI. Methods: Adolescents (N = 418, 12–19 years-old) from middle and secondary schools completed self-report questionnaires to assess self-criticism (particularly, the most severe form: hated self), depressive symptoms, and the frequency of NSSI in two points in time over the 6-months interval. Results: Adolescents who reported a lifetime history of NSSI tend to experience greater harsh and persecutory criticism towards themselves and elevated depressive symptoms than adolescents without a history of NSSI. Results from path analysis showed that lifetime NSSI predicts subsequent NSSI, and this association is mediated by self-hatred and depressive symptoms among adolescents with lifetime NSSI. Conclusions: Findings suggest that NSSI is maintained through a sense of self-focused on hatred and disgust feelings and depressive symptoms. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Mapping the frequency and severity of depressive behaviors in preschool-aged children.
Authors: Buffard, Sara J.; Dougherty, Lea R.; Olino, Thomas M.;
Abstract: Depressive emotions and behaviors, such as sadness, irritability, and sleep difficulties, are often early-emerging, impairing, and persistent. However, these behaviors are normative in early development, so it is critical to identify the spectrum of behaviors that may be relevant to the development of depression. This study characterizes the frequency and severity of depressive behaviors and impairment in preschool-aged children using a novel daily diary method with 291 parents. A coherent depression dimension was identified, and the specific frequency at which individual behaviors were identified as severe is reported. Behaviors such as sadness, irritability, and tearfulness/sensitivity were found to be relatively normative, whereas other behaviors (e.g., low interest/pleasure, low self-worth) were less normative. These are the first known data to delineate empirical information about the frequency and severity of behaviors that may be relevant to the development of depression; such data provide quantitative information for child practitioners to make distinctions between developmentally typical and problematic behavior, which is essential for improving assessment and minimizing impairing developmental trajectories. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Gene-based interaction analysis shows gabaergic genes interacting with parenting in adolescent depressive symptoms.

Authors:
Van Assche, Evelien; Moons, Tim; Cinar, Ozan; Viechtbauer, Wolfgang; Oldehinkel, Albertine J.; Van Leeuwen, Karla; Verschueren, Karine; Colpin, Hilde; Lambrechts, Diether; Van den Noortgate, Wim; Goossens, Luc; Claes, Stephan; van Winkel, Ruud;

Source:

Abstract:
Background: Most gene-environment interaction studies (G × E) have focused on single candidate genes. This approach is criticized for its expectations of large effect sizes and occurrence of spurious results. We describe an approach that accounts for the polygenic nature of most psychiatric phenotypes and reduces the risk of false-positive findings. We apply this method focusing on the role of perceived parental support, psychological control, and harsh punishment in depressive symptoms in adolescence. Methods: Analyses were conducted on 982 adolescents of Caucasian origin (Mage (SD) = 13.78 (.94) years) genotyped for 4,947 SNPs in 263 genes, selected based on a literature survey. The Leuven Adolescent Perceived Parenting Scale (LAPPS) and the Parental Behavior Scale (PBS) were used to assess perceived parental psychological control, harsh punishment, and support. The Center for Epidemiologic Studies Depression Scale (CES-D) was the outcome. We used gene-based testing taking into account linkage disequilibrium to identify genes containing SNPs exhibiting an interaction with environmental factors yielding a p-value per single gene. Significant results at the corrected p-value of p < 1.90 × 10^-4 were examined in an independent replication sample of Dutch adolescents (N = 1354). Results: Two genes showed evidence for interaction with perceived support: GABRR1 (p = 4.62 × 10^-5) and GABRR2 (p = 9.05 × 10^-6). No genes interacted significantly with psychological control or harsh punishment. Gene-based analysis was unable to confirm the interaction of GABRR1 or GABRR2 with support in the replication sample. However, for GABRR2, but not GABRR1, the correlation of the estimates between the two datasets was significant (r (46) = .32; p = .027) and a gene-based analysis of the combined datasets supported GABRR2 × support interaction (p = 1.63 × 10^-4). Conclusions: We present a gene-based method for gene-environment interactions in a polygenic context and show that genes interact differently with particular aspects of parenting. This accentuates the importance of polygenic approaches and the need to accurately assess environmental exposure in G × E. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Employment and Mental Health

Title:
What are 'good outcomes' for adolescents in public mental health settings?

Authors:
Lavik, Kristina O.; Veseth, Marius; Frøysa, Helga; Binder, Per-Einar; Moltu, Christian

Source:
International Journal of Mental Health Systems, Vol 12, Jan 19, 2018 ArtID: 3. Publisher: BioMed Central Limited; [Journal Article]

Abstract:
Background: In line with the evidence-based paradigm, routine outcome monitoring and clinical feedback systems are now being recommended and implemented in youth mental health services. However, what constitutes a good outcome for young service users is not fully understood. In order to successfully monitor outcomes that are clinically and personally relevant for the service user that are to benefit from these systems, we need to gain more knowledge of what young service users value as meaningful outcomes of youth mental health services. Aim: To contribute knowledge into what constitutes 'good outcomes' from the experiences of adolescent service users in public mental health systems. Methods: A qualitative in-depth study of the experiences and reflections from 22 adolescents aged 14–19 years, currently or recently being in public mental health services. The data material was analyzed using a systematic step-wise consensual qualitative research framework for team-based analysis. Results: An overarching theme of outcome as having developed a stronger autonomy and safer identity emerged from the analysis, with the subsequent five constituent themes, named from the words of the adolescent clients: (1) I've discovered and given names to my emotions, (2) I've started to become the person that I truly am, (3) I've dared to open up and feel connected to others, (4) I've started saying yes where I used to say no, and, (5) I've learned how to cope with challenges in life. Conclusion: 'Good outcomes' in youth mental health services should be understood as recovery oriented, sensitive to developmental phases, and based on the personal goals and values of each adolescent client. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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

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

Source:
International Journal of Mental Health Systems, Vol 12, Jan 10, 2018 ArtID: 1. Publisher: BioMed Central Limited; [Journal Article]

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

Page 135 of 141
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.;

Source:

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: Improving access to child and adolescent mental health care: The Choice and Partnership Approach.

Authors: Clark, Sharon; Emberly, Debbie; Pajer, Kathleen; Delong, Emily; McWilliam, Susan; Bagnell, Alexa; Abidi, Sabina; Casey, Barbara; Gardner, William;


Abstract: Objective: The Choice and Partnership Approach (CAPA) is designed to improve access and quality of pediatric mental health care. We tested whether CAPA improved access in an academic pediatric hospital. Method: We used de-identified administrative data to compare access pre- (2011) and post-CAPA (2013). Results: Wait time to first appointment in 2011 was 225.3 days (95% CI = [211.0, 239.6], N = 364), compared to 93.0 days (95% CI = [89.2, 96.8], N = 838) in 2013 (p < .001). Mean wait time between the first and second appointments was 59.2 days (95% CI = [46.5, 71.9], N = 86) in 2011, compared to 95.9 days (95% CI = [90.3, 101.5], N = 487) in 2013 (p < .001). However, overall mean wait time from referral to second appointment decreased from 271.2 days (95% CI = [236.5, 305.9], N = 86) in 2011 to 168.9 days (95% CI = [161.6, 176.2], N = 487) in 2013 (p < .001). Provider productivity increased from 32.6 to 57.0 first appointments/FTE/year. Depending on the question, 65 to 95% of parents and children gave positive answers about CAPA. Conclusions: CAPA implementation was associated with more patients served, decreased waiting time to first appointment, and higher productivity. (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;


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: The experience of psychiatric care of adolescents with anxiety-based school refusal and of their parents: A qualitative study.

Authors: Sibeoni, Jordan; Orri, Massimiliano; Podlipski, Marc-Antoine; Labey, Mathilde; Campredon, Sophie; Gerardin, Priscille; Revah-Levy, Anne;


Abstract: Objective: Anxiety-based school refusal in adolescence is a complex, sometimes difficult to treat disorder that can have serious academic and psychiatric consequences. The objective of this qualitative study was to explore how teens with this problem and their parents experience the psychiatric care received. Method: This qualitative multicenter study took place in France, where we conducted semi-structured interviews with adolescents receiving psychiatric care for anxiety-based school refusal and with their parents. Data collection by purposive sampling continued until we reached theoretical sufficiency. Data analysis was thematic. Results: This study included 20 adolescents aged 12 to 18 years and 21 parents. Two themes emerged from the analysis: (1) the goals of psychiatric care with two sub-themes, 'self-transformation' and problem solving; and, (2) the therapeutic levers identified as effective with two sub-themes: time and space and relationships. Conclusion: Our results show a divergence between parents and teens in their representations of care and especially of its goals. Therapeutic and research
implications about the terms of return to school within psychiatric care and also the temporality of care are discussed. (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; Haimes, Emily M. Becker; Smith, Ashley M.; Lyon, Aaron R.; Lewis, Cara C.;

**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:**
Comparing self-concept among youth currently receiving inpatient versus outpatient mental health services.

**Authors:**
Choi, Chris; Ferro, Mark A.;

**Source:**

**Abstract:**
Objective: This study compared levels of self-concept among youth who were currently receiving inpatient versus outpatient mental health services. Method: Forty-seven youth were recruited from the Child & Youth Mental Health Program at McMaster Children's Hospital. Self-concept was measured using the Self-Perception Profile for Children and Adolescents. Results: The mean age was 14.5 years and most participants were female (70.2%). ANOVAs comparing self-concept with population norms showed large significant effects ($d = 0.77$ to $1.93$) indicating compromised self-concept among youth receiving mental health services. Regression analyses controlling for patient age, sex, family income, and diagnoses of major depressive disorder, generalized social phobia, and generalized anxiety showed that the inpatient setting was a significant predictor of lower global self-worth ($\beta = -.26; p = .035$). Conclusions: Compared to outpatients, inpatients generally reported lower self-concept, but differences were significant only for global self-worth. Future research replicating this finding and assessing its clinical significance is encouraged. (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)

Economic evaluation of an experience sampling method intervention in depression compared with treatment as usual using data from a randomized controlled trial.

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


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 addition intervention to pharmacotherapy in outpatients with major depression. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Back to top

Page 141 of 141