Current Awareness Service

Issue no. 6 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 [CKN full text (example shown below)](https://www.ckn.org.au/register)

![Predictors in Internet-delivered cognitive behavior therapy and behavioral stress management for severe health anxiety](https://www.ckn.org.au/register)

### Article is not available on CKN?

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

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

![Video-based mobile health interventions for people with schizophrenia: Bringing the “pocket therapist” to life.](https://www.ckn.org.au/register)

• Click on “[Request this item from your local HHS Library](https://www.ckn.org.au/register)” and the article information will be populated in the Article Request form → fill out your details → select your *HHS/Library from the drop down menu → then submit the form.

The latest CAS is published on our Library website – [http://parklibrary.qld.libguides.com/wmhhs-library](http://parklibrary.qld.libguides.com/wmhhs-library)
<table>
<thead>
<tr>
<th>Library Name</th>
<th>Phone Number</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cairns Hospital Library &amp; Knowledge Centre</td>
<td>4226 6679</td>
<td><a href="mailto:cairns_library@health.qld.gov.au">cairns_library@health.qld.gov.au</a></td>
</tr>
<tr>
<td>QEIi Jubilee Hospital Library</td>
<td>3275 6261</td>
<td><a href="mailto:qei_lib@health.qld.gov.au">qei_lib@health.qld.gov.au</a></td>
</tr>
<tr>
<td>Caboolture Hospital Library</td>
<td>3883 7726</td>
<td><a href="mailto:cablib@health.qld.gov.au">cablib@health.qld.gov.au</a></td>
</tr>
<tr>
<td>Redcliffe Hospital Library</td>
<td>3883 7726</td>
<td><a href="mailto:redlib@health.qld.gov.au">redlib@health.qld.gov.au</a></td>
</tr>
<tr>
<td>Forensic and Scientific Services Library</td>
<td>32749159</td>
<td><a href="mailto:FSS_IRS@health.qld.gov.au">FSS_IRS@health.qld.gov.au</a></td>
</tr>
<tr>
<td>QEII Jubilee Hospital Library</td>
<td>3275 6261</td>
<td><a href="mailto:qeii_lib@health.qld.gov.au">qeii_lib@health.qld.gov.au</a></td>
</tr>
<tr>
<td>Gold Coast University Hospital Library</td>
<td>5687 1585</td>
<td><a href="mailto:gclibrary@health.qld.gov.au">gclibrary@health.qld.gov.au</a></td>
</tr>
<tr>
<td>Redland Hospital Library</td>
<td>3488 3289</td>
<td><a href="mailto:bayside-lib@health.qld.gov.au">bayside-lib@health.qld.gov.au</a></td>
</tr>
<tr>
<td>Ipswich Hospital Library</td>
<td>3810 1344</td>
<td><a href="mailto:Ipswich_library@health.qld.gov.au">Ipswich_library@health.qld.gov.au</a></td>
</tr>
<tr>
<td>Robina Hospital Library</td>
<td>5668 6543</td>
<td><a href="mailto:robinahospitallibrary@health.qld.gov.au">robinahospitallibrary@health.qld.gov.au</a></td>
</tr>
<tr>
<td>Logan Hospital Library</td>
<td>3299 8508</td>
<td><a href="mailto:loganlib@health.qld.gov.au">loganlib@health.qld.gov.au</a></td>
</tr>
<tr>
<td>Rockhampton Hospital Health Sciences Library</td>
<td>4920 6287</td>
<td><a href="mailto:libhelp@health.qld.gov.au">libhelp@health.qld.gov.au</a></td>
</tr>
<tr>
<td>Mackay Hospital and Health Service Library</td>
<td>4885 7361</td>
<td><a href="mailto:mackay-library@health.qld.gov.au">mackay-library@health.qld.gov.au</a></td>
</tr>
<tr>
<td>Community and Oral Health Directorate Library</td>
<td>3360 4796</td>
<td><a href="mailto:CISS-Library@health.qld.gov.au">CISS-Library@health.qld.gov.au</a></td>
</tr>
<tr>
<td>The Park Library</td>
<td>3271 8614</td>
<td><a href="mailto:parklibrary@health.qld.gov.au">parklibrary@health.qld.gov.au</a></td>
</tr>
<tr>
<td>Sunshine Coast Health Service Library</td>
<td>5202 2935</td>
<td><a href="mailto:SC-library@health.qld.gov.au">SC-library@health.qld.gov.au</a></td>
</tr>
<tr>
<td>The Prince Charles Hospital Library</td>
<td>3139 4085</td>
<td><a href="mailto:tpch_library@health.qld.gov.au">tpch_library@health.qld.gov.au</a></td>
</tr>
<tr>
<td>Toowoomba Clinical Library Service</td>
<td>4616 5563</td>
<td><a href="mailto:ddhhs-library@health.qld.gov.au">ddhhs-library@health.qld.gov.au</a></td>
</tr>
<tr>
<td>Princess Alexandra Hospital Library</td>
<td>07 3176 2571</td>
<td><a href="mailto:PAH_Library@health.qld.gov.au">PAH_Library@health.qld.gov.au</a></td>
</tr>
<tr>
<td>Yacca Library (Mt Isa)</td>
<td>4745 4521</td>
<td><a href="mailto:mt_isa_library@health.qld.gov.au">mt_isa_library@health.qld.gov.au</a></td>
</tr>
<tr>
<td>University of Queensland Libraries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Herston Health Sciences Library</td>
<td>3365 5353</td>
<td><a href="mailto:hhsI@library.uq.edu.au">hhsI@library.uq.edu.au</a></td>
</tr>
<tr>
<td>PACE Health Sciences Library</td>
<td>3346 1180</td>
<td><a href="mailto:pace@library.uq.edu.au">pace@library.uq.edu.au</a></td>
</tr>
<tr>
<td>UQ/Mater McAuley Library</td>
<td>3163 1689</td>
<td><a href="mailto:mati@library.uq.edu.au">mati@library.uq.edu.au</a></td>
</tr>
</tbody>
</table>

Back to top
Anxiety

Title: A qualitative study of veterans’ mixed emotional reactions to receiving a PTSD diagnosis.
Authors: Hundt, Natalie E.; Smith, Tracey L.; Fortney, John C.; Cully, Jeffrey A.; Stanley, Melinda A.;
Source: Psychological Services Publisher: Educational Publishing Foundation; [Journal Article]
Abstract: Many veterans do not engage in needed mental health care. To address this problem, we need to understand these patients’ experiences from the very start of their care, which includes the assessment and diagnosis process and the communication of that diagnosis to the patient. The patient’s reaction to this process can set the tone for the patient’s relationship with the mental health system and his or her therapist, yet therapists often receive little training in how to most effectively provide a diagnosis to patients. Prior research has examined emotional reactions to receiving a psychotic spectrum diagnosis, which sometimes included both positive and negative reactions, but to the authors’ knowledge, no work has examined reactions to receiving a posttraumatic stress disorder (PTSD) diagnosis. This qualitative study expands upon that work by examining common reactions to receipt of a PTSD diagnosis among low treatment-engaging veterans, changes in that reaction over the first few weeks postdiagnosis, and differences among reactions across veterans who initiate versus refuse evidence-based psychotherapy. Among 50 participants, self-reported reactions were categorized as positive, neutral, and negative. Positive reactions included validation, hope, and proactivity; neutral reactions included confusion, uncertainty, and acceptance; and negative reactions included shock, denial, and fear of stigma. We discuss recommendations for therapists in providing diagnoses in a patient-centered, cognitive–behavioral therapy–consistent way, to maximize the chances of engaging patients into mental health care.
(PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Scientific evidence for the evaluation of neurological soft signs as atypical neurodevelopment markers in childhood neuropsychiatric disorders.
Authors: D'Agati, Elisa; Pitzianti, Mariabernarda; Curatolo, Paolo; Pasini, Augusto;
Abstract: Motor dysfunction is commonly present in children with neurodevelopmental disorders. Developmental changes in voluntary control of motor skills include improvements in speed and motor coordination as well as reduced frequency of neurological soft signs (NSS) that are commonly observed in typically developing younger children. NSS are motor and sensory conditions that cannot be linked to specific cerebral lesions. The persistence of NSS into later childhood and adolescence is linked with an increased risk of psychiatric disorders. This finding gives support to the neurodevelopmental model of NSS in which minor neurological impairments may be viewed as potential signs of deviant brain development and might represent trait markers of vulnerability for neurodevelopmental disorders. Given that NSS are easily detectable, it is important that clinicians increase their knowledge of the clinical presentation and research implications of the relationship between NSS and childhood neurodevelopmental disorders. To the best of our knowledge, this is the first review article to give an updated overview of the current knowledge of NSS in the most common neuropsychiatric disorders of childhood/adolescence, such as attention-deficit/hyperactivity disorder, autism spectrum disorder, obsessive-compulsive disorder, bipolar disorder, and first episode of psychosis. The article also presents key points for future research studies on this topic. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Treatment of comorbid adult attention-deficit/hyperactivity disorder and generalized anxiety disorder: 2 case reports.

Authors: Oliva, Francesco; Carezana, Claudio; Nibbio, Gabriele; Bramante, Stefano; Portigliatti Pomeri, Alberto; Maina, Giuseppe;


Abstract: Attention-deficit/hyperactivity disorder (ADHD) is often comorbid with anxiety disorders such as generalized anxiety disorder, but the best approach to treat this comorbidity in adults has yet to be determined, as current evidence on which disorder should be treated first is poor and conflicting. In this report, we present 1 case in which we treated adult ADHD first and 1 case in which we treated generalized anxiety disorder before prescribing any medication for ADHD. More studies are required on this topic, but our results suggest that treating anxiety disorders until a clear reduction of anxiety symptoms is observed, or at least taking a combined treatment approach, is more appropriate than treating adult ADHD alone and waiting for a reduction in anxiety symptoms as a secondary effect. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Trauma does not predict patients’ experiences with constant observation.

Authors: Kroll, David S.; Thom, Robyn; Van Lunteren, Jennifer; Toretta, Cara; Crowley, Brittany; Knotts, Paula; Fromson, John;


Abstract: Objective: Little is known about which patient factors are associated with a positive or negative experience of constant observation (CO) in a general hospital or emergency department. We hypothesized that posttraumatic stress disorder (PTSD) would predict a more negative experience with CO. Methods: A survey regarding the positive and negative aspects of being observed by a staff member was administered to 83 patients who were admitted to an inpatient psychiatric unit after experiencing CO; 55 of these patients had a history of trauma and 13 were diagnosed with PTSD. A total score reflecting the overall positive or negative experience of CO was calculated for each survey response. The survey also included 4 follow-up questions regarding the importance of individual observer characteristics (eg, sex), which were scored individually along a Likert scale. Results: Neither PTSD, trauma history, nor any other participant characteristic was associated with either a positive or negative overall experience with CO. Female participants were more likely than males to consider the sex and age of their staff observers to be important. Conclusions: Neither PTSD nor trauma history predicts a negative or positive experience with CO. A predictive model regarding which patients are likely to experience CO positively or negatively remains to be established. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Pioneering research into specificity of intergenerational transmission of interpretation biases from parents to children: Challenges for the future.

Authors: Legerstee, Jeroen S.; Utens, Elisabeth M. W. J.;


Abstract: Comments on an article by Rianne E. van Niekerk et al. (see record 2018-33024-008). Niekerk et al. reported on their pioneering study regarding the specificity of intergenerational transmission of interpretation bias from parents to children. The main goal was to investigate whether children of parents
with an anxiety disorder would show an interpretation bias corresponding to their parents' diagnosis, even when controlling for their own anxiety. The second aim was to test whether child interpretation biases can be predicted by levels of anxiety of the parent and/or levels of anxiety of the child. Although the work by van Niekerk et al. builds on previous research and adds new dimensions, there are areas that the design of this study cannot address. In this pioneering study, the influence of lifetime and current anxiety disorder could not be satisfactorily determined. For future research, it would be interesting to differentiate the results between parents with a lifetime and current anxiety disorder. Considering the comorbidity between anxiety and depression, it would be insightful also to assess parental and child depression. In addition, the inclusion of siblings requires extra attention. In this study, the authors did not test whether siblings had a heightened interpretation bias similar to that of the included children with anxious parents. This is an area that remains to be studied. (PsycINFO Database Record © 2018 APA, all rights reserved)


Title: Biases in interpretation as a vulnerability factor for children of parents with an anxiety disorder.
Authors: Van Niekerk, Rianne E.; Klein, Anke M.; Allart-van Dam, Esther; Rinck, Mike; Souren, Pierre M.; Hutschemaekers, Giel J. M.; Becker, Eni S.
Publisher: Elsevier Science; [Journal Article]
Abstract: Objective: Children of parents with an anxiety disorder have a higher risk of developing an anxiety disorder than children of parents without an anxiety disorder. Parental anxiety is not regarded as a causal risk factor itself, but is likely to be mediated via other mechanisms, for example via cognitive factors. We investigated whether children of parents with an anxiety disorder would show an interpretation bias corresponding to the diagnosis of their parent. We also explored whether children's interpretation biases were explained by parental anxiety and/or children's levels of anxiety. Method: In total, 44 children of parents with a panic disorder (PD), 27 children of parents with a social anxiety disorder (SAD), 7 children of parents with SAD/PD, and 84 children of parents without an anxiety disorder (controls) participated in this study. Parents and children filled out the Screen for Child Anxiety Related Disorders (SCARED) questionnaire, and children performed two ambiguous scenario tasks: one with and one without video priming. Results: Children of parents with PD displayed significantly more negative interpretations of panic scenarios and social scenarios than controls. Negative interpretations of panic scenarios were explained by parental PD diagnosis and children's anxiety levels. These effects were not found for children of parents with SAD. Priming did not affect interpretation. Conclusion: Our results showed that children of parents with PD have a higher chance of interpreting ambiguous situations more negatively than children of parents without anxiety disorders. More research is needed to study whether this negative bias predicts later development of anxiety disorders in children. (PsycINFO Database Record © 2018 APA, all rights reserved)


Title: Results from the Child/Adolescent Anxiety Multimodal Extended Long-Term Study (CAMELS): Primary anxiety outcomes.
Authors: Ginsburg, Golda S.; Becker-Haimes, Emily M.; Keeton, Courtney; Kendall, Philip C.; Iyengar, Satish; Sakolsky, Dana; Albano, Anne Marie; Peris, Tara; Compton, Scott N.; Piacentini, John;
Publisher: Elsevier Science; [Journal Article]
Abstract: Objective: To report anxiety outcomes from the multisite Child/Adolescent Anxiety Multimodal Extended Long-term Study (CAMELS). Rates of stable anxiety remission (defined rigorously as the absence of all DSM-IV TR anxiety disorders across all follow-up years) and predictors of anxiety remission across a 4-year period, beginning 4 to 12 years after randomization to 12 weeks of medication, cognitive-behavioral
therapy (CBT), their combination, or pill placebo were examined. Examined predictors of remission included acute treatment response, treatment assignment, baseline child and family variables, and interim negative life events. Method: Data were from 319 youths (age range 10.9–25.2 years; mean age 17.12 years) originally diagnosed with separation, social, and/or generalized anxiety disorders and enrolled in the multi-site Child/Adolescent Anxiety Multimodal Study (CAMS). Participants were assessed annually by independent evaluators using the age-appropriate version of the Anxiety Disorders Interview Schedule and completed questionnaires (eg, about family functioning, life events, and mental health service use). Results: Almost 22% of youth were in stable remission, 30% were chronically ill, and 48% were relapsers. Acute treatment responders were less likely to be in the chronically ill group (odds ratio = 2.73; confidence interval = 1.14–6.54; p < .02); treatment type was not associated with remission status across the follow-up. Several variables (eg, male gender) predicted stable remission from anxiety disorders. Conclusion: Findings suggest that acute positive response to anxiety treatment may reduce risk for chronic anxiety disability; identified predictors can help tailor treatments to youth at greatest risk for chronic illness. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
A randomized clinical trial comparing individual cognitive behavioral therapy and child-centered therapy for child anxiety disorders.
Authors:
Silk, Jennifer S.; Tan, Patricia Z.; Ladouceur, Cecile D.; Meller, Suzanne; Siegle, Greg J.; McMakin, Dana L.; Forbes, Erika E.; Dahl, Ronald E.; Kendall, Philip C.; Mannarino, Anthony; Ryan, Neal D.;
Source:
Abstract:
This study compared individual cognitive behavioral therapy (CBT) and a supportive child-centered therapy (CCT) for child anxiety disorders on rates of treatment response and recovery at posttreatment and 1-year follow-up, as well as on real-world measures of emotional functioning. Youth (N = 133; ages 9–14) with anxiety disorders (generalized, separation, and/or social anxiety) were randomized using a 2:1 ratio to CBT (n = 90) or CCT (n = 43), which served as an active comparison. Treatment response and recovery at posttreatment and 1-year follow-up were assessed by Independent Evaluators, and youth completed ecological momentary assessment of daily emotions throughout treatment. The majority of youth in both CBT and CCT were classified as treatment responders (71.1% for CBT, 55.8% for CCT), but youth treated with CBT were significantly more likely to fully recover, no longer meeting diagnostic criteria for any of the targeted anxiety disorders and no longer showing residual symptoms (66.7% for CBT vs. 46.5% for CCT). Youth treated with CBT also reported significantly lower negative emotions associated with recent negative events experienced in daily life during the latter stages of treatment relative to youth treated with CCT. Furthermore, a significantly higher percentage of youth treated with CBT compared to CCT were in recovery at 1-year follow-up (82.2% for CBT vs. 65.1% for CCT). These findings indicate potential benefits of CBT above and beyond supportive therapy on the breadth, generalizability, and durability of treatment-related gains. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Concurrent and predictive associations between infants’ and toddlers’ fearful temperament, coparenting, and parental anxiety disorders.
Authors:
Metz, Marijke; Majdandžić, Mirjana; Bögels, Susan;
Source:
Abstract:
This study investigated the bidirectional relations between two dimensions of coparenting (the way parental figures cooperate in parenting), undermining and support, and child fearful temperament longitudinally from infancy to toddlerhood, while inspecting the moderating role of parents’ anxiety
disorders. Questionnaire data on coparenting and child fearful temperament were obtained from 135 mothers, fathers, and their firstborns at 4 months, 12 months, and 30 months. Parental anxiety disorder severity was assessed with a semistructured interview before the birth of the child. Multilevel analysis revealed that, across measurement moments, undermining coparenting, but not supportive coparenting, was concurrently related to higher child fearful temperament. Parental anxiety disorder severity was related to more undermining coparenting but not to supportive coparenting. No moderation effects for parental anxiety disorder or for parent gender were found in the relations between coparenting and child fearful temperament. We conclude that more parental anxiety is related to a lower quality of the coparenting relationship, which in turn is associated to more child fearful temperament. More specifically, it appears that undermining coparenting, and not supportive coparenting, is related to child fearful temperament and parental anxiety disorder severity. Our results suggest that undermining coparenting, by both father and mother, is one of the mechanisms that may contribute to the intergenerational transmission of anxiety from parent to child. The coparenting relationship may be a useful target in the prevention and treatment of child anxiety. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Predictive relationship between parental beliefs and accommodation of pediatric anxiety.
Authors: Meyer, Johanna M.; Clapp, Joshua D.; Whiteside, Stephen P.; Dammann, Julie; Kriegshauser, Kathryn D.; Hale, Lisa R.; Jacobi, David M.; Riemann, Bradley C.; Deacon, Brett J.;
Abstract: Behavior performed by parents to assist a youth in avoiding or alleviating anxiety, known as accommodation, is ubiquitous among pediatric anxiety disorders and strongly related to poor treatment outcome. According to cognitive-behavioral theory, the beliefs parents hold regarding accommodation should predict parental accommodating behavior. Unfortunately, little is known about the beliefs parents hold regarding accommodation, as there exists no validated measure of this construct. First, the psychometric properties were examined for the Parental Accommodation Scale (PAS), a novel measure of parental accommodating behavior frequency (PAS-Behavior scale) and parental beliefs about accommodation (PAS-Belief scale). Second, the relationship between parental beliefs about accommodation and accommodation frequency was examined. Results provide preliminary evidence of the internal consistency and convergent validity of the PAS. Stronger positive beliefs about accommodation significantly predicted accommodation frequency, even after controlling for youth anxiety severity. Specifically, beliefs that accommodation prevents youth from losing behavioral and emotional control significantly predicted accommodation frequency. Therefore, efforts to decrease accommodation in clinical settings should involve correcting maladaptive parental beliefs about accommodation, with a particular emphasis on beliefs regarding the necessity of accommodation in preventing a youth from losing behavioral and emotional control. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Have phobias, will travel: Addressing one barrier to the delivery of an evidence-based treatment.
Authors: Ollendick, Thomas H.; Ryan, Sarah M.; Capriola-Hall, Nicole N.; Austin, Kristin E.; Fraire, Maria;
Abstract: Although a host of evidence-based treatments exist for youth with anxiety disorders, less than 30% of youth and their families receive these treatments. One of the main barriers to receiving these treatments is the lack of access to care, due largely to the absence of mental health professionals who have expertise in the delivery of these treatments in certain geographic locales. The current study examined whether a brief intensive treatment for specific phobias (SPs), Augmented One-Session Treatment (OST-A), would result in comparable treatment gains for families who traveled a considerable distance to receive this treatment when compared to families who resided in our local community. Participants included 76 youth
with a clinically confirmed diagnosis of SP (38 local families and an age- and sex-matched sample of 38 nonlocal families). Although SP severity at pretreatment was significantly greater for the nonlocal youth than the local youth, both nonlocal and local youth showed commensurate improvement and maintenance of treatment gains over a 6-month period across several clinical outcome measures. Findings from this study show that OST-A is effective when families choose to travel for treatment, addressing at least one of the barriers to use of this evidence-based treatment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:

Authors:
Patel, Sapana R.; Wheaton, Michael G.; Andersson, Erik; Rück, Christian; Schmidt, Andrew B.; La Lima, Christopher N.; Galfavy, Hanga; Pascucci, Olivia; Myers, Robert W.; Dixon, Lisa B.; Simpson, Helen Blair;

Source:

Abstract:
Cognitive-behavioral therapy (CBT), consisting of exposure and response prevention (EX/RP), is both efficacious and preferred by patients with obsessive–compulsive disorder (OCD), yet few receive this treatment in practice. This study describes the implementation of an Internet-based CBT program (ICBT) developed in Sweden in individuals seeking OCD treatment in New York. After translating and adapting the Swedish ICBT for OCD, we conducted an open trial with 40 adults with OCD. Using the RE-AIM implementation science framework, we assessed the acceptability, feasibility, and effectiveness of ICBT. The Yale–Brown Obsessive Compulsive Scale (Y-BOCS) was the primary outcome measure. Of 40 enrolled, 28 participants completed the 10-week ICBT. In the intent-to-treat sample (N = 40), Y-BOCS scores decreased significantly over time (F = 28.12, df = 2, 49, p < .001). Depressive severity (F = 5.87, df = 2, 48, p < .001), and quality of life (F = 12.34, df = 2, 48, p < .001) also improved. Sensitivity analyses among treatment completers (N = 28) confirmed the intent-to-treat results, with a large effect size for Y-BOCS change (Cohen’s d = 1.38). ICBT took less time to implement than face-to-face EX/RP and participants were very to mostly satisfied with ICBT. On a par with results in Sweden, the adapted ICBT program reduced OCD and depressive symptoms and improved quality of life among individuals with moderate to severe OCD. Given its acceptability and feasibility, ICBT deserves further study as a way to increase access to CBT for OCD in the United States. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Early EMDR intervention following intense rocket attacks on a town: A randomised clinical trial.

Authors:
Shapiro, Elan; Laub, Brurit; Rosenblat, Ornit;

Source:

Abstract:
Objective: The aim of the study is to investigate the efficacy of EMDR R-TEP interventions with residents suffering from post-traumatic symptoms. Method: The study employed a waitlist/delayed treatment control group design and participants were randomly allocated to either immediate or wait-list/delayed treatment conditions. The measures used included the PCL-5 post-trauma checklist for DSM-5; the PHQ-9 depression scale; the Subjective Unit of Disturbance (SUD) scale and the Brief Resilience Coping Scale (BRCS). The clinical staff of the Resilience Center (HOSEN) offered EMDR therapy treatment using the Recent Traumatic Episode Protocol (R-TEP) for 25 trauma-stricken residents referred to their center. The study began within three months after the 2014 round of hostilities. Three 90 minute sessions were given first to the intervention group and a month later to the delayed treatment control group. The follow-up measures were taken six months later. Results: The immediate treatment group had significantly improved scores on post-trauma and depression measures compared to the waitlist/delayed treatment group, who
showed no improvement prior to their treatment. There were significant interactions between group and time for PCL-5, PHQ-9 and SUD. Post hoc testing of the interaction revealed that within group A, participants exhibited a significant decrease in PCL-5, PHQ-9 and SUD scores (one-tailed p: < 0.001, 0.006, 0.03). The results in resilience scores over time showed an increasing trend in group A that failed to reach significance. Repeated measures analysis of group B revealed a borderline statistically significant difference in resilience scores over time. Conclusions: This study provides further evidence, supporting the efficacy of Early EMDR Intervention for reducing post-traumatic stress and depression symptoms among civilian victims of hostility. The evidence for resilience was indecisive and requires further research. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


---

Title: The dissociative post-traumatic stress disorder (PTSD) subtype: A treatment outcome cohort study in veterans with PTSD.

Authors: Haagen, Joris F. G.; van Rijn, Allison; Knipscheer, Jeroen W.; van der Aa, Niels; Kleber, Rolf J.


Abstract: Objectives: Dissociation is a prevalent phenomenon among veterans with post-traumatic stress disorder (PTSD) that may interfere with the effectiveness of treatment. This study aimed to replicate findings of a dissociative PTSD subtype, to identify corresponding patterns in coping style, symptom type, and symptom severity, and to investigate its impact on post-traumatic symptom improvement. Methods: Latent profile analysis (LPA) was applied to baseline data from 330 predominantly (97%) male treatment-seeking veterans (mean age 39.5 years) with a probable PTSD. Multinomial logistic models were used to identify predictors of dissociative PTSD. Eighty veterans with PTSD that commenced with psychotherapy were invited for a follow-up measure after 6 months. The majority (n = 64, 80% response rate) completed the follow-up measure. Changes in post-traumatic stress between baseline and follow-up were explored as a continuous distal outcome. Results: Latent profile analysis revealed four distinct patient profiles: ‘low’ (12.9%), ‘moderate’ (33.2%), ‘severe’ (45.1%), and ‘dissociative’ (8.8%) PTSD. The dissociative PTSD profile was characterized by more severe pathology levels, though not post-traumatic reactions symptom severity. Veterans with dissociative PTSD benefitted equally from PTSD treatment as veterans with non-dissociative PTSD with similar symptom severity. Conclusions: Within a sample of veterans with PTSD, a subsample of severely dissociative veterans was identified, characterized by elevated severity levels on pathology dimensions. The dissociative PTSD subtype did not negatively impact PTSD treatment. Practitioner points: 1. The present findings confirmed the existence of a distinct subgroup veterans that fit the description of dissociative PTSD. 2. Patients with dissociative PTSD subtype symptoms uniquely differed from patients with non-dissociative PTSD in the severity of several psychopathology dimensions. 3. Dissociative and non-dissociative PTSD patients with similar post-traumatic severity levels showed similar levels of improvement after PTSD treatment. 4. The observational design and small sample size caution interpretation of the treatment outcome data. 5. The IES-R questionnaire does not assess all PTSD DSM-IV diagnostic criteria (14 of 17), although it is considered a valid measure for an indication of PTSD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


---

Title: Maladaptive self-beliefs during cognitive behavourial therapy for social anxiety disorder: A test of temporal precedence.

Authors: Gregory, Bree; Wong, Quincy J. J.; Marker, Craig D.; Peters, Lorna


Abstract: Given the putative importance of maladaptive self-beliefs in cognitive models of social anxiety, there is growing interest in the construct’s influence on social anxiety reduction in treatment. The present study
sought to examine whether maladaptive self-beliefs reduce over a 12-week course of cognitive behavioural therapy (CBT) for social anxiety disorder (SAD), and whether change in self-beliefs is an indicator of later change in social anxiety symptom severity within treatment. Participants were 77 individuals with SAD who completed measures of maladaptive self-beliefs every 2 weeks of the treatment protocol and measures of social anxiety each week. Using a dynamic bivariate latent difference score framework, results indicated that maladaptive self-beliefs reduced during CBT for SAD, and that change in maladaptive self-beliefs was a significant predictor of later change in social anxiety symptom severity. Reductions in social anxiety was not a significant predictor of later change in self-beliefs. Findings underscore the importance of maladaptive self-beliefs in the maintenance of social anxiety and in treatment for SAD. Moreover, they permit inferences about the temporal sequence of change processes in therapy and are consistent with CBT therapeutic models suggesting that cognitive change precedes symptom change. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Development of the Spence Children’s Anxiety Scale—Short version (SCAS-S).
Authors: Ahlen, Johan; Vigerland, Sarah; Ghaderi, Ata;
Abstract: The literature provides several examples of anxiety symptoms questionnaires for children. However, these questionnaires generally contain many items, and might not be ideal for screening in large populations, or repeated testing in clinical settings. The Spence Children’s Anxiety Scale (SCAS) is an extensively used and evaluated 44-item questionnaire developed to assess anxiety symptoms in children, and provides a sound base for the development of an abbreviated anxiety symptoms questionnaire. Although methodological standards have been presented in how to develop abbreviated questionnaires, previous studies have often suffered from several limitations regarding validating procedures. Guided by these methodological standards, the current study aimed at developing an abbreviated version of the SCAS, while retaining the content, convergent, and divergent validity of the original scale. A school-based sample (n = 750) was used to reduce the number of items, and an independent school-based sample (n = 371) together with a clinical sample (n = 93), were used to validate the abbreviated scale. The abbreviated version of the SCAS contained 19 items, it showed a clear factor structure as evaluated in the independent sample, and it performed as good as the original questionnaire regarding classification accuracy, convergent, and divergent validity. In our view, the abbreviated version is a very good alternative to the original scale especially for younger children, in initial screening, or in order to reduce response burden. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Family and parent predictors of anxiety disorder onset in offspring of anxious parents.
Authors: Ginsburg, Golda S.; Schleider, Jessica L.; Tein, Jenn Yun; Drake, Kelly L.;
Abstract: Background: Offspring of anxious parents are at increased risk for developing anxiety disorders. There is a need to identify which youth are at greatest risk for disorder onset in this population. Objective: This study prospectively examined several theory-based family and parent characteristics (e.g., family conflict, parental over-control, parental psychopathology) as predictors of anxiety disorder onset in children whose parents were clinically anxious. Methods: Families were enrolled in a randomized controlled trial evaluating a family-based preventative intervention, relative to an information monitoring control condition, for offspring of anxious parents (N = 136; child mean age 8.69 years; 55% female; 85% Caucasian). Family and parent measures were collected using multiple informants and an observational task at baseline, post-intervention, and at a 6 and 12 month follow-up. Child anxiety disorder diagnosis was
Results: Results indicated that none of the baseline family or parent variables examined predicted the onset of an anxiety disorder in children over the 1 year follow-up period. Conclusions: Findings raise questions about the short-term risk associated with family and parent factors in anxiety disorder development in this high risk population. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Using a clinician-administered interview to examine the overlap in posttraumatic stress disorder criteria D and E.

Authors:
Franklin, C. Laurel; Raines, Amanda M.; Walton, Jessica L.; Chambliss, Jessica L.; Maieritsch, Kelly P.

Source:
Journal of Nervous and Mental Disease, Vol 206(6), Jun, 2018 pp. 429-432. Publisher: Lippincott Williams & Wilkins; [Journal Article]

Abstract:
Although the diagnosis of posttraumatic stress disorder (PTSD) is often criticized for including symptoms that overlap with one another, only one study has explored the impact of symptom reporting. Using a clinician-rated interview for PTSD (N = 558), the current study examined overlap between PTSD criteria D1, D2, and D3 ('target D symptoms') and criterion E symptoms of similar content (i.e., E1 and E3). Furthermore, their impact on meeting criterion and disorder cutoffs was examined. Results revealed that target symptoms were endorsed in conjunction more than half the time. Criteria D and E also were often coded together. Removal of target D symptoms resulted in 24.7% of participants no longer meeting criterion D, but no reduction in the diagnosis of PTSD. This article is one of the first to report the functioning of the new criterion D symptoms, and the results have diagnostic implications for research and clinical work. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Maternal acceptance moderates fear ratings and avoidance behavior in children.

Authors:
Shimshoni, Yaara; Silverman, Wendy K.; Byrne, Simon P.; Lebowitz, Eli R.

Source:

Abstract:
Avoidance is a hallmark feature of anxiety disorders, and avoidance-related impairment is often key to meeting diagnostic criteria. In children and adolescents with anxiety disorders, levels of avoidance vary considerably. Using a novel motion-tracking measure of avoidance behavior, we examined whether maternal acceptance, characterized by warm and accepting responses to child feelings and behaviors, moderates the association between fear of spiders and behavioral avoidance of spider stimuli in 103 clinically anxious children. As hypothesized, maternal acceptance significantly moderated children's avoidance behavior. Child's fear of spiders was significantly associated with behavioral avoidance when mothers were low in acceptance, as rated by either mothers or children. When mothers were high in acceptance, as rated by either mothers or children, child self-rated fear of spiders was not significantly associated with child avoidance. These are the first results to empirically demonstrate the moderating role of maternal acceptance in anxious children's avoidance behavior. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Validation of the Distress Tolerance Scale-Short Form in obsessive compulsive disorder.

Authors:
Garner, Lauryn E.; Van Kirk, Nathaniel; Tifft, Eric D.; Krompinger, Jason W.; Mathes, Brittany M.; Fraire, Maria; Falkenstein, Martha J.; Brennan, Brian P.; Crosby, Jesse M.; Elias, Jason A.
Source:

Abstract:
Objective: This study aimed to develop and validate the Distress Tolerance Scale-Short Form (DTS-SF), a modification of the original Distress Tolerance Scale, in a severe/complex sample of individuals with obsessive compulsive disorder (OCD). Currently, there are multiple self-report measurements of distress tolerance (DT), highlighting the need for a more refined measure. Method: Participants included 222 individuals with a primary diagnosis of OCD (57% male, average age = 31) seeking intensive/residential treatment. Participants completed surveys at admission, discharge, and each week. Results: An exploratory factor analysis revealed a one-factor solution representing overall DT ability. The DTS-SF was found to be sensitive to treatment effects. Appropriate associations between the DTS-SF and other measures were also found, with lower DT associated with greater OCD and depression severity and lower reported quality of life. Conclusion: The DTS-SF was found to be a valid and reliable measure with high clinical utility for quickly and accurately measuring DT. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Trypophobia associated with gabapentin: A case report.
Authors:
Robakis, Thalia K.;
Source:

Abstract:
The letter presents a case report which discusses a case of trypophobia reversibly associated with treatment with gabapentin. Ms B was a 67-year-old woman who had situational anxiety and depression in the context of a chronic burning and itching paresthesia in a cape-like distribution over her arms and shoulders. The paresthesia had arisen without obvious triggers when she was aged 62. She had no history of psychiatric illness prior to that time. Electromyography and nerve conduction studies were negative, but no other explanation for the paresthesia was discovered. Six months after her original presentation, she stopped taking duloxetine because her insurance company refused coverage, and her paresthesia rapidly returned. She restarted gabapentin and found that the trypophobia again recurred, with attendant limitation of her driving. Ultimately the insurance company agreed to cover the duloxetine at a reduced dose of 30 mg twice per day. At this dose, she needed to take supplemental doses of gabapentin at 300 mg up to once per day. With this amount of gabapentin, the trypophobia was absent or very minimal and did not interfere with her daily functioning. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Adding acceptance and commitment therapy to exposure and response prevention for obsessive-compulsive disorder: A randomized controlled trial.
Authors:
Twohig, Michael P.; Abramowitz, Jonathan S.; Smith, Brooke M.; Fabricant, Laura E.; Jacoby, Ryan J.; Morrison, Kate L.; Bluett, Ellen J.; Reuman, Lillian; Blakey, Shannon M.; Ledermann, Thomas;
Source:

Abstract:
The objective of this study was to test whether treatment acceptability, exposure engagement, and completion rates could be increased by integrating acceptance and commitment therapy (ACT) with traditional exposure and response prevention (ERP). 58 adults (68% female) diagnosed with obsessive-compulsive disorder (OCD; M age = 27, 80% white) engaged in a multisite randomized controlled trial of 16 individual twice-weekly sessions of either ERP or ACT + ERP. Assessors unaware of treatment condition administered assessments of OCD, depression, psychological flexibility, and obsessional beliefs
at pretreatment, posttreatment, and six-month follow-up. Treatment acceptability, credibility/expectancy, and exposure engagement were also assessed. Exposure engagement was high in both conditions and there were no significant differences in exposure engagement, treatment acceptability, or dropout rates between ACT + ERP and ERP. OCD symptoms, depression, psychological inflexibility, and obsessional beliefs decreased significantly at posttreatment and were maintained at follow-up in both conditions. No between-group differences in outcome were observed using intent to treat and predicted data from multilevel modeling. ACT + ERP and ERP were both highly effective treatments for OCD, and no differences were found in outcomes, processes of change, acceptability, or exposure engagement. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Predictors of remission from panic disorder, agoraphobia and specific phobia in outpatients receiving exposure therapy: The importance of positive mental health.

Authors: Teismann, Tobias; Brailovskaia, Julia; Totzeck, Christina; Wannemüller, Andre; Margraf, Jürgen;


Abstract: Positive mental health has been shown to predict remission from anxiety disorders in community samples. However, it is unclear, whether positive mental health is also predictive of symptom severity and remission from anxiety disorders in patients receiving exposure therapy. A total of 130 adult outpatients suffering from panic disorder, agoraphobia, or specific phobia received manualized exposure-therapy. Positive mental health was considered as a predictor of symptom severity and remission at the post-treatment assessment and at the follow-up assessment six months after treatment termination—controlling for depression, anxiety, anxiety cognitions, bodily sensations, number of treatment sessions, age and gender. Pre-treatment positive mental health was the only predictor of post-treatment symptom severity and remission status. Post-treatment positive mental health and avoidance behavior predicted symptom severity and remission status at the follow-up assessment. In conclusion, the current study highlights the importance of positive mental health in understanding remission from anxiety disorders. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Worse baseline executive functioning is associated with dropout and poorer response to trauma-focused treatment for veterans with PTSD and comorbid traumatic brain injury.

Authors: Crocker, Laura D.; Jurick, Sarah M.; Thomas, Kelsey R.; Keller, Amber V.; Sanderson-Cimino, Mark; Boyd, Briana; Rodgers, Carie; Twamley, Elizabeth W.; Jak, Amy J.;


Abstract: Although trauma-focused treatment, including Cognitive Processing Therapy (CPT), effectively reduces PTSD symptoms, treatment dropout, nonresponse, and relapse are substantial. Executive functioning (EF) is essential to engage the cognitive skills involved in CPT (e.g., inhibiting/evaluating distorted thoughts, flexibly generating alternative thoughts). It was hypothesized that worse baseline EF would be associated with reduced CPT completion and responsivity. Seventy-four Iraq/Afghanistan-era Veterans with PTSD and history of mild-to-moderate traumatic brain injury were randomized to either standard CPT or modified CPT that included cognitive rehabilitation strategies (SMART-CPT). Those who dropped out of treatment prematurely performed more poorly on EF tests at baseline than treatment completers. Worse baseline performances on EF tests of working memory, inhibition, and inhibition/switching were associated with poorer response to CPT (less reduction in PTSD symptoms). In addition, a three-way interaction indicated that individuals with worse baseline cognitive flexibility did not benefit as much from standard CPT but demonstrated significant PTSD symptom improvement in the SMART-CPT condition, comparable
to those with better baseline cognitive flexibility. Modifying CPT to accommodate executive dysfunction may boost treatment effectiveness and allow Veterans to fully engage in and benefit more from components of CPT (e.g., cognitive restructuring). (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Contextualizing post-traumatic stress disorder within culturally diverse groups: A comparison of Holocaust survivors and Sudanese refugees.

Authors: White, Jarrod; Newman, Louise; Melvin, Glenn; Manderson, Lenore; Simpson, Katrina;


Abstract: Debate over the validity of post-traumatic stress disorder (PTSD) in culturally and contextually diverse groups with histories of trauma needs to consider clinical response, and while not overlooking the presence of PTSD, sensitivity to contextual variation in response to trauma is important. We report on a study that examined PTSD within two culturally distinct populations living in Australia: Sudanese refugees and Holocaust survivors. Measures used included the Harvard Trauma Questionnaire—Revised and the World Health Organization Quality of Life Scale—Brief (WHOQOL-Bref). Samples were contrasted using T-tests for PTSD case-ness, Mann–Whitney U’s to compare PTSD symptom endorsement and Pearson correlations to explore relationships between PTSD case-ness and symptoms with quality of life (QOL). Whilst PTSD case-ness was found to negatively correlate with QOL in both groups, group differences were found in relationship strength between traumatic memory and QOL. Difference indicates the need to contextualize PTSD and its symptoms not only by considering symptom endorsement, but also by symptom interpretation. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Augmenting treatment efficiency in exposure therapy for PTSD: A randomized double-blind placebo-controlled trial of yohimbine HCl.

Authors: Tuerk, Peter W.; Wangelin, Bethany C.; Powers, Mark B.; Smits, Jasper A. J.; Acierno, Ron; Myers, Ursula S.; Orr, Scott P.; Foa, Edna B.; Hamner, Mark B.;


Abstract: The alpha-2 adrenergic receptor antagonist, yohimbine, can facilitate fear extinction in animals and humans. One potential mechanism is increased noradrenergic activity and associated arousal in the presence of conditioned stimuli. Accordingly, yohimbine might augment prolonged exposure (PE) therapy for posttraumatic stress disorder (PTSD), where heightened exposure-oriented arousal is a theorized driver and empirical predictor of treatment success. A double-blind placebo-controlled randomized trial (NCT 01031979) piloted yohimbine augmentation in 26 males with combat-related PTSD. Participants were given one-time dose of yohimbine or placebo prior to the first imaginal exposure. Subsequently, both arms completed standard PE. The primary outcome was traumacued heart-rate reactivity a week after the drug/exposure visit, a highly specified, objective measure sensitive to incremental change. Secondary outcomes included arousal during the drug/exposure visit and slope of distress, PTSD, and depression over the course of PE. Consistent with hypothesis, yohimbine led to higher objective and subjective arousal during the drug/exposure visit and to lower trauma-cued heart-rate reactivity one-week later. One dose of yohimbine also led to greater between-session habituation and more rapid improvement on depression, but not PTSD, over the course of care. Results of this controlled pilot indicate support for continued investigation of yohimbine-augmented exposure therapy for PTSD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title:
Results from the Child/Adolescent Anxiety Multimodal Longitudinal Study (CAMELS): Functional outcomes.

Authors:
Swan, Anna J.; Kendall, Philip C.; Olino, Thomas; Ginsburg, Golda; Keeton, Courtney; Compton, Scott; Piacentini, John; Peris, Tara; Sakolsky, Dara; Birmaher, Boris; Albano, Anne Marie;

Source:

Abstract:
Objective: To report functional outcomes from the multisite Child/Adolescent Anxiety Multimodal Extended Long-term Study (CAMELS), which examined the impact of youth anxiety treatment (cognitive-behavioral therapy [CBT], coping cat; Sertraline, SRT; COMB [CBT + SRT]; pill placebo) on (a) global and (b) domain-specific functioning assessed an average of 3.1 times, 3- to 12-years postrandomization (first assessment = mean 6.5 years postrandomization). Method: Three-hundred and 19 of 488 families from the Child/Adolescent Anxiety Multimodal Study (CAMS; Walkup et al., 2008) participated. Growth curve modeling examined the impact of treatment condition and acute treatment outcomes (i.e., response, remission) on global functioning, global and domain-specific impairment, and life satisfaction across follow-up visits. Logistic regressions explored the impact of treatment remission and condition on low frequency events (arrests/convictions) and education. Results: Treatment responders and remitters demonstrated better global functioning, decreased overall impairment, and increased life satisfaction at follow-up. Treatment remission, but not response, predicted decreased domain-specific impairment (social relationships, self-care/independence, academic functioning), and maintenance of increased life satisfaction across follow-ups. Participants in the CBT condition, compared with pill placebo, demonstrated improved trajectories pertaining to life satisfaction, overall impairment, and impairment in academic functioning. Randomization to CBT or COMB treatment was associated with increasing employment rates. Trajectories for participants randomized to SRT was not significantly different from placebo. Treatment outcome and condition did not predict legal outcomes, school/work variables, or family life. Conclusion: Positive early intervention outcomes are associated with improved overall functioning, life satisfaction, and functioning within specific domains 6.5 years posttreatment. Treatment type differentially predicted trajectories of functioning. Findings support the positive impact of pediatric anxiety treatment into adolescence and early adulthood. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:

Authors:
Villabø, Marianne A.; Narayanan, Martina; Compton, Scott N.; Kendall, Philip C.; Neumer, Simon-Peter;

Source:

Abstract:
Objective: To compare the effectiveness of individual cognitive–behavioral therapy (ICBT) and group CBT (GCBT) for referred children with anxiety disorders within community mental health clinics. Method: Children (N = 165; ages 7–13 years) referred to 5 clinics in Norway because of primary separation anxiety disorder (SAD), social anxiety disorder (SOC), or generalized anxiety disorder (GAD) based on Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.) criteria participated in a randomized clinical trial. Participants were randomized to ICBT, GCBT, or wait list (WL). WL participants were randomized to 1 of the 2 active treatment conditions following the wait period. Primary outcome was loss of principal anxiety disorder over 12 weeks and 2-year follow-up. Results: Both ICBT and GCBT were superior to WL on all outcomes. In the intent-to-treat analysis, 52% in ICBT, 65% in GCBT, and 14% in WL were treatment responders. Planned pairwise comparisons found no significant differences between ICBT and GCBT. GCBT was superior to ICBT for children diagnosed with SOC. Improvement continued during 2-year follow-up with no significant between-groups differences. Conclusions: Among anxiety disordered children, both individual and group CBT can be effectively delivered in community clinics. Response rates
were similar to those reported in efficacy trials. Although GCBT was more effective than ICBT for children with SOC following treatment, both treatments were comparable at 2-year follow-up. Dropout rates were lower in GCBT than in ICBT, suggesting that GCBT may be better tolerated. Response rates continued to improve over the follow-up period, with low rates of relapse. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Increased cognitive control and reduced emotional interference is associated with reduced PTSD symptom severity in a trauma-exposed sample: A preliminary longitudinal study.

Authors: White, Stuart F.; Costanzo, Michelle E.; Thornton, Laura C.; Mobley, Alita M.; Blair, James R.; Roy, Michael J.;


Abstract: Individuals with posttraumatic stress disorder (PTSD) show deficits in recruiting neural regions associated with cognitive control. In contrast, trauma exposed individuals (TEIs) show increased recruitment of these regions. While many individuals who experience a trauma exhibit some PTSD symptoms, relatively few develop PTSD. Despite this, no work has examined the relationship between changes in PTSD symptoms and changes in neural functioning in TEIs longitudinally. This study examined the neural correlates of changing PTSD symptom levels in TEIs. Twenty-one military service members completed the affective Stroop task while undergoing fMRI within 2 months of returning from deployment and a second scan 6–12 months later. Participants with PTSD or depression at baseline were excluded. PTSD symptom improvement was associated with greater increase in response to incongruent relative to congruent negative stimuli in dorsal anterior cingulate cortex and inferior frontal gyrus/anterior insula and increased BOLD response over time to emotional relative to neutral stimuli in inferior parietal cortex. Improvement in PTSD symptoms were not associated with changes in amygdala responsiveness to emotional stimuli. In short, the current data indicate that TEIs who become more able to recruit regions implicated in cognitive control show greater reductions in PTSD symptom levels. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Attributions and perceptions of criticism: An examination of patients with anxiety and normal control participants.

Authors: Allred, Kelly M.; Chambless, Dianne L.; Porter, Eliora; Brier, Moriah J.; Schwartz, Rachel A.;

Source: Journal of Family Psychology Publisher: American Psychological Association; [Journal Article]

Abstract: Perceived criticism from relatives predicts poor clinical outcomes for patients with a variety of psychological disorders. Research indicates the attributions individuals make about motives for relatives’ criticism are linked to perceived criticism from this relative. Accordingly, attributions may be an important target of intervention to reduce perceived criticism and improve clinical outcomes, but this association requires testing in a clinical sample. We examined relationships among attributions of criticism, perceived criticism, and upset due to criticism among individuals with anxiety disorders (n = 53) and with no psychopathology (n = 52). Participants completed measures of global attributions, perceived criticism, and upset due to criticism regarding criticism from a romantic partner/spouse or parent. After a 10-min problem-solving interaction with their relative, they completed measures of attributions, perceived criticism, and upset with regard to this relative’s critical behavior during the interaction, and observers reliably coded interactions for relatives’ criticism. Results showed that negative attributions were related to greater perceived criticism and upset for both global and interaction-specific measures. In analyses of interaction-specific measures, negative attributions added to prediction of perceived criticism and upset over and above the contribution of observed criticism. Positive attributions were not significantly related to global or interaction-specific upset in any analyses. Relationships were consistent across patients and
normal controls. Our findings suggest that negative attributions of relatives' motives for their criticism are important predictors of perceived criticism and upset. Thus, interventions targeting these attributions may be helpful in mitigating the negative effect of perceived criticism for individuals with psychopathology.

(PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Long-term cognitive correlates of exposure to trauma: Evidence from Rwanda.

Authors:
Blanchette, Isabelle; Rutembesa, Eugène; Habimana, Emmanuel; Caparos, Serge;

Source:
Psychological Trauma: Theory, Research, Practice, and Policy Publisher: Educational Publishing Foundation; [Journal Article]

Abstract:
Research increasingly shows links between trauma exposure, posttraumatic stress symptoms, and cognitive functioning. We know relatively little about the long-term cognitive correlates of exposure to trauma, especially in civilian populations exposed to war and political violence. Objective: Our goal was to examined short-term memory (STM) and executive function 20 years after the 1994 genocide of the Tutsis in Rwanda. We hypothesized that performance on these tasks would be negatively related to trauma exposure and to posttraumatic stress disorder (PTSD) symptoms. Method: In two studies, 470 Rwandan participants answered questionnaires measuring the severity of experiences that occurred during the 1994 genocide and current levels of PTSD symptoms. In both studies, we tested STM using a forward digit span task. In the second study, we also measured executive function using a semantic fluency task. Results: There were modest but significant negative links between the severity of experiences during the genocide and STM function more than 20 years after. Current levels of PTSD symptoms were also related to STM and executive function. Conclusions: This study reveals the important link between exposure to highly emotional events and cognitive function and highlights the need to attend not only to the mental health but also to the cognitive health of populations exposed to political violence. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:

Authors:
Lee, Daniel J.; Bovin, Michelle J.; Weathers, Frank W.; Palmieri, Patrick A.; Schnurr, Paula P.; Sloan, Denise M.; Keane, Terence M.; Marx, Brian P.;

Source:
Psychological Assessment Publisher: American Psychological Association; [Journal Article]

Abstract:
The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM–5) 4-factor model of posttraumatic stress disorder (PTSD) has demonstrated adequate fit in several confirmatory factor analysis (CFA) studies. Although several alternative measurement models have demonstrated better fit, there is no consensus yet on the best model, and newly proposed models lack sufficient construct validation. Notably, these studies have relied exclusively on questionnaire data, and thus their findings may be attributable to a method effect. This study examined the factor structure of DSM–5 PTSD symptoms using both questionnaire and interview data to determine the impact of assessment method on factor structure and construct validity of alternative model symptom clusters. Participants (N = 380) were veterans who completed the PTSD Checklist for DSM–5 (PCL-5; Weathers et al., 2013) and the Clinician-Administered PTSD Scale for DSM–5 (CAPS-5; Weathers et al., 2013). Fit was similar across models. However, the seven-factor Hybrid model (Armour et al., 2015) fit best. Limited evidence of a method effect was observed. Results of construct validity analyses were mixed; some of the newly proposed symptom clusters demonstrated hypothesized differential associations with external correlates, but others did not. These findings suggest that results of previous DSM–5 PTSD CFA s supporting the Hybrid model are not attributable to a method effect. However, observed limited difference in model fit and mixed construct validity evidence raise concerns regarding the value of parsing DSM–5 symptom clusters. Constructs
implied by the new factors in the more complex measurement models of PTSD require greater explication and construct validation. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Behavioural and physiological responses of therapy horses to mentally traumatized humans.
Authors: Merkies, Katrina; McKechnie, Marnie J.; Zakrajsek, Emily;
Abstract: The benefits to humans of equine-assisted therapy (EAT) have been well-researched, however few studies have analyzed the effects on the horse. Understanding how differing mental states of humans affect the behaviour and response of the horse can assist in providing optimal outcomes for both horse and human. Four humans clinically diagnosed and under care of a psychotherapist for Post-Traumatic Stress Disorder (PTSD) were matched physically to four neurotypical control humans and individually subjected to each of 17 therapy horses loose in a round pen. A professional acting coach instructed the control humans in replicating the physical movements of their paired PTSD individual. Both horses and humans were equipped with a heart rate (HR) monitor recording HR every 5secs. Saliva samples were collected from each horse 30 min before and 30 min after each trial to analyze cortisol concentrations. Each trial consisted of 5 min of baseline observation of the horse alone in the round pen after which the human entered the round pen for 2 min, followed by an additional 5 min of the horse alone. Behavioural observations indicative of stress in the horse (gait, head height, ear orientation, body orientation, distance from the human, latency of approach to the human, vocalizations, and chewing) were retrospectively collected from video recordings of each trial and analyzed using a repeated measures GLIMMIX with Tukey’s multiple comparisons for differences between treatments and time periods. Horses moved slower (p < 0.0001), carried their head lower (p < 0.0001), vocalized less (p < 0.0001), and chewed less (p < 0.0001) when any human was present with them in the round pen. Horse HR increased in the presence of the PTSD humans, even after the PTSD human left the pen (p < 0.0001). Since two of the PTSD/control human pairs were experienced with horses and two were not, a post-hoc analysis showed that horses approached quicker (p < 0.016) and stood closer (p < 0.0082) to humans who were experienced with horses. Horse HR was lower when with inexperienced humans (p < 0.0001) whereas inexperienced human HR was higher (p < 0.0001). Horse salivary cortisol did not differ between exposure to PTSD and control humans (p > 0.32). Overall, behavioural and physiological responses of horses to humans are more pronounced based on human experience with horses than whether the human is diagnosed with a mental disorder. This may be a reflection of a directness of movement associated with humans who are experienced with horses that makes the horse more attentive. It appears that horses respond more to physical cues from the human rather than emotional cues. This knowledge is important in tailoring therapy programs and justifying horse responses when interacting with a patient in a therapy setting. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: The prescription of benzodiazepines for panic disorder: Time for an evidence-based educational approach.
Authors: Nardi, Antonio E.; Cosci, Fiammetta; Balon, Richard; Weintraub, Steven J.; Freire, Rafael C.; Krystal, John H.; Roth, Thomas; Silberman, Edward K.; Sonino, Nicoletta; Fava, Giovanni A.; Starcevic, Vladan; Dubovsky, Steven L.; Salzman, Carl; Rickels, Karl; Greenblatt, David J.; Shader, Richard I.; Chouinard, Guy; International Task Force on Benzodiazepines;
Abstract:
This editorial focuses on the prescription of benzodiazepines for panic disorder. Benzodiazepines are among the most frequently prescribed classes of psychotropic medications. They are effective and well tolerated, and they should be prescribed as carefully and judiciously as any other medication. Clinicians and investigators recognize their benefits for many anxious patients, but some medical 'propagandists' have popularized a disparaging view of these medications, which has intruded into the media and even into general medical opinion. For example, because of the possibility of dependence on benzodiazepines, many recent treatment guidelines recommend selective serotonin reuptake inhibitors (SSRIs) as the first-line choice for the treatment of panic disorder (PD). Such recommendations are mainly based on the opinions of some experts and on clinical trials of SSRIs, but evidence from direct drug comparisons of benzodiazepines and SSRIs in PD is sparse. This non–data-based preference for nonbenzodiazepine treatments deprives patients with anxiety disorders of potentially valuable treatment with benzodiazepines. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Psychosocial adjustment to a lower limb amputation ten months after surgery.

Authors:
Pedras, Susana; Vilhena, Estela; Carvalho, Rui; Pereira, M. Graça;

Source:

Abstract:
Objective: This longitudinal multisite study examined the influence of demographic characteristics, psychological reactions, functionality, coping strategies, and social support on psychosocial adjustment to lower limb amputation 10 months after surgery. Method: Of an initial referral of 206 Portuguese patients, a sample of 86 patients who underwent a lower limb amputation due to Diabetes Mellitus Type II were evaluated during the hospitalization that preceded surgery (t0) and at inpatient follow-up consultations, 1 (t1), 6 (t2), and 10 months (t3) after surgery. Results: Higher levels of anxiety symptoms and functionality at presurgery were associated with lower social adjustment to amputation and with higher adjustment to the limitations (t3) respectively. Traumatic stress symptoms (t1) were negatively associated with general and social adjustment, and with the adjustment to the limitations (t3). Perceived social support (t2) mediated the relationship between traumatic stress symptoms (t1) and adjustment to the limitations (t3). Male gender was associated with a higher anxiety and depression symptoms (t0) and with a higher level of functionality (t1). Male gender was associated with functionality at presurgery and postsurgery, and with anxiety and depression symptoms of presurgery. Implications: Results support the need to improve psychological screening and early treatment of anxiety symptoms before the surgery, as well as depression and traumatic stress symptoms after a lower limb amputation, and the promotion of social support over time, in order to promote psychosocial adjustment to amputation. This set of psychosocial variables should be included when planning postamputation rehabilitation and psychosocial intervention programs for this target population. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Examination of posttraumatic stress disorder symptom networks using clinician-rated and patient-rated data.

Authors:
Moshier, Samantha J.; Bovin, Michelle J.; Gay, Natalie G.; Wisco, Blair E.; Mitchell, Karen S.; Lee, Daniel J.; Sloan, Denise M.; Weathers, Frank W.; Schnurr, Paula P.; Keane, Terence M.; Marx, Brian P.;

Source:

Abstract:
Network theory, which conceptualizes psychiatric disorders as networks of interacting symptoms, may provide a useful framework for understanding psychopathology. However, questions have arisen regarding the stability and generalizability of network analytic methods, with some researchers arguing that symptom networks have limited replicability. The aim of this study was to evaluate assessment
modality as one possible source of instability in the estimation of posttraumatic stress disorder (PTSD) symptom networks. We estimated two cross-sectional DSM–5 PTSD symptom networks in 378 U.S. veterans: one using data from a clinician-rated assessment instrument (Clinician-Administered PTSD Scale for DSM–5; CAPS-5) and one using data from a self-rated questionnaire (the PTSD Checklist for DSM–5; PCL-5). We calculated centrality indices, conducted community structure analyses, and compared the strength and structure of the networks. The CAPS-5 and PCL-5 symptom networks were highly similar, challenging the notion that network methods produce unreliable results due to estimations consisting primarily of measurement error. Furthermore, each network contained distinct symptom communities that only partially overlapped with the DSM–5 PTSD symptom clusters. These findings may provide guidance for future revisions of the DSM, suggest hypotheses about how PTSD symptoms interact, and inform recent debate about replicability of psychopathology symptom networks. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Symptom insight in pediatric obsessive-compulsive disorder: Outcomes of an international aggregated cross-sectional sample.
Authors: Selles, Robert R.; Højgaard, Daviø R. M. A.; Ivarsson, Tord; Thomsen, Per Hove; McBride, Nicole; Storch, Eric A.; Geller, Daniel; Wilhelm, Sabine; Farrell, Lara J.; Waters, Allison M.; Mathieu, Sharna; Lebowitz, Eli; Elgie, Melissa; Soreni, Noam; Stewart, S. Evelyn;
Abstract: Presents a study which aims to aggregate a large sample of youth with OCD to examine the following: the continuum of insight levels in pediatric OCD; clinically relevant differences between insight levels with respect to demographic, OCD-related, and comorbid correlates; and a model to identify youth with poor/absent insight. Differences between insight levels on OCD-severity variables were most notable among the poor/absent insight subgroup. As hypothesized, worse insight was associated with increased OCD severity, specifically increased distress and avoidance, and decreased symptom resistance. Beyond the above, insight did not appear to have substantial associations with other OCD-specific domains. Differences in age and ADHD prevalence were linear along the continuum of insight, with increasing ADHD prevalence and younger age as insight decreased. Beyond ADHD, insight groups did not demonstrate substantial differences in comorbid domains. The present study has several limitations. First, poor/absent subgroups were combined because of the infrequency of absent-delusional insight. Second, data aggregation was retrospective and included sites with varying characteristics. Third, insight was measured by a single item that is not a comprehensive or true continuous measure of insight and does not distinguish between components/presentations of insight. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Less mindful, more struggle and growth: Mindfulness, posttraumatic stress symptoms, and posttraumatic growth of breast cancer survivors.
Authors: Liu, Xiaoyan; Wang, Lili; Zhang, Qian; Wang, Ruifang; Xu, Wei;
Source: Journal of Nervous and Mental Disease, Vol 206(8), Aug, 2018 pp. 621-627. Publisher: Lippincott Williams & Wilkins; [Journal Article]
Abstract: Treatment of posttraumatic stress symptoms (PTSSs) and facilitation of posttraumatic growth (PTG) are two encouraging areas of research, yet little is understood about the relationships between dispositional mindfulness, PTSSs, and PTG. The aim of the present study was to investigate whether PTSSs is correlated with PTG among breast cancer patients in China and explore the role of mindfulness in this relationship. A sample of 202 Chinese breast cancer patients voluntarily participated in the study by
completing a set of questionnaires. The results revealed that PTSSs were significantly positively correlated with PTG. Structural equation modeling showed that mindfulness did not moderate but mediated the relation between PTSSs and PTG. These findings indicate that breast cancer patients with higher mindfulness may recover from PTSSs through a different process. Posttraumatic growth may not be the only positive indicator of posttraumatic individuals. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Specific phobias.

Authors:
Eaton, William W.; Bienvenu, O. Joseph; Miloyan, Beyon;

Source:

Abstract:
Anxiety disorders are among the most prevalent mental disorders, but the subcategory of specific phobias has not been well studied. Phobias involve both fear and avoidance. For people who have specific phobias, avoidance can reduce the constancy and severity of distress and impairment. However, these phobias are important because of their early onset and strong persistence over time. Studies indicate that the lifetime prevalence of specific phobias around the world ranges from 3% to 15%, with fears and phobias concerning heights and animals being the most common. The developmental course of phobias, which progress from fear to avoidance and then to diagnosis, suggests the possibility that interrupting the course of phobias could reduce their prevalence. Although specific phobias often begin in childhood, their incidence peaks during midlife and old age. Phobias persist for several years or even decades in 10–30% of cases, and are strongly predictive of onset of other anxiety, mood, and substance-use disorders. Their high comorbidity with other mental disorders, especially after onset of the phobia, suggests that early treatment of phobias could also alter the risk of other disorders. Exposure therapy remains the treatment of choice, although this approach might be less effective in the long term than previously believed. This Review discusses the literature regarding the prevalence, incidence, course, risk factors, and treatment of specific phobias, and presents epidemiological data from several population-based surveys. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Posttraumatic stress disorder, symptoms, and white matter abnormalities among combat-exposed veterans.

Authors:
Aschbacher, Kirstin; Mellon, Synthia H.; Wolkowitz, Owen M.; Henn-Haase, Clare; Yehuda, Rachel; Flory, Janine D.; Bierer, Linda M.; Abu-Amara, Duna; Marmar, Charles R.; Mueller, Susanne G.;

Source:

Abstract:
Posttraumatic stress disorder (PTSD) is associated with abnormalities in functional connectivity of a specific cortico-limbic network; however, less is known about white matter abnormalities providing structural connections for this network. This study investigated whether the diagnosis and symptoms of PTSD are associated with alterations in fractional anisotropy (FA), an index reflecting white matter organization, across six, a priori-defined tracts. White matter FA was quantified by diffusion tensor imaging using 3 T-MRI among 57 male, combat-exposed veterans with no history of moderate to severe head injuries or current alcohol dependence: 31 met criteria for PTSD and 26 were demographically comparable, combat-exposed controls without PTSD. Clinician-administered and self-report questionnaires assessed PTSD severity, dissociation, and mood. PTSD + veterans had significantly higher FA than exposed controls in the superior fronto-occipital fasciculus (SFOF) and borderline higher FA in the anterior corona radiata (ACR) and cingulum (CGC), controlling for age and neurovascular comorbidities. When lifetime alcohol use disorders was included, only the association of PTSD with SFOF-FA remained significant. Among PTSD + veterans, higher SFOF-FA was associated with greater mood disturbance, dissociative symptoms, and re-experiencing, while lower FA of the uncinate fasciculus (UF)
was associated with greater mood disturbance symptoms. Compared to combat-exposed controls without PTSD, veterans with PTSD exhibited higher white matter FA in the SFOF, and a similar tendency in the ACR and CGC, tracts involved in conflict-processing and spatial attention. Prior alcohol use might explain the associations of PTSD with ACR-FA and CGC-FA but not the association with SFOF-FA. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Trajectories of social anxiety in children: Influence of child cortisol reactivity and parental social anxiety.
Authors: Poole, Kristie L.; Van Lieshout, Ryan J.; McHolm, Angela E.; Cunningham, Charles E.; Schmidt, Louis A.;
Abstract: Few studies have examined the interactive effect of intra- and extra-individual vulnerability factors on the trajectory of social anxiety in children. In this study, we examined the joint influence of familial vulnerability (i.e., parental social anxiety) and child biological stress vulnerability (i.e., cortisol reactivity) on trajectories of social anxiety. Children (N = 112 (57 males), Mage = 8.14 years, S.D. = 2.25) were followed over three visits spanning approximately three years. Parental social anxiety was assessed using the Social Phobia and Anxiety Inventory, children's behavior and salivary cortisol reactivity were measured in response to a speech task, and children's social anxiety was assessed at all three visits using the Screen for Child Related Emotional Disorders (SCARED; Parent-report). A growth curve analysis was used to examine trajectories of child social anxiety as predicted by children's cortisol reactivity and parental social anxiety, adjusting for covariates. We found a significant interaction between parental social anxiety and child cortisol reactivity in predicting child social anxiety across time. Having a socially anxious parent coupled with heightened cortisol reactivity predicted the highest levels of child social anxiety, with scores that remained above clinically significant levels for social anxiety across all visits. Children with familial risk for social anxiety and who also exhibit high stress-reactivity appear to be at risk for persistent, clinically significant social anxiety. This highlights the importance of considering the interaction between both biological and contextual factors when considering the development, maintenance, and treatment of social anxiety in children across time. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Co-sleeping among school-aged anxious and non-anxious children: Associations with sleep variability and timing.
Authors: Palmer, Cara A.; Clementi, Michelle A.; Meers, Jessica M.; Alfano, Candice A.;
Abstract: Little is known about the co-sleeping behaviors of school-aged children, particularly among anxious youth who commonly present for the treatment of sleep problems. The current study examined the occurrence of co-sleeping in both healthy and clinically anxious children and its associated sleep patterns. A total of 113 children (ages 6–12), 75 with primary generalized anxiety disorder and 38 healthy controls, participated along with their primary caregiver. Families completed structured diagnostic assessments, and parents reported on their child’s co-sleeping behaviors and anxiety severity. Children provided reports of anxiety severity and completed one week of wrist-based actigraphy to assess objective sleep patterns. A significantly greater proportion of anxious youth compared to healthy children co-slept, and greater anxiety severity was related to more frequent co-sleeping. Co-sleeping in anxious youth was associated with a delay in sleep timing and with greater sleep variability (i.e., more variable nightly sleep duration). All analyses controlled for child age, race/ethnicity, family income, and parental marital status. Co-sleeping is highly common in anxious school-aged children, with more than 1 in 3 found to co-sleep at least sometimes (2–4 times a week). Co-sleeping was even more common for youth with greater anxiety severity.
Increased dependence on others to initiate and maintain sleep may contribute to poorer sleep in this population via shifted schedules and more variable sleep patterns. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:

Authors:
Woolhouse, Rachel; McKinlay, Audrey; Grace, Randolph C.;

Source:

Abstract:
Relatively little is known about the characteristics of female offenders. Here, we studied the prevalence of traumatic brain injury (TBI) and mental health issues in an exclusively female prison population in New Zealand. Participants (N = 38) were recruited from all security levels at Christchurch Women’s Prison. Measures for depression, anxiety, and stress, sleep, and a history of TBI were administered; 94.7% (36/38) of participants presented with a history of TBI. Younger age at first injury was associated with an increased risk of mental health problems. The study concludes that TBI is highly prevalent among female offenders and may be linked to increased mental health problems. TBI should be considered as an important factor in offender pathways and treatment programs. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Is suicidal behavior in mood disorders altered by comorbid PTSD?

Authors:
Lento, René M.; Carson-Wong, Amanda; Green, Jonathan D.; AhnAllen, Christopher G.; Kleespies, Phillip M.;

Source:
Crisis: The Journal of Crisis Intervention and Suicide Prevention Publisher: Hogrefe Publishing; [Journal Article]

Abstract:
Background: Suicide is a leading cause of death among US veterans. Associations between depression, posttraumatic stress disorder (PTSD), and suicidal behaviors have been found in this population, yet minimal research has explored how manifestations of self-injurious behavior (SIB) may vary among different diagnostic presentations. Aims: This study aimed to identify clinically useful differences in SIB among veterans who experience comorbid mood disorder and PTSD (CMP) compared with those who experience a mood disorder alone (MDA). Method: Participants were 57 US military veterans who reported an incident of intentional SIB. The semistructured Post Self-Injury/Attempted Self-Injury Debriefing Interview was used to examine characteristics of the SIB. Results: Veterans diagnosed with CMP were more likely than those with MDA to (a) report that the SIB was impulsive and (b) to be under the influence of substances at the time of self-injury. Limitations: Generalizability may be limited by small sample size and predominantly European American, male demographics. While highly relevant to routine clinical practice, caution is recommended, as study diagnoses were attained from medical records rather than structured interviews. Conclusion: Safety planning that emphasizes protection against impulsive suicide attempts (e.g., means restriction) may be especially important among veterans with comorbid mood disorder and PTSD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Evaluating patterns and predictors of symptom change during a three-week intensive outpatient treatment for veterans with PTSD.

Authors:
Zalta, Alyson K.; Held, Philip; Smith, Dale L.; Klassen, Brian J.; Lofgreen, Ashton M.; Normand, Patricia S.; Brennan, Michael B.; Rydberg, Thad S.; Boley, Randy A.; Pollack, Mark H.; Karnik, Niranjan S.;


Abstract:
Background: Intensive delivery of evidence-based treatment for posttraumatic stress disorder (PTSD) is becoming increasingly popular for overcoming barriers to treatment for veterans. Understanding how and for whom these intensive treatments work is critical for optimizing their dissemination. The goals of the current study were to evaluate patterns of PTSD and depression symptom change over the course of a 3-week cohort-based intensive outpatient program (IOP) for veterans with PTSD, examine changes in posttraumatic cognitions as a predictor of treatment response, and determine whether patterns of treatment outcome or predictors of treatment outcome differed by sex and cohort type (combat versus military sexual trauma [MST]). Method: One-hundred ninety-one veterans (19 cohorts: 12 combat-PTSD cohorts, 7 MST-PTSD cohorts) completed a 3-week intensive outpatient program for PTSD comprised of daily group and individual Cognitive Processing Therapy (CPT), mindfulness, yoga, and psychoeducation. Measures of PTSD symptoms, depression symptoms, and posttraumatic cognitions were collected before the intervention, after the intervention, and approximately every other day during the intervention. Results: Pre-post analyses for completers (N = 176; 92.1% of sample) revealed large reductions in PTSD (d = 1.12 for past month symptoms and d = 1.40 for past week symptoms) and depression symptoms (d = 1.04 for past 2 weeks). Combat cohorts saw a greater reduction in PTSD symptoms over time relative to MST cohorts. Reduction in posttraumatic cognitions over time significantly predicted decreases in PTSD and depression symptom scores, which remained robust to adjustment for autocorrelation. Conclusion: Intensive treatment programs are a promising approach for delivering evidence-based interventions to produce rapid treatment response and high rates of retention. Reductions in posttraumatic cognitions appear to be an important predictor of response to intensive treatment. Further research is needed to explore differences in intensive treatment response for veterans with combat exposure versus MST.


Title:
Chronic hippocampal abnormalities and blunted HPA axis in an animal model of repeated unpredictable stress.

Authors:
Algamal, Moustafa; Ojo, Joseph O.; Lungmus, Carlyn P.; Muza, Phillip; Cammarata, Constance; Owens, Margaret J.; Mouzon, Benoit C.; Diamond, David M.; Mullan, Michael; Crawford, Fiona;


Abstract:
Incidence of post-traumatic stress disorder (PTSD) ranges from 3 to 30% in individuals exposed to traumatic events, with the highest prevalence in groups exposed to combat, torture, or rape. To date, only a few FDA approved drugs are available to treat PTSD, which only offer symptomatic relief and variable efficacy. There is, therefore, an urgent need to explore new concepts regarding the biological responses causing PTSD. Animal models are an appropriate platform for conducting such studies. Herein, we examined the chronic behavioral and neurobiological effects of repeated unpredictable stress (RUS) in a mouse model. 12 weeks-old C57BL/6J male mice were exposed to a 21-day RUS paradigm consisting of exposures to a predator odor (TMT) whilst under restraint, unstable social housing, inescapable footshocks and social isolation. Validity of the model was assessed by comprehensive examination of behavioral outcomes at an acute timepoint, 3 and 6 months post-RUS; and molecular profiling was also conducted on brain and plasma samples at the acute and 6 months timepoints. Stressed mice demonstrated recall of traumatic memories, passive stress coping behavior, acute anxiety, and weight gain deficits when compared to control mice. Immunoblotting of amygdala lysates showed a dysregulation in the p75NTR/ProBDNF, and glutamatergic signaling in stressed mice at the acute timepoint. At 6 months after RUS, stressed mice had lower plasma corticosterone, reduced hippocampal CA1 volume and reduced brain-derived neurotrophic factor levels. In addition, glucocorticoid regulatory protein FKBP5 was downregulated in the hypothalamus of stressed mice at the same timepoint, together implicating an impaired hypothalamus-pituitary-adrenal-axis. Our model demonstrates chronic behavioral and neurobiological outcomes consistent with those reported in human PTSD cases and thus presents a
platform through which to understand the neurobiology of stress and explore new therapeutic interventions. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Self-stigma in PTSD: Prevalence and correlates.
Authors:
Bonfils, Kelsey A.; Lysaker, Paul H.; Yanos, Philip T.; Siegel, Alysia; Leonhardt, Bethany L.; James, Alison V.; Brustuen, Beth; Luedtke, Brandi; Davis, Louanne W.;
Source:
Abstract:
Self-stigma is the internalization of negative societal stereotypes about those with mental illnesses. While self-stigma has been carefully characterized in severe mental disorders, like schizophrenia, the field has yet to examine the prevalence and correlates of self-stigma in post-traumatic stress disorder (PTSD). Thus, we assessed self-stigma in veterans diagnosed with PTSD and compared with veterans with schizophrenia. We further examined associations between PTSD, depressive symptoms and self-stigma in the PTSD sample. Data came from two larger studies of people with PTSD (n = 46) and schizophrenia-spectrum disorders (n = 82). All participants completed the Internalized Stigma of Mental Illness Scale (ISMIS). Results revealed that people with schizophrenia report more experiences of discrimination as a result of stigma than do those with PTSD, but these diagnostic groups did not differ for other subscales. In the PTSD group, feelings of alienation positively correlated with PTSD and depressive symptoms; other subscales positively correlated with depressive symptoms only. Taken together, results suggest a significant level of self-stigma exists among veterans with PTSD, and that self-stigma has an effect on PTSD and commonly comorbid symptoms, like depression. Future work should investigate whether current self-stigma interventions for other groups could be applicable for those with PTSD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Individual differences in combat experiences and error-related brain activity in OEF/OIF/OND veterans.
Authors:
Khan, Narmeen I.; Burkhouse, Katie L.; Lieberman, Lynne; Gorka, Stephanie M.; DiGangi, Julia A.; Schroth, Christopher; Frederick, Alyssa; Kennedy, Amy E.; Aase, Darrin M.; Greenstein, Justin E.; Proescher, Eric; Hajcak, Greg; Phan, K. Luan;
Source:
Abstract:
Increased error-related negativity (ERN) has been implicated in the pathophysiology of multiple forms of psychopathology. Although there is increasing evidence that the ERN can be shaped by environment and experience, no studies to date have examined this question in a clinical sample. In the current study, we examined the influence of combat exposure on the ERN using electroencephalogram (EEG) in a sample of military veterans with a high prevalence of psychopathology. Participants included sixty-seven U.S. military veterans from Operations Enduring Freedom, Iraqi Freedom, and New Dawn (OEF/OIF/OND). The degree of combat exposure was assessed using the Deployment Risk and Resilience Inventory-2 (DRRI-2) and Combat Exposure Scale (CES). A well-validated flanker task was used to elicit the ERN during continuous EEG recording. Results revealed that veterans who reported experiencing greater combat exposure exhibited a more enhanced ERN, even when adjusting for broad anxiety and posttraumatic stress disorder (PTSD) symptoms. The association between combat exposure and ERN was not moderated by PTSD symptom severity. The current study demonstrates that greater combat exposure is associated with a more enhanced ERN among OEF/OIF/OND veterans. This enhanced ERN may be one mechanism that places veterans at greater risk for developing psychiatric disorders following exposure to combat. Future longitudinal studies are needed to directly test whether the ERN mediates the relation between level of combat exposure and the development of internalizing disorders. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Escalation from normal appearance related intrusive cognitions to clinical preoccupations in Body Dysmorphic Disorder: A cross-sectional study.

Authors: Giraldo-O'Meara, Martha; Belloch, Amparo;


Abstract: Current cognitive approaches to Body Dysmorphic Disorder (BDD) assume that appearance-related intrusive cognitions and their functional consequences characterize the disorder, in a similar way that obsessive intrusive thoughts characterize the Obsessive-Compulsive Disorder (OCD). This study explores whether normal but unwanted appearance-related intrusive thoughts (AITs), escalate to clinical AITs when they are dysfunctionally appraised and instigate counterproductive neutralizing strategies. From a sample of 344 non-clinical individuals who reported a highly upsetting AIT during the past three months two subgroups were extracted according to their high (n = 68) and low (n = 276) vulnerability to BDD. The subjects in the high-risk group obtained significantly higher scores on the frequency of the most disturbing AIT and its emotional impact, interference, and appraisals evaluated with the Appearance Intrusions Questionnaire (AIQ). Additionally, two subgroups of 15 subjects each, with high and low risk to BDD, were formed and their scores were compared to 10 patients with BDD. The AIT had a greater emotional negative impact and more severe consequences on individuals with BDD compared to individuals at high-risk of BDD, which in turn, reported worse consequences of the AIT than those at low-risk. These results empirically support the similarities between BDD and OCD regarding their functional and phenomenological characteristics. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Phagophobia successfully treated with low-dose aripiprazole in an adolescent: A case report.

Authors: Sivri, Rukiye Çolak; Gülşen, Hayriye Hizarcıoğlu; Yilmaz, Arzu;


Abstract: Phagophobia is a condition characterized by an avoidance of swallowing foods and an intense fear of choking while eating solid foods in the absence of physiological and anatomical abnormalities. Phagophobia is mentioned in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition and International Classification of Diseases, 11th Edition in the new diagnostic category of avoidant/restrictive food intake disorder. The literature concerning phagophobia is sparse, and there is no specific treatment modality for this life-threatening condition. We describe a case of phagophobia in a 15-year-old girl who was treated successfully with low-dose aripiprazole as an augmentation therapy after she witnessed her father choking while eating chicken. To our knowledge, this is the first report showing that phagophobia was successfully treated with aripiprazole. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: A comparison of psychological symptoms in survivors of sex and labor trafficking.

Authors: Hopper, E. K.; Gonzalez, L. D.;

Source: Behavioral Medicine, Vol 44(3), Jul-Sep, 2018 pp. 177-188. Publisher: Taylor & Francis; [Journal Article]

Abstract: Human trafficking is a form of interpersonal trauma that has significant mental health impacts on survivors. This study examined psychological symptoms in 131 survivors of sex and labor trafficking, including
people trafficked into or within the United States. High rates of depression (71%) and posttraumatic stress disorder (PTSD) (61%) were identified. Two thirds of survivors also met criteria for multiple categories of Complex PTSD (C-PTSD), including affect dysregulation and impulsivity; alterations in attention and consciousness; changes in interpersonal relationships; revictimization; somatic dysregulation; and alterations in self-perception. Although there were not significant differences in the prevalence rates of diagnoses of PTSD or depression between survivors of sex and labor trafficking, important group differences were identified. Compared to survivors of labor trafficking, sex trafficking survivors had higher prevalence rates of pre-trafficking childhood abuse and a higher incidence of physical and sexual violence during trafficking. They reported more severe post-trauma reactions than labor trafficking survivors, including more PTSD and C-PTSD symptoms. They were also more likely to meet criteria for comorbid PTSD and depression, while labor trafficking survivors were more likely than sex trafficking survivors to meet criteria for depression alone. An analysis of gender differences found that trafficking survivors who identified as transgender endorsed more PTSD and C-PTSD symptoms, than male or female survivors. Childhood abuse exposure was linked to PTSD and C-PTSD in trafficking survivors, and trafficking type was predictive of the number of trauma-related symptoms beyond the role of pre-trafficking child abuse. Implications for assessment and intervention with trafficking survivors are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Examining predictors of help-seeking behaviours in patients with mood and anxiety symptoms.


Abstract: Relatively little is known about individual characteristics that factor into the decision to seek help for mood and anxiety symptoms. The current study was undertaken in order to examine factors that predict the likelihood of seeking help for mood and anxiety symptoms amongst a clinical population. Patients (N = 278) referred to a tertiary care clinic in Toronto, Canada were asked about their help-seeking behaviours (HSB) through initial intake assessments and self-administered questionnaires, including the Beck Anxiety Inventory, Anxiety Sensitivity Index, Intolerance of Uncertainty Scale, and Beck Depression Inventory-II. Correlates of anxiety and depression were examined to determine whether they could predict HSB amongst individuals with Generalized Anxiety Disorder with or without comorbid Major Depressive Disorder, as well as Panic Disorder and Social Anxiety Disorder. Psychiatric diagnoses were then examined to determine whether comorbidity and demographic factors impacted HSB. Results indicated that there were significant differences in anxiety and depression correlating mainly with anxiety sensitivity, as a predictor of HSB, and that there is a complex relationship between disorder type and demographic variables. The implications of these findings and suggested targeted interventions are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Social support, dysfunctional coping, and community reintegration as predictors of PTSD among human trafficking survivors.

Authors: Okech, David; Hansen, Nathan; Howard, Waylon; Anarfi, John K.; Burns, Abigail C.;


Abstract: Human trafficking exerts psychological effects on survivors that persist after intervention, and even after community reintegration. Effects include anxiety, depression, alienation, disorientation, aggression, suicidal ideation, attention deficit, and posttraumatic stress disorder (PTSD). Community supports and coping mechanisms may mitigate these effects. The report presented here is part of a long-term program of research to develop and test evidence-informed mental health and human capacity-building intervention
programs for women and girls who are victims of trafficking. Structural equation modeling was used to assess a conditional process model (moderated mediation) of the effect of social support, coping, and community reintegration on PTSD among n = 144 girls and women. Participants received psychosocial intervention at a residential care facility for trafficking survivors. Results indicate model fit was excellent. Results indicate community reintegration indirectly influenced PTSD through its effect on perceived social support. Survivors who reported more difficulty reintegrating back into the community perceived less social support than those that reported easier community reintegration, and trafficking survivors who perceived less social support indicated more PTSD. Survivors with more PTSD symptoms tended to report using more dysfunctional coping mechanisms. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Developing image sets for inducing obsessive-compulsive checking symptoms.

Authors:
Brooks, Helena; Kichuk, Stephen A.; Adams, Thomas G.; Koller, William N.; Eken, H. Nur; Rance, Mariela; Monahan, Shelby; Wasylink, Suzanne; Kelmendi, Benjamin; Pittenger, Christopher; Gruner, Patricia; Hampson, Michelle;

Source:

Abstract:
Visual stimuli are often used for obsessive-compulsive (OC) symptom provocation in research studies. We tested the induction of anxiety and OC checking symptoms across different types of checking provocation stimuli in three populations: individuals with obsessive compulsive disorder (OCD), individuals with checking symptoms but without a diagnosis of OCD, and control individuals with neither checking symptoms nor a clinical diagnosis. One set of provocative images depicted objects that are commonly associated with checking anxiety. Another set (‘enhanced provocative images’) depicted similar objects but also included contextual cues suggesting a specific harmful scenario that could occur. As expected, the enhanced provocative images were more effective at inducing anxiety and OC symptoms than the standard provocative images. Future studies requiring checking symptom provocation should therefore consider incorporating similarly suggestive images. Individuals with clinical OCD reported the greatest provocation in response to these images, followed by those with nonclinical checking, followed by control individuals. Thus, these stimuli are able to provoke OC checking symptoms and anxiety differentially across groups, with the intensity of provocation reflecting diagnostic status. All groups demonstrated a similar qualitative pattern of provocation across images. Finally, in all groups, reported anxiety closely tracked intrusive thoughts and checking urges. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
The association between PTSD and facial affect recognition.

Authors:
Williams, Christian L.; Milanak, Melissa E.; Judah, Matt R.; Berenbaum, Howard;

Source:

Abstract:
The major aims of this study were to examine how, if at all, having higher levels of PTSD would be associated with performance on a facial affect recognition task in which facial expressions of emotion are superimposed on emotionally valenced, non-face images. College students with trauma histories (N = 90) completed a facial affect recognition task as well as measures of exposure to traumatic events, and PTSD symptoms. When the face and context matched, participants with higher levels of PTSD were significantly more accurate. When the face and context were mismatched, participants with lower levels of PTSD were more accurate than were those with higher levels of PTSD. These findings suggest that PTSD is associated with how people process affective information. Furthermore, these results suggest that the enhanced attention of people with higher levels of PTSD to affective information can be either beneficial or detrimental to their ability to accurately identify facial expressions of emotion. Limitations, future directions and clinical implications are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Validation, reliability, and specificity of CliniCom™ Psychiatric Assessment Software.  
Authors: Handal, Nelson; LePage, James; Dayley, Philip; Baldwin, Barbara; Roeser, Amellia; Kay, Joni; Theobald, Heather Ann; Nellamattathil, Michael; Droter, Scott; Weir, Connor; Tindell, Neil; Tice, Kevin;  
Abstract: The purpose of this study was to determine the specificity and reproducibility of CliniCom™ Psychiatric Assessment Software to appropriately diagnose five prevalent mental health disorders. This online assessment tool incorporates proprietary algorithms for its propensity assessment. Unlike other questionnaires, which require a survey per specific mental disorder, CliniCom can simultaneously assess multiple mental disorders for an individual. CliniCom was concordant with other commonly used assessment tools in diagnosing five prevalent disorders including: Attention Deficit and Hyperactivity Disorder, Generalized Anxiety Disorder, Major Depressive Disorder, Obsessive Compulsive Disorder, and Social Phobia. The online tool was overall 78% concordant in diagnosing the same disorder during a test-retest analysis. When subjects exhibited two, three, or four disorders, the tool was less consistent in diagnosing the same set of disorders during the test-retest analysis (53% concordant). However, if evaluated as individual disorders within subjects, the more persistent disorders had a higher rate of concordance: MDD (83.3%), ADHD (81.0%), and OCD (68.4%). This study proposes CliniCom as an online assessment tool that demonstrates specificity in identifying specific psychiatric conditions and shows reproducibility over multiple administrations. (PsycINFO Database Record (c) 2018 APA, all rights reserved) 

Title: Maladaptive behaviours associated with generalized anxiety disorder: An item response theory analysis.  
Authors: Mahoney, Alison E. J.; Hobbs, Megan J.; Newby, Jill M.; Williams, Alishia D.; Andrews, Gavin;  
Abstract: Background: Cognitive models of generalized anxiety disorder (GAD) suggest that maladaptive behaviours may contribute to the maintenance of the disorder; however, little research has concentrated on identifying and measuring these behaviours. To address this gap, the Worry Behaviors Inventory (WBI) was developed and has been evaluated within a classical test theory (CTT) approach. Aims: As CTT is limited in several important respects, this study examined the psychometric properties of the WBI using an Item Response Theory approach. Method: A large sample of adults commencing treatment for their symptoms of GAD (n = 537) completed the WBI in addition to measures of GAD and depression symptom severity. Results: Patients with a probable diagnosis of GAD typically engaged in four or five maladaptive behaviours most or all of the time in an attempt to prevent, control or avoid worrying about everyday concerns. The two-factor structure of the WBI was confirmed, and the WBI scales demonstrated good reliability across a broad range of the respective scales. Together with previous findings, our results suggested that hypervigilance and checking behaviours, as well as avoidance of saying or doing things that are worrisome, were the most relevant maladaptive behaviours associated with GAD, and discriminated well between adults with low, moderate and high degrees of the respective WBI scales. Conclusions: Our results support the importance of maladaptive behaviours to GAD and the utility of the WBI to index these behaviours. Ramifications for the classification, theoretical conceptualization and treatment of GAD are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Incidence and clinical features of panic related posttraumatic stress.
Authors: Shasha, Tomer; Dolgin, Michael J.; Tzur Bitan, Dana; Somer, Eli;
Source: Journal of Nervous and Mental Disease, Vol 206(7), Jul, 2018 pp. 501-506. Publisher: Lippincott Williams & Wilkins; [Journal Article]
Abstract: The current study assessed the incidence and associated features of posttraumatic stress after the experience of panic. One hundred seventy-eight participants meeting diagnostic criteria for panic attacks (PAs) were assessed using standardized measures of posttraumatic symptoms and posttraumatic stress disorder (PTSD) in specific reference to their experience of panic. Sixty-three (35.4%) participants scored above the cutoff for PTSD in reference to the worst PA they had experienced. Adjusted means for the four PTSD symptom clusters indicate that panic-related posttraumatic symptoms are, on average, experienced 'moderately' to 'quite a bit.' Panic-related posttraumatic symptoms and PTSD were best predicted by specific features of the panic experience itself, including subjective levels of distress, fear of losing control, chest pain, agoraphobia, and number of PAs experienced. These findings are discussed in terms of the diagnostic, prognostic, and treatment implications for a subset of individuals presenting with panic who may also have panic-related PTSD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Difficulties in conducting long term follow ups in psychotherapy research—Issues in the literature and data from a randomized therapy comparison study for posttraumatic stress disorder.
Authors: König, Julia; Karl, Regina; Rosner, Rita; Butollo, Willi;
Source: Journal of Nervous and Mental Disease, Vol 206(7), Jul, 2018 pp. 513-521. Publisher: Lippincott Williams & Wilkins; [Journal Article]
Abstract: Studies of psychotherapy for posttraumatic stress disorder (PTSD) typically encompass short follow-up periods, leading to a dearth of information on the long-term course of symptoms after treatment. We summarize existing long-term follow-up studies and highlight the issues making such research difficult. In this context, we report on a 2-year follow-up on a randomized treatment study comparing dialogical exposure therapy and cognitive processing therapy for adults with PTSD after type I trauma. Many of the problems connected to long-term follow-up also pertained to this study. Attrition was high, and the recruited sample was not representative of the study completers. Gains made during therapy were mostly stable, with no significant differences between interventions. At least for an originally successful subset of patients, the gains made during both treatments in our study tended to stay stable 2 years after the end of treatment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Can religious coping and depressive symptoms predict clinical outcome and quality of life in panic disorder? A Brazilian longitudinal study.
Authors: Zimpel, Rogério R.; Panzini, Raquel Gehrke; Bandeira, Denise Ruschel; Heldt, Elizeth; Manfro, Gisele Gus; Fleck, Marcelo P.; da Rocha, Neusa Sica;
Source: Journal of Nervous and Mental Disease, Vol 206(7), Jul, 2018 pp. 544-548. Publisher: Lippincott Williams & Wilkins; [Journal Article]
Abstract: Few studies have investigated the relationship between spiritual/religious coping (S/R coping) and panic disorder (PD). This Brazilian longitudinal study evaluated if S/R coping and depressive symptoms can predict PD remission and improved quality of life (QoL). There were 101 outpatients with PD who were
followed up for 12 to 16 weeks. The prevalence ratio (PR) between positive S/R coping and negative S/R coping and PD remission was assessed, as well as the association between positive S/R coping and negative S/R coping and QoL. After adjusting for confounding factors, positive S/R coping presented an inverse PR with PD remission, which was not statistically significant (0.88; p = 0.075). There was no association between S/R coping and QoL. Depressive symptoms were negatively associated with PD remission (PR = 0.97; p < 0.01) and were not predictive of a better QoL. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: A preliminary examination of the effects of transdiagnostic versus single diagnosis protocols on anger during the treatment of anxiety disorders.
Authors: Cassiello-Robbins, Clair; Sauer-Zavala, Shannon; Wilner, Julianne G.; Bentley, Kate H.; Conklin, Laren R.; Farchione, Todd J.; Barlow, David H.;
Source: Journal of Nervous and Mental Disease, Vol 206(7), Jul, 2018 pp. 549-554. Publisher: Lippincott Williams & Wilkins; [Journal Article]
Abstract: Dysregulated anger is often present in the emotional (i.e., anxiety, mood, and related) disorders; however, it is rarely targeted in treatment. Transdiagnostic treatments, which focus on processes that contribute to dysregulated emotions across the range of psychopathology, might represent an efficient way to treat this anger. Using a subset of data from a recently completed equivalency trial comparing the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders (UP) to single diagnosis protocols (SDPs) for specific disorders, this study began exploring whether the UP led to great reductions in anger compared with the SDPs. Results indicated that there was a small, nonsignificant, decrease in anger in the UP condition, whereas there was a moderate, nonsignificant increase in anger in the SDP condition. At posttreatment, UP patients had significantly lower anger scores than patients who received an SDP. These preliminary results suggest that transdiagnostic treatments may be well poised to target dysregulated anger in the context of emotional disorders. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Decreases in suicide cognitions after cognitive processing therapy among veterans with posttraumatic stress disorder due to military sexual trauma: A preliminary examination.
Authors: Holliday, Ryan; Holder, Nicholas; Monteith, Lindsey L.; Surís, Alina;
Source: Journal of Nervous and Mental Disease, Vol 206(7), Jul, 2018 pp. 575-578. Publisher: Lippincott Williams & Wilkins; [Journal Article]
Abstract: Posttraumatic stress disorder (PTSD) is associated with suicidal ideation (SI) and suicidal self-directed violence (SDV). Military sexual trauma (MST) is a common precursor to PTSD among veterans. Survivors of MST are more likely to be diagnosed with PTSD and are at greater risk for SI than survivors of other forms of trauma. Suicide-specific beliefs (e.g., unlovability, unbearability, unsolvability) have been shown to be strong predictors of SI and future suicidal SDV. Suicide-specific beliefs were examined over the course of treatment and follow-up in 32 veterans (23 women, 9 men) who received cognitive processing therapy (CPT) for MST-related PTSD. Hierarchical linear models revealed that veterans who received CPT had significant reductions in suicide-specific cognitions regarding unbearability, unlovability, and unsolvability. These preliminary findings warrant replication in a randomized controlled trial with a larger sample that includes participants with more acute suicidal intent. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Dysfunction by disclosure? Stereotype threat as a source of secondary neurocognitive malperformance in obsessive-compulsive disorder.
Authors: Moritz, Steffen; Spirandelli, Karla; Happach, Insa; Lion, Despina; Berna, Fabrice;
Abstract: Objectives: There is mixed evidence regarding whether patients with obsessive-compulsive disorder (OCD) display substantial neurocognitive deficits. Several studies implicate poor motivation, comorbid disorders, or distraction due to obsessive thoughts as potential causes of secondary malperformance. The present study examined the impact of stereotype threat (i.e., confrontation with a negative stereotype may impair performance) on neuropsychological functioning in individuals with OCD. We hypothesized that a stereotype threat cue emphasizing neurocognitive deficits in OCD (as is often conveyed in disclosure and consent documents that inform patients about the purpose of a study) would compromise patients' test performance relative to a control group who did not receive such cue. Methods: Fifty participants with either a verified or a likely diagnosis of OCD were recruited online and randomly assigned to either an experimental condition aimed to elicit stereotype threat or a control condition. Both groups underwent (objective) memory and attention (Go/NoGo task) assessments and completed questionnaires capturing psychopathology, cognitive complaints, and self-stigma. Results: As hypothesized, patients in the stereotype threat condition performed worse on the Go/NoGo task. Groups did not differ on any other measures. Conclusions: Stereotype threat negatively impacted neuropsychological performance on an attention task. The threat cue was perhaps too weak or the stereotype threat was already internalized by the patients and 'saturated' at baseline so that no effect emerged on the other measures. Implications for clinical trials are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Empirically derived lifespan polytraumatization typologies: A systematic review.
Authors: Contractor, Ateka A.; Caldas, Stephanie; Fletcher, Shelley; Shea, M. Tracie; Armour, Cherie;
Abstract: Context: Polytraumatization classes based on trauma endorsement patterns relate to distinct clinical outcomes. Person-centered approaches robustly evaluate the nature, and construct validity of polytraumatization classes. Objective: Our review examined evidence for the nature and construct validity of lifespan polytraumatization typologies. Data sources: In September 2016, we searched Pubmed, PSYCINFO, PSYC ARTICLES, Academic Search Complete, PILPTS, Web of Science, CINAHL, Medline, PsycEXTRA, and PBSC. Search terms included 'latent profile,' 'latent class,' 'latent analysis,' 'person-centered,' 'polytrauma,' 'polyvictimization,' 'traumatization,' 'lifetime,' 'cooccurring,' 'complex,' 'typology,' 'multidimensional,' 'sequential,' 'multiple,' 'subtype,' '(re)victimization,' 'cumulative,' 'maltreatment,' 'abuse,' and 'stressor.' Inclusionary criteria included: peer-reviewed; latent class/latent profile analyses (LCA/LPA) of lifespan polytrauma classes; adult samples of size greater than 200; only trauma types as LCA/LPA indicators; mental health correlates of typologies; and individual-level trauma assessment. Of 1,397 articles, nine met inclusion criteria. Data extraction: Following Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, research assistants completed a secondary reference search, and independently extracted data with standardized coding forms. Results: Three-class (n = 5) or four-class (n = 4) solutions were found. Seven studies found a class characterized by higher trauma endorsement (high-trauma). All studies found a class characterized by lower trauma endorsement (low-trauma), and predominance of specific traumas (specific-trauma; e.g., childhood maltreatment). High-trauma versus low-trauma classes and specific-trauma versus low-trauma classes differed on mental health correlates. Conclusion: Evidence supports the prevalence of a high-trauma class experiencing poorer mental health, and the detrimental impact of aggregated interpersonal and other traumas. We highlight the clinical importance of addressing polytraumatization classes, and comprehensively assessing the impact of all traumas. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: The influence of mindfulness, self-compassion, psychological flexibility, and posttraumatic stress disorder on disability and quality of life over time in war veterans.

Authors: Meyer, Eric C.; Frankfurt, Sheila B.; Kimbrel, Nathan A.; DeBeer, Bryann B.; Gulliver, Suzy B.; Morissette, Sandra B.;


Abstract: Objectives: Posttraumatic stress disorder (PTSD) strongly predicts greater disability and lower quality of life (QOL). Mindfulness-based and other third-wave behavior therapy interventions improve well-being by enhancing mindfulness, self-compassion, and psychological flexibility. We hypothesized that these mechanisms of therapeutic change would comprise a single latent factor that would predict disability and QOL after accounting for PTSD symptom severity. Method: Iraq and Afghanistan war veterans (N = 117) completed a study of predictors of successful reintegration. Principal axis factor analysis tested whether mindfulness, self-compassion, and psychological flexibility comprised a single latent factor. Hierarchical regression tested whether this factor predicted disability and QOL 1 year later. Results: Mindfulness, self-compassion, and psychological flexibility comprised a single factor that predicted disability and QOL after accounting for PTSD symptom severity. PTSD symptoms remained a significant predictor of disability but not QOL. Conclusions: Targeting these mechanisms may help veterans achieve functional recovery, even in the presence of PTSD symptoms. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Sleep quality and emotion regulation interact to predict anxiety in veterans with PTSD.

Authors: Mantua, Janna; Helms, Steven M.; Weymann, Kris B.; Capaldi, Vincent F. II; Lim, Miranda M.;


Abstract: Posttraumatic stress disorder (PTSD) is a debilitating and common consequence of military service. PTSD is associated with increased incidence of mood disturbances (e.g., anxiety). Additionally, veterans with PTSD often have poor-quality sleep and poor emotion regulation ability. We sought to assess whether such sleep and emotion regulation deficits contribute to mood disturbances. In 144 veterans, using a double moderation model, we tested the relationship between PTSD and anxiety and examined whether sleep quality and emotion regulation interact to moderate this relationship. We found that PTSD predicts higher anxiety in veterans with poor and average sleep quality who utilize maladaptive emotion regulation strategies. However, there was no relationship between PTSD and anxiety in individuals with good sleep quality, regardless of emotion regulation. Similarly, there was no relationship between PTSD and anxiety in individuals with better emotion regulation, regardless of sleep quality. Results were unchanged when controlling for history of traumatic brain injury (TBI), despite the fact that those with both PTSD and TBI had the poorest emotion regulation overall. Taken together, these results suggest that good-quality sleep may be protective against poor emotion regulation in veterans with PTSD. Sleep may therefore be a target for therapeutic intervention in veterans with PTSD and heightened anxiety. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Development and validation of the New Somatomorphic Matrix–Male: A figural rating scale for measuring male actual–ideal body discrepancy.
This study aimed to develop and examine the validity evidence of the New Somatomorphic Matrix–Male (NSM-M) as a measure of actual–ideal body discrepancy. The NSM-M is a visual matrix of 34 male bodies that vary along two dimensions: body fat percentage (range = 4–40%) and muscularity (fat-free mass index; range = 16.5–30 kg/m²; 36.4–66.1 lbs/m²). In Study 1, participants were 2,733 sexual minority males recruited via a geosocial networking smartphone application. Participants selected their 'actual' and 'ideal' bodies on the NSM-M and additionally completed questionnaires measuring body dissatisfaction, eating disorder symptoms, quality of life, and anabolic steroid use. In Study 2, participants were 33 males from a community sample. They completed the NSM-M across two sessions, 7–14 days apart. NSM-M scores demonstrated concurrent and convergent validity as a measure of male body dissatisfaction. In addition, NSM-M scores discriminated between steroid users and nonusers, and between body mass index categories. The NSM-M also demonstrated sound test–retest reliability across a 7- to 14-day period. In sum, the NSM-M is validated figural measure of male actual–ideal body discrepancy with notable strengths, including fast administration time and enhanced ecological validity. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Depression

Title:
Brief multifamily Psychoeducation for family members of patients with chronic major depression: A randomized controlled trial.

Authors:
Katsuki, Fujika; Takeuchi, Hiroshi; Inagaki, Takahiko; Maeda, Tohru; Kubota, Yosuke; Shiraiishi, Nao; Tabuse, Hideaki; Kato, Tadashi; Yamada, Atsurou; Watanabe, Norio; Akechi, Tatsuou; Furukawa, Toshiaki A.;

Source:
BMC Psychiatry, Vol 18, Jun 22, 2018 ArtID: 207. Publisher: BioMed Central Limited; [Journal Article]

Abstract:
Background: Major depressive disorder (MDD) is a common and often chronic problem. Patients with chronic MDD often have negative impacts on the health of their families. Family psychoeducation is recognized as part of the optimal treatment for patients with psychotic disorder, and has been shown to reduce the rate of relapse in individuals with schizophrenia and to reduce the burden on their caregivers. Thus, we predict that family psychoeducation has the potential to reduce the burden on the caregivers of patients with chronic MDD. In the present study, we aimed to investigate the effects of brief multifamily psychoeducation (BMP) on the mental health status of family members of patients with chronic MDD.

Methods: We conducted a clinical trial consisting of 49 chronic MDD patients and their families. Each family was randomly assigned to either the BMP intervention group or the control group. The intervention group received four BMP sessions, once every two weeks for eight weeks. The control group received one counseling session administered by a nurse. All patients received standard treatment administered by physicians. The primary outcome measurement was the Kessler Screening Scale for Psychological Distress (K6) score of family members at 16 weeks after the first BMP session. Secondary outcomes were depressive symptoms of both family members and patients at multiple time points, as well as family functioning as evaluated by the patients. Intention-to-treat analyses were conducted. Results: There was no statistically significant effect of BMP on K6 scores at 16 weeks (mean difference 1.17, 95% confidence interval: −0.63 to 2.98, P = 0.19). Exploratory analyses revealed that BMP reduced depressive symptoms in family members at 8 weeks (difference = −3.37, 95%CI -6.32 to −0.43, P = 0.02) and improved family functioning at multiple time points (Role; 8 W, difference = −0.13, 95%CI -0.26 to −0.00, P = 0.04, Affective Responsiveness; 8 W, difference = −0.24, 95%CI -0.43 to −0.05, P = 0.01, 32 W, difference = −0.22, 95%CI -0.41 to −0.03, P = 0.02, Behavior Control; 16 W, difference = −0.17, 95%CI -0.34 to −0.00, P = 0.04). Conclusions: Four BMP sessions did not significantly reduce the psychological distress of family members of patients with chronic MDD.


Title:

Authors:
Samokhvalov, Andriy V.; Probst, Charlotte; Awan, Saima; George, Tony P.; Le Foll, Bernard; Voore, Peter; Rehm, Jürgen;

Source:

Abstract:
Background: In 2013, an Integrated Care Pathway (ICP) for concurrent Major Depressive (MDD) and Alcohol Use (AUD) Disorders was developed at the Centre for Addiction and Mental Health (CAMH), Toronto, Ontario, Canada. The ICP was further implemented at 8 other clinical sites across Ontario (the DA VINCI Project) in 2015–2017. The goal of this study was to systematically describe and analyze the main clinical outcomes of the project. Methods: Data on a non-randomized cohort of patients receiving ICP-based treatment were collected prospectively at nine clinical sites in a variety of clinical settings. Statistical methods: descriptive statistics, t-test, chi-square, ANOVA, generalized linear models. Results: Two hundred forty-six patients were enrolled, 58.8% males, mean age was 45.6 years, 170 patients
received treatment at academic health centres (AHC), 49—at community hospitals (CH) and 27—in family health teams (FHT). There were no major differences in anamnestic parameters and depression severity between the three settings, but there were differences in baseline drinking patterns between subgroups (F = 4.271, df = 2, p = 0.015). Overall completion rate was 70.7% with no significant variation between settings (χ² = 3.35, df = 2, p = 0.19). Treatment duration in AHC was the longest, and completion rates were the highest. There was a statistically significant and clinically meaningful reduction in the number of drinking days per week (1.81, t = 8.78, p < 0.001). The cohort overall demonstrated significant and meaningful reduction in severity of cravings (Penn Alcohol Craving Scale: 4.42, t = 6.83, p < 0.001) and depressive symptoms (Quick Inventory of Depressive Symptomatology: 4.25, t = 11.26, p < 0.001). While some of the baseline patient characteristics and treatment parameters varied between the settings, the variation in clinical outcomes was mostly insignificant, though clinical improvement was more pronounced in academic setting and with individual therapy. Conclusions: The study demonstrated that ICP is a feasible and effective treatment for concurrent AUD and MDD that delivers meaningful clinical improvement in a variety of settings. A randomized controlled study is needed to properly compare the treatment outcomes between ICP model and treatment as usual and to further explore the role of various factors on treatment outcomes. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Electroencephalogram alpha asymmetry in patients with depressive disorders: Current perspectives.

Authors: Kaiser, Andreas Kurt; Gnjezda, Maria-Theresa; Knasmüller, Stephanie; Aichhorn, Wolfgang;


Abstract: Purpose: Electroencephalogram (EEG) alpha asymmetry (AA) in depressive disorders has been of interest over the last few decades, but it continues to remain unclear whether EEG AA can discriminate between healthy and depressive individuals. Materials and methods: A systematic literature search for papers addressing EEG AA using the keywords alpha asymmetry, depression, and EEG was performed in PubMed. All studies were checked for sample size, gender, handedness, reference, recording protocol, EEG band range, impedance, type of analysis, drugs, and comorbidity. Results: A total of 61 articles were found, of which 44 met our inclusion criteria. They have been consecutively analyzed in respect of methodology and results. Approximately 25% (11/44) of the studies did not mention or ignored handedness, 41% (18/44) of the studies used data with only self-reported handedness, and only 34.1% (15/44) of all studies tested handedness. Only 35% (15/44) of the studies reported pharmacological treatment, and only 35% (15/44) of the studies controlled for medication. A total of 52% (23/44) of the studies reported comorbidity, and only 30% (13/44) of the studies controlled for comorbidity. Only 29.6% (13/44) of the studies reported education. In all, 30.5% (13/44) of the studies analyzed group differences and correlations, while 15.9 (7/44) of the studies used only correlational analyses. A total of 52.3% (23/44) of the studies analyzed only group differences. Alpha range was fixed (8–13 Hz) in 59.1% (26/44) of all studies. Reference to common average was used in seven of 44 studies (15.9%). In all, nine of 44 (20.5%) studies used the midline central position as reference, 22 of 44 (50%) studies used the ear or the mastoid as reference, and four of 44 (9.1%) studies used the nose as reference. Conclusion: Discriminative power of EEG AA for depressed and healthy controls remains unclear. A systematic analysis of 44 studies revealed that differences in methodology and disregarding proper sampling are problematic. Ignoring handedness, gender, age, medication, and comorbidity could explain inconsistent findings. Hence, we formulated a guideline for requirements for future studies on EEG AA in order to allow for better comparisons. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Plasma disturbance of phospholipid metabolism in major depressive disorder by integration of proteomics and metabolomics.

Authors:
Gui, Si-Wen; Liu, Yi-Yun; Zhong, Xiao-Gang; Liu, Xinyu; Zheng, Peng; Pu, Jun-Cai; Zhou, Jian; Chen, Jian-Jun; Zhao, Li-Bo; Liu, Lan-Xiang; Xu, Guowang; Xie, Peng;


Abstract:
Introduction: Major depressive disorder (MDD) is a highly prevalent mental disorder affecting millions of people worldwide. However, a clear causative etiology of MDD remains unknown. In this study, we aimed to identify critical protein alterations in plasma from patients with MDD and integrate our proteomics and previous metabolomics data to reveal significantly perturbed pathways in MDD. An isobaric tag for relative and absolute quantification (iTRAQ)-based quantitative proteomics approach was conducted to compare plasma protein expression between patients with depression and healthy controls (CON). Methods: For integrative analysis, Ingenuity Pathway Analysis software was used to analyze proteomics and metabolomics data and identify potential relationships among the differential proteins and metabolites. Results: A total of 74 proteins were significantly changed in patients with depression compared with those in healthy CON. Bioinformatics analysis of differential proteins revealed significant alterations in lipid transport and metabolic function, including apolipoproteins (APOE, APOC4 and APOA5), and the serine protease inhibitor. According to canonical pathway analysis, the top five statistically significant pathways were related to lipid transport, inflammation and immunity. Conclusion: Causal network analysis by integrating differential proteins and metabolites suggested that the disturbance of phospholipid metabolism might promote the inflammation in the central nervous system. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Neural basis of depression related to a dominant right hemisphere: A resting-state fMRI study.
Authors: Li, Mi; Xu, Hongpei; Lu, Shengfu;

Abstract: Background: In the past, studies on the lateralization of the left and right hemispheres of the brain suggested that depression is dominated by the right hemisphere of the brain, but the neural basis of this theory remains unclear. Method: Functional magnetic resonance imaging of the brain was performed in 22 depressive patients and 15 healthy controls. The differences in the mean values of the regional homogeneity (ReHo) of two groups were compared, and the low-frequency amplitudes of these differential brain regions were compared. Results: The results show that compared with healthy subjects, depressive patients had increased ReHo values in the right superior temporal gyrus, right middle temporal gyrus, left inferior temporal gyrus, left middle temporal gyrus, right middle frontal gyrus, triangular part of the right inferior frontal gyrus, orbital part of the right inferior frontal gyrus, right superior occipital gyrus, right middle occipital gyrus, bilateral anterior cingulate, and paracingulate gyri; reduced ReHo values were seen in the right fusiform gyrus, left middle occipital gyrus, left lingual gyrus, and left inferior parietal except in the supramarginal and angular gyri. Conclusions: The results show that regional homogeneity mainly occurs in the right brain, and the overall performance of the brain is such that right hemisphere synchronization is enhanced while left hemisphere synchronization is weakened. ReHo abnormalities in the resting state can predict abnormalities in individual neurological activities that reflect changes in the structure and function of the brain; abnormalities shown with this indicator are the neuronal basis for the phenomenon that the right hemisphere of the brain has a dominant effect on depression. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Testing for depressive realism in a clinically depressed sample.
Authors: Venkatesh, Shruti; Moulds, Michelle L.; Mitchell, Christopher J.;
Source:
Abstract:
The depressive-realism effect refers to a phenomenon in which depressed individuals are more realistic at assessing the relationship between two events than non-depressed individuals. Recent evidence suggests that the depressive realism hypothesis is weaker than first thought. Thus, we sought evidence for depressive-realism under conditions that we hypothesised would maximise the effect. We tested a clinically depressed sample of participants who were administered a rumination induction. Twenty-eight clinically depressed and 39 non-depressed participants were randomly allocated to either a rumination condition (focused on the causes, consequences, and meaning of their mood) or a distraction condition (focused on external objects/events such as a classroom). Participants then completed a contingency task in which there was no relationship between their responses and an outcome, and they were asked to make a judgment of how much control they had over an outcome. Both groups and conditions did not differ in their judgments of control; participants in all conditions showed a non-normative judgment of control. The depressive-realism effect was not observed in this study, even when depressed participants were encouraged to ruminate. Rather, the present study clearly demonstrates the robustness of the illusion of control. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: BDNF and NRG1 polymorphisms and temperament in selective serotonin reuptake inhibitor-treated patients with major depression.
Authors: Andre, Kadri; Kampman, Olli; Viikki, Merja; Setälä-Soikkeli, Eija; Illi, Ari; Mononen, Nina; Lehtimäki, Terho; Leinonen, Esa;
Abstract: Objective: We investigated the separate effects of and possible interactions between the functional polymorphisms of brain-derived neurotrophic factor (BDNF) rs11030101, BDNF rs61888800, and neuregulin-1 (NRG1) rs3924999 and NRG1 rs6994992 on change of temperament scores in a clinical sample of subjects with major depression (MDD), who received selective serotonin reuptake inhibitor treatment for a period of 6 weeks. Methods: The study population consisted of 98 Finnish individuals with MDD. They were assessed by the 107-item Temperament and Character Inventory temperament questionnaire (version IX) and the Montgomery–Åsberg Depression Rating Scale (MADRS). In general linear univariate models (GLM) for novelty seeking (NS) or reward dependence (RD) change age, gender, MADRS score change and BDNF and NRG1 genotypes were used as explaining explanatory variables. Results: Mean comparisons between corresponding temperament dimensions and genotypes showed significant differences between NS change and BDNF rs61888800 T-carrying status (mean difference: GG 0.30, GT/TT 2.47, p = 0.022, t-test) and between RD change and NRG1 rs3924999 A-carrying status (mean difference: GG 1.21, GA/AA −0.33, p = 0.003). In GLM models for NS change the significant predictors comprised BDNF rs61888800 T-carrying status, age and MADRS score change (model 1), and additionally NRG1 rs6994992 T-carrying status (model 2). For RD change the predictors included BDNF rs61888800 T-carrying status, age and MADRS score change (model 1) and additionally gender (model 2). Conclusion: According to the current results both BDNF and NRG1 are associated with temperament traits during depression. These results warrant further studies regarding the impact of this association on depression recovery. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: ‘Post-natal’ depression in fathers, or early fatherhood depression.
Authors: Sarkar, Sameer P.;
Abstract:
Both men and women are known to suffer from post-natal depression. However, there has been little attention paid to the psychodynamic genesis of post-natal depression in fathers. In this paper, I describe case histories of post-natal depression in two first time fathers and offer a formulation for understanding post-natal depression in such cases. I suggest a range of reasons for the failure to recognize this condition; and possible therapeutic interventions. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
The (suicidal-) depressive position: A scientifically informed reformulation.
Authors: Shahar, Golan;
Abstract:
Despite considerable progress in depression research and treatment, the disorder continues to pose daunting challenges to scientists and practitioners alike. This article presents a novel conceptualization of the psychological dynamics of depression which draws from Melanie Klein's notion of the positions, reformulated using social-cognitive terms. Specifically, Klein's notion of position, consisting of anxieties (persecutory vs. 'depressive'), defense mechanisms ('primitive'/split based vs. neurotic/repression based), and object relations (part vs. whole) is reformulated to include (1) affect, broadly defined, (2) affect regulatory strategies (defense mechanisms, coping strategies, and motivation regulation), and (3) mental representations of self-with-others, all pertaining to the past, present, and future. I reformulate the depressive position to include—beyond sadness, anxiety, and anhedonia—also anger/agitation, shame, disgust, and contempt, all of which are down-regulated via diverse mechanisms. In the depressive position, the self is experienced as wronged and others as punitive, albeit seductive. Attempts to appease internal others (objects) are projected into the future, only to be thwarted by awkward and inept interpersonal behavior. This might propel the use of counter-phobic, counter-dependent, and 'manic' affect regulatory mechanisms, potentially leading to suicidal depression. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Mean streets and mental health: Depression and post-traumatic stress disorder at crime hot spots.
Authors: Weisburd, David; Cave, Breanne; Nelson, Matthew; White, Clair; Haviland, Amelia; Ready, Justin; Lawton, Brian; Sikkema, Kathleen; American
Abstract:
This study explores the relationship between mental health and place at microgeographic units of analysis. We examine self-reported symptomology for depression and PTSD for 2,724 survey respondents interviewed in three types of randomly selected street segments: violent crime hot spots, cool spots, and cold spots. We find that the mean symptomology score is 61% higher for depression in violent crime hot spots than cold spots, and 85% higher for PTSD. Overall, we estimate that 14.8% of residents of violent crime hot spots meet thresholds for moderate depression or a diagnosis of PTSD. This can be compared to only 6.5% of residents at the cold spots. Using PSM and weighted negative binomial regression approaches we show that observable selection factors are not responsible for the relationships identified. Examining geographic influences, we find an important area effect of violent crime for both mental health measures, and an additional impact of the specific street of residence for PTSD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Driving performance of stable outpatients with depression undergoing real-world treatment.

Authors: Miyata, Akemi; Iwamoto, Kunihiro; Kawano, Naoko; Aleksic, Branko; Ando, Masahiko; Ebe, Kazutoshi; Fujita, Kiyoshi; Yokoyama, Motonori; Akiyama, Tsuyoshi; Igarashi, Yoshio; Ozaki, Norio;


Abstract: Aim: Although the effects of psychotropics on driving ability have received much attention, little research is available on driving performance of stable outpatients with depression undergoing real-world treatment. This observational study investigated driving performance, cognitive functions, and depressive symptomatology of partly remitted outpatients with depression under daily-practice psychopharmacologic treatment. Methods: Seventy stable outpatients with depression and 67 healthy volunteers were enrolled. Participants' prescriptions were not controlled in order to capture the real-world treatment environment. Participants underwent three driving tasks—road-tracking, car-following, and harsh-braking—using a driving simulator, and three cognitive tasks—Continuous Performance Test, Wisconsin Card Sorting Test, and Trail-Making Test. The Symptom Assessment Scale—Structured Interview Guide for the Hamilton Depression Rating Scale, Beck Depression Inventory-II, Social Adaptation Self-Evaluation Scale, and Stanford Sleepiness Scale were also completed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Positive mood on negative self-statements: Paradoxical intervention in geriatric patients with major depressive disorder.

Authors: Lanza, Claudia; Müller, Christine; Riepe, Matthias W.;

Source: Aging & Mental Health, Vol 22(6), Jun, 2018 pp. 748-754. Publisher: Taylor & Francis; [Journal Article]

Abstract: Objectives: Mood regulation is said to be age-specific. Negative self-statements (NST) are used to induce negative mood. However, little is known about NST in older persons and geriatric patients with major depressive disorder. Method: We investigated healthy young (YC) and older (OC) control subjects and older patients with major depressive disorder (OP). Subjects were exposed to NST subsequent to baseline assessment comprising psychological and psychometric tests. Preferences for emotionally salient stimuli were measured with an eye-tracking task. Results: Mood in YC shifted towards depressive mood or remained stable on NST. In OC and more so in OP some subjects responded paradoxically subsequent to NST with mood being more positive than at baseline. Extent and direction of mood change correlated with prevailing mood at baseline and total score in the Hamilton Depression Anxiety Scale. At baseline, YC had a preference for ‘happy’ stimuli. Subsequent to NST view preference shifted towards ‘sad.’ In contrast, OC had no preference at baseline but shifted towards ‘happy’ on NST. Conclusions: Mood change on NST is age-specific. In geriatric patients with depressive disorder, however, NST may induce a shift towards more positive mood and thus may be used in future as a therapeutic intervention. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Expressive social support buffers the impact of care-related work interruptions on caregivers’ depressive symptoms.

Authors: Ang, Shannon; Malhotra, Rahul;


Abstract:
Objective: To assess if expressive and instrumental social support from family and friends moderate the association of care-related work interruptions (e.g. leaving work for the older adult's doctor appointment) with depressive symptoms among working family caregivers of older adults. Methods: Data were from the Singapore Survey on Informal Caregiving (SSIC). A subsample of 662 dyads, each comprising an older care-recipient [home-dwelling Singaporean aged 75 and older receiving human assistance for at least one activity of daily living (ADL)] and his/her working family caregiver, was analysed. Caregiver depressive symptoms were assessed using the Center for Epidemiologic Studies Depression scale. Care-related work interruptions were scaled through the Mokken scaling procedure. Expressive social support was assessed using a scale by Pearlin and coworkers. Instrumental social support was based on the hours of ADL help provided to the care-receiver by any family member or friend, on behalf of the primary caregiver. A linear regression model, with interaction terms, assessed expressive and instrumental social support as moderators of the association of care-related work interruptions with caregiver depressive symptoms. Results: More care-related work interruptions were associated with more caregiver depressive symptoms. And, this association was moderated by expressive, but not instrumental, social support. Conclusion: Our findings conform to previous qualitative work suggesting that caregivers' mental health may not benefit from instrumental support, but from receiving expressive support instead. Initiatives for improving the care experience of working caregivers of older adults should focus on promoting expressive support from their friends and family. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Does a physical activity program in the nursing home impact on depressive symptoms? A generalized linear mixed-model approach. Authors: Diegelmann, Mona; Jansen, Carl-Philipp; Wahl, Hans-Werner; Schilling, Oliver K.; Schnabel, Eva-Luisa; Hauer, Klaus; Source: Aging & Mental Health, Vol 22(6), Jun, 2018 pp. 784-793. Publisher: Taylor & Francis; [Journal Article] Abstract: Objectives: Physical activity (PA) may counteract depressive symptoms in nursing home (NH) residents considering biological, psychological, and person-environment transactional pathways. Empirical results, however, have remained inconsistent. Addressing potential shortcomings of previous research, we examined the effect of a whole-ecology PA intervention program on NH residents' depressive symptoms using generalized linear mixed-models (GLMMs). Method: We used longitudinal data from residents of two German NHs who were included without any pre-selection regarding physical and mental functioning (n = 163, Mage = 83.1, 53-100 years; 72% female) and assessed on four occasions each three months apart. Residents willing to participate received a 12-week PA training program. Afterwards, the training was implemented in weekly activity schedules by NH staff. We ran GLMMs to account for the highly skewed depressive symptoms outcome measure (12-item Geriatric Depression Scale–Residential) by using gamma distribution. Results: Exercising (n = 78) and non-exercising residents (n = 85) showed a comparable level of depressive symptoms at pretest. For exercising residents, depressive symptoms stabilized between pre-, posttest, and at follow-up, whereas an increase was observed for non-exercising residents. The intervention group's stabilization in depressive symptoms was maintained at follow-up, but increased further for non-exercising residents. Conclusion: Implementing an innovative PA intervention appears to be a promising approach to prevent the increase of NH residents' depressive symptoms. At the data-analytical level, GLMMs seem to be a promising tool for intervention research at large, because all longitudinally available data points and non-normality of outcome data can be considered. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The rise and fall of depressive symptoms and academic stress in two samples of university students. Authors: Barker, Erin T.; Howard, Andrea L.; Villemaire-Krajden, Rosanne; Galambos, Nancy L.; Source:
Abstract: Self-reported depressive experiences are common among university students. However, most studies assessing depression in university students are cross-sectional, limiting our understanding of when in the academic year risk for depression is greatest and when interventions may be most needed. We examined within-person change in depressive symptoms from September to April. Study 1 (N = 198; 57% female; 72% white; Mage = 18.4): Depressive symptoms rose from September, peaked in December, and fell across the second semester. The rise in depressive symptoms was associated with higher perceived stress in December. Study 2 (N = 267; 78.7% female; 67.87% white; Mage = 21.25): Depressive symptoms peaked in December and covaried within persons with perceived stress and academic demands. The results have implications for understanding when and for whom there is increased risk for depressive experiences among university students. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Psychosocial adjustment throughout university: A longitudinal investigation of the roles of sleep quality and emotion dysregulation.
Authors: Semplonius, Thalia; Willoughby, Teena;
Abstract: Sleep problems and emotion dysregulation are associated with depressive symptoms and alcohol use but little research has examined the long-term associations and the direction of effects between these factors. We examined these relationships with 1132 undergraduates (70.5% female) over 5 years. Sleep problems and emotion dysregulation, sleep problems and depressive symptoms, and emotion dysregulation and depressive symptoms were all related bidirectionally. Tests of indirect effects indicated that sleep problems predicted depressive symptoms over time (and vice versa) via emotion dysregulation and emotion dysregulation predicted depressive symptoms over time (and vice versa) via sleep problems. The results highlight the need to assess direction of effects, given that many factors that are typically seen as 'predictors' also can be framed as 'outcomes'. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Why does socially prescribed perfectionism place people at risk for depression? A five-month, two-wave longitudinal study of the Perfectionism Social Disconnection Model.
Authors: Smith, Martin M.; Sherry, Simon B.; McLarnon, Megan E.; Flett, Gordon L.; Hewitt, Paul L.; Saklofske, Donald H.; Etherson, Marianne E.;
Abstract: The Perfectionism Social Disconnection Model (PSDM) is a promising integrative model explaining relations between socially prescribed perfectionism (i.e., perceiving others require perfection) and depressive symptoms. Yet, the nature of the social disconnection proposed by the PSDM requires explication. Likewise, longitudinal tests of the PSDM are scarce. We addressed these important limitations by extending, testing, and supporting the PSDM in 127 undergraduates using a five-month, two-wave longitudinal design. Our model posited socially prescribed perfectionism generates depressive symptoms via two putative triggers: interpersonal discrepancies (i.e., viewing oneself as falling short of others’ expectations) and social hopelessness (i.e., negative expectations concerning future interpersonal relationships). Congruent with the PSDM, bias-corrected bootstrapped tests of mediation revealed socially prescribed perfectionism conferred vulnerability for depressive symptoms five months later via
interpersonal discrepancies and social hopelessness. Furthermore, results supported the specificity of our model beyond self-oriented perfectionism and other-oriented perfectionism. Findings lend credence and coherence to theoretical accounts suggesting socially prescribed perfectionism has a generative role in the development of psychosocial environments conducive to depressive symptoms. Moreover, our study offers investigators a conceptual framework for understanding the specific interpersonal mechanisms involved in the socially prescribed perfectionism-depressive symptom link. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Role of self-criticism in reward and punishment probabilistic learning.
Authors:
Duek, O.; Shahar, G.; Osher, Y.; Kofman, O.;
Source:
Abstract:
Little is known about the effect of personality traits on learning. Thus the aim of this investigation was to better understand the role of depressive personality traits—primarily self-criticism and approach and inhibition tendencies—in reward and punishment learning. In two studies (Study 1: N = 38; Study 2: N = 100), we used a probabilistic classification task in which participants needed to categorize ambiguous stimuli, and then received probabilistic feedback, according to their choice. In Study 2, we employed a variation of this task with difficult vs. easy contingencies. In both studies we examined the association between performance in the task and approach and avoidance personality traits (BIS/BAS, self-criticism and positive generalization) while controlling for depression and intelligence. Self-criticism and a tendency to generalize positive events were positively associated with reward, but not punishment, learning. As well, after exposure to difficult contingencies, participants had delayed punishment learning. In light of these results, we suggest that self-criticism might enhance monitoring of errors, which improves reward learning. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
The measurement of cognitive reactivity to sad mood in patients remitted from major depressive disorder.
Authors:
Figueroa, Caroline A.; Mocking, Roel J. T.; Mahmoud, Gelera A.; Koeter, Maarten W.; Bockting, Claudi L.; van der Does, Willem; Ruhe, Henricus G.; Schene, Aart H.;
Source:
Abstract:
Objectives: Cognitive reactivity (CR) to sad mood is a risk factor for major depressive disorder (MDD). CR is usually measured by assessing change on the Dysfunctional Attitudes Scale (DAS-change) after sad mood-induction. It has, however, been suggested that the versions of the DAS (A/B) are not interchangeable, impacting the reliability and validity of the change score. The Leiden Index of Depression Sensitivity-Revised (LEIDS-R) is an alternative self-report measure of CR. Studies examining the relationship between LEIDS-R and DAS-change have shown mixed results. We examined whether scores of these CR measures differed between remitted MDD and controls, the relationship between these CR measures, and the effect of order of DAS administration on DAS-change. Design: Cross-sectional design with two groups (remitted MDD and controls). Methods: Sixty-eight MDD patients remitted from ≥ 2 previous episodes, not taking antidepressants, and 43 never-depressed controls participated in a mood-induction and filled in the DAS-A/B in randomized order before and after mood-induction, and LEIDS-R separately. Results: LEIDS-R scores and pre-mood-induction DAS scores were significantly higher in remitted MDD than controls (p < .001, Cohen's d = 1.48; p = .001, Cohen's d = 0.66, respectively). DAS-change did not differ between these groups (p = .67, Cohen's d = 0.08). LEIDS-R correlated with DAS-change (r = .30, p = .042), but only in the group that filled in DAS-B before DAS-A. In remitted MDD, DAS-change was dependent on the order of DAS versions before and after mood-induction (10.6 ± 19.0 vs. −1.2 ± 10.5, for order B-A and A-B, respectively), with a significant group × order interaction (p = .012).
Conclusions: Existing DAS versions are not interchangeable, which compromises the usefulness of mood-inductions in clinical practice. The LEIDS-R seems a valid measure of cognitive vulnerability to depression. Practitioner points Clinical implications: 1. Cognitive reactivity (CR) is a risk factor of depressive recurrence. The current measurement of CR, by assessing change on the Dysfunctional Attitudes Scale (DAS) after mood-induction, is not reliable. 2. The Leiden Index Depression Sensitivity-Revised (LEIDS-R) is an alternative CR measure. In contrast to mood-induction, it reliably assesses depression vulnerability. 3. The use of mood-inductions for clinical/research purposes is unnecessary. Limitations of the study: 1. We were not able to examine the effect of previous treatment, which could have affected results as psychological treatments probably have differential effects on CR. 2. Examining un-medicated patients may have led to selection of a sample not completely representative for the general MDD population. 3. We did not administer both parallel versions of the DAS (A/B) before and after mood-induction. This might have provided better understanding of their differential sensitivity to change. 

(PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Impact of culture on autobiographical life structure in depression.
Authors: Jobson, Laura; Miskon, Nazleen; Dalgleish, Tim; Hitchcock, Caitlin; Hill, Emma; Golden, Ann-Marie; Zulkifty, Nor Sheereen; Mukhtar, Firdaus;
Abstract: Objectives: Distortions in autobiographical memory have been implicated in major depressive disorder (MDD). Those with MDD demonstrate a ‘depressogenic’ autobiographical life structure. Research has not examined how culture influences this process. We investigated whether Malay individuals (members of an interdependent culture) with MDD demonstrated a ‘depressogenic’ autobiographical life structure similar to that of British individuals (members of an independent culture) with MDD. Design: A 2 (Culture; Malay, British) × 2 (Mood; depressed, control) cross-sectional design using a card sort task and self-report measures was used. Methods: Malay individuals with MDD or no history of MDD completed the life-structure card-sorting task, which provided a novel method for investigating organizational structure of the life narrative. These data were compared to previously collected data in which British individuals with MDD or without MDD had completed the same task within the same experimental protocol. Results: Pan-culturally those with MDD had greater negativity (i.e., used more negative attributes), negative redundancy (i.e., used the same negative attributes repeatedly across life chapters) and negative emodiversity (i.e., had greater variety and relative abundance of negative attributes), and reduced positive redundancy (i.e., used the same positive attributes repeatedly across chapters) in their structuring relative to controls. While the British MDD group had greater compartmentalization (i.e., the negative and positive attributes were clustered separately across different chapters) than British controls, the Malay MDD group had lower levels of compartmentalization than Malay controls. Conclusions: The findings suggest culture may shape aspects of the autobiographical life structure in MDD. Practitioner points: 1. The majority of the literature investigating depression pertains to individuals from European Western cultures, despite recognition that depression ranks as one of the most debilitating diseases worldwide. 2. This raises questions as to whether current depression models and interventions can be applied universally or whether they are limited to European Western groups. 3. The current study found that pan-culturally those with MDD had similar structuring of their life story relative to controls. 4. However, there were some cultural differences that need to be considered (e.g., Malay individuals provided less detailed, less elaborate and less emotionally diverse life stories and while the British MDD group had greater compartmentalization than British controls, the Malay MDD group had lower levels of compartmentalization than Malay controls). 5. Limitations of the study included group differences in gender and mood at the time of testing. 6. Cultural differences in the number of attributes used may have influenced findings. 7. Only the Malay group completed the individualism–collectivism measure. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
The role of depression and social support on readmission rates within one year of traumatic injury.
Authors:
Agtarap, Stephanie; Shelley, Jordin; Bennett, Monica; Roden-Foreman, Jacob W.; Rainey, Evan; Dome, Mackenzie; Powers, Mark B.; Petrey, Laura B.; Warren, Ann Marie;
Source:
Health Psychology, Vol 37(9), Sep, 2018 pp. 799-807. Publisher: American Psychological Association;
Abstract:
Objective: Hospital readmission rates have become a quality metric—particularly in trauma and acute care, where up to one third of individuals with traumatic injury return to the hospital. Thus, identifying predictors of readmission is a priority in an effort to reduce readmissions. Based on previous theoretical work, this study tests the utility of social support and depression in predicting readmissions up to one year after initial injury. Method: Data from 180 injured individuals admitted to a large, urban Level 1 trauma center were matched to a regional readmissions database. Logistic regression was used to assess whether social support levels or positive depression screens during initial trauma visit predicted unplanned (a) readmissions or (b) emergency/urgent outpatient visits. Results: Within the sample, there were 32 total readmissions and 50 total emergency outpatient encounters following initial injury. Depression continued to be a risk factor for emergency outpatient visits only (OR = 2.75). Patients with greater social integration (OR = 0.78), more guidance (advice or information; OR = 0.72) and more reliable alliance (OR = 0.72) as forms of social support were less likely to readmit. Conclusions: This study demonstrates the utility of screening for depression and social support in predicting readmission within one year after traumatic injury. Future efforts should continue emphasizing the impact of initial depression and the need for patients to have trusted individuals in their lives to whom they can turn during recovery; doing so may lower the probability that patients return to hospital. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
A comparative study of different EEG reference choices for diagnosing unipolar depression.
Authors:
Mumtaz, Wajid; Malik, Aamir Saeed;
Source:
Brain Topography, Vol 31(5), Sep, 2018 pp. 875-885. Publisher: Springer; [Journal Article]
Abstract:
The choice of an electroencephalogram (EEG) reference has fundamental importance and could be critical during clinical decision-making because an impure EEG reference could falsify the clinical measurements and subsequent inferences. In this research, the suitability of three EEG references was compared while classifying depressed and healthy brains using a machine-learning (ML)-based validation method. In this research, the EEG data of 30 unipolar depressed subjects and 30 age-matched healthy controls were recorded. The EEG data were analyzed in three different EEG references, the link-ear reference (LE), average reference (AR), and reference electrode standardization technique (REST). The EEG-based functional connectivity (FC) was computed. Also, the graph-based measures, such as the distances between nodes, minimum spanning tree, and maximum flow between the nodes for each channel pair, were calculated. An ML scheme provided a mechanism to compare the performances of the extracted features that involved a general framework such as the feature extraction (graph-based theoretic measures), feature selection, classification, and validation. For comparison purposes, the performance metrics such as the classification accuracies, sensitivities, specificities, and F scores were computed. When comparing the three references, the diagnostic accuracy showed better performances during the REST, while the LE and AR showed less discrimination between the two groups. Based on the results, it can be concluded that the choice of appropriate reference is critical during the clinical scenario. The REST reference is recommended for future applications of EEG-based diagnosis of mental illnesses. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Unraveling current and future adolescent depressive symptoms: The role of stress reactivity across physiological systems.

Authors:
Lucas-Thompson, Rachel G.; McKernan, Charlotte J.; Henry, Kimberly L.;

Source:

Abstract:
Neurobiological processes are highlighted in animal and theoretical models of the development of depression, but there is mixed empirical evidence about associations between stress physiology and depressive symptoms. Adolescence has been highlighted as a period during which coordination across physiological stress response systems may be particularly important. However, most studies have focused on depressive symptoms and physiological reactivity in isolated systems. The goal of this study was to examine associations of hypothalamic-pituitary-adrenal (HPA) axis and autonomic nervous system (ANS; i.e., sympathetic and parasympathetic nervous system [SNS and PNS, respectively]) reactivity with depressive systems, as well as the interrelatedness of reactivity across systems. Participants were adolescents (n = 153, 10–17 years) from diverse backgrounds, recruited from the community. Adolescents experienced a stressor, during which cortisol (HPA axis), skin conductance level (SCL; SNS), and respiratory sinus arrhythmia (RSA; PNS) were measured; youth also reported depressive symptoms. Some youth (n = 60) reported depressive symptoms again 1 year later as part of another study. Results from latent growth analysis embedded in a structural equation model (SEM) indicated that concurrent depressive symptoms were predicted by an interaction between cortisol reactivity and baseline RSA levels, with fewer symptoms for adolescents who had lower baseline RSA and greater cortisol reactivity. Controlling for concurrent depressive symptoms, prolonged cortisol recovery (above and beyond cortisol or ANS reactivity), was related to prospective depressive symptoms. Results support and extend theoretical arguments about the role of dysregulated stress physiology in the development of depressive symptoms, and the importance of multisystem approaches to understanding the role of stress physiology in risk and resilience. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Parasympathetic and sympathetic reactivity moderate maternal contributions to emotional adjustment in adolescence.

Authors:
Abaied, Jamie L.; Stanger, Sarah B.; Wagner, Caitlin; Sanders, Wesley; Dyer, W. Justin; Padilla-Walker, Laura;

Source:

Abstract:
A burgeoning literature supports the role of autonomic nervous system (ANS) functioning as an index of physiologic sensitivity to the environment, but extant research is limited in its focus on single branches of the ANS, childhood samples, and solely negative environmental factors. This study seeks to address these limitations by exploring whether reactivity in the parasympathetic (PNS) and sympathetic (SNS) nervous systems jointly moderate the prospective contributions of both positive (maternal involvement) and negative (maternal psychological control) aspects of the family environment to developmentally relevant outcomes in adolescence (depressive symptoms and emotion regulation). At Wave 1, adolescents (n = 352, 52% female, M age = 15.27, SD = 1.04; 65% White) and their parents completed a problem-solving discussion task, during which adolescent ANS activation was continuously monitored, and reports of maternal involvement, maternal psychological control, adolescent depressive symptoms, and adolescent emotion regulation were obtained. Adolescent depressive symptoms and emotion regulation were assessed again 1 year later (Wave 2). Results indicated that PNS and SNS reactivity jointly moderated the prospective contributions of maternal involvement and maternal psychological control to depressive symptoms and emotion regulation. Specifically, adolescents who exhibited reciprocal SNS activation appeared to be most sensitive to both positive and negative parenting environments. Adolescents exhibiting co-inhibition or coactivation profiles of autonomic reactivity were comparatively
unreactive to parenting. This study corroborates the notion that consideration of multiple physiological systems is critical to our understanding of biological processes in the development of emotional functioning in adolescence. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Elevated hippocampal choline level is associated with altered functional connectivity in females with major depressive disorder: A pilot study.

Authors:
Tang, Yingying; Zhang, Xiaoliu; Sheng, Jianhua; Zhang, Xuanhong; Zhang, Jianye; Xu, Jiale; Zhu, Yajing; Wang, Junjie; Zhang, Tianhong; Tong, Shanbao; Ning, Lipeng; Liu, Manhua; Li, Yao; Wang, Jijun;

Source:

Abstract:
Metabolic and functional alterations in hippocampus have been associated with the pathophysiology of major depressive disorder (MDD). However, how the hippocampal biochemical disruptions lead to dysfunction of limbic-cortical circuit remains unclear. The present pilot study combined magnetic resonance spectroscopy (MRS) and resting-state functional magnetic resonance imaging (rs-fMRI) to investigate the hippocampal metabolic alteration and its relationship with the intrinsic functional connectivity (FC) changes in MDD. Both MRS and fMRI data were obtained from twelve women with MDD and twelve age-matched, healthy women. Bilateral hippocampi were chosen as regions of interest, in which metabolite concentrations of total choline (tCho), N-acetylaspartate and creatine were quantified. Bilateral hippocampal FC to the whole brain and its correlations with hippocampal metabolite concentrations were conducted. Females with MDD showed significantly elevated left hippocampal tCho level, and decreased anti-correlations between the left hippocampus and bilateral superior frontal gyrus (SFG), left inferior frontal gyrus, and right superior temporal gyrus. More importantly, the left hippocampal tCho level was associated with FC to the right SFG and right fusiform gyrus in healthy women, whereas it was significantly associated with FC to the right lingual gyrus in women with MDD. Our findings suggested that regional metabolic alterations in the left hippocampus might be related to the network-level dysfunction. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
When it feels good to give: Depressive symptoms, daily prosocial behavior, and adolescent mood.

Authors:
Schacter, Hannah L.; Margolin, Gayla;

Source:
Emotion Publisher: American Psychological Association; [Journal Article]

Abstract:
Past research has suggested that engaging in prosocial acts enhances the well-being of the helper, but does prosocial behavior benefit some individuals more than others? The current study implements a daily diary design to test associations between adolescents’ daily prosocial behaviors toward relationally close others and mood. The main goal was to investigate whether daily help-giving has unique benefits for adolescents experiencing greater emotional distress. For 10 days, a diverse sample of youth (N = 99; Mage = 18.01) reported on their prosocial behaviors toward friends and romantic partners as well as their mood; depressive symptoms were assessed in a prior lab visit. Multilevel models showed that participants experienced increased positive mood on days that they were more prosocial, even when controlling for received support; this association was strongest among those reporting higher depressive symptoms. The findings highlight the unique benefits of prosociality in adolescents’ daily lives, suggesting that everyday help-giving behaviors may fulfill social and emotional needs of depressed youth. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Exploring men’s perceptions about male depression.

Authors: Cole, Brian P.; Davidson, M. Meghan;

Source: Psychology of Men & Masculinity Publisher: Educational Publishing Foundation; [Journal Article]

Abstract:
The current study examined perceptions about depression among a sample of men from a midwestern university in the United States (N = 366). Specifically, a randomized analogue design with a series of vignettes about men with depression was used to identify: (a) what constellations of symptoms men identify as depression (i.e., conventional diagnostic criteria, gender-specific diagnostic criteria, or a combination of traditional and gender-specific diagnostic criteria) and how these constellations influence perceptions of severity and (b) men’s beliefs about the masculinity and femininity of men experiencing depression. Results of this study indicate that men identified symptoms of male-type depression as ‘depression’ at lower rates than symptoms of major depressive disorder or a combination of male-type depression and major depressive disorder. Symptoms of male-type depression are also perceived as less severe than other symptom constellations. Furthermore, participants in the study perceived men with traditional symptoms of depression as less masculine and more feminine than men reporting no symptoms of depression, symptoms of male-type depression, or traditional symptoms coinciding with externalizing behaviors. The current study begins to fill gaps in our understanding of men’s perceptions of what symptoms constitute depression, the degree to which these symptom constellations reflect severity of depression, and perceptions of the masculinity and femininity of other men with depression. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Optimizing psychotherapy dosage for comorbid depression and personality disorders (PsyDos): A pragmatic randomized factorial trial using schema therapy and short-term psychodynamic psychotherapy.

Authors: Kool, Marit; Van, Henricus L.; Bartak, Anna; de Maat, Saskia C. M.; Arntz, Arnoud; van den Eshof, Johanna W.; Peen, Jaap; Blankers, Matthijs; Bosmans, Judith E.; Dekker, Jack J. M.;


Abstract:
Background: Patients with comorbid depression and personality disorders suffer from a heavy disease burden while tailored treatment options are limited, accounting for a high psychological and economic burden. Little is known about the effect of treatment dosage and type of psychotherapy for this specific comorbid patient population, in terms of treatment-effect and cost-effectiveness. This study aims to compare treatment outcome of 25 versus 50 individual therapy sessions in a year. We expect the 50-session condition to be more effective in treating depression and maintaining the effect. Secondary objectives will be addressed in order to find therapy-specific and non-specific mechanisms of change. Methods: In a mono-center pragmatic randomized controlled trial with a 2 × 2 factorial design, 200 patients with a depressive disorder and personality disorder(s) will be included. Patients will be recruited from a Dutch mental health care institute for personality disorders. They will be randomized over therapy dosage (25 vs 50 sessions in a year) and type of therapy (schema therapy vs short-term psychodynamic supportive psychotherapy). The primary clinical outcome measure will be depression severity and remission. Changes in personality functioning and quality of life will be investigated as secondary outcomes. A priori postulated effect moderators and mediators will be collected as well. All patients are assessed at baseline and at 1, 2, 3, 6, 9–12 months (end of therapy) and at follow up (6 and 12 months after end of treatment). Alongside the trial, an economic evaluation will be conducted. Costs will be collected from a societal perspective. Discussion: This trial will be the first to compare two psychotherapy dosages in patients with both depression and personality disorders. Insight in the effect of treatment dosage for this patient group will contribute to both higher treatment effectiveness and lower costs. In addition, this study will contribute to the limited evidence base on treating patients with both depression and personality disorders. Understanding the processes that account for the therapeutic changes could help to gain insight in what works for whom. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title:
A 12-month open-label extension study of the safety and tolerability of lisdexamfetamine dimesylate for major depressive disorder in adults.

Authors:
Richards, Cynthia; Iosifescu, Dan V.; Mago, Rajnish; Sarkis, Elias; Geibel, Brooke; Dauphin, Matthew; McIntyre, Roger S.; Weisler, Richard; Brawman-Mintzer, Olga; Gu, Joan; Madhoo, Manisha;

Source:

Abstract:
Purpose/Background: Psychostimulant augmentation is considered a potential treatment strategy for individuals with major depressive disorder who do not adequately respond to antidepressant monotherapy. The primary objective of this 12-month open-label extension study was to evaluate the safety and tolerability of lisdexamfetamine dimesylate (LDX) as augmentation therapy to an antidepressant in adults with major depressive disorder. Methods/Procedures: Eligible adults who completed 1 of 3 short-term antecedent LDX augmentation of antidepressant monotherapy studies were treated with dose-optimized LDX (20–70 mg) for up to 52 weeks while continuing on the index antidepressant (escitalopram, sertraline, venlafaxine extended-release, or duloxetine) assigned during the antecedent short-term studies. Safety and tolerability assessments included the occurrence of treatment-emergent adverse events and vital sign changes. Findings/Results: All 3 antecedent studies failed to meet the prespecified primary efficacy endpoint, so this open-label study was terminated early. Headache (15.5% [241/1559]), dry mouth (13.6% [212/1559]), insomnia (13.1% [204/1559]), and decreased appetite (12.1% [189/1559]) were the most frequently reported treatment-emergent adverse events. The greatest mean ± SD increases observed for systolic and diastolic blood pressure and for pulse were 2.6 ± 10.85 and 1.7 ± 7.94 mm Hg and 6.9 ± 10.27 bpm, respectively. Monitoring determined that less than 1% of participants experienced potentially clinically important changes in systolic blood pressure (10 [0.6%]), diastolic blood pressure (8 [0.5%]), or pulse (6 [0.4%]). Implications/Conclusions: The overall safety and tolerability of long-term LDX augmentation of antidepressant monotherapy was consistent with the profiles of the short-term antecedent studies, with no evidence of new safety signals. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Neurocognitive effects of agomelatine treatment in schizophrenia patients suffering from comorbid depression: Results from the AGOPSYCH study.

Authors:
Englisch, Susanne; Jung, Hanna Sophie; Eisenacher, Sarah; Lewien, Antje; Becker, Anna; Nowak, Ulrike; Braun, Hanna; Thiem, Jascha; Meyer-Lindenberg, Andreas; Zink, Mathias;

Source:

Abstract:
Background: Cognitive impairment in schizophrenia is highly disabling and remains one of the major therapeutic challenges. Agomelatine (AGO), an agonist at melatonergic MT₁/MT₂ receptors and antagonist at 5-HT₂C receptors, increases dopamine and norepinephrine in the prefrontal cortex and may therefore have the potential of improving neurocognition in patients with schizophrenia. Methods: Twenty-seven patients with schizophrenia and comorbid depression were treated with AGO in addition to stable doses of antipsychotic drugs. Cognitive abilities were assessed with the Measurement and Treatment Research to Improve Cognition in Schizophrenia Consensus Cognitive Battery (MCCB) at study entry and after 12 weeks of AGO treatment after the intention-to-treat principle. Results: We observed statistically significant yet clinically negligible increases of the MCCB composite score and the reasoning/problem solving subscore. Patients with unimpaired sleep at baseline showed greater improvements over time than those with sleep disturbances. Changes on the MCCB were not correlated with other psychometric variables. Conclusions: Despite statistically significant, cognitive improvements after 12 weeks of AGO treatment were clinically irrelevant. Our findings may be limited by baseline properties of the study sample and the study design. In particular, lacking a control group, it cannot be ruled out that improvements were unrelated to AGO treatment. That is why randomized controlled trials are needed to validate the relevance
Title: Maintenance ketamine therapy for treatment-resistant depression.

Authors: Archer, Shaina; Chrenek, Carson; Swainson, Jennifer;


Abstract: Background: Previous studies have demonstrated ketamine to have a rapid antidepressant effect in some patients with treatment-resistant depression (TRD), but the effect is unfortunately not sustained in the long term. In this study, we report on the clinical use of ongoing maintenance ketamine infusions in a group of patients with TRD, beyond an acute course of 6 to 8 ketamine infusions. Methods: This retrospective case series reports on 11 patients with TRD who received maintenance ketamine infusions, defined as treatments beyond an initial series of up to 8 infusions. Charts were reviewed to collect data on response to treatment and side effects. Results: All 11 patients in this case series were noted to have a reduction in their Beck Depression Inventory II (BDI-II) score after an acute course of treatment and a lower median BDI-II during their maintenance treatments than their baseline BDI-II. At the study end point, 4 patients were continuing maintenance ketamine and 1 patient had transitioned to maintenance intranasal ketamine. Four patients discontinued ketamine due to loss of effect and 1 due to side effects, and the reason for discontinuation was not noted for the remaining 2 patients. No major adverse events were noted in these patients receiving maintenance treatments, and it was well tolerated overall. Conclusions: Maintenance ketamine treatments may be an effective way of maintaining treatment response in some ketamine responders. Future research is required to determine optimal length of treatment in those who respond to ketamine and to track adverse effects over a longer time. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Randomized, double-blind comparison of aripiprazole/sertraline combination and placebo/sertraline combination in patients with major depressive disorder.

Authors: Kamijima, Kunitoshi; Kimura, Mahito; Kuwahara, Kazuo; Kitayama, Yuri; Tadori, Yoshihiro;


Abstract: Aim: This study compared the efficacy and safety of aripiprazole/sertraline combination (ASC) and placebo/sertraline combination (PSC) in patients with major depressive disorder (MDD) who showed an inadequate response to sertraline 100 mg/day. Methods: The study comprised a screening period, an 8-week prospective treatment (single-blind sertraline 25–100 mg/day) period, and a 6-week double-blind treatment period. Patients with DSM-5-defined MDD were enrolled. Following the prospective treatment, non-responders were randomly assigned to the ASC group (aripiprazole 3–12 mg/day/sertraline 100 mg/day) or the PSC group (sertraline 100 mg/day). The primary efficacy end-point was the mean change in the Montgomery–Åsberg Depression Rating Scale (MADRS) total score from baseline to 6 weeks. Results: A total of 412 patients were randomly assigned to either the ASC group (n = 209) or the PSC group (n = 203). Mean change in MADRS total score was significantly greater in patients with ASC than PSC (−9.2 vs −7.2; P = 0.007). Treatment-emergent adverse events (TEAE) that occurred in ≥ 10% of patients with ASC versus PSC were nasopharyngitis (13.4% vs 11.3%) and akathisia (12.9% vs 3.4%). All TEAE reported in the ASC group were mild or moderate in severity. Rates of discontinuations due to TEAE were low in both the ASC (1.9%) and PSC (1.5%) groups. There were no notable issues in safety assessments in the ASC group compared with the PSC group. Conclusion: In patients with MDD who showed an inadequate response to treatment with sertraline 100 mg/day, ASC was efficacious and well tolerated. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title:
Increase of frontal cerebral blood volume during transcranial magnetic stimulation in depression is related to treatment effectiveness: A pilot study with near-infrared spectroscopy.

Authors:
Shinba, Toshikazu; Kariya, Nobutoshi; Matsuda, Saori; Matsuda, Hanae; Obara, Yusuke;

Source:

Abstract:
Aim: Alterations of cerebral blood flow have been reported in studies of depression treated by transcranial magnetic stimulation (TMS). However, the relation between these changes in activity during stimulation and the effectiveness of TMS is not known. The aim of this study was to determine whether changes in frontal cerebral blood volume measured as frontal hemoglobin concentration (fHbC) during TMS are correlated with clinical outcomes of treatment. Methods: Fifteen drug-resistant patients with depression underwent a standard treatment regimen of TMS to the left dorsolateral prefrontal cortex. We recorded fHbC during stimulation at the start and end of the TMS treatment series using near-infrared spectroscopy. Symptom severity was determined using the Montgomery--Asberg Depression Rating Scale. Results: At the start of the TMS series, fHbC increased during stimulation in a majority of patients with no relation to symptom severity. However, at the end of the series, fHbC increase during stimulation was negatively correlated with the Montgomery--Asberg Depression Rating Scale score and positively with the score reduction. Patients showing a decreasing response of fHbC during TMS at the end of the series experienced less clinical improvement. Conclusion: These results suggest that the maintenance of frontal activation during stimulation in the course of TMS series is related to the effectiveness in the treatment of depression. Measurement of fHbC during stimulation is informative in the clinical use of TMS. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Characteristics of oxygenated hemoglobin concentration change during pleasant and unpleasant image-recall tasks in patients with depression: Comparison with healthy subjects.

Authors:
Kondo, Akihiko; Shoji, Yoshihisa; Morita, Kiichiro; Sato, Mamoru; Ishii, Youhei; Yanagimoto, Hiroko; Nakano, Shinya; Uchimura, Naohisa;

Source:

Abstract:
Aim: Patients with major depressive disorder (MDD) have been reported to show cognitive impairment in attention, cognition control, and motivation. The prefrontal cortex plays an important role in the pathophysiology of depression. Neurophysiological abnormalities have been examined in MDD patients by several neuroimaging studies. However, the underlying neural mechanism is still unclear. We evaluated brain function during pleasant and unpleasant image-recall tasks using multichannel near-infrared spectroscopy (NIRS) in MDD patients. Methods: The subjects were 25 MDD patients and 25 age- and sex-matched healthy controls. Patients were classified according to DSM-IV-TR criteria. We measured the oxygenated hemoglobin concentration change (δoxyHb) in the forehead and temporal lobe during image-recall task with pleasant (e.g., puppy) and unpleasant (e.g., snake) images using NIRS. To check whether all subjects understood the task, they were asked to draw pictures of both image tasks after NIRS measurement. Results: The δoxyHb in the healthy group was significantly higher than that in the MDD group in the bilateral frontal region during the unpleasant condition. A significant negative correlation between the Hamilton Rating Scale for Depression score and δoxyHb was observed in the left frontal region during the unpleasant condition. Conclusion: We suggest that image-recall tasks related to emotion measured by NIRS might be a visually useful psychophysiological marker to understand the decrease in the frontal lobe function in MDD patients. In particular, we suggest that the decrease in δoxyHb in the left
frontal lobe is related to the severity of depression. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Emotion regulation difficulties in relation to anxiety, depression, and functional impairment among treatment-seeking smokers.
Authors: Chase, Tannah; Teng, Ellen J.; Schmidt, Norman B.; Zvolensky, Michael J.;
Source: Journal of Nervous and Mental Disease, Vol 206(8), Aug, 2018 pp. 614-620. Publisher: Lippincott Williams & Wilkins; [Journal Article]
Abstract: Psychological distress is elevated among smokers and plays a key role in the maintenance of smoking behavior. Although research has implicated emotion regulation (ER) difficulties as a transdiagnostic construct for psychological distress, empirical work has not yet investigated ER difficulties among treatment-seeking smokers. The purpose of the current study was to increase understanding of ER difficulties in relation to depression, anxious arousal, and functional impairment among treatment-seeking smokers. Participants included adult daily treatment-seeking smokers (N = 568; Mage = 37, SD = 13.46; 51.9% male). Results indicated that global ER difficulties were significantly related to depression, anxious arousal, and functional impairment. Analyses focused on the lower-order facets of ER and indicated that limited access to ER strategies, difficulty engaging in goal-directed behavior, and lack of emotional clarity were significantly related to depression; limited access to ER strategies, nonacceptance of emotions, and impulsivity were significantly associated with anxious arousal; and limited access to ER strategies and difficulty engaging in goal-directed behavior were significantly related to functional impairment. The significant ER effects were evident above and beyond the variance accounted for by neuroticism and tobacco dependence. These findings highlight the importance of considering ER difficulties to better understand psychological distress among smokers. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Time until relapse after augmentation with single-dose ketamine in treatment-resistant depression.
Authors: Pérez-Esparza, Rodrigo; Corona, Teresa; Ruiz-García, Ramiro Gilberto; Oñate-Cadena, Nelcy; de la Fuente-Sandoval, Camilo; Ramírez-Bermúdez, Jesús;
Abstract: This study aimed to explore the duration of these effects from a single intervention on a stable dose of antidepressants. This is the first study reporting time until relapse beyond 4 weeks using a single dose of ketamine as augmentation. Response and remission rates were greater than those reported previously. Also, it was found longer periods without relapse, and three patients showed sustained remission throughout 24 weeks. This effect could be due to concurrent oral antidepressive treatment that alone was unable to achieve response but prevented relapse. Although the main limitations are the lack of placebo and a small sample size, other factors, such as specific medication regimes, could explain these results. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Diffusion tensor imaging correlates of early markers of depression in youth at high-familial risk for bipolar disorder.
Authors:
Ganzola, Rossana; McIntosh, Andrew M.; Nickson, Thomas; Sprooten, Emma; Bastin, Mark E.; Giles, Stephen; Macdonald, Alix; Sussmann, Jessika; Duchesne, Simon; Whalley, Heather C.;

**Source:**

**Abstract:**
Background: Mood disorders are familial psychiatric diseases, in which patients show reduced white matter (WM) integrity. We sought to determine whether WM integrity was affected in young offspring at high-familial risk of mood disorder before they go on to develop major depressive disorder (MDD).

Methods: The Bipolar Family study is a prospective longitudinal study examining young individuals (age 16–25 years) at familial risk of mood disorder on three occasions 2 years apart. This study used baseline imaging data, categorizing groups according to clinical outcome at follow-up. Diffusion tensor MRI data were acquired for 61 controls and 106 high-risk individuals, the latter divided into 78 high-risk subjects who remained well throughout the study ('high-risk well') and 28 individuals who subsequently developed MDD ('high-risk MDD'). Voxel-wise between-group comparison of fractional anisotropy (FA) based on diagnostic status was performed using tract-based spatial statistics (TBSS).

Results Compared to controls, both high-risk groups showed widespread decreases in FA (pcorr < .05) at baseline. Although FA in the high-risk MDD group negatively correlated with subthreshold depressive symptoms at the time of scanning (pcorr < .05), there were no statistically significant differences at p-corrected levels between the two high-risk groups. Conclusions: These results suggest that decreased FA is related to the presence of familial risk for mood disorder along with subdiagnostic symptoms at the time of scanning rather than predictive of subsequent diagnosis. Due to the difficulties performing such longitudinal prospective studies, we note, however, that this latter analysis may be underpowered due to sample size within the high-risk MDD group. Further clinical follow-up may clarify these findings. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Anxiety and depression during childhood and adolescence: Testing theoretical models of continuity and discontinuity.

**Authors:**

**Source:**

**Abstract:**
The present study sought to clarify the trajectory (i.e., continuous vs. discontinuous) and expression (i.e., homotypic vs. heterotypic) of anxiety and depressive symptoms across childhood and adolescence. We utilized a state-of-the-science analytic approach to simultaneously test theoretical models that describe the development of internalizing symptoms in youth. In a sample of 636 children (53% female; M age = 7.04; SDage = 0.35) self-report measures of anxiety and depression were completed annually by youth through their freshman year of high school. For both anxiety and depression, a piecewise growth curve model provided the best fit for the data, with symptoms decreasing until age 12 (the 'developmental knot') and then increasing into early adolescence. The trajectory of anxiety symptoms was best described by a discontinuous homotypic pattern in which childhood anxiety predicted adolescent anxiety. For depression, two distinct pathways were discovered: A discontinuous homotypic pathway in which childhood depression predicted adolescent depression and a discontinuous heterotypic pathway in which childhood anxiety predicted adolescent depression. Analytical, methodological, and clinical implications of these findings are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
When do good things lift you up? Dampening, enhancing, and uplifts in relation to depressive and anhedonic symptoms in early adolescence.

**Authors:**
Nelis, Sabine; Bastin, Margot; Raes, Filip; Bijttebier, Patricia;
Longitudinal studies examining the role of response styles to positive affect (i.e., dampening and enhancing) for depressive symptoms have yielded inconsistent results. We examined concurrent and prospective relations of dampening and enhancing with depressive and anhedonic symptoms, and whether these relations depend on the frequency of uplifts. Early adolescents (N = 674, 51.6% girls, Mage = 12.7 years, range 11.3–14.9) completed questionnaires three times (one-year intervals). Dampening interacted with daily uplifts predicting concurrent depressive symptoms. Dampening was unrelated to depressive and anhedonic symptoms one year later. High dampening and low enhancing predicted relative increases in anhedonia over two years. Relationships did not differ for girls and boys. Therapeutic interventions designed to promote adaptive responding to positive affect may, thus, reduce anhedonia in adolescence. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Self-perceived level of competitiveness, tension and dependency and depression risk in the SUN cohort.
Authors: Lahortiga-Ramos, Francisca; Unzueta, Cristian Raquel; Zazpe, Itziar; Santiago, Susana; Molero, Patricio; Sánchez-Villegas, Almudena; Martínez-González, Miguel Ángel;
Abstract: Background: Emerging evidence suggests a possible etiologic role of certain personality traits (not necessary dysfunctional) in the risk of depression, but the longitudinal long-term available evidence is currently scarce. We longitudinally assessed whether 3 common personality traits (competitiveness, tension and dependency) were associated with the risk of depression after a maximum follow-up of 15 years. Methods: We assessed 15,604 university graduates free of depression at baseline through a self-administered questionnaire including personality traits. Simple, Likert-type, questions with 11 possible answers ranging from 0 to 10 were used at baseline to assess the 3 personality traits. We compared participants with high scores (7–10) versus those with low scores (0–4). New medical diagnoses of depression during follow-up were used as the outcome. Results: During a median follow-up of 10.1 y, we prospectively identified 902 new medical diagnoses of depression. The multivariable-adjusted hazard ratios (95% confidence intervals) for depression were 1.85 (1.52–2.24) for participants with higher baseline tension (7–10 versus 0 to 4), P-trend < 0.001; and 1.23 (1.06–1.44) for high versus low baseline dependence levels, P-trend = 0.004. Higher levels of competitiveness were marginally associated with lower risk of depression, with hazard ratio = 0.78 (0.61–1.01), P-trend = 0.105. Conclusion: A simple scoring system of personality traits shows an independent association with the future occurrence of depression. This finding underscores, with now prospective evidence, the importance of personality traits in the aetiology of depression and can provide a clinically useful tool for gathering valid information about depression-related personality traits. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Behavioral activation versus treatment as usual in naturalistic sample of psychiatric patients with depressive symptoms: A benchmark controlled trial.
Authors: Luoto, Kaisa E.; Lindholm, Lars H.; Paavonen, Vesa; Koivukangas, Antti; Lassila, Antero; Leinonen, Esa; Kampman, Olli;
Abstract: Background: More systematic use of evidence-based brief therapies is needed in the treatment of depression within psychiatric care. The aim of this study was to explore the impact of behavioral activation therapy (BA) for patients with depressive symptoms in a routine clinical setting of secondary psychiatric care. Methods: The BA-treated intervention group (n = 242) comprised patients with depressive symptoms
(Beck Depression Inventory (BDI) score ≥ 17 at baseline). The control group (n = 205) patients received treatment as usual in the same catchment area. The groups were matched at baseline using BDI and Alcohol Use Disorders Identification Test scores and inpatient/outpatient status. The groups were compared at 6-, 12- and 24-month follow-up points on functional outcome (Global Assessment of Functioning scale), service use, dropout and deaths. The Montgomery–Åsberg Depression Rating Scale was used to assess depressive symptoms in the intervention group. Results: The estimated difference in GAF score between intervention and control group patients was significant at 12- and 24-months follow-up points in favor of intervention group (GAF score difference 4.85 points, p = 0.006 and 5.71 points, p = 0.005, respectively; estimate for patient group 2.26, p = 0.036). The rates of dropout, mortality and service use were similar between the groups. Among the intervention group patients, the estimated improvement in MADRS score compared to baseline was statistically significant throughout the follow-up (p < 0.001 at all follow-up points). Conclusions: The systematic use of BA among secondary psychiatric care depressive patients provides encouraging results despite the patients had various comorbid non-psychotic disorders.


Title: What might affect acceptability of online positive psychology interventions for depression: A qualitative study on patient expectations.
Authors: Walsh, Sophie; Kaselionyte, Justina; Taylor, Stephanie J. C.; Priebe, Stefan
Abstract: Background: Positive psychology interventions are brief self-administered exercises designed to promote positive emotions, behaviours, or thoughts. They are potentially effective for reducing depression and are considered suitable for online dissemination to people with depression and related conditions, as they are assumed to be more acceptable than traditional symptom-focused approaches. However, there is little investigation into perceived acceptability and potential factors that might affect it. This might limit the development and evaluation of effective interventions. Methods: Semi-structured interviews with patients with depression and/or anxiety (n = 18) and professionals, including GPs and psychologists (n = 5) were conducted on their perceptions of a proposed online intervention using positive psychology. Thematic analysis, according to Braun and Clarke, was used to identify meaningful patterns in the data. Results: Four key themes were identified. The fit between the positive psychological approach and the patient’s context, including their personality, symptoms and other treatments, was important in determining acceptability. Social aspects of interventions were thought to facilitate acceptability, as long as these were balanced. Support was identified as important in facilitating intervention suitability, although it was not without limitations. Finally, participants identified how design features can enhance acceptability. Conclusions: The findings suggest that positive psychology interventions might not be acceptable to all and that specific exercises might be more or less appropriate to deliver online. Design aspects can help to facilitate acceptability, beyond the psychological content. These findings may inform the design of future online psychology interventions for people with depression and anxiety, which can then be evaluated in future research. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Effect of escitalopram vs placebo treatment for depression on long-term cardiac outcomes in patients with acute coronary syndrome: A randomized clinical trial.
Authors: Kim, Jae-Min; Stewart, Robert; Lee, Yong-Seong; Lee, Hee-Joon; Kim, MinChul; Kim, Ju-Wan; Kang, Hee-Ju; Bae, Kyung-Yeol; Kim, Sung-Wan; Shin, Il-Seon; Hong, Young Joon; Kim, Ju Han; Ahn, Youngkeun; Jeong, Myung Ho; Yoon, Jin-Sang
Abstract:
Importance: Depression has been associated with poorer medical outcomes in acute coronary syndrome (ACS), but there are few data on the effects of antidepressant treatment on long-term prognosis. Objective: To investigate the effect on long-term major adverse cardiac events (MACE) of escitalopram treatment of depression in patients with recent ACS. Design, Setting, and Participants: Randomized, double-blind, placebo-controlled trial conducted among 300 patients with recent ACS and depression enrolled from May 2007 to March 2013, with follow-up completed in June 2017, at Chonnam National University Hospital, Gwangju, South Korea. Interventions: Patients were randomly assigned to receive either escitalopram in flexible dosages of 5, 10, 15, or 20 mg/d (n = 149) or matched placebo (n = 151) for 24 weeks. Main Outcomes and Measures: The primary outcome was MACE, a composite of all-cause mortality, myocardial infarction (MI), and percutaneous coronary intervention (PCI). Four secondary outcomes were the individual MACE components of all-cause mortality, cardiac death, MI, and PCI. Cox proportional hazards models were used to compare the escitalopram and placebo groups by time to first MACE. Results: Among 300 randomized patients (mean age, 60 years; 119 women [39.3%]), 100% completed a median of 8.1 (interquartile range, 7.5-9.0) years of follow-up. MACE occurred in 61 patients (40.9%) receiving escitalopram and in 81 (53.6%) receiving placebo (hazard ratio [HR], 0.69; 95% CI, 0.49-0.96; P = .03). Comparing individual MACE outcomes between the escitalopram and placebo groups, respectively, incidences for all-cause mortality were 20.8% vs 24.5% (HR, 0.82; 95% CI, 0.51-1.33; P = .43), for cardiac death, 10.7% vs 13.2% (HR, 0.79; 95% CI, 0.41-1.52; P = .48); for MI, 8.7% vs 15.2% (HR, 0.54; 95% CI, 0.27-0.96; P = .04), and for PCI, 12.8% vs 19.9% (HR, 0.58; 95% CI, 0.33-1.04; P = .07). Conclusions and Relevance: Among patients with depression following recent acute coronary syndrome, 24-week treatment with escitalopram compared with placebo resulted in a lower risk of major adverse cardiac events after a median of 8.1 years. Further research is needed to assess the generalizability of these findings. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
The effect of a training programme on school nurses' knowledge, attitudes, and depression recognition skills: The QUEST cluster randomised controlled trial.

Authors:
Haddad, Mark; Pinfold, Vanessa; Ford, Tamsin; Walsh, Brendan; Tylee, Andre;

Source:

Abstract:
Background: Mental health problems in children and young people are a vital public health issue. Only 25% of British school children with diagnosed mental health problems have specialist mental health services contact; front-line staff such as school nurses play a vital role in identifying and managing these problems, and accessing additional services for children, but there appears limited specific training and support for this aspect of their role. Objectives: To evaluate the effectiveness of a bespoke short training programme, which incorporated interactive and didactic teaching with printed and electronic resources. Hypothesized outcomes were improvements in school nurses' knowledge, attitudes, and recognition skills for depression. Design: A cluster-randomised controlled trial. Participants and setting: 146 school nurses from 13 Primary Care Trusts (PCTs) in London were randomly allocated to receive the training programme. Methods: School nurses from 7 PCTs (n = 81) were randomly allocated to receive the training intervention and from 6 PCTs (n = 65) for waiting list control. Depression detection was measured by response to vignettes, attitudes measured with the Depression Attitude Questionnaire, and knowledge by the QUEST knowledge measure. These outcomes were measured at baseline and (following training) 3 months and nine months later, after which nurses in the control group received the training programme. Results: At 3 months, 115 nurses completed outcome measures. Training was associated with significant improvements in the specificity of depression judgements (52.0% for the intervention group and 47.2% for the control group, P = 0.039), and there was a non-significant increase in sensitivity (64.5% compared to 61.5% P = 0.25). Nurses' knowledge about depression improved (standardised mean difference = 0.97 [95% CI 0.58 to 1.35], P < 0.001); and confidence about their professional role in relation to depression increased. There was also a significant change in optimism about depression outcomes, but no change in tendency to defer depression management to specialists. At 9-month follow-up, improved specificity in depression identification and improved knowledge were maintained. Conclusions: This school nurse development programme, designed to convey best practice for the identification and care of depression, delivered significant improvements in some aspects of depression recognition and understanding, and
was associated with increased confidence in working with young people experiencing mental health problems. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Implicit negative affect predicts attention to sad faces beyond self-reported depressive symptoms in healthy individuals: An eye-tracking study.

Authors:
Bodenschatz, Charlott Maria; Skopinceva, Marija; Kersting, Anette; Quirin, Markus; Suslow, Thomas;

Source:
Psychiatry Research, Vol 265, Jul, 2018 pp. 48-54. Publisher: Elsevier Science; [Journal Article]

Abstract:
Cognitive theories of depression assume biased attention towards mood-congruent information as a central vulnerability and maintaining factor. Among other symptoms, depression is characterized by excessive negative affect (NA). Yet, little is known about the impact of naturally occurring NA on the allocation of attention to emotional information. The study investigates how implicit and explicit NA as well as self-reported depressive symptoms predict attentional biases in a sample of healthy individuals (N = 104). Attentional biases were assessed using eye-tracking during a free viewing task in which images of sad, angry, happy and neutral faces were shown simultaneously. Participants’ implicit affectivity was measured indirectly using the Implicit Positive and Negative Affect Test. Questionnaires were administered to assess actual and habitual explicit NA and presence of depressive symptoms. Higher levels of depressive symptoms were associated with sustained attention to sad faces and reduced attention to happy faces. Implicit but not explicit NA significantly predicted gaze behavior towards sad faces independently from depressive symptoms. The present study supports the idea that naturally occurring implicit NA is associated with attention allocation to dysphoric facial expression. The findings demonstrate the utility of implicit affectivity measures in studying individual differences in depression-relevant attentional biases and cognitive vulnerability. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
A quantitative review on outcome-to-antidepressants in melancholic unipolar depression.

Authors:
Valerio, Marina P.; Szmulewicz, Alejandro G.; Martino, Diego J.;

Source:

Abstract:
The aim of this study was to explore outcome to antidepressants profile in melancholic unipolar depression. We conducted a systematic review of electronic databases and meta-analysis of randomized and nonrandomized trials comparing: 1) outcome to antidepressants and placebo between melancholic and non-melancholic depression; 2) outcome to different antidepressant classes in melancholic depression. Two outcomes were considered: clinical remission and response. Significant lower odds of remission to antidepressants in melancholic than in non-melancholic depressions were found. Although no significant differences were observed in the response to antidepressants between both subtypes of depression, those with melancholic features had lower odds of response to placebo. Finally, treatment of melancholic depression with serotonin reuptake inhibitors was associated with lower odds of remission compared with tricyclic antidepressants, and similar outcome compared with venlafaxine. Melancholia seems to show a differential pattern of outcome to antidepressants, which could be clinically valuable for a better implementation of personalized medicine of depression. Due to several limitations, further research is needed to support these preliminary findings. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Electrocortical reactivity to negative and positive facial expressions in individuals with a family history of major depression.

**Authors:** Watters, Anna J.; Harris, Anthony W. F.; Williams, Leanne M.;

**Source:** Biological Psychology, Vol 136, Jul, 2018 pp. 127-135. Publisher: Elsevier Science; [Journal Article]

**Abstract:**
Facial expressions signaling threat and mood-congruent loss have been used to probe abnormal neural reactivity in major depressive disorder (MDD) and may be implicated in genetic vulnerability to MDD. This study investigated electro-cortical reactivity to facial expressions in 101 unaffected, adult first-degree relatives of probands with MDD and non-relative controls (n = 101). We investigated event-related potentials (ERPs) to five facial expressions of basic emotion: fear, anger, disgust, sadness and happiness under both subliminal (masked) and conscious (unmasked) presentation conditions, and the source localization of group differences. In the conscious condition, controls showed a distinctly positive-going shift in responsive to negative versus happy faces, reflected in a greater positivity for the VPP frontally and the P300 parietally, and less negativity for the N200. By contrast, relatives showed less differentiation of emotions, reflected in less VPP and P300 positivity, particularly for anger and disgust, which produced an enhanced N200 for sadness. These group differences were consistently source localized to the anterior cingulate cortex. The findings contribute new evidence for neural disruptions underlying the differentiation of salient emotions in familial risk for depression. These disruptions occur to the appraisal (~200 ms post-stimulus) through to the context evaluation (~300 ms+ post-stimulus) phases of emotion processing, consistent with theories that risk for depression involves biased or attenuated processing of emotion. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Resting frontal brain asymmetry is linked to future depressive symptoms in women.

**Authors:** Stewart, Jennifer L.; Allen, John J. B.;

**Source:** Biological Psychology, Vol 136, Jul, 2018 pp. 161-167. Publisher: Elsevier Science; [Journal Article]

**Abstract:**
This longitudinal pilot study examined whether baseline resting frontal electroencephalographic (EEG) asymmetry correlates with depressive symptoms during the most impaired two-week period in the following year. Current-source-density (CSD) transformed resting frontal EEG asymmetry, severity of depression symptoms (Beck Depression Inventory—II), and stress (indexed by negative life events; NLE) were recorded in never-depressed young adults with no current DSM-IV diagnosis (38 women, 16 men) at baseline. One year later, depression symptoms and NLEs experienced during the interim were assessed. Individuals who reported greater interim NLEs also endorsed interim higher depression symptoms, a pattern that replicated when first accounting for baseline stress and depression. For women, higher depression reported at follow-up was linked to lower left than right frontal EEG activity at baseline, a pattern that replicated when first accounting for depressive symptoms at baseline. Despite the modest sample size of the present analysis, findings are consistent with prior reports of sex differences in patterns of brain laterality and support the idea that CSD-referenced EEG asymmetry may be a risk marker for future depression in previously healthy young women. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Serum lipidomic analysis for the discovery of biomarkers for major depressive disorder in drug-free patients.

**Authors:** Kim, Eun Young; Lee, Jae Won; Lee, Min Young; Kim, Se Hyun; Mok, Hyuck Jun; Ha, Kyooseob; Ahn, Yong Min; Kim, Kwang Pyo;

**Source:**
Abstract:
Lipidomic analysis can be used to efficiently identify hundreds of lipid molecular species in biological materials and has been recently established as an important tool for biomarker discovery in various neuropsychiatric disorders including major depressive disorder (MDD). In this study, quantitative targeted serum lipidomic profiling was performed on female subjects using liquid chromatography–mass spectrometry. Global lipid profiling of pooled serum samples from 10 patients currently with MDD (cMDD), 10 patients with remitted MDD (rMDD), and 10 healthy controls revealed 37 differentially regulated lipids (DRLs). DRLs were further verified using multiple-reaction monitoring (MRM) in each of the 25 samples from the three groups of independent cohorts. Using multivariate analysis and MRM data we identified serum biomarker panels of discriminatory lipids that differentiated between pairs of groups: lysophosphatidic acid (LPA)(16:1), triglycerides (TG)(44:0), and TG(54:8) distinguished cMDD from controls with 76% accuracy; lysophosphatidylcholines(16:1), TG(44:0), TG(46:0), and TG(50:1) distinguished between cMDD and rMDD at 65% accuracy; and LPA(16:1), TG(52:6), TG(54:8), and TG(58:10) distinguished between rMDD and controls with 60% accuracy. Our lipidomic analysis identified peripheral lipid signatures of MDD, which thereby provides providing important biomarker candidates for MDD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Posttraumatic stress disorder, depression, and suicidal ideation in veterans: Results from the Mind Your Heart study.
Authors:
Arenson, Melanie B.; Whooley, Mary A.; Neylan, Thomas C.; Maguen, Shira; Metzler, Thomas J.; Cohen, Beth E.;
Source:
Abstract:
Veterans with PTSD or depression are at increased risk for suicidal ideation. However, few studies have examined that risk in those with comorbid PTSD and depression, instead focusing on these disorders individually. This study investigates the association of suicidal ideation with comorbid PTSD and depression and examines the role of military and psychosocial covariates. We evaluated 746 veterans using the CAPS to assess PTSD and the PHQ-9 to measure depression and suicidal ideation. Covariates were assessed via validated self-report measures. 49% of veterans with comorbid PTSD and depression endorsed suicidal ideation, making them more likely to do so than those with depression alone (34%), PTSD alone (11%), or neither (2%). In multivariate logistic regression models, this association remained significant after controlling for demographics and symptom severity. Anger, hostility, anxiety, alcohol use, optimism and social support did not explain the elevated risk of suicidal ideation in the comorbid group in fully adjusted models. As suicidal ideation is a known risk factor for suicide attempts and completions, veterans with comorbid PTSD and depression represent a vulnerable group who may need more intensive monitoring and treatment to reduce risk of suicide. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Sprint interval training (SIT) substantially reduces depressive symptoms in major depressive disorder (MDD): A randomized controlled trial.
Authors:
Minghetti, Alice; Faude, Oliver; Hanssen, Henner; Zahner, Lukas; Gerber, Markus; Donath, Lars;
Source:
Abstract:
Continuous aerobic exercise training (CAT) is considered a complementary treatment option in patients with major depressive disorder (MDD). Intermittent exercise training protocols, such as sprint interval training (SIT) have gained increasing popularity, but no studies on depressive symptoms following SIT in patients with MDD are available. Fifty-nine in-patients with MDD were randomly assigned to a SIT or CAT
group. Medication was counterbalanced in both intervention arms. Both intervention groups received 3 weekly training sessions for 4-weeks (12 sessions in total). SIT comprised 25 bouts of 30 seconds at 80% of maximal power, whereas CAT consisted of 20 minutes of physical activity at 60% of maximal power. The training protocols were isocalorically designed. Maximal bicycle ergometer exercise testing yielded maximal and submaximal physical fitness parameters. The Beck-Depression-Inventory-II (BDI-II) was filled out by the patients before and after the intervention period. BDI-II scores substantially decreased in both groups with an effect size pointing towards a large effect (p < 0.001, ηp² = 0.70) while submaximal (0.07 < d < 0.89) and maximal (0.05 < d < 0.85) fitness variables improved in both groups. Short-term SIT leads to similar results as CAT in patients with MDD and can be regarded as a time-efficient and promising exercise-based treatment strategy. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
DNA methylation differences at the glucocorticoid receptor gene in depression are related to functional alterations in hypothalamic–pituitary–adrenal axis activity and to early life emotional abuse.
Authors:
Farrell, Chloë; Doolin, Kelly; O’Leary, Niamh; Jairaj, Chaitra; Roddy, Darren; Tozzi, Leonardo; Morris, Derek; Harkin, Andrew; Frodl, Thomas; Nemoda, Zsófia; Szyf, Moshe; Boop, Linda; O’Keane, Veronica;
Source:
Abstract:
Depression is associated with alterations in hypothalamic–pituitary–adrenal (HPA) axis activity. A proposed mechanism to explain these alterations are changes in DNA methylation levels, secondary to early life adversity (ELA), at stress-related genes. Two gene regions that have been implicated in the literature, the glucocorticoid receptor gene (NR3C1) exon 1F and the FKBP5 gene intron 7 were examined in 67 individuals (33 depressed patients and 34 controls). We investigated whether cortisol concentrations, evaluated in 25 depressed patients and 20 controls, and measures of ELA were associated with the degree of methylation at these candidate gene regions. Mean NR3C1 exon 1F DNA methylation levels were significantly increased in the depressed cohort and the degree of methylation was found to be positively associated with morning cortisol concentrations. DNA methylation levels at specific CG sites within the NR3C1 exon 1F were related to childhood emotional abuse severity. DNA methylation at CG38 was related to both HPA axis and childhood emotional abuse measures in the depressed group. No FKBP5 differences were revealed. Our findings suggest that hypermethylation at the NR3C1 exon 1F may occur in depression. This locus-specific epigenetic change is associated with higher basal HPA axis activity, possibly reflecting acquired glucocorticoid receptor resistance. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Speed of antidepressant response to electroconvulsive therapy in bipolar disorder vs. major depressive disorder.
Authors:
Agarkar, Smita; Hurt, Stephen W.; Young, Robert C.;
Source:
Abstract:
Aims: We reviewed studies that reported speed of antidepressant response to electroconvulsive therapy (ECT) in both bipolar depression (BPD) and major depressive disorder (MDD). Methods: We identified English language reports allowing this comparison. Results: Ten studies met our criteria. Four reported significantly faster response in BPD and in one there was trend for faster response. None reported evidence for slower response in BPD. Conclusion: The findings support further study of speed of response to ECT in BPD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Family and personality predictors of clinical depression and anxiety in emerging adults: Common, distinctive, or a vulnerability continuum?

Authors:
Mitkovic Voncina, Marija; Kosutic, Zeljka; Pesic, Danilo; Todorovic, Dejan; Peculic, Aleksandar; Lazarevic, Milica; Rakovic Dobroslavic, Ivana; Djuric, Mina; Bradic, Zagorka; Pejovic Milovancevic, Milica; Gotlib, Dorothy; Lecic Tosevski, Dusica;

Source:
Journal of Nervous and Mental Disease, Vol 206(7), Jul, 2018 pp. 537-543. Publisher: Lippincott Williams & Wilkins; [Journal Article]

Abstract:
There is an ongoing debate on the relationship between depression and anxiety, but data on similarities and differences in their predictor profiles are scarce. The aim of our study was to compare family and personality predictors of these disorders among 220 'emerging adults.' As such, two clinical groups with noncomorbid depressive and anxiety disorders, and one healthy control group were assessed by sociodemographic questionnaires, Structured Clinical Interview for DSM-IV Disorders and NEO Personality Inventory, Revised. We found significant overlap in family and personality risk profiles, with increasing effect size for predictors common to anxiety and depression when the categories 'no disorder–anxiety disorder–depressive disorder' were considered as existing along a continuum. Among the contributing factors we assessed, family psychiatric history, family structure and conflicts with parents were more significant than personality traits. Our study indicates that emerging adults may be more vulnerable to depression than anxiety in the presence of family and personality risk factors. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Executive dysfunction and depression in pediatric temporal lobe epilepsy: The contribution of hippocampal sclerosis and psychosocial factors.

Authors:
Schraegle, William A.; Nussbaum, Nancy L.; Titus, Jeffrey B.;

Source:

Abstract:
Objectives: Temporal lobe epilepsy (TLE) has been identified as a risk factor for increased depression features in children and adolescents; however, less is known regarding specific neurocognitive predictors of depression in this population above and beyond seizure-specific and sociodemographic factors.
Methods: The study included 62 patients with TLE (64% male) aged 8 to 16 years (M = 12.62; SD = 2.26) who underwent comprehensive neuropsychological evaluation. Results: Correlation analyses revealed significant association between patient depression and WCST Total Perseverations, BRIEF Behavioral Regulation Index (BRI) and family stress. Perseverative errors on the WCST and the BRI were found to significantly predict depression features in youth with TLE. Patient performance on WCST was also found to fully mediate the significant relationship between hippocampal sclerosis (HS) and depression in pediatric TLE. Finally, logistic regression indicated HS in the presence of TLE was associated with a four-fold risk of clinically significant depression ratings. Conclusions: The current findings offer strong support for the relationship between executive function (EF) and depression in pediatric TLE. Also, as HS is not modifiable, these findings suggest EF intervention may be a potential modality for improving health-related quality of life (HRQOL) in youth with TLE. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Increased nature relatedness and decreased authoritarian political views after psilocybin for treatment-resistant depression.

Authors:
Lyons, Taylor; Carhart-Harris, Robin L.;

Abstract:
Rationale: Previous research suggests that classical psychedelic compounds can induce lasting changes in personality traits, attitudes and beliefs in both healthy subjects and patient populations. Aim: Here we sought to investigate the effects of psilocybin on nature relatedness and libertarian–authoritarian political perspective in patients with treatment-resistant depression (TRD). Methods: This open-label pilot study with a mixed-model design studied the effects of psilocybin on measures of nature relatedness and libertarian–authoritarian political perspective in patients with moderate to severe TRD (n = 7) versus age-matched non-treated healthy control subjects (n = 7). Psilocybin was administered in two oral dosing sessions (10 mg and 25 mg) 1 week apart. Main outcome measures were collected 1 week and 7–12 months after the second dosing session. Nature relatedness and libertarian–authoritarian political perspective were assessed using the Nature Relatedness Scale (NR-6) and Political Perspective Questionnaire (PPQ-5), respectively. Results: Nature relatedness significantly increased (t(6) = −4.242, p = 0.003) and authoritarianism significantly decreased (t(6) = 2.120, p = 0.039) for the patients 1 week after the dosing sessions. At 7–12 months post-dosing, nature relatedness remained significantly increased (t(5) = −2.707, p = 0.021) and authoritarianism remained decreased at trend level (t(5) = −1.811, p = 0.065). No differences were found on either measure for the non-treated healthy control subjects. Conclusions: This pilot study suggests that psilocybin with psychological support might produce lasting changes in attitudes and beliefs. Although it would be premature to infer causality from this small study, the possibility of drug-induced changes in belief systems seems sufficiently intriguing and timely to deserve further investigation. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Effect of prenatal mindfulness training on depressive symptom severity through 18-months postpartum: A latent profile analysis.

Authors: Felder, Jennifer N.; Roubinov, Danielle; Bush, Nicole R.; Coleman-Phox, Kimberly; Vieten, Cassandra; Laraia, Barbara; Adler, Nancy E.; Epel, Elissa;


Abstract: Objective: We examined whether prenatal mindfulness training was associated with lower depressive symptoms through 18-months postpartum compared to treatment as usual (TAU). Method: A controlled, quasi-experimental trial compared prenatal mindfulness training (MMT) to TAU. We collected depressive symptom data at post-intervention, 6-, and 18-months postpartum. Latent profile analysis identified depressive symptom profiles, and multinomial logistic regression examined whether treatment condition predicted profile. Results: Three depressive symptom severity profiles emerged: none/minimal, mild, and moderate. Adjusting for relevant covariates, MMT participants were less likely than TAU participants to be in the moderate profile than the none/minimal profile (OR = 0.13, 95% CI = 0.03-0.54, p = .005). Conclusions: Prenatal mindfulness training may have benefits for depressive symptoms during the transition to parenthood. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Back to top
Schizophrenia

Title:
Attention Deficit Hyperactivity Disorder symptoms and psychosis in 22q11.2 Deletion Syndrome.

Authors:
Niarchou, Maria; Calkins, Monica E.; Moore, Tyler M.; Tang, Sunny X.; McDonald-McGinn, Donna M.; Zackai, Elaine H.; Emanual, Beverly S.; Gur, Ruben C.; Gur, Raquel E.

Source:

Abstract:
Objective: 22q11.2 Deletion Syndrome (22q11.2DS) is associated with increased risk for schizophrenia in adulthood while Attention Deficit Hyperactivity Disorder (ADHD) is the most prevalent diagnosis in childhood. Inattention symptoms are pronounced in 22q11.2DS and given that attentional impairment is a core feature of schizophrenia, inattention symptoms may reflect underlying ADHD, psychosis, or both. We investigate whether inattention is associated with psychosis in 22q11.2DS and in other groups at risk for psychosis but without the deletion (ND) (idiopathic clinical risk and first degree family members of individuals with schizophrenia). Methods: One hundred thirty-seven individuals with 22q11.2DS (mean age: 14.0), 84 ND individuals with subthreshold psychosis (mean age: 16.9) and 31 ND individuals with family history of psychosis (mean age: 17.0) were included in the study. Psychopathology was assessed using research diagnostic assessments. Results: ADHD total symptoms were associated with overall levels of subthreshold psychosis symptoms in 22q11.2DS (β = .8, P = .04). Inattention symptoms were specifically associated with positive (β = .5, P = .004), negative (β = .5, P = .03), and disorganized (β = .5, P < .001) symptoms, while hyperactivity-impulsivity symptoms were associated with disorganized symptoms (β = .5, P = .01). The prevalence of ADHD inattention symptoms was higher in 22q11.2DS with subthreshold psychosis compared to ND individuals with subthreshold psychosis (P < .001), even when adjusting for cognitive impairment and overall psychopathology. The pattern was similar when comparing individuals with 22q11.2DS and ND individuals with family history of psychosis. Conclusions: This is the first study to examine the associations between ADHD symptoms and psychosis in 22q11.2DS. Our findings support a potentially important role of ADHD inattention symptoms in psychosis in 22q11.2DS.

(FsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Familial risk and a genome-wide supported DRD2 variant for schizophrenia predict lateral prefrontal-amygdala effective connectivity during emotion processing.

Authors:
Quarto, Tiziana; Paparella, Isabella; De Tullio, Davide; Visconti, Giovanna; Fazio, Leonardo; Taurisano, Paolo; Romano, Raffaella; Rampino, Antonio; Masellis, Rita; Popolizio, Teresa; Selvaggi, Pierluigi; Pergola, Giulio; Bertolino, Alessandro; Blasi, Giuseppe;

Source:

Abstract:
The brain functional mechanisms translating genetic risk into emotional symptoms in schizophrenia (SCZ) may include abnormal functional integration between areas key for emotion processing, such as the amygdala and the lateral prefrontal cortex (LPFC). Indeed, investigation of these mechanisms is also complicated by emotion processing comprising different subcomponents and by disease-associated state variables. Here, our aim was to investigate the relationship between risk for SCZ and effective connectivity between the amygdala and the LPFC during different subcomponents of emotion processing. Thus, we first characterized with dynamic causal modeling (DCM) physiological patterns of LPFC--amygdala effective connectivity in healthy controls (HC) during implicit and explicit emotion processing. Then, we compared DCM patterns in a subsample of HC, in patients with SCZ and in healthy siblings of patients (SIB), matched for demographics. Finally, we investigated in HC association of LPFC--amygdala effective connectivity with a genome-wide supported variant increasing genetic risk for SCZ and possibly relevant to emotion processing (DRD2 rs2514218). In HC, we found that a ‘bottom-up’ amygdala-to-LPFC pattern during implicit processing and a ‘top-down’ LPFC-to-amygdala pattern during explicit processing were the
most likely directional models of effective connectivity. Differently, implicit emotion processing in SIB, SCZ, and HC homozygous for the SCZ risk rs2514218 C allele was associated with decreased probability for the 'bottom-up' as well as with increased probability for the 'top-down' model. These findings suggest that task-specific anomaly in the directional flow of information or disconnection between the amygdala and the LPFC is a good candidate endophenotype of SCZ. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Effects of schizophrenia polygenic risk scores on brain activity and performance during working memory subprocesses in healthy young adults.

Authors:
Miller, Jacob A.; Scult, Matthew A.; Conley, Emily Drabant; Chen, Qiang; Weinberger, Daniel R.; Hariri, Ahmad R.;

Source:

Abstract:
Recent work has begun to shed light on the neural correlates and possible mechanisms of polygenic risk for schizophrenia. Here, we map a schizophrenia polygenic risk profile score (PRS) based on genome-wide association study significant loci onto variability in the activity and functional connectivity of a frontoparietal network supporting the manipulation versus maintenance of information during a numerical working memory (WM) task in healthy young adults (n = 99, mean age = 19.8). Our analyses revealed that higher PRS was associated with hypoactivity of the dorsolateral prefrontal cortex (dlPFC) during the manipulation but not maintenance of information in WM (r² = .0576, P = .018). Post hoc analyses revealed that PRS-modulated dlPFC hypoactivity correlated with faster reaction times during WM manipulation (r² = .0967, P = .002), and faster processing speed (r² = .0967, P = .003) on a separate behavioral task. These PRS-associated patterns recapitulate dlPFC hypoactivity observed in patients with schizophrenia during central executive manipulation of information in WM on this task. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Genetic overlap between schizophrenia and volumes of hippocampus, putamen, and intracranial volume indicates shared molecular genetic mechanisms.

Authors:
Smeland, Olav B.; Wang, Yunpeng; Frei, Oleksandr; Li, Wen; Hibar, Derrek P.; Franke, Barbara; Bettella, Francesco; Wittoelar, Aree; Djurovic, Srdjan; Chen, Chi-Hua; Thompson, Paul M.; Dale, Anders M.; Andreassen, Ole A.;

Source:

Abstract:
Schizophrenia (SCZ) is associated with differences in subcortical brain volumes and intracranial volume (ICV). However, little is known about the underlying etiology of these brain alterations. Here, we explored whether brain structure volumes and SCZ share genetic risk factors. Using conditional false discovery rate (FDR) analysis, we integrated genome-wide association study (GWAS) data on SCZ (n = 82315) and GWAS data on 7 subcortical brain volumes and ICV (n = 11840). By conditioning the FDR on overlapping associations, this statistical approach increases power to discover genetic loci. To assess the credibility of our approach, we studied the identified loci in larger GWAS samples on ICV (n = 26577) and hippocampal volume (n = 26814). We observed polygenic overlap between SCZ and volumes of hippocampus, putamen, and ICV. Based on conjunctional FDR < 0.05, we identified 2 loci shared between SCZ and ICV implicating genes FOXO3 (rs10457180) and ITIH4 (rs4687658), 2 loci shared between SCZ and hippocampal volume implicating SLC4A10 (rs4664442) and SPATS2L (rs1653290), and 2 loci shared between SCZ and volume of putamen implicating DCC (rs4632195) and DLG2 (rs11233632). The loci shared between SCZ and hippocampal volume or ICV had not reached significance in the primary GWAS on brain phenotypes. Proving our point of increased power, 2 loci did reach genome-wide significance with
ICV (rs10457180) and hippocampal volume (rs4664442) in the larger GWAS. Three of the 6 identified loci are novel for SCZ. Altogether, the findings provide new insights into the relationship between SCZ and brain structure volumes, suggesting that their genetic architectures are not independent. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Retinal layer abnormalities as biomarkers of schizophrenia.
Authors:
Samani, Niraj N.; Proudlock, Frank A.; Siram, Vasantha; Suraweera, Chathurie; Hutchinson, Claire; Nelson, Christopher P.; Al-Uzri, Mohammed; Gottlob, Irene;
Source:
Abstract:
Objective: Schizophrenia is associated with several brain deficits, as well as visual processing deficits, but clinically useful biomarkers are elusive. We hypothesized that retinal layer changes, noninvasively visualized using spectrdomain optical coherence tomography (SD-OCT), may represent a possible ‘window’ to these abnormalities. Methods: A Leica EnvisuTM SD-OCT device was used to obtain high-resolution central foveal B-scans in both eyes of 35 patients with schizophrenia and 50 demographically matched controls. Manual retinal layer segmentation was performed to acquire individual and combined layer thickness measurements in 3 macular regions. Contrast sensitivity was measured at 3 spatial frequencies in a subgroup of each cohort. Differences were compared using adjusted linear models and significantly different layer measures in patients underwent Spearman Rank correlations with contrast sensitivity, quantified symptoms severity, disease duration, and antipsychotic medication dose. Results: Total retinal and photoreceptor complex thickness was reduced in all regions in patients (P < .0001). Segmentation revealed consistent thinning of the outer nuclear layer (P < .001) and inner segment layer (P < .05), as well as a pattern of parafoveal ganglion cell changes. Low spatial frequency contrast sensitivity was reduced in patients (P = .002) and correlated with temporal parafoveal ganglion cell complex thinning (R = .48, P = .01). Negative symptom severity was inversely correlated with foveal photoreceptor complex thickness (R = -.54, P = .001) and outer nuclear layer thickness (R = -.47, P = .005). Conclusions: Our novel findings demonstrate considerable retinal layer abnormalities in schizophrenia that are related to clinical features and visual function. With time, SD-OCT could provide easily-measurable biomarkers to facilitate clinical assessment and further our understanding of the disease. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Glutamatergic response to heat pain stress in schizophrenia.
Authors:
Chiappelli, Joshua; Shi, Qiaoyun; Wijtenburg, Sarah Andrea; Quiton, Raimi; Wisner, Krista; Gaston, Frank; Kodi, Priyadurga; Gaudiot, Christopher; Kochunov, Peter; Rowland, Laura M.; Hong, Liyi Elliot;
Source:
Abstract:
Regulation of stress response involves top-down mechanisms of the frontal-limbic glutamatergic system. As schizophrenia is associated with glutamatergic abnormalities, we hypothesized that schizophrenia patients may have abnormal glutamatergic reactivity within the dorsal anterior cingulate cortex (dACC), a key region involved in perception of and reaction to stress. To test this, we developed a somatic stress paradigm involving pseudorandom application of safe but painfully hot stimuli to the forearm of participants while they were undergoing serial proton magnetic resonance spectroscopy to measure changes in glutamate and glutamine levels in the dACC. This paradigm was tested in a sample of 21 healthy controls and 23 patients with schizophrenia. Across groups, glutamate levels significantly decreased following exposure to thermal pain, while ratio of glutamine to glutamate significantly increased. However, schizophrenia patients exhibited an initial increase in glutamate levels during challenge that was
significantly different from controls, after controlling for heat pain tolerance. Furthermore, in patients, the acute glutamate response was positively correlated with childhood trauma (r = .41, P = .050) and inversely correlated with working memory (r = −.49, P = .023). These results provide preliminary evidence for abnormal glutamatergic response to stress in schizophrenia patients, which may point toward novel approaches to understanding how stress contributes to the illness. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Assessment of cognition and personality as potential endophenotypes in the Western Australian family study of schizophrenia.
Authors: McCarthy, Nina S.; Badcock, Johanna C.; Clark, Melanie L.; Knowles, Emma E. M.; Cadby, Gemma; Melton, Phillip E.; Morgan, Vera A.; Blangero, John; Moses, Eric K.; Glahn, David C.; Jablensky, Assen;
Abstract:
Phenotypic heterogeneity is a major barrier to understanding the genetic architecture underlying schizophrenia. Incorporating endophenotypes is one way to reduce heterogeneity and facilitate more powerful genetic analysis. Candidate endophenotypes require systematic assessment against endophenotype criteria, and a ranking of their potential utility for genetic analysis. In this study we assess 20 cognitive and personality measures in a sample of 127 families with at least 2 cases of schizophrenia per family (n = 535) plus a set of 30 control families (n = 121) against 4 endophenotype criteria: (a) be associated with the illness but not be a part of its diagnosis, (b) be heritable, (c) co-segregate with the illness in families, and (d) be found in unaffected relatives at a higher rate than in the general population. The endophenotype ranking score (endophenotype ranking variable [ERV]) was used to rank candidate endophenotypes based on their heritability and genetic correlation with schizophrenia. Finally, we used factor analysis to explore latent factors underlying the cognitive and personality measures. Evidence for personality measures as endophenotypes was at least equivalent to that of the cognitive measures. Factor analysis indicated that personality and cognitive traits contribute to independent latent dimensions. The results suggest for this first time that a number of cognitive and personality measures are independent and informative endophenotypes. Use of these endophenotypes in genetic studies will likely improve power and facilitate novel aetiological insights. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The latent taxonicity of schizotypy in biological siblings of probands with schizophrenia.
Authors: Linscott, Richard J.; Morton, Sarah E.; Genetic Risk and Outcome of Psychosis (GROUP) Investigators;
Abstract:
If schizotypy is a taxonic liability for schizophrenia with a general population prevalence of ~10%, it should also be taxonic among biological siblings of probands with schizophrenia. Moreover, assuming this is so, siblings’ schizotypy class membership should be predicted by probands’ familial load for psychotic disorder and clinical severity, consistent with a multifactorial polygenic threshold model of schizophrenia. We tested these hypotheses in the Genetic Risk and Outcome of Psychosis (GROUP) Study where siblings of probands (n = 792) and unaffected controls (n = 559) provided self-report ratings on the Community Assessment of Psychic Experiences (CAPE). Maximum covariance analyses of control group ratings led to the identification of CAPE items sensitive to nonredundant positive and negative schizotypy classes in the control group (prevalence = 7.9% and 11.1%, respectively). When the same taxonic solution was applied to siblings’ CAPE rating, taxometric analyses yielded evidence for larger positive and negative schizotypy classes among siblings (prevalence = 14.1% and 21.8%, respectively). Whereas probands’ familial loads for bipolar disorder or drug use disorders did not predict siblings’ membership in
the schizotypy classes, probands' familial load for psychotic disorder did. Siblings were more likely to be members of the positive schizotypy class where their probands were more severely affected. The pattern of findings is consistent with Meehl's argument that schizotypy reflects liability for schizophrenia.


Title: Meta-analytic evidence for altered mesolimbic responses to reward in schizophrenia.
Authors: Chase, Henry W.; Loriemi, Polina; Wensing, Tobias; Eickhoff, Simon B.; Nickl-Jockschat, Thomas;
Abstract: Dysfunction of reward-related neural circuitry in schizophrenia (SCZ) has been widely reported, and may provide insight into the motivational and cognitive disturbances that characterize the disorder. Although previous meta-analyses of reward learning paradigms in SCZ have been performed, a meta-analysis of whole-brain coordinate maps in SCZ alone has not been conducted. In this study, we performed an activation likelihood estimate (ALE) meta-analysis, and performed a follow-up analysis of functional connectivity and functional decoding of identified regions. We report several salient findings that extend prior work in this area. First, an alteration in reward-related activation was observed in the right ventral striatum, but this was not solely driven by hypoactivation in the SCZ group compared to healthy controls. Second, the region was characterized by functional connectivity primarily with the lateral prefrontal cortex and pre-supplementary motor area (preSMA), as well as subcortical regions such as the thalamus which show structural deficits in SCZ. Finally, although the meta-analysis showed no regions outside the ventral striatum to be significantly altered, regions with higher functional connectivity with the ventral striatum showed a greater number of subthreshold foci. Together, these findings confirm the alteration of ventral striatal function in SCZ, but suggest that a network-based approach may assist future analysis of the functional underpinnings of the disorder. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Altered grey matter volume and cortical thickness in patients with schizo-obsessive comorbidity.
Authors: Wang, Yong-ming; Zou, Lai-quan; Xie, Wen-lan; Yang, Zhuo-ya; Zhu, Xiong-zhao; Cheung, Eric F. C.; Sørensen, Thomas Alrik; Møller, Arne; Chan, Raymond C. K.;
Abstract: Recent findings suggest that schizo-obsessive comorbidity (SOC) may be a unique diagnostic entity. We examined grey matter (GM) volume and cortical thickness in 22 patients with SOC, and compared them with 21 schizophrenia (SCZ) patients, 22 obsessive-compulsive disorder (OCD) patients and 22 healthy controls (HCs). We found that patients with SOC exhibited reduced GM volume in the left thalamus, the left inferior semi-lunar lobule of the cerebellum, the bilateral medial orbitofrontal cortex (medial oFC), the medial superior frontal gyrus (medial sFG), the rectus gyrus and the anterior cingulate cortex (aCC) compared with HCs. Patients with SOC also exhibited reduced cortical thickness in the right superior temporal gyrus (sTG), the right angular gyrus, the right supplementary motor area (SMA), the right middle cingulate cortex (mCC) and the right middle occipital gyrus (mOG) compared with HCs. Together with the differences in GM volume and cortical thickness between patients with SOC and patients with only SCZ or only OCD, these findings highlight the GM changes specific to patients with SOC. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Cerebellar abnormalities in first-episode, drug-naive schizophrenia at rest.

**Authors:**
Guo, Wenbin; Zhang, Fengyu; Liu, Feng; Chen, Jindong; Wu, Renrong; Chen, Danny Q.; Zhang, Zhikun; Zhai, Jinguo; Zhao, Jingping;

Psychiatry Research: Neuroimaging, Vol 276, Jun 30, 2018 pp. 73-79. Publisher: Elsevier Science;

**Abstract:**
The cerebellum plays a crucial role in higher cortical functions through a cerebellar-cerebral circuit. However, the specific mechanisms through which the cerebellum contributes to the neurobiology of schizophrenia remain unclear. Forty-nine first-episode, drug-naive patients with schizophrenia and 50 healthy controls underwent structural and resting-state functional magnetic resonance imaging (rs-fMRI). The MRI data were analyzed using voxel-based morphometry, amplitude of low-frequency fluctuations (ALFF), cerebellum homogeneity (CH), and seed-based functional connectivity (FC). Patients with schizophrenia did not have anatomical and CH alterations in the cerebellum compared with healthy controls. However, they exhibited decreased ALFF in the right Crus I and abnormal cerebellar FC with brain regions within the dorsal attention network, default-mode network, and ventral attention network. The findings indicate that cerebellar abnormalities in first-episode schizophrenia are mainly in the cerebellar-cerebral connectivities, which may contribute to the neurobiology of schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

[Link to the article](http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2018-14724-001&site=ehost-live)

---

Title:
Olfactory impairment in first-episode schizophrenia: A case-control study, and sex dimorphism in the relationship between olfactory impairment and psychotic symptoms.

**Authors:**
Chen, Xiacan; Xu, Jiajun; Li, Bin; Guo, Wanjun; Zhang, Jun; Hu, Junmei;


**Abstract:**
Background: A body of studies has focused on the olfactory impairment among people with schizophrenia. The effect of sex on this relationship has attracted the attention of researchers. These issues have not been studied much in Chinese schizophrenia patients. Methods: We conducted a case-control study of 110 first-episode antipsychotic medicine naïve schizophrenia patients aged 18–35 years and 110 controls, matched by age and sex. Odour threshold, discrimination and identification were assessed by the 'Sniffin' Sticks' test. Psychotic symptoms were assessed by the Positive and Negative Syndrome Scale (PANSS). Results: The odour threshold, discrimination and identification scores of patients with schizophrenia were significantly lower than those of the healthy control group. The difference in identification score had statistical significance between male and female patients with schizophrenia (t = − 2.45, P < 0.05). Controlling for confounding factor, in male schizophrenia participants, the negative subscale score was significantly and inversely correlated with the discrimination (γ = − 0.37, p < 0.008), identification (γ = − 0.45, p < 0.008) and TDI (γ = − 0.50, p < 0.008) scores; the general psychopathology subscale score was inversely and significantly correlated with the identification (γ = − 0.47, p < 0.008) and TDI (γ = − 0.41, p < 0.008) scores. For female schizophrenia patients, positive and general psychopathology subscale scores had a significant inverse correlation with the identification score (positive: γ = − 0.47, p < 0.008; general psychopathology: γ = − 0.42, p < 0.008). Conclusions: Controlling for confounder, negative symptoms were related to impaired odour discrimination and identification in male schizophrenia patients, while positive symptoms were correlated with impaired odour identification in female schizophrenia patients. This sex dimorphism could provide useful information for future studies aiming to finding biomarkers of schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

[Link to the article](http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2018-29880-001&site=ehost-live)

---

Title:
Structural equation modeling approach between salience network dysfunction, depressed mood, and subjective quality of life in schizophrenia: An ICA resting-state fMRI study.

**Authors:**
Ohta, Masashi; Nakataki, Masahito; Takeda, Tomoya; Numata, Shusuke; Tominaga, Takeo; Kameoka, Naomi; Kubo, Hiroko; Kinoshita, Makoto; Matsuura, Kanae; Otomo, Maki; Takeichi, Naoya; Harada, Masafumi; Ohmori, Tetsuro;
Abstract:

Purpose: Quality of life (QOL) is an important clinical outcome for patients with schizophrenia, and recent studies have focused on subjective QOL. We evaluated the causal relationship between psychosocial aspect of subjective QOL, symptoms, cognitive functions, and salience network (SN) dysfunction in schizophrenia using structural equation modeling (SEM). Patients and methods: We performed a cross-sectional study of 21 patients with symptomatically stabilized schizophrenia and 21 age-, sex-, and education level-matched healthy controls who underwent resting-state functional magnetic resonance imaging. We evaluated SN dysfunction in schizophrenia using independent component analysis (ICA). We rated participant psychopathology using the Positive and Negative Syndrome Scale (PANSS), the Brief Assessment of Cognition in Schizophrenia (BACS), and the Calgary Depression Scale for Schizophrenia (CDSS). We rated psychosocial aspect of subjective QOL using the Schizophrenia Quality of Life Scale (S-QOLS) psychosocial subscale. We applied SEM to examine the relationships between SN dysfunction, PANSS positive and negative scores, CDSS total scores, BACS composite scores, and S-QOLS psychosocial subscale scores. Results: In second-level analysis after group ICA, patient group had significant lower right pallidum functional connectivity (FC) within the SN than the controls did (Montreal Neurological Institute [MNI] [x y z] = [22 -2 -6]) (p = 0.027, family-wise error [FWE] corrected). In SEM, we obtained a good fit for an SEM model in which SN dysfunction causes depressed mood, which in turn determines psychosocial aspect of subjective QOL (chi-squared p = 0.9, root mean square error of approximation [RMSEA] , 0.001, comparative fit index [CFI] = 1.00, and standardized root mean square residual [SRMR]= 0.020). Conclusion: We found a continuous process by which SN dysfunction causes depressed moods that determine psychosocial aspect of subjective QOL in schizophrenia. This is the first report that offers a unified explanation of functional neuroimaging, symptoms, and outcomes. Future studies combining neuroimaging techniques and clinical assessments would elucidate schizophrenia's pathogenesis. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Functional recovery in patients with schizophrenia: Recommendations from a panel of experts.

Authors:
Lahera, Guillermo; Gálvez, José L.; Sánchez, Pedro; Martínez-Roig, Miguel; Pérez-Fuster, J. V.; García-Portilla, Paz; Herrera, Berta; Roca, Miquel;

Source:

Abstract:

Background: The management of schizophrenia is evolving towards a more comprehensive model based on functional recovery. The concept of functional recovery goes beyond clinical remission and encompasses multiple aspects of the patient’s life, making it difficult to settle on a definition and to develop reliable assessment criteria. In this consensus process based on a panel of experts in schizophrenia, we aimed to provide useful insights on functional recovery and its involvement in clinical practice and clinical research. Methods: After a literature review of functional recovery in schizophrenia, a scientific committee of 8 members prepared a 75-item questionnaire, including 6 sections: (I) the concept of functional recovery (9 items), (II) assessment of functional recovery (23 items), (III) factors influencing functional recovery (16 items), (IV) psychosocial interventions and functional recovery (8 items), (V) pharmacological treatment and functional recovery (14 items), and (VI) the perspective of patients and their relatives on functional recovery (5 items). The questionnaire was sent to a panel of 53 experts, who rated each item on a 9-point Likert scale. Consensus was achieved in a 2-round Delphi dynamics, using the median (interquartile range) scores to consider consensus in either agreement (scores 7–9) or disagreement (scores 1–3). Items not achieving consensus in the first round were sent back to the experts for a second consideration. Results: After the two recursive rounds, consensus was achieved in 64 items (85.3%): 61 items (81.3%) in agreement and 3 (4.0%) in disagreement, all of them from section II (assessment of functional recovery). Items not reaching consensus were related to the concepts of functional recovery (1 item, 1.3%), functional assessment (5 items, 6.7%), factors influencing functional recovery (3 items, 4.0%), and psychosocial interventions (2 items, 5.6%). Conclusions: Despite the lack of a well-defined concept of functional recovery, we identified a trend towards a common archetype of the definition and
factors associated with functional recovery, as well as its applicability in clinical practice and clinical research. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Sleep-endocrine effects of growth hormone-releasing hormone (GHRH) in patients with schizophrenia.

**Authors:**
Künzel, Heike; Held, Katja; Schmidt, Dagmar; Ziegenbein, Marc; Murck, Harald; Steiger, Axel;

**Source:**

**Abstract:**
Changes in sleep-EEG after endocrine stimulation tests in patients with schizophrenia include reduced sleep efficiency, prolonged sleep latency and increased awaking after sleep onset. Findings on sleep associated growth hormone (GH) secretion were ambiguous. The aim of this study was to elucidate the sleep-endocrine activity especially in the GH system of patients with schizophrenia after repeated administration of GHRH. The effect of repetitive injections of 4 × 50 μg GHRH between 22.00 and 01.00 h on sleep endocrine parameters was investigated in 9 patients diagnosed for schizophrenia. Patients did not receive any medication for one week. Concentrations of ACTH, cortisol, prolactin and GH were determined. Patients spent three consecutive nights in the sleep laboratory. Blood was taken every 20 min. Results were compared with matched healthy controls. A non-significant prolonged sleep onset latency and increased time awake was found in patients compared to controls. Sleep stage 2 was significantly reduced in patients. No significant difference in ACTH and cortisol was detected, whereas the GH secretion in patients following GHRH stimulation was significantly elevated compared to control subjects. Our results in drug free patients confirm already known changes in sleep-EEG in these patients. The GH response to GHRH-stimulation indicates a different regulatory sensitivity of the system between daytime and nighttime. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Impaired regulation of emotional distractors during working memory load in schizophrenia.

**Authors:**
Guimond, Synthia; Padani, Shezal; Lutz, Olivia; Eack, Shaun; Theremens, Heidi; Keshavan, Matcheri;

**Source:**

**Abstract:**
Schizophrenia (SZ) patients exhibit deficits in emotion regulation that affect their daily functioning. There is evidence that the prefrontal cortex plays an important role in emotion regulation. However, it remains unclear how this brain region is involved in emotion regulation deficits in SZ, and how such deficits impact performance on cognitively demanding tasks. We examined how happy and fearful emotional distractors impact performance on working memory (WM) tasks of varying difficulty (0-back, 2-back), and brain activity using fMRI. Participants were 20 patients with SZ and 20 healthy controls (HC) matched on age, sex, race, and IQ. A significant 3-way interaction showed that SZ patients had lower performance compared to HC when exposed to fearful and happy distractors, but only during the 2-back task. Second-level fMRI between-group analysis revealed that compared to SZ patients, HC showed significantly greater increase in brain activity with WM load in the left IFG (BA 45) when exposed to fearful distractors. Less brain activity in this region was also associated with reduction in SZ patients' performance during higher WM load and the presence of fearful distractors. SZ patients had difficulty in performing a WM task when regulating emotions, and they failed to show the emotion-specific modulation of the left IFG observed in HC. These results suggest that SZ patients have difficulty with emotion regulation demands during effortful cognitive tasks. This also provides us with potential insight on how emotion regulation could be rehabilitated in SZ using cognitive training. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title:
Mechanisms of functional improvement through cognitive rehabilitation in schizophrenia.

Authors:
Peña, J.; Ibarretxe-Bilbao, N.; Sánchez, P.; Uriarte, J. J.; Elizagarate, E.; Gutierrez, M.; Ojeda, N.;

Source:

Abstract:
Whereas the efficacy of cognitive rehabilitation in schizophrenia is widely known, studies examining mechanisms for functional improvement are still scarce. The aim of the study was to examine the mediational mechanisms through which cognitive rehabilitation improves functioning in schizophrenia. One hundred and eleven schizophrenia patients were randomly assigned to either a 4-month cognitive rehabilitation group or an active control group. Patients underwent a neurocognitive battery (including processing speed, verbal memory, working memory and executive functioning) and social cognition assessment (emotion perception, theory of mind and social perception). Functioning was assessed by the combined use of a performance-based instrument, the UCSD Performance-based Skills Assessment (UPSA) and an observer-rated instrument, the Global Assessment of Functioning (GAF). The trial was registered in clinicaltrials.gov (NCT02796417). Multiple mediational analyses revealed that the effect of cognitive rehabilitation on functional improvement was partially mediated by changes in processing speed and verbal memory, but not by the domains of social cognition and negative symptoms. More specifically, verbal memory partially mediated the treatment's effect on performance-based functioning (UPSA), whereas processing speed acted as a partial mediator for observer-rated functioning (GAF). The effect of rehabilitation on functioning did not take place through all the domains that showed significant improvement. Verbal memory and processing speed emerged as the most crucial factors. However, these complex interactions need further research. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Auditory brainstem response (ABR) profiling tests as diagnostic support for schizophrenia and adult attention-deficit hyperactivity disorder (ADHD).

Authors:
Baghdassarian, Eva Juselius; Markhed, Maria Nilsson; Lindström, Eva; Nilsson, Björn M.; Lewander, Tommy;

Source:

Abstract:
Objective: To evaluate the performances of two auditory brainstem response (ABR) profiling tests as potential biomarkers and diagnostic support for schizophrenia and adult attention-deficit hyperactivity disorder (ADHD), respectively, in an investigator-initiated blinded study design. Method: Male and female patients with schizophrenia (n = 26) and adult ADHD (n = 24) meeting Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM IV) diagnostic criteria and healthy controls (n = 58) comprised the analysis set (n = 108) of the total number of study participants (n = 119). Coded sets of randomized ABR recordings were analysed by an independent party blinded to clinical diagnoses before a joint code-breaking session. Results: The ABR profiling test for schizophrenia identified schizophrenia patients versus controls with a sensitivity of 84.6% and a specificity of 93.1%. The ADHD test identified patients with adult ADHD versus controls with a sensitivity of 87.5% and a specificity of 91.4%. Conclusion: The ABR profiling tests discriminated schizophrenia and ADHD versus healthy controls with high sensitivity and specificity. The methods deserve to be further explored in larger clinical studies including a broad range of psychiatric disorders to determine their utility as potential diagnostic biomarkers. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:

Publisher: Lippincott Williams & Wilkins; [Journal Article] Abstract: Individuals with psychotic symptoms
often report low global self-esteem (GSE). However, it remains unclear whether the low GSE is linked to the presence of psychotic symptoms or it is present before the onset of psychosis. In addition, the specific subdomains of GSE in these populations are unknown. To address this question, we conducted a cross-sectional study comparing global and SE elements among individuals at clinical high risk for psychosis (CHR; n = 36), individuals with schizophrenia (SCZ; n = 43), and healthy controls (HCs; n = 40). We then examined among CHR individuals the association between GSE, subdomains, and symptoms. CHR individuals displayed significantly lower GSE compared to HCs, at a level comparable with those for individuals with SCZ. The low GSE was driven primarily by self-perceptions of work and interpersonal relationships abilities. Lower GSE was associated with overall negative and disorganized symptoms severity, but not positive ones. The authors discuss the implications of the findings to intervention development. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Decreased hemispheric connectivity and decreased intra- and inter- hemisphere asymmetry of resting state functional network connectivity in schizophrenia.

Authors:

Source:
Brain Imaging and Behavior, Vol 12(3), Jun, 2018 pp. 615-630. Publisher: Springer; [Journal Article]

Abstract:
Many studies have shown that schizophrenia patients have aberrant functional network connectivity (FNC) among brain regions, suggesting schizophrenia manifests with significantly diminished (in majority of the cases) connectivity. Schizophrenia is also associated with a lack of hemispheric lateralization. Hoptman et al. (2012) reported lower inter-hemispheric connectivity in schizophrenia patients compared to controls using voxel-mirrored homotopic connectivity. In this study, we merge these two points of views together using a group independent component analysis (gICA)-based approach to generate hemisphere-specific timecourses and calculate intra-hemisphere and inter-hemisphere FNC on a resting state fMRI dataset consisting of age- and gender-balanced 151 schizophrenia patients and 163 healthy controls. We analyzed the group differences between patients and healthy controls in each type of FNC measures along with age and gender effects. The results reveal that FNC in schizophrenia patients shows less hemispheric asymmetry compared to that of the healthy controls. We also found a decrease in connectivity in all FNC types such as intra-left (\text{L}_{\text{FNC}}), intra-right (\text{R}_{\text{FNC}}) and inter-hemisphere (\text{Inter}_{\text{FNC}}) in the schizophrenia patients relative to healthy controls, but general patterns of connectivity were preserved in patients. Analyses of age and gender effects yielded results similar to those reported in whole brain FNC studies. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Thalamo-cortical functional connectivity in schizophrenia and bipolar disorder.

Authors:
Skåtun, Kristina C.; Kaufmann, Tobias; Brandt, Christine L.; Doan, Nhat Trung; Alnæs, Dag; Tønnesen, Siren; Biele, Guido; Vaskinn, Anja; Melle, Ingrid; Agartz, Ingrid; Andreassen, Ole A.; Westlye, Lars T.

Source:

Abstract:
The thalamus is a highly connected subcortical structure that relays and integrates sensory and cortical information, which is critical for coherent and accurate perceptual awareness and cognition. Thalamic dysfunction is a classical finding in schizophrenia (SZ), and resting-state functional MRI has implicated somatomotor and frontal lobe thalamic dysconnectivity. However, it remains unclear whether these findings generalize to different psychotic disorders, are confined to specific thalamic sub-regions, and how they relate to structural thalamic alterations. Within-thalamic and thalamo-cortical functional connectivity was assessed using resting-state functional MRI data obtained from patients with SZ (n = 96), bipolar disorder (BD, n = 57), and healthy controls (HC, n = 280). Further, we used thalamic sub-regions as seeds to investigate specific cortical connectivity patterns, and performed structural analyses of thalamic volume.
and shape. Results showed reduced within-thalamic connectivity and thalamo-frontoparietal coupling in SZ and increased thalamo-somatomotor connectivity in BD. One thalamic sub-region showed increased sensory connectivity in SZ and eight sub-regions showed reductions with frontal and posterior areas. Reduced gray matter and shape abnormalities were found in frontal-projecting regions in both SZ and BD, but did not seem to explain reduced functional connectivity. Aberrant thalamo-cortical connectivity patterns in SZ and BD supports the notion of the thalamus as a key structure in the functional connectome across the psychosis spectrum, and the frontal and somatomotor anatomical distribution is in line with the characteristic cognitive and perceptual symptoms in psychotic disorders. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Impact of paliperidone palmitate one-month formulation on relapse prevention in patients with schizophrenia: A post-hoc analysis of a one-year, open-label study stratified by medication adherence.

**Authors:**
Si, Tianmei; Li, Nan; Lu, Huafei; Cai, Shangli; Zhuo, Jianmin; Correll, Christoph U.; Zhang, Lili; Feng, Yu;

**Source:**

**Abstract:**
Background: Limited data are available to help identify patients with schizophrenia who are most likely to benefit from long-acting injectable antipsychotics. Aim: To investigate the efficacy of long-acting injectable antipsychotic paliperidone palmitate one-month formulation for preventing relapses, factors influencing time to first relapse, and the effect of different antipsychotic adherence levels on time to first relapse in Chinese patients with schizophrenia. Methods: This was a post-hoc analysis from an open-label, single-arm study of stable patients (Positive and Negative Syndrome Scale total score < 70; n = 367) receiving paliperidone palmitate one-month formulation at the end of an acute 13-week treatment phase, who entered a naturalistic one-year follow-up period, either continuing with flexibly dosed paliperidone palmitate one-month formulation (75–150 mg eq.) or switching to another antipsychotic(s). Results: There were 362/367 patients (age = 31.4 ± 10.75 years) included in the analysis of time to first relapse (primary outcome) and 327/362 patients (39/327, poor antipsychotic adherence (< 80%)) willing to receive antipsychotics were included in the exposure/adherence analysis. Overall, 84.6% (95% confidence interval = 79.2–88.7) patients remained relapse-free. Poor adherence during follow-up (hazard ratio = 2.97, 95% confidence interval = 1.48–5.98, p = 0.002) and frequent hospitalizations in the previous year (hazard ratio = 1.29, 95% confidence interval = 1.02–1.62, p = 0.03) were associated with a significant risk of shorter time to first relapse in the univariate analysis. In patients with poor adherence, ‘no use’ (hazard ratio = 13.13, 95% confidence interval = 1.33–129.96, p = 0.03) and ‘interrupted use’ (hazard ratio = 11.04, 95% confidence interval = 1.03–118.60, p = 0.047) of paliperidone palmitate one-month formulation (vs continued use) showed a significantly higher risk of relapse; this was not observed in patients with good (≥ 80%) antipsychotic adherence. No new safety concerns were identified. Conclusion: Continued use of paliperidone palmitate one-month formulation/long-acting injectable antipsychotic was effective in preventing schizophrenia relapses, especially in patients with suboptimal antipsychotic adherence.

(PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Sexually divergent effect of COMT Val/met genotype on subcortical volumes in schizophrenia.

**Authors:**
Bollettini, Irene; Spangaro, Marco; Poletti, Sara; Lorenzi, Cristina; Pirovano, Adele; Vai, Benedetta; Smeraldi, Enrico; Cavallaro, Roberto; Benedetti, Francesco;

**Source:**

**Abstract:**
Structural and functional alterations of subcortical areas have been observed in schizophrenia. COMT Val108/ 158Met has been associated with schizophrenia and implicated in different cognitive and neurofunctional alterations. Recent studies suggested that COMT genotype influences neuronal growth.
Genetic variations in COMT were associated with sexually dimorphic effects on enzymatic activity, brain anatomy and behavior suggesting that gender might be crucial in interpreting COMT-dependent effects. Based on these data, we investigated possible effects of the interaction between COMT Val108/158Met genotype and gender on subcortical volumes among 79 patients with schizophrenia. All patients were genotyped for COMT Val108/158Met polymorphism and underwent 3 T–MRI. Volumetric segmentation of subcortical structures was performed with Freesurfer 5.3. The general linear model yielded no significant effect of COMT genotype alone, thus revealing a significant interaction of gender and COMT gene on subcortical volumes. The overall significance of the interaction was driven by significant effects in the right caudate, and bilaterally in putamen, pallidum, and nucleus accumbens. Post-hoc analyses showed that female Met/Met patients had smaller volumes, whereas male subjects homozygous for the Met allele showed higher or not different subcortical volumes compared to the other groups. This study reports a sexually divergent effect of COMT polymorphism on subcortical structures in schizophrenia. These results support the hypothesis of a sexually dimorphic effect of COMT genetic variations on brain morphology.

Title: Suicidality, self-stigma, social anxiety and personality traits in stabilized schizophrenia patients—A cross-sectional study.

Authors: Vrbova, Kristyna; Prasko, Jan; Ociskova, Marie; Holubova, Michaela; Kantor, Krystof; Kolek, Antonin; Grambal, Aleš; Slepecky, Milos;

Source: Neuropsychiatric Disease and Treatment, Vol 14, Jun 1, 2018 ArtID: 1415-1424. Publisher: Dove Medical Press Ltd.; [Journal Article]

Abstract: Background and aim: Patients who have schizophrenia are more prone to suicidal behavior than the general population. This study aimed to find connections between suicidality and self-stigma, hope, and personality traits in patients with schizophrenia. Methods: Forty-eight stabilized outpatients with schizophrenia attended this cross-sectional study. Patients were diagnosed by the Mini International Neuropsychiatric Interview (MINI) using the ICD-10 research diagnostic criteria. The assessments included Positive and Negative Syndrome Scale, objective and subjective Clinical Global Impression, Liebowitz Social Anxiety Scale, Beck Depression Inventory-second edition, Internalized Stigma of Mental Illness, the Temperament and Character Inventory, and Adult Dispositional Hope Scale. Results: The individual rate of suicidality (suicidal index from MINI) strongly positively correlated with self-stigma, level of depression, social anxiety, and harm-avoidance, and negatively correlated with hope, self-directedness, and stigma resistance. Conclusion: Individuals with additional symptoms of depression, social anxiety, trait-like anxiety, and self-stigma should be carefully monitored for suicidal ideation. On the opposite side, patients with sufficient hope, self-esteem, and goal-directed attitudes are less likely to have suicidal thoughts and may potentially be role models in group rehabilitation programs, motivating more distressed colleagues and showing them ways to cope. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Seeing the world as it is: Mimicking veridical motion perception in schizophrenia using non-invasive brain stimulation in healthy participants.

Authors: Pobric, Gorana; Hulleman, Johan; Lavidor, Michal; Silipo, Gail; Rohrig, Stephanie; Dias, Elisa; Javitt, Daniel C.;

Source: Brain Topography, Vol 31(5), Sep, 2018 pp. 827-837. Publisher: Springer; [Journal Article]

Abstract: Schizophrenia (Sz) is a mental health disorder characterized by severe cognitive, emotional, social, and perceptual deficits. Visual deficits are found in tasks relying on the magnocellular/dorsal stream. In our first experiment we established deficits in global motion processing in Sz patients compared to healthy...
controls. We used a novel task in which background optic flow produces a distortion of the apparent trajectory of a moving stimulus, leading control participants to provide biased estimates of the true motion trajectory under conditions of global stimulation. Sz patients were significantly less affected by the global background motion, and reported trajectories that were more veridically accurate than those of controls. In order to study the mechanism of this effect, we performed a second experiment where we applied transcranial electrical stimulation over area MT+ to selectively modify global motion processing of optic flow displays in healthy participants. Cathodal and high frequency random noise stimulation had opposite effects on trajectory perception in optic flow. The brain stimulation over a control site and in a control task revealed that the effect of stimulation was specific for global motion processing in area MT+. These findings both support prior studies of impaired early visual processing in Sz and provide novel approaches for measurement and manipulation of the underlying circuits. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Distinguishable brain networks relate disease susceptibility to symptom expression in schizophrenia.
Authors: Liu, Zhaowen; Zhang, Jie; Zhang, Kai; Zhang, Junying; Li, Xiaojing; Cheng, Wei; Li, Mingli; Zhao, Liangsheng; Deng, Wei; Guo, Wanjun; Ma, Xiaohong; Wang, Qiang; Matthews, Paul M.; Feng, Jianfeng; Li, Tao;
Abstract:
Disease association studies have characterized altered resting-state functional connectivities describing schizophrenia, but failed to model symptom expression well. We developed a model that could account for symptom severity and meanwhile relate this to disease-related functional pathology. We correlated BOLD signal across brain regions and tested separately for associations with disease (disease edges) and with symptom severity (symptom edges) in a prediction-based scheme. We then integrated them in an ‘edge bi-color’ graph, and adopted mediation analysis to test for causality between the disease and symptom networks and symptom scores. For first-episode schizophrenics (FES, 161 drug-naïve patients and 150 controls), the disease network (with inferior frontal gyrus being the hub) and the symptom-network (posterior occipital-parietal cortex being the hub) were found to overlap in the temporal lobe. For chronic schizophrenics (CS, 69 medicated patients and 62 controls), disease network was dominated by thalamocortical connectivities, and overlapped with symptom network in the middle frontal gyrus. We found that symptom network mediates the relationship between disease network and symptom scores in FEP, but was unable to define a relationship between them for the smaller CS population. Our results suggest that the disease network distinguishing core functional pathology in resting-state brain may be responsible for symptom expression in FES through a wider brain network associated with core symptoms. We hypothesize that top–down control from heteromodal prefrontal cortex to posterior transmodal cortex contributes to positive symptoms of schizophrenia. Our work also suggests differences in mechanisms of symptom expression between FES and CS, highlighting a need to distinguish between these groups. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Spatio-temporal dynamics of resting-state brain networks improve single-subject prediction of schizophrenia diagnosis.
Authors: Kottaram, Akhil; Johnston, Leigh; Ganella, Eleni; Pantelis, Christos; Kotagiri, Ramamohanarao; Zalesky, Andrew;
Abstract:
Correlation in functional MRI activity between spatially separated brain regions can fluctuate dynamically when an individual is at rest. These dynamics are typically characterized temporally by measuring
fluctuations in functional connectivity between brain regions that remain fixed in space over time. Here, dynamics in functional connectivity were characterized in both time and space. Temporal dynamics were mapped with sliding-window correlation, while spatial dynamics were characterized by enabling network regions to vary in size (shrink/grow) over time according to the functional connectivity profile of their constituent voxels. These temporal and spatial dynamics were evaluated as biomarkers to distinguish schizophrenia patients from controls, and compared to current biomarkers based on static measures of resting-state functional connectivity. Support vector machine classifiers were trained using: (a) static, (b) dynamic in time, (c) dynamic in space, and (d) dynamic in time and space characterizations of functional connectivity within canonical resting-state brain networks. Classifiers trained on functional connectivity dynamics mapped over both space and time predicted diagnostic status with accuracy exceeding 91%, whereas utilizing only spatial or temporal dynamics alone yielded lower classification accuracies. Static measures of functional connectivity yielded the lowest accuracy (79.5%). Compared to healthy comparison individuals, schizophrenia patients generally exhibited functional connectivity that was reduced in strength and more variable. Robustness was established with replication in an independent dataset. The utility of biomarkers based on temporal and spatial functional connectivity dynamics suggests that resting-state dynamics are not trivially attributable to sampling variability and head motion. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Aberrant functional connectivity between the thalamus and visual cortex is related to attentional impairment in schizophrenia.

Authors: Yamamoto, Maeri; Kushima, Itaru; Suzuki, Ryohei; Branko, Aleksic; Kawano, Naoko; Inada, Toshiya; Iidaka, Tetsuya; Ozaki, Norio;


Abstract: Resting-state (rs) functional magnetic resonance imaging (fMRI) studies have revealed dysfunctional thalamocortical functional connectivity (FC) in schizophrenia. However, the relationship between thalamocortical FC and cognitive impairment has not been thoroughly investigated. We hypothesized that aberrant thalamocortical FC is related to attention deficits in schizophrenia. Thirty-eight patients with schizophrenia and 38 matched healthy controls underwent rs-fMRI and task fMRI while performing a Flanker task. We observed decreased left thalamic activation in patients with schizophrenia using task fMRI to determine the thalamic seed. A seed-based analysis using this seed was performed in the whole brain to assess differences in thalamocortical FC between the groups. Significantly worse performance was observed in the patient group. The rs-fMRI analysis revealed significantly increased FC between the left thalamus seed and the occipital cortices/postcentral gyri in patients when compared to controls. In the patient group, significant positive correlations were observed between the degree of FC from the left thalamus to the bilateral occipital gyri, which correspond to the visual cortex, and the Flanker effect. No significant correlation was detected in the control group. These results indicate that aberrant FC between the left thalamus and the visual cortex is related to attention deficits in schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Neuroimaging investigations of dorsal stream processing and effects of stimulus synchrony in schizophrenia.

Authors: Sanfratello, Lori; Aine, Cheryl; Stephen, Julia;

Source: Psychiatry Research: Neuroimaging, Vol 278, Aug 30, 2018 pp. 56-64. Publisher: Elsevier Science;

Abstract: Impairments in auditory and visual processing are common in schizophrenia (SP). In the unisensory realm visual deficits are primarily noted for the dorsal visual stream. In addition, insensitivity to timing offsets between stimuli are widely reported for SP. The aim of the present study was to test at the physiological
level differences in dorsal/ventral stream visual processing and timing sensitivity between SP and healthy controls (HC) using MEG and a simple auditory/visual task utilizing a variety of multisensory conditions. The paradigm included all combinations of synchronous/asynchronous and central/peripheral stimuli, yielding 4 task conditions. Both HC and SP groups showed activation in parietal areas (dorsal visual stream) during all multisensory conditions, with parietal areas showing decreased activation for SP relative to HC, and a significantly delayed peak of activation for SP in intraparietal sulcus (IPS). We also observed a differential effect of stimulus synchrony on HC and SP parietal response. Furthermore, a (negative) correlation was found between SP positive symptoms and activity in IPS. Taken together, our results provide evidence of impairment of the dorsal visual stream in SP during a multisensory task, along with an altered response to timing offsets between presented multisensory stimuli. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Abnormal auditory-evoked gamma band oscillations in first-episode schizophrenia during both eye open and eye close states.

Authors:
Wang, Junjie; Tang, Yingying; Curtin, Adrian; Chan, Raymond C. K.; Wang, Ya; Li, Hui; Zhang, Tianhong; Qian, Zhenying; Guo, Qian; Li, Yu; Liu, Xu; Tang, Xiaochen; Wang, Jijun;

Source:

Abstract:
Abnormal auditory steady state response (ASSR) is a typical finding among schizophrenia patients, which is thought to directly reflect deficient gamma band oscillations in the brain. However, whether these ASSR alterations are state dependent, e.g. during eye-open or eye-closed conditions, has not yet been carefully elucidated in schizophrenia. Our study aimed to explore whether the abnormality of ASSR in patients with first-episode schizophrenia (FEP) is altered under eye-open (EO) and eye-closed (EC) states. ASSR was elicited using 40 Hz click trains under EO and EC states. Twenty-eight healthy control subjects (HC) and thirty-three FEP individuals, 17 of whom were medication-naïve, were recruited. The event-related spectrum perturbation (ERSP) and intertrial coherence (ITC) in response to 40 Hz click sounds were quantified. Compared to HC group, FEP group showed a lower ITC and ERSP during EO state, as well as a decreased ITC during EC state. Our results suggest that abnormalities in gamma band oscillations among first-episode schizophrenia patients are present under both eye open and eye close states. Although differences in gamma band oscillations between EO and EC states within the FEP group were not observed, exploratory results suggest that state-sensitivity may be contingent on medication use. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Combination therapy as a potential risk factor for the development of type 2 diabetes in patients with schizophrenia: The GOMAP study.

Authors:
Mamakou, Vasiliki; Hackinger, Sophie; Zengini, Eleni; Tzompanaki, Evgenia; Marouli, Eirini; Serafenidis, Ioannis; Prins, Bram; Karabelas, Athina; Glezou, Eirini; Southam, Lorraine; Rayner, Nigel W.; Kuchenbuecker, Karoline; Lamnissou, Klea; Kontaxakis, Vassilis; Dedoussis, George; Gionidakis, Fragiskos; Thanopoulou, Anastasia; Tentolouris, Nikolaos; Zeggini, Eleftheria;

Source:

Abstract:
Background: Schizophrenia (SCZ) is associated with increased risk of type 2 diabetes (T2D). The potential diabetogenic effect of concomitant application of psychotropic treatment classes in patients with SCZ has not yet been evaluated. The overarching goal of the Genetic Overlap between Metabolic and Psychiatric disease (GOMAP) study is to assess the effect of pharmacological, anthropometric, lifestyle and clinical measurements, helping elucidate the mechanisms underlying the aetiology of T2D. Methods: The GOMAP case-control study (Genetic Overlap between Metabolic and Psychiatric disease) includes

hospitalized patients with SCZ, some of whom have T2D. We enrolled 1653 patients with SCZ; 611 with T2D and 1042 patients without T2D. This is the first study of SCZ and T2D comorbidity at this scale in the Greek population. We retrieved detailed information on first- and second-generation antipsychotics (FGA, SGA), antidepressants and mood stabilizers, applied as monotherapy, 2-drug combination, or as 3- or more drug combination. We assessed the effects of psychotropic medication, body mass index, duration of schizophrenia, number of hospitalizations and physical activity on risk of T2D. Using logistic regression, we calculated crude and adjusted odds ratios (OR) to identify associations between demographic factors and the psychiatric medications. Results: Patients with SCZ on a combination of at least three different classes of psychiatric drugs had a higher risk of T2D [OR 1.81 (95% CI 1.22–2.69); p = 0.003] compared to FGA alone therapy, after adjustment for age, BMI, sex, duration of SCZ and number of hospitalizations. We did not find evidence for an association of SGA use or the combination of drugs belonging to two different classes of psychiatric medications with increased risk of T2D [1.27 (0.84–1.93), p = 0.259 and 0.98 (0.71–1.35), p = 0.885, respectively] compared to FGA use. Conclusions: We find an increased risk of T2D in patients with SCZ who take a combination of at least three different psychotropic medication classes compared to patients whose medication consists only of one or two classes of drugs. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Neurocognitive effects of agomelatine treatment in schizophrenia patients suffering from comorbid depression: Results from the AGOPSYCH study.

Authors: Englisch, Susanne; Jung, Hanna Sophie; Eisenacher, Sarah; Lewien, Antje; Becker, Anna; Nowak, Ulrike; Braun, Hanna; Thiem, Jascha; Meyer-Lindenberg, Andreas; Zink, Mathias;


Abstract: Background: Cognitive impairment in schizophrenia is highly disabling and remains one of the major therapeutic challenges. Agomelatine (AGO), an agonist at melatonergic MT₁/MT₂ receptors and antagonist at 5-HT2C receptors, increases dopamine and norepinephrine in the prefrontal cortex and may therefore have the potential of improving neurocognition in patients with schizophrenia. Methods: Twenty-seven patients with schizophrenia and comorbid depression were treated with AGO in addition to stable doses of antipsychotic drugs. Cognitive abilities were assessed with the Measurement and Treatment Research to Improve Cognition in Schizophrenia Consensus Cognitive Battery (MCCB) at study entry and after 12 weeks of AGO treatment after the intention-to-treat principle. Results: We observed statistically significant yet clinically negligible increases of the MCCB composite score and the reasoning/problem solving subscore. Patients with unimpaired sleep at baseline showed greater improvements over time than those with sleep disturbances. Changes on the MCCB were not correlated with other psychometric variables. Conclusions: Despite statistically significant, cognitive improvements after 12 weeks of AGO treatment were clinically irrelevant. Our findings may be limited by baseline properties of the study sample and the study design. In particular, lacking a control group, it cannot be ruled out that improvements were unrelated to AGO treatment. That is why randomized controlled trials are needed to validate the relevance of AGO as a cognitive enhancer in schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Intraindividual and interindividual variability of olanzapine trough concentrations in patients treated with the long-acting injectable formulation.

Authors: Baldelli, Sara; Mauri, Massimo C.; Di Pace, Chiara; Paletta, Silvia; Reggiori, Alessandra; Rovera, Chiara; Clementi, Emilio; Cattaneo, Dario;

Abstract:
Background: A long-acting injectable (LAI) formulation of olanzapine has been developed as an alternative to oral regimens. A therapeutic range of 20 to 80 ng/mL for oral olanzapine trough concentrations has been proposed. Here, we sought to investigate the intra-individual and inter-individual variability of olanzapine concentrations with time in patients on maintenance therapy with the LAI formulation carried out in the routine clinical practice. Methods: To address this issue, we carried out a retrospective analysis of therapeutic drug monitoring of olanzapine concentrations in 21 schizophrenic patients on maintenance LAI olanzapine. Drug concentrations were correlated with LAI olanzapine doses, duration of treatment, and main clinical characteristics. Results: Fifty percent of the patients had olanzapine trough concentrations lower than 20 ng/mL. Only drug doses significantly correlated with olanzapine exposure. Mean inter-individual and intra-individual coefficients of variations of olanzapine concentrations were 56% (range, 21%–97%) and 34% (range, 15%–69%), respectively. Conclusions: We have documented that, in a real-life setting, a large proportion of patients treated with olanzapine LAI had drug trough concentrations of less than 20 ng/mL; wide intra-individual and inter-individual variability of olanzapine concentrations has been also observed. Our results could provide the rationale for the design of larger prospective, concentration-controlled clinical trials specifically designed with the goal to identify ad hoc therapeutic ranges of drug concentrations for olanzapine LAI. (PsychINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Cognitive behavioural therapy in clozapine-resistant schizophrenia (FOCUS): An assessor-blinded, randomised controlled trial.

Authors:
Morrison, Anthony P.; Pyle, Melissa; Gumley, Andrew; Schwannauer, Matthias; Turkington, Douglas; MacLennan, Graeme; Norrie, John; Hudson, Jemma; Bowe, Samantha E.; French, Paul; Byrne, Rory; Syrett, Suzy; Dudley, Robert; McLeod, Hamish J.; Griffiths, Helen; Barnes, Thomas R. E.; Davies, Linda; Kingdon, David; FOCUS trial group;

Source:

Abstract:
Background: Although clozapine is the treatment of choice for treatment-refractory schizophrenia, 30–40% of patients have an insufficient response, and others are unable to tolerate it. Evidence for any augmentation strategies is scarce. We aimed to determine whether cognitive behavioural therapy (CBT) is an effective treatment for clozapine-resistant schizophrenia. Methods: We did a pragmatic, parallel group, assessor-blinded, randomised controlled trial in community-based and inpatient mental health services in five sites in the UK. Patients with schizophrenia who were unable to tolerate clozapine, or whose symptoms did not respond to the drug, were randomly assigned 1:1 by use of randomised-permuted blocks of size four or six, stratified by centre, to either CBT plus treatment as usual or treatment as usual alone. Research assistants were masked to allocation to protect against rater bias and allegiance bias. The primary outcome was the Positive and Negative Syndrome Scale (PANSS) total score at 21 months, which provides a continuous measure of symptoms of schizophrenia; PANSS total was also assessed at the end of treatment (9 months). The primary analysis was by randomised treatment based on intention to treat, for all patients for whom data were available. This study was prospectively registered, number ISRCTN99672552. The trial is closed to accrual. Findings: From Jan 1, 2013, to May 31, 2015, we randomly assigned 487 participants to either CBT and treatment as usual (n = 242) or treatment as usual alone (n = 245). Analysis included 209 in the CBT group and 216 in the treatment as usual group. No difference occurred in the primary outcome (PANSS total at 21 months, mean difference −0.89, 95% CI −3.32 to 1.55; p = 0.48), although the CBT group improved at the end of treatment (PANSS total at 9 months, mean difference −2.40, −4.79 to −0.02; p = 0.049). During the trial, 107 (44%) of 242 participants in the CBT arm and 104 (42%) of 245 in the treatment as usual arm had at least one adverse event (odds ratio 1.09, 95% CI 0.81–1.46; p = 0.58). Only two (1%) of 242 participants in the CBT arm and one (<1%) of 245 in the treatment as usual arm had a trial-related serious adverse event. Interpretation: At 21-month follow-up, CBT did not have a lasting effect on total symptoms of schizophrenia compared with treatment as usual; however, CBT produced statistically, though not clinically, significant improvements on total symptoms by the end of treatment. There was no indication that the addition of CBT to treatment as usual caused adverse effects. The results of this trial do not support a recommendation to routinely offer CBT to all people who meet criteria for clozapine-resistant schizophrenia; however, a pragmatic individual
Negative symptoms of schizophrenia: New developments and unanswered research questions.

Authors: Galderisi, Silvana; Mucci, Armida; Buchanan, Robert W.; Arango, Celso;

Abstract: Negative symptoms of schizophrenia are associated with poor functional outcome and place a substantial burden on people with this disorder, their families, and health-care systems. We summarise the evolution of the conceptualisation of negative symptoms, the most important findings, and the remaining open questions. Several studies have shown that negative symptoms might be primary to schizophrenia or secondary to other factors, and that they cluster in the domains of avolition–apathy and expressive deficit. Failure to take this heterogeneity into account might hinder progress in research on neurobiological substrates and discoveries of treatments for primary or enduring negative symptoms. Improvement in recognition and routine assessment of negative symptoms is instrumental for correct management of secondary negative symptoms that are amenable to treatment. If substantial progress is to be made in the understanding and treatment of negative symptoms, then advances in concepts and assessment should be integrated into the design of future studies of these symptoms. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

National study comparing the characteristics of patients diagnosed with schizophrenia who committed homicide vs. those who died by suicide.

Authors: Baird, Alison; Shaw, Jenny; Hunt, Isabelle M.; Kapur, Nav; Appleby, Louis; Webb, Roger T.;

Abstract: Associations between serious mental disorder and violence are well-documented, but there is little epidemiological evidence linking these disorders and homicide risk. The reported study compares socio-demographic and clinical characteristics of people diagnosed with schizophrenia who committed homicide vs. those who died by suicide. The study is a national case series of male patients in England & Wales diagnosed with schizophrenia and convicted of homicide during 1997–2012 (n = 168), and a randomly selected comparison group of male patients with schizophrenia who died by suicide and who were matched to the homicide case series by age (n = 777). There are different patterns of behaviour in people with schizophrenia preceding homicide and suicide. Homicide perpetrators have frequently disengaged with services whilst patients who die by suicide are often in recent contact. This is important knowledge for clinical services as it indicates a different preventive emphasis despite the existence of other shared characteristics. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Metacognitive self-reflectivity moderates the relationship between distress tolerance and empathy in schizophrenia.

Authors: Bonfils, Kelsey A.; Minor, Kyle S.; Leonhardt, Bethany L.; Lysaker, Paul H.;
Abstract:
Deficits in empathy seen in schizophrenia are thought to play a major role in the social dysfunction seen in the disorder. However, little work has investigated potential determinants of empathic deficits. This study aimed to fill that gap by examining the effects of two variables on empathy—distress tolerance and metacognitive self-reflectivity. Fifty-four people with schizophrenia-spectrum disorders receiving services at an urban VA or community mental health center were assessed for empathy, metacognition, and distress tolerance. Bivariate correlations and moderation methods were used to ascertain associations amongst these variables and examine interactions. Results revealed that, against hypotheses, empathy was not related at the bivariate level to either distress tolerance or metacognitive self-reflectivity. However, consistent with hypotheses, moderation analyses revealed that participants with higher self-reflectivity showed no relationship between distress tolerance and empathy, while those with lower self-reflectivity showed a relationship such that reduced ability to tolerate distress predicted reduced empathy. Taken together, results of this study suggest that lack of distress tolerance can negatively affect empathy in people with schizophrenia with lesser capacity for metacognitive self-reflection; thus, fostering self-reflectivity may help overcome that negative impact. Future work is needed investigating the impact of metacognitively-tailored interventions on empathy in this population. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
The relationship between illicit amphetamine use and psychiatric symptom profiles in schizophrenia and affective psychoses.

Authors:
Voce, Alexandra; McKetin, Rebecca; Burns, Richard; Castle, David; Calabria, Bianca;

Source:

Abstract:
This study examines whether illicit amphetamine use is associated with differences in the prevalence of specific psychiatric symptoms in a community sample of individuals diagnosed with schizophrenia or affective psychotic disorders. Data was drawn from the Australian Survey of High Impact Psychosis. The Diagnostic Interview for Psychosis was used to measure substance use and psychiatric symptoms. Participants had used amphetamine within their lifetime and had an ICD-10 diagnosis of schizophrenia (n = 347) or an affective psychotic disorder (n = 289). The past year prevalence of psychiatric symptoms was compared among those who had used amphetamine in the past year (past-year use, 32%) with those who had not (former use, 68%). Univariate logistic regression analysis indicated that past-year users with schizophrenia had a significantly higher past year prevalence of hallucinations, persecutory delusions, racing thoughts, dysphoria, and anhedonia relative to former amphetamine users with schizophrenia. There were no significant differences in symptoms between past-year and former users with affective psychotic disorders. The relationship between amphetamine use and specific psychiatric symptoms varies across different psychotic disorders. Amphetamine use may hinder prognosis by exacerbating symptoms of schizophrenia through dopaminergic dysfunctions or depressive vulnerabilities, however, this needs to be confirmed by prospective longitudinal research. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Brain, blood, cerebrospinal fluid, and serum biomarkers in schizophrenia.

Authors:
Mohammadi, Alireza; Rashidi, Ehsan; Amooeian, Vahid Ghasem;

Source:

Abstract:
Over the last decade, finding a reliable biomarker for the early detection of schizophrenia (Scz) has been a topic of interest. The main goal of the current review is to provide a comprehensive view of the brain, blood, cerebrospinal fluid (CSF), and serum biomarkers of Scz disease. Imaging studies have demonstrated that the volumes of the corpus callosum, thalamus, hippocampal formation, subiculum,
parahippocampal gyrus, superior temporal gyrus, prefrontal and orbitofrontal cortices, and amygdala-hippocampal complex were reduced in patients diagnosed with Scz. It has been revealed that the levels of interleukin 1β (IL-1β), IL-6, IL-8, and TNF-α were increased in patients with Scz. Decreased mRNA levels of brain-derived neurotrophic factor (BDNF), tropomyosin receptor kinase B (TrkB), neurotrophin-3 (NT-3), nerve growth factor (NGF), and vascular endothelial growth factor (VEGF) genes have also been reported in Scz patients. Genes with known strong relationships with this disease include BDNF, catechol-O-methyltransferase (COMT), regulator of G-protein signaling 4 (RGS4), dystrobrevin-binding protein 1 (DTNBP1), neuregulin 1 (NRG1), Reelin (RELN), Selenium-binding protein 1 (SELENBP1), glutamic acid decarboxylase 67 (GAD67), and disrupted in schizophrenia 1 (DISC1). The levels of dopamine, tyrosine hydroxylase (TH), serotonin or 5-hydroxytryptamine (5-HT) receptor 1A and B (5-HT1A and 5-HT1B), and 5-HT2B were significantly increased in Scz patients, while the levels of gamma-aminobutyric acid (GABA), 5-HT transporter (5-HTT), and 5-HT receptor 2A (5-HT2A) were decreased. The increased levels of SELENBP1 and Glycogen synthase kinase 3 subunit α (GSK3α) genes in contrast with reduced levels of B-cell translocation gene 1 (BTG1), human leukocyte antigen DRB1 (HLA-DRB1), heterogeneous nuclear ribonucleoprotein A3 (HNRPA3), and serine/arginine-rich splicing factor 1 (SFRS1) genes have also been reported. This review covers various dysregulation of neurotransmitters and also highlights the strengths and weaknesses of studies attempting to identify candidate biomarkers. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Aberrant parasympathetic reactivity to acute psychosocial stress in male patients with schizophrenia spectrum disorders.
Authors: Andersen, Elizabeth H.; Lewis, Gregory F.; Belger, Aysenil;
Abstract: Autonomic dysfunction represents a core domain of the pathophysiology of schizophrenia spectrum disorders (SCZ), with aberrant physiologic arousal underlying maladaptive social and cognitive behaviors. Antagonistic parasympathetic and sympathetic systems support autonomic flexibility to appropriately regulate arousal and respond to environmental challenges, which can be modeled using physiologic measures. SCZ patients consistently show heightened basal stress, however, their parasympathetic reactivity to an acute psychosocial stressor is poorly understood. Heart period (HP-arousal), respiratory sinus arrhythmia (RSA-parasympathetic vagal activity), and their relationship were measured in SCZ patients (n = 19) and healthy controls (n = 20) at baseline and during psychosocial stress exposure. Parasympathetic vagal control of arousal, reflected in RSA-HP coupling, was assessed for the first time in SCZ. Patients demonstrated blunted physiologic reactivity (less change in heart period and respiratory sinus arrhythmia), a unique increase in respiratory sinus arrhythmia relative to baseline during recovery, and elevated arousal was associated with poor cognitive performance and greater positive symptoms. Arousal regulation was tightly controlled by parasympathetic activity in controls only, indicated by a strong association between changes in heart period and respiratory sinus arrhythmia. Results are the first to demonstrate maladaptive, inefficient parasympathetic arousal regulation (RSA-HP decoupling) in reaction to psychosocial stress in SCZ, representing an autonomic profile incompatible with appropriate social and emotional functioning. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Identification of miR-22-3p, miR-92a-3p, and miR-137 in peripheral blood as biomarker for schizophrenia.
Authors: Ma, Jie; Shang, Shanshan; Wang, Jihan; Zhang, Tianbu; Nie, Fayi; Song, Xiaobin; Heping Zhao; Zhu, Chunhui; Zhang, Rui; Hao, Dingjun;
Source: Psychiatry Research, Vol 265, Jul, 2018 pp. 70-76. Publisher: Elsevier Science; [Journal Article]
Abstract:
MicroRNAs (miRNAs) are a class of endogenous and non-coding single-stranded RNAs with length of about 22 nucleotides, and many are evolutionarily conserved. Although postmortem brain samples provide direct evidence of miRNA dysregulation within the brain, peripheral tissue samples can be obtained from living subjects and have the potential to yield biomarkers that could be used as diagnostic tools. To verify and detect additional miRNAs differentially expressed in peripheral blood and further explore their diagnostic value and function for schizophrenia, we performed a next-generation sequencing approach in combination with a literature search to select appropriate miRNAs. We then used real-time quantitative polymerase chain reaction (RT-qPCR) to identify miRNAs expressed aberrantly in schizophrenia. Binary regression analysis identified miR-22-3p, miR-92a-3p, and miR-137. Analysis of receiver operating characteristics (ROC) indicated that these three miRNAs could be used in combination as a biomarker for schizophrenia. Bioinformatic analyses of these genes and gene ontology (GO) enrichment revealed that the combination of miR-22-3p, miR-92a-3p, and miR-137 was closely associated with synaptic structure and function, which play important roles in the etiology and pathophysiology of schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The factor structure of the short form of the Wisconsin schizotypy scales.
Authors: Preti, Antonio; Scanu, Rosanna; Muratore, Tamara; Claudetti, Giustino; Cao, Andrea; Scerman, Rossana; Carrus, Marta; Cadoni, Carlotta; Manca, Antonio; D'Errico, Giovanni; Contu, Augusto; Petretto, Donatella R.;
Abstract: The Chapman psychosis-proneness scales—also known as Wisconsin schizotypy scales (WSS)—are among the most used tools to measure schizotypy. The factor structure of the short-form WSS was investigated in a mixed sample of patients with chronic mental disorders and of healthy subjects from the general population. One hundred patients with a chronic mental disorder were enrolled over a 6-month period. For each patient, two controls of same sex and similar age (+5 years) were enrolled; 131 accepted to take part in the study. The unidimensional, the correlated four-factor, the second-order two-factor models, and the bifactor model with two or four orthogonally independent factors of the short-form WSS were tested with confirmatory factor analysis. Good reliability of the short-form WSS was confirmed, as its capacity of differentiating people with and without schizotypy. The bifactor models were superior to other models. However, in both bifactor models the explained common variance (ECV) attributable to the general factor and the percentage of uncontaminated correlations (PUC) were too low to use a general summary score as a measure of a single latent schizotypy variable. Symptoms scores derived from the short-form WSS can be better appreciated within a multidimensional model of schizotypy. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Associations between cognition and internalizing problems in young adults with early-onset schizophrenia: A 13-year follow-up study.
Authors: Strugstad, Benedicte; Lau, Bjørn; Øie, Merete Glenne;
Abstract: The present follow-up study examines the associations between cognition and parent-rated internalizing problems among adolescents with early-onset schizophrenia (EOS) at baseline (T1) and self-rated internalizing problems 13 years later (T2). Twelve individuals (8 male/4 female) with EOS and 30 healthy controls (16 male/14 female) were included in the study. All were between 12 and 18 years of age at T1. Internalizing problems were measured with the Achenbach System of Empirically Based Assessment Internalizing Scale. Cognition was examined with a neuropsychological test battery measuring auditory attention/working memory, visuomotor processing, cognitive flexibility and verbal memory. Compared to
healthy controls, the EOS group had significant cognitive deficits and more internalizing problems both at T1 and T2. There was no correlation between parent-rated internalizing problems at T1 and self-rated internalizing problems at T2 in the EOS group. However, deficits in auditory attention/working memory at T1 were significantly associated with internalizing problems at T2. A focus on improving the treatment of cognitive impairments may be important in preventing the development of internalizing problems in young patients with schizophrenia. The small sample size of the study is a limitation and further research is recommended. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Spirituality, religiousness and coping in patients with schizophrenia: A cross sectional study in a tertiary care hospital.
Authors: Das, Soumitra; Punnoose, Varghese Panickasseril; Doval, Nimisha; Nair, Vijayakrishnan Yathindran;
Abstract: Religion is a form of coping that helps individuals to deal with a wide variety of difficult life situations. But most of the research in this field has been in acute patients of schizophrenia. Also, most of the research on religion and schizophrenia has focused on religion and spirituality as coping mechanisms, and research evaluating the relationship between spirituality/religiousness and repertoire of other coping skills is sparse. Our objective was to evaluate the association between spirituality, religiousness and coping skills in patients with schizophrenia in remission. Hence, a total of 48 consecutive patients with schizophrenia were assessed on Positive and Negative Syndrome Scale (PANSS), Personal and Social Performance Scale (PSP), WHO Quality of Life-Spirituality, Religiousness and Personal Belief scale (WHOQOL-SRPB) and Ways of Coping Checklist - Revised (WCC). Findings were described as patients who used more religiosity and spirituality as measured with WHO-SRPB domain score were better in their managing their stress as they used all the adaptive strategies like planful problem solving, positive reappraisal, distancing, self-controlling, seeking social support rather than maladaptive skills like confrontive coping and escape avoidance. A sound spiritual, religious, or personal belief system positively affects active and adaptive coping skills in patients with schizophrenia during remission, thus helping the individual to cope with illness related stressors. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Mutation analysis of the WNT7A gene in patients with schizophrenia.
Authors: Hu, Tsung-Ming; Ping, Lieh-Yung; Hsu, Shih-Hsin; Tsai, Hsin-Yao; Cheng, Min-Chih;
Abstract: Aberrant WNT signaling has been implicated in the pathophysiology of schizophrenia. WNT7A, a member of the WNT gene family, is considered a potential candidate of schizophrenia. All exons of WNT7A in 570 schizophrenic patients and 563 controls were sequenced, and protein functional analysis was conducted. Five common variants were identified, but none were noted to be associated with schizophrenia. Nevertheless, nine rare mutations, including one schizophrenia-specific missense mutation (c.305G > A), were discovered. However, immunoblot analysis findings revealed that the c.305G > A mutation did not affect protein expression. These results suggest that WNT7A is unlikely to be associated with susceptibility to schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Intellectual factors in false memories of patients with schizophrenia.
Authors: Zhu, Bi; Chen, Chuansheng; Loftus, Elizabeth F.; Dong, Qi; Lin, Chongde; Li, Jun;
Abstract: The current study explored the intellectual factors in false memories of 139 patients with schizophrenia, using a recognition task and an IQ test. The full-scale IQ score of the participants ranged from 57 to 144 (M = 100, SD = 14). The full IQ score had a negative correlation with false recognition in patients with schizophrenia, and positive correlations with high-confidence true recognition and discrimination rates. Further analyses with the subtests' scores revealed that false recognition was negatively correlated with scores of performance IQ (and one of its subtests: picture arrangement), whereas true recognition was positively correlated with scores of verbal IQ (and two of its subtests: information and digit span). High-IQ patients had less false recognition (overall or high-confidence false recognition), more high-confidence true recognition, and higher discrimination abilities than those with low IQ. These findings contribute to a better understanding of the cognitive mechanism in false memory of patients with schizophrenia, and are of practical relevance to the evaluation of memory reliability in patients with different intellectual levels. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: A Bayesian model comparison approach to test the specificity of visual integration impairment in schizophrenia or psychosis.
Authors: Grove, Tyler B.; Yao, Beier; Mueller, Savanna A.; McLaughlin, Merranda; Ellingrod, Vicki L.; McInnis, Melvin G.; Taylor, Stephan F.; Deldin, Patricia J.; Tso, Ivy F.;
Abstract: Impaired visual integration is well documented in schizophrenia and related to functional outcomes. However, it is unclear if this deficit is specific to schizophrenia, or characteristic of psychosis more broadly. To address this question, this study used a Bayesian model comparison approach to examine the evidence of three grouping models of visual integration performance in 116 individuals with schizophrenia (SZ), schizoaffective disorder (SA), bipolar disorder (BD) with or without a history of prominent psychosis (BDP+ and BDP-, respectively), or no psychiatric diagnosis (healthy controls; HC). We compared: (1) Psychosis Model (psychosis, non-psychosis), where the psychosis group included SZ, SA, and BDP+, and the non-psychosis group included BDP- and HC; (2) Schizophrenia Model (SZ, non-SZ); and (3) DSM Model (SZ, SA, BD, HC). The relationship between visual integration and general cognition was also explored. The Psychosis Model showed the strongest evidence, and visual integration was associated with general cognition in participants with psychosis. The results were consistent with the Research Domain Criteria (RDoC) framework, indicating that visual integration impairment is characteristic of psychosis and not specific to SZ or DSM categories, and may share similar disease pathways with observed neurocognitive deficits in psychotic disorders. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Assessing psychopathy in forensic schizophrenia spectrum disorders: Validating the Comprehensive Assessment of the Psychopathic Personality-Institutional Rating Scale (CAPP-IRS).
Authors: De Page, Louis; Mercenier, Sophie; Titeca, Pierre;
Abstract:
The assessment of psychopathy in (forensic) schizophrenia spectrum disorders is long-standing debate. In the present study, we investigated the psychometric properties of the Comprehensive Assessment of Psychopathic Personality-Institutional Rating Scale (CAPP-IRS) in a sample of 72 male forensic patients with a primary diagnosis of schizophrenia spectrum disorders. We compared the CAPP-IRS’ psychometric properties to those of the Psychopathy Checklist-Revised (PCL-R). The CAPP-IRS showed good interrater reliability and internal consistency except for the CAPP-IRS Cognition and Emotional Domains. There appears to be a larger but intelligible overlap between the CAPP-IRS and schizophrenia symptoms than between the PCL-R and schizophrenia symptoms. Inversely, the PCL-R showed overall stronger associations with risk assessment measures. We conclude that, in (forensic) schizophrenia disorder spectrum patients, the CAPP-IRS has closer associations with clinical features, while the PCL-R is better a predicting risk and life-time dimensions. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


---

Title:
Burden of schizophrenia or psychosis-related symptoms in adults undergoing substance abuse evaluation.

Authors:
Trudeau, Kimberlee J.; Burtner, Joanna; Villapiano, Albert J.; Jones, Megan; Butler, Stephen F.; Joshi, Kruti;

Source:
Journal of Nervous and Mental Disease, Vol 206(7), Jul, 2018 pp. 528-536. Publisher: Lippincott Williams & Wilkins;

Abstract:
This study evaluated the biopsychosocial characteristics of adults undergoing substance abuse evaluation with potential schizophrenia/psychotic disorder, or possible schizophrenia/psychosis-like symptoms, compared with those with no schizophrenia/psychosis-like symptoms. A cross-sectional, observational study examined 170,201 adults, aged 18 to 30, who completed the Addiction Severity Index–Multimedia Version (ASI-MV). Approximately 10% were classified as having possible schizophrenia/psychosis-like symptoms or potential schizophrenia/psychotic disorder. These patients were more likely to exhibit moderate to extreme severity on employment, medical, legal, substance use, social, and psychiatric status than nonsymptomatic patients. The potential schizophrenia or psychotic disorder cohort was also more likely to have ever experienced physical abuse (odds ratio [OR] = 4.30, 95% confidence interval [CI] = 4.12–4.48) and/or sexual abuse (OR = 4.32, 95% CI = 4.15–4.51) versus the no schizophrenia/psychosis-like symptoms cohort. Findings support a recommendation for routine screening for mental health issues, particularly schizophrenia/psychosis-like symptoms, for adults entering substance use disorder treatment settings. This may increase the likelihood of appropriate and earlier intervention. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


---

Title:
Cognitive reserve profiles in chronic schizophrenia: Effects on theory of mind performance and improvement after training.

Authors:
Buonocore, Mariachiara; Bechi, Margherita; Uberti, Paola; Spangaro, Marco; Cocchi, Federica; Guglielmino, Carmelo; Bianchi, Laura; Mastromatteo, Antonella Rita; Bosia, Marta; Cavallaro, Roberto;

Source:

Abstract:
Objectives: Cognitive reserve (CR), defined as individual differences in the ability to cope with brain damage, seem to be associated to the several psychopathological features in psychiatric patients, such as the functional outcome. This study aims to identify different profiles of CR by combining intelligence quotient (IQ) and premorbid functioning, two measures independently associated to CR in previous works, as well as to explore CR effect on both Theory of Mind (ToM) baseline performance and improvement after socio-cognitive trainings. Methods: Sixty patients with chronic schizophrenia underwent a socio-cognitive rehabilitation. All patients were assessed for psychopathology, neurocognition, and ToM at
baseline and post-treatment. CR profiles were explored with K-means cluster analysis, while differences between clusters in both baseline assessments and post-treatment ToM improvement, were analyzed by means of analysis of variance and repeated measures analysis of covariance. Results: The analysis revealed three CR profiles, respectively, characterized by low early premorbid functioning and mild intellectual impairment, average/high early premorbid functioning trend with moderate intellectual impairment and good early premorbid functioning associated to IQ within normal limits. Analyses showed a significant effect of CR on both baseline ToM performance and treatment outcome: patients with higher CR reached significantly better ToM scores. Conclusions: These results underline the clinical relevance of defining CR profiles of patients to customize trainings: subjects with a lower CR may benefit from more intensive programs. A deeper knowledge about CR may considerably increase our understanding of individual differences and thus potentiate treatment outcome. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Back to top
Suicide

Title: Thwarted belongingness and perceived burdensomeness explain the relationship between sleep problems and suicide risk among adults identifying as sexual and/or gender minorities.

Authors: Chu, Carol; Hom, Melanie A.; Hirsch, Jameson K.; Joiner, Thomas E.;

Source: Psychology of Sexual Orientation and Gender Diversity Publisher: Educational Publishing Foundation;

Abstract: Sleep problems are robust suicide risk correlates. According to the interpersonal theory of suicide, thwarted belongingness (TB) and perceived burdensomeness (PB) may explain the link between sleep problems and suicide risk. This study examined these relationships among 331 community-dwelling adults identifying as sexual and/or gender minorities. Self-report measures of sleep problems, TB, PB, suicide risk, and anxiety were completed. Bootstrap mediation analyses were conducted to test TB and PB as interacting, individual, and parallel explanatory factors linking sleep problems and suicide risk. Sleep problems were associated with greater TB, PB, and suicide risk. TB and PB, in parallel and individually, accounted for the relationship between sleep problems and suicide risk, beyond age and anxiety. In contrast to the interpersonal theory, the indirect effect of PB was stronger at lower levels of TB and the indirect effect of TB was stronger at lower levels of PB. Exploratory analyses indicated significant differences between sexual minorities, gender minorities, and individuals identifying as both sexual and gender minorities: the indirect effect of sleep problems on suicide risk through PB was descriptively strongest among sexual minorities, and the indirect effect through TB was descriptively stronger among gender minorities and individuals identifying with both minority groups. Findings suggest that intervening upon TB and PB may thwart the trajectory from sleep problems to suicide risk among sexual and gender minorities. Further work is needed to determine whether suicide risk pathways differ across minority groups. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Correlates of suicide ideation and behaviors among transgender people: A systematic review guided by ideation-to-action theory.

Authors: Wolford-Clevenger, Caitlin; Frantell, Keri; Smith, Phillip N.; Flores, Leticia Y.; Stuart, Gregory L.;


Abstract: Transgender people are at high risk for suicide ideation, attempts, and deaths compared to the general population. Several correlates of suicide ideation and attempts have been identified empirically to understand this increased risk. However, few attempts have been made to systematically review this literature. Further, a theory to understand and identify targetable factors for intervention has rarely been applied to this population. In the first systematic review guided by ideation-to-action frameworks of suicide, we systematically reviewed the literature from January 1991 to July 2017 regarding correlates of suicide ideation, attempts, and deaths among transgender people. To be included in the review, articles must have been reported in English, reported on empirical data, included a sample or subsample of transgender people, and reported separately on correlates of suicide ideation, attempts, or deaths. Two independent reviewers searched three major databases, references of included articles, and unpublished literature, which produced 45 articles for review. The review suggested that ideation-to-action frameworks would be worth investigating within this population, with attention to sources of psychological pain, social connectedness, and capacity/capability for suicide unique to this population. Additionally, other aspects of cultural identity were often studied (e.g., race, religion), suggesting the need to understand intersectionality of identities among transgender people and their effects on suicide risk. Finally, the review highlighted important limitations of the literature, namely measurement of suicide ideation and attempts and sampling method, which future work should seek to improve. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title:

Authors:
Mundo, Emanuela; Persano, Humberto; Moore, Kevin;

Source:

Abstract:
In this paper we address the main innovations included in the Subjective Experience chapter (S Axis) of the PDM-2, that is, its conceptualization of adult symptom patterns. We include some comparison between, and discussion of, ICD-10, DSM-5, and PDM-2. A primary goal of the PDM is to consider both biological and psychological susceptibility factors in shaping specific symptom patterns in adults; we pursue this goal by considering specific sections; for example, suicidal behaviors. We discuss the core PDM-2 innovations: a better definition of the subjective experience of symptoms and symptom patterns, the inclusion of (and the assessment guidelines for) suicide and suicidal and parasuicidal behavior, the inclusion of the subjective experience of the therapist when encountering a specific subject with specific symptom patterns, and the addition of the description of some nonpathological conditions that may require clinical attention (i.e., demographic minorities, lesbian, gay, and bisexual populations, and gender incongruent populations). With respect to the gender incongruent subjects, we note as a significant step forward the depathologization of this condition, formerly termed 'gender identity disorder' and now, in DSM-5, termed 'gender dysphoria.' We make a case for the value of including a section on nonpathological conditions in a psychodynamically oriented diagnostic manual. Finally, we discuss the implications and limitations of such PDM-2 innovations with respect to clinical settings and future clinical research purposes. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Risk factors for suicidality in patients with schizophrenia: A systematic review, meta-analysis, and meta-regression of 96 studies.

Authors:
Cassidy, Ryan Michael; Yang, Fang; Kapczinski, Flávio; Passos, Ives Cavalcante;

Source:

Abstract:
The lifetime risk of suicide and suicide attempt in patients with schizophrenia are 5% and 25%–50%, respectively. The current meta-analysis aims to determine risk factors associated with suicidality in subjects with schizophrenia. We searched Pubmed, Web of Science, EMBASE, and the reference lists of included studies. Inclusion criteria were met if an article reported a dichotomous sample of patients with schizophrenia with suicidal ideation, attempted suicide, or suicide compared to patients without. We also performed a cohort study meta-analysis as a supplemental analysis. A total of 96 studies with 80488 participants were included in our analysis. Depressive symptoms (P < .0001), Positive and Negative Symptom Scale (PANSS) general score (P < .0001) and number of psychiatric hospitalizations (P < .0001) were higher in patients with suicide ideation. History of alcohol use (P = .0001), family history of psychiatric illness (P < .0001), physical comorbidity (P < .0001), history of depression (P < .0001), family history of suicide (P < .0001), history of drug use (P = .0024), history of tobacco use (P = .0034), being white (P = .0022), and depressive symptoms (P < .0001) were the most consistent variables associated with suicide attempts. The first two were also significant in the cohort meta-analysis. Being male (P = .0005), history of attempted suicide (P < .0001), younger age (P = .0266), higher intelligence quotient (P < .0001), poor adherence to treatment (P < .0001), and hopelessness (P < .0001) were the most consistently associated with suicide. The first three were also significant in the cohort meta-analysis. Our findings may help with future development of preventive strategies to combat suicide. Future studies may combine the above-mentioned variables by using multivariate predictive analysis techniques to objectively stratify suicidality in schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title:
School-based gatekeeper training programmes in enhancing gatekeepers’ cognitions and behaviours for adolescent suicide prevention: A systematic review.

Authors:
Mo, Phoenix K. H.; Ko, Ting Ting; Xin, Mei Qi;

Source:

Abstract:
Suicide is a leading cause of death in adolescence. School provides an effective avenue both for reaching adolescents and for gatekeeper training. This enables gatekeepers to recognize and respond to at-risk students and is a meaningful focus for the provision of suicide prevention. This study provides the first systematic review on the effectiveness of school-based gatekeeper training in enhancing gatekeeper-related outcomes. A total of 815 studies were identified through four databases (Ovid Medline, Embase, PsycINFO and ERIC) using three groups of keywords: ‘school based’, ‘Suicide prevention programme’ and ‘Gatekeeper’. Fourteen of these studies were found to be adequate for inclusion in this systematic review. The improvement in gatekeepers’ knowledge; attitudes; self-efficacy; skills; and likelihood to intervene were found in most of the included studies. Evidence of achieving improvement in attitudes and gatekeeper behaviour was mixed. Most included studies were methodologically weak. Gatekeeper training appears to have the potential to change participants’ knowledge and skills in suicide prevention, but more studies of better quality are needed to determine its effectiveness in changing gatekeepers’ attitudes. There is also an urgent need to investigate how best improvements in knowledge and skills can be translated into behavioural change. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Word count as an indicator of suicide risk in an inpatient setting.

Authors:
Corona, Christopher D.; Ellis, Thomas E.; Jobes, David A.;

Source:
Bulletin of the Menninger Clinic, Vol 82(2), Jun, 2018 pp. 115-135. Publisher: Guilford Publications;

Abstract:
The current study replicates a previously used methodology with a suicidal inpatient sample regarding word counts generated by participants writing about suicidal constructs. Word counts (i.e., the number of written words) on the Suicide Status Form from initial sessions with suicidal inpatients were compared to self-rated suicide risk scores as well as to continuous and repeated measures of hopelessness and suicide ideation assessed over the course of inpatient care. Results showed that higher word counts were associated with initially higher suicide ideation scores that steadily declined over the course of treatment. Lower word counts were associated with lower initial hopelessness scores that increased during treatment before ultimately decreasing. In addition, word count was not found to be a significant predictor of self-rated suicide risk. Clinical implications of these data and future directions are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Relative toxicity of benzodiazepines and hypnotics commonly used for self-poisoning: An epidemiological study of fatal toxicity and case fatality.

Authors:
Geulayov, Galit; Ferrey, Anne; Casey, Deborah; Wells, Claudia; Fuller, Alice; Bankhead, Clare; Gunnell, David; Clements, Caroline; Kapur, Navneet; Ness, Jennifer; Waters, Keith; Hawton, Keith;

Source:

Abstract:
The relative toxicity of anxiolytic and hypnotic drugs commonly used for self-poisoning was assessed using data on suicides, prescriptions and non-fatal self-poisonings in England, 2005–2012. Data on suicide by self-poisoning were obtained from the Office for National Statistics, information on intentional non-fatal self-poisoning was derived from the Multicentre Study of Self-harm in England and data on prescriptions in general practice from the Clinical Practice Research Datalink. We used two indices of relative toxicity: fatal toxicity (the number of fatal self-poisonings relative to the number of individuals prescribed each drug) and case fatality (the number of fatal relative to non-fatal self-poisonings). Diazepam was the reference drug in all analyses. Temazepam was 10 times (95% confidence interval 5.48–18.99) and zopiclone/zolpidem nine times (95% confidence interval 5.01–16.65) more toxic in overdose than diazepam (fatal-toxicity index). Temazepam and zopiclone/zolpidem were 13 (95% confidence interval 6.97–24.41) and 12 (95% confidence interval 6.62–22.17) times more toxic than diazepam, respectively (case-fatality index). Differences in alcohol involvement between the drugs were unlikely to account for the findings. Overdoses of temazepam and zopiclone/zolpidem are considerably more likely to result in death than overdoses of diazepam. Practitioners need to exercise caution when prescribing these drugs, especially for individuals who may be at risk of self-harm, and also consider non-pharmacological options. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Associations between health-related self-efficacy and suicidality.
Authors: Isaac, Vivian; Wu, Chia-Yi; McLachlan, Craig S.; Lee, Ming-Been;
Abstract: Background: Few studies have focused on exploring the association of self-efficacy and suicidal behaviour. In this study, we aim to investigate the association between health-related self-efficacy and suicidality outcomes, including lifetime/recent suicidal ideation, suicidal attempts and future intent of suicide. Methods: A computer-assisted telephone interview (CATI) system was used to draw potential respondents aged over 15 in Taiwan via telephone numbers, which were selected by a stratified proportional randomization method according to the distribution of population size in different geographic areas of Taiwan. We obtained available information on suicide behaviours for the analysis of 2110 participants. Logistic regression was applied to investigate the independent effect of health-related self-efficacy on life-time suicidal thoughts and attempts. Results: Suicidality measured as suicide ideation and attempted suicide was reported as 12.6 and 2.7% respectively in the sample. Among those with suicide ideation, 9.8% had thoughts of future suicide intent. Female gender, low education, people living alone or separated, history of psychiatric disorders, substance abuse, poor self-rated mental health and physical health were associated with suicidality factors. Low health-related self-efficacy was associated with lifetime suicide ideation, prior suicide attempt and future suicidal intent. Among those with recent suicidal ideation, low health self-efficacy was independently associated with future suicide intent after adjustment of gender, age, education, marital status, substance abuse, psychological distress, poor mental and physical health. Conclusion: Health-related self-efficacy was associated with suicide risks across different time points from prior ideation to future intention. Evaluation of the progress of self-efficacy in health may be long-term targets of intervention in suicide prevention strategies. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Effectiveness of brief psychological interventions for suicidal presentations: A systematic review.
Authors: McCabe, Rose; Garside, Ruth; Backhouse, Amy; Xanthopoulou, Penny;
Source: BMC Psychiatry, Vol 18, May 3, 2018 ArtID: 120. Publisher: BioMed Central Limited; [Journal Article]
Abstract: Background: Every year, more than 800,000 people worldwide die by suicide. The aim of this study was to conduct a systematic review of the effectiveness of brief psychological interventions in addressing suicidal
thoughts and behaviour in healthcare settings. Methods: Following PRISMA guidelines, systematic searches were conducted in MEDLINE, CINAHL, EMBASE, the Cochrane Central Register of Controlled Trials and PsycINFO databases. A predefined search strategy was used. Two independent reviewers screened titles and Abstracts followed by full texts against predefined inclusion criteria. Backward and forward citation tracking of included papers was conducted. Quality appraisal was conducted using the Cochrane Risk of Bias Tool for Randomized Controlled Trials and the CASP tool for randomised controlled trials. The small number and heterogeneity of studies did not allow for meta-analysis to be conducted. A narrative synthesis was conducted. Results: Four controlled studies of brief psychological interventions were included, conducted in Switzerland, the U.S. and across low and middle-income countries. Three studies were conducted with adults and one with adolescents. All studies were judged to be at low risk of bias. All of the interventions were implemented with patients after attending emergency departments and involved 3412 participants. The main outcomes were suicide, suicide attempts, suicidal ideation, depression and hospitalization. The components of the interventions were early therapeutic engagement, information provision, safety planning and follow-up contact for at least 12 months. The interventions drew to, different degrees, on psychological theory and techniques. Two trials that measured suicidal ideation found no impact. Two studies showed fewer suicide attempts, one showed fewer suicides and one found an effect on depression. Conclusions: Although the evidence base is small, brief psychological interventions appear to be effective in reducing suicide and suicide attempts. All studies to date have been conducted with people who had attended the ED but the interventions could potentially be adopted for inpatient and other outpatient settings. Early engagement and therapeutic intervention based on psychological theories of suicidal behaviour, sustained in follow-up contacts, may be particularly beneficial. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Cluster suicides among unemployed persons in Australia over the period 2001–2013.
Authors:
Milner, Allison; Too, Lay San; Spittal, Matthew J.;
Source:
Social Indicators Research, Vol 137(1), May, 2018 pp. 189-201. Publisher: Springer; [Journal Article]
Abstract:
There has been no research on whether particularly vulnerable people such as the unemployed are prone to being in a suicide cluster (defined as an unusually high number of suicides occurring in a defined geographical area and/or over a relatively brief period of time). We investigated the presence of unemployed suicide clusters in Australia over the period 2001–2013 using a Poisson discrete scan statistic approach. Spatial, temporal and spatial/temporal clusters comprised 13.4, 4.4 and 1.7% of all unemployed suicides respectively. These results suggest the importance of targeting preventative efforts in where large numbers of unemployed persons who have died by suicide resided before death. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-13299-001&site=ehost-live

Title:
Association of hormonal contraception with suicide attempts and suicides.
Authors:
Skovlund, Charlotte Wessel; Mørch, Lina Steinrud; Kessing, Lars Vedel; Lange, Theis; Lidegaard, Øjvind;
Source:
Abstract:
Objective: The purpose of this study was to assess the relative risk of suicide attempt and suicide in users of hormonal contraception. Method: The authors assessed associations between hormonal contraceptive use and suicide attempt and suicide in a nationwide prospective cohort study of all women in Denmark who had no psychiatric diagnoses, antidepressant use, or hormonal contraceptive use before age 15 and who turned 15 during the study period, which extended from 1996 through 2013. Nationwide registers provided individually updated information about use of hormonal contraception, suicide attempt, suicide, and potential confounding variables. Psychiatric diagnoses or antidepressant use during the study period
were considered potential mediators between hormonal contraceptive use and risk of suicide attempt. Adjusted hazard ratios for suicide attempt and suicide were estimated for users of hormonal contraception as compared with those who never used hormonal contraception. Results: Among nearly half a million women followed on average for 8.3 years (3.9 million person-years) with a mean age of 21 years, 6,999 first suicide attempts and 71 suicides were identified. Compared with women who never used hormonal contraceptives, the relative risk among current and recent users was 1.97 (95% CI = 1.85-2.10) for suicide attempt and 3.08 (95% CI = 1.34-7.08) for suicide. Risk estimates for suicide attempt were 1.91 (95% CI = 1.79-2.03) for oral combined products, 2.29 (95% CI = 1.77-2.95) for oral progestin-only products, 2.58 (95% CI = 2.06-3.22) for vaginal ring, and 3.28 (95% CI = 2.08-5.16) for patch. The association between hormonal contraceptive use and a first suicide attempt peaked after 2 months of use. Conclusions: Use of hormonal contraception was positively associated with subsequent suicide attempt and suicide. Adolescent women experienced the highest relative risk. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


---

Title: Epidemiology of suicide attempts among youth transitioning to adulthood.
Authors: Thompson, Martie P.; Swartout, Kevin;
Abstract: Suicide is the second leading cause of death for older adolescents and young adults. Although empirical literature has identified important risk factors of suicidal behavior, it is less understood if changes in risk factors correspond with changes in suicide risk. To address this knowledge gap, we assessed if there were different trajectories of suicidal behavior as youth transition into young adulthood and determined what time-varying risk factors predicted these trajectories. This study used four waves of data spanning approximately 13 years from the National Longitudinal Study of Adolescent Health. The sample included 9027 respondents who were 12–18 years old (M = 15.26; SD = 1.76) at Wave 1, 50% male, 17% Hispanic, and 58% White. The results indicated that 93.6% of the sample had a low likelihood for suicide attempts across time, 5.1% had an elevated likelihood of attempting suicide in adolescence but not young adulthood, and 1.3% had an elevated likelihood of attempting suicide during adolescence and adulthood. The likelihood of a suicide attempt corresponded with changes on depression, impulsivity, delinquency, alcohol problems, family and friend suicide history, and experience with partner violence. Determining how suicide risk changes as youth transition into young adulthood and what factors predict these changes can help prevent suicide. Interventions targeting these risk factors could lead to reductions in suicide attempts. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


---

Title: Clinical and serological predictors of suicide in schizophrenia and major mood disorders.
Authors: Dickerson, Faith; Origoni, Andrea; Schweinfurth, Lucy A. B.; Stallings, Cassie; Savage, Christina L.G.; Sweeney, Kevin; Katsafanas, Emily; Wilcox, Holly C.; Khushalani, Sunil; Yolken, Robert;
Source: Journal of Nervous and Mental Disease, Vol 206(3), Mar, 2018 pp. 173-178. Publisher: Lippincott Williams & Wilkins; [Journal Article]
Abstract: Persons with serious mental illness are at high risk for suicide, but this outcome is difficult to predict. Serological markers may help to identify suicide risk. We prospectively assessed 733 persons with a schizophrenia spectrum disorder, 483 with bipolar disorder, and 76 with major depressive disorder for an average of 8.15 years. The initial evaluation consisted of clinical and demographic data as well as a blood samples from which immunoglobulin G antibodies to herpes viruses and Toxoplasma gondii were measured. Suicide was determined using data from the National Death Index. Cox proportional hazard regression models examined the role of baseline variables on suicide outcomes. Suicide was associated with male sex, divorced/separated status, Caucasian race, and elevated levels of antibodies to
Cytomegalovirus (CMV). Increasing levels of CMV antibodies were associated with increasing hazard ratios for suicide. The identification of serological variables associated with suicide might provide more personalized methods for suicide prevention. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Suicide behavior and chronic pain: An exploration of pain-related catastrophic thinking, disability, and descriptions of the pain experience.

Authors:
Legarreta, Margaret; Bueler, Elliott; DiMuzio, Jennifer; McGlade, Erin; Yurgelun-Todd, Deborah;

Source:
Journal of Nervous and Mental Disease, Vol 206(3), Mar, 2018 pp. 217-222. Publisher: Lippincott Williams & Wilkins; [Journal Article]

Abstract:
This study examined differences in suicidal ideation (SI) and suicide attempts (SAs) among veterans with chronic pain. Pain-specific variables, including catastrophic thinking, disability, and sensory, affective, and evaluative pain descriptors, were a focus. Structured diagnostic and clinical interviews were conducted to examine SI/SA and mental health. Veterans completed the Structured Clinical Interview for DSM-IV and the Columbia–Suicide Severity Rating Scale to assess Axis I symptoms and suicidal behavior(s). Self-report questionnaires were used to evaluate the participants' subjective experience of chronic pain, which included the McGill Pain Questionnaire, Pain Catastrophizing Scale, and Pain Disability Index. The findings add to previous literature by suggesting pain-related catastrophic thinking specifically is related to elevated risk for SA, whereas affective and sensory pain are associated with SI. The study results support the need to assess pain from a multifaceted perspective and to examine the different experiences of pain, such as sensory and affective constructs, when discussing suicide risk in veterans. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Training youth services staff to identify, assess, and intervene when working with youth at high risk for suicide.

Authors:
Osteen, Philip J.; Lacasse, Jeffrey R.; Woods, MaKenna N.; Greene, Rachel; Frey, Jodi J.; Forsman, R. Lane;

Source:

Abstract:
Youth in the child welfare system are often at increased risk for suicide due to the numerous physical and psychological challenges they face. This study was a longitudinal assessment of the impact of suicide intervention training on staff's abilities to identify, assess, and intervene when working with these youth in a child welfare setting. Participants received an adapted version of the 'Youth and Depression' suicide intervention curriculum (Massachusetts Society for the Prevention of Cruelty to Children, 2010) designed to improve participants' attitudes toward suicide intervention, knowledge about suicide intervention, self-efficacy for engaging in intervention behaviors, and increased use of assessment and intervention behaviors over time. ANOVA tests yielded large effect sizes for increasing knowledge and self-efficacy. There were no statistical changes in attitudes and reluctance, but these were very positive even before training. Results for changes in the use of assessment and intervention skills were more modest but demonstrated some improvements from pre-training to post-training. Further refinement of the curriculum may yield larger and consistent improvements in intervention behaviors. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Impact of depressive symptoms and alcohol use on disordered eating and suicidality: A moderated mediation study.

Authors: Mugoya, George C. T.; Hooper, Lisa M.; Chapple, Brynn; Cumi, Kish;

Abstract:
While previous studies have tested the mediating or moderating effects of select factors on disordered eating pathologies, no empirical studies have examined a moderated mediation model. Thus, filling a gap in the literature base, the current study examined a moderated mediation model to test the associations among disordered eating, depressive symptoms, alcohol use, and suicidality. The current study sample included 1,598 students (mean age 21.3 years; 80.9% female) across major universities in the United States. Results showed that disordered eating was significantly associated with suicidality, and the association was mediated by depressive symptoms. Further, the indirect effect of disordered eating via depressive symptoms varied in magnitude as a function of alcohol use. Findings suggest that clinical mental health counselors and other providers working with emerging adults should be vigilant in recognizing behaviors and thoughts associated with disordered eating and related signs and symptoms, including depressive symptoms and alcohol use (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Meaning-making after partner suicide: A narrative exploration using the meaning of loss codebook.

Authors: Pritchard, Tyler R.; Buckle, Jennifer L.;
Source: Death Studies, Vol 42(1), Jan, 2018 pp. 35-44. Publisher: Taylor & Francis; [Journal Article]

Abstract:
This study explored meaning-making in the narratives of survivors of partner suicide. The 117 posts of 50 users of a public online grief support forum were analyzed using the Meaning of Loss Codebook (MLC; Gillies, Neimeyer, & Milman, 2014). There was evidence of substantial psychological distress and an ongoing struggle to make meaning of the death, in addition to focusing on memories, longing for the deceased, and efforts to actively cope with the loss. Given the importance of meaning-making in the adjustment to loss, and through the application of the MLC, these findings deepen the understanding of this component of grief. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Prevalence and characteristics of interpersonal violence in people dying from suicide in Victoria, Australia.

Authors: MacIsaac, Michael B; Bugeja, Lyndal; Weiland, Tracey; Dwyer, Jeremy; Selvakumar, Kav; Jelinek, George A;

Abstract:
Victims of interpersonal violence are known to be at increased risk of suicidal ideation and attempts; however, few data exist on the impact that violence has on the risk of death from suicide. This study examined 2153 suicides (1636 males and 517 females) occurring between 2009 and 2012. Information was sourced from the Coroners Court of Victoria’s Suicide Register, a detailed database containing information on all Victorian suicides. Forty-two percent of women who died from suicide had a history of exposure to interpersonal violence, with 23% having been a victim of physical violence, 18% suffering psychological violence, and 16% experiencing sexual abuse. A large number of men who died from suicide had also been exposed to interpersonal violence, many of whom had perpetrated violence within the 6 weeks prior to their death. Targeted prevention, particularly removing barriers for men to seek help
early after perpetrating violence is likely to have benefits in preventing suicide in both men and women. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Psychodynamic approaches to suicide and self-harm.

Authors:
Yakeley, Jessica; Burbridge-James, William;

Source:

Abstract:
Rates of suicide and self-harm are rising in many countries, and it is therapeutically important to explore the personal stories and relationships that underlie this behaviour. In this article psychoanalytic and psychodynamic principles and concepts in relation to violence towards the self are introduced and the various unconscious meanings of suicide and self-harm are explored within a relational context and attachment framework. We describe how a psychodynamic approach may enhance the risk assessment and treatment of patients presenting with self-harm and suicidality, particularly examining the role of transference and countertransference within the therapeutic relationship. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Female gender, marital and family problems, and feelings of guilt are related to self-immolation suicide attempts.

Authors:
Ahmadpanah, Mohammad; Rahighi, Amir Hosein; Haghighi, Mohammad;

Source:

Abstract:
Background: Self-immolation (SI) is considered one of the most painful, dramatic, and at the same time most inexplicable methods of suicide, with a high social impact. Prevalence rates are particularly high in Iran, and in north-western Iran specifically. Here, we report sociodemographic, psychological, and psychiatric characteristics of patients attempting self-immolation (PSIs), compared to patients with accident burns (PABs). Method: Patients referred to the Burns Emergency Unit of the Besat Hospital (Hamadan, Iran) were enrolled in the present study between winter 2015 and summer 2016. After burn-related treatments and surgery, a thorough interview was undertaken covering sociodemographic characteristics, burn-related information, and psychiatric background. Results: A total of 79 patients were enrolled. Among these, 19 (31.7%) had attempted suicide via SI. Compared to the PABs, the PSIs were predominantly females; they reported family and marital problems as the main triggers for SI. The psychiatric interviews indicated that PSIs often suffered from major depressive disorders, adjustment disorders, and bipolar disorders. The prevailing feelings reported were guilt and shame. A binary logistic regression showed that feelings of guilt and marital and family problems predicted SI. Conclusions: The prevalence of SI was surprisingly high. Marital and family conflicts as a proxy for highly distressing social interactions, along with female gender and feelings of guilt and shame were strongly associated with SI. Family and couple counseling specifically tailored to difficulties experienced by women might reduce the risk of SI. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Out of touch: Interoceptive deficits are elevated in suicide attempters with eating disorders.

Authors:
Smith, April; Forrest, Lauren; Velkoff, Elizabeth; Eating Disorders:

Source:
The Journal of Treatment & Prevention, Vol 26(1), Jan, 2018 pp. 52-65. Publisher: Taylor & Francis;
Abstract:
People with eating disorders have elevated interoceptive deficits and risk for self-injurious behaviors (SIBs). Across two eating disorder samples, the relationship between interoceptive deficits (IDs) and SIBs was tested. Study 1 (n = 100) found that suicide attempters and those engaging in non-suicidal self-injury (NSSI) had greater IDs than those with no self-injury history. Lack of access to emotion regulation strategies accounted for the link between IDs and SIBs. In Study 2 (n = 92) multiple suicide attempters had greater IDs than single attempters and those engaging in NSSI; however, the latter two groups did not differ from one another. Interoceptive deficits may differentiate those who engage in severe SIBs from those who do not, and thus be a useful determinant of suicide risk severity among patients with eating disorders. Lack of access to emotion regulation strategies appears to be one pathway linking interoceptive deficits and self-injury. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
‘Suicide stigma’ renegotiated: Storytelling, social support and resistance in an internet-based community for the young suicide-bereaved.

Authors:
Hagström, Anneli Silvén;

Source:
Qualitative Social Work: Research and Practice, Vol 16(6), Nov, 2017 pp. 775-792. Publisher: Sage Publications; [Journal Article]

Abstract:
From a social constructionist and narrative perspective on grief, which emphasizes the connection between situated storytelling, meaning-making and self-formation, this article explores the power of collective storytelling in an Internet-based community of the suicide-bereaved. This is a context where young mourners who have lost a parent to suicide, among others, turn for social support, which is another main focus of the article. Using Scott and Lyman’s taxonomy of ‘accounting practices’ to explain ‘unanticipated’ or ‘untoward behavior’, the approaches to meaning-making of suicide applied in this context for support exchange are analyzed, in the accounts of the parentally bereaved participants and in a co-produced bereavement story. The results showcase how the narrative framing for the interpretation and organization of the suicide experience provided by the website editors as a resistance to the ‘suicide stigma’, together with the power of the experience accumulated by many, can potentially work to destigmatize and empower the parentally bereaved participants’ grief. In addition, this public storytelling is acting to spread ‘lived knowledge’ and thereby to counteract suicide stigma in society. Ultimately, the results constitute a call for a return to a narrative orientation in social work practice. By adopting a teller-focused approach as part of assessment and treatment, social workers could inspire the often traumatized and stigmatized individuals they encounter to become narrators of their own life- and self-narratives, and to assist in the construction of a more tolerable meaning and identity from their experiences. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-48928-003&site=ehost-live

Title:
A dose–response estimate for acute alcohol use and risk of suicide attempt.

Authors:
Borges, Guilherme; Cherpitel, Cheryl J.; Orozco, Ricardo; Ye, Yu; Monteiro, Maristela; Hao, Wei; Benegal, Vikram;

Source:

Abstract:
This study reports dose–response estimates for the relative risk and population attributable risk (PAR) between acute alcohol use and serious suicide attempt. Data were analyzed on 272 suicide attempters arriving at 38 emergency departments within 6 hours of the event in 17 countries. Case-crossover analysis, pair-matching the number of standard drinks consumed within the 6 hours prior to the suicide attempt with that consumed during the same 6-hour period of the previous week, was performed using fractional polynomial analysis for dose–response. Every drink increased the risk of a suicide attempt by 30
percent; even one–two drinks was associated with a sizable increase in the risk of a serious suicide attempt, and a dose–response was found for the relationship between drinking 6 hours prior and the risk of a suicide attempt up to 20 drinks. Acute use of alcohol was responsible for 35 percent PAR of all suicide attempts. While very high levels of drinking were associated with larger relative risk s of suicide attempt, the control and reduction of smaller quantities of acute alcohol use also had an impact on population levels of suicide attempt, as showed here for the first time with our PAR estimates. Interventions to stop drinking or at least decrease levels of consumption could reduce the risk of suicide attempt. Screening people more at risk to suffer these acute effects of ethanol and offering interventions that work to these high-risk groups are a matter of urgent new research in the area. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: From querulous to suicidal: Self-immolation in public places as a symbolic response to the feeling of injustice.
Authors: Lévy, Benjamin T.; Prudent, Cécile; Liétard, Florian; Evrard, Renaud;
Abstract: Aim: This paper sheds light on the context that leads some querulous patients to self-immolate in front of, or into, public buildings (e.g., tribunals, city halls, and employment agencies). Method: The author defines paranoid querulousness. A psychoanalytic perspective, but also a judicial and a psychiatric point of view, over querulous claimants is presented. The links between political or social claims and self-immolation are studied. The expression of suicidal thoughts voiced by four querulous subjects is analyzed. Eight examples of self-immolation are presented. Results: The querulous subjects’ self-aggressive behaviors seem to be caused by a loss of hope to obtain compensation for a prejudice they allegedly suffered. Querulous individuals tend to self-immolate in front of, or into, public buildings when no answer is given to their claims. These gestures may be both a consequence of some personal distress and triggered by a difficult social or professional context. Discussion: Five sets of assumptions derived from Freudian and Lacanian psychoanalytic theories are advanced. The status of the object over which the querulous claimants wish to assert their rights is clarified. The meaning of self-aggressive gestures is outlined by making reference to the concepts of instinct for mastery, symbolic other, chain of signifiers, masochism, pleasure principle, and reality principle. Conclusion: Prevention of self-immolation could involve that members of the legal professions, social workers, civil servants, and mental health professionals in contact with querulous subjects openly show their will to listen to these claimants’ voice: self-aggressive gestures might be avoided by supporting the querulous person’s hope to obtain compensation for the prejudice allegedly suffered. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Delayed hemodynamic responses associated with a history of suicide attempts in bipolar disorder: A multichannel near-infrared spectroscopy study.
Authors: Hirose, Tomoyuki; Tsujii, Noa; Mikawa, Wakako; Shirakawa, Osamu;
Abstract: Bipolar disorder (BD) is associated with a high risk of suicide compared with other psychiatric disorders. Recent studies using near-infrared spectroscopy (NIRS) reported frontotemporal functional abnormalities in BD. However, it remains unclear whether NIRS signal changes are associated with vulnerability toward suicide in BD. We recruited 20 patients with depressed BD with a history of suicide attempts (suicide attempters; SAs) and 28 control patients with BD who did not have a history of suicide attempts (non-attempters; NAs). Regional hemodynamic responses during a verbal fluency task were monitored using NIRS. Compared with the NA group, the SA group exhibited significantly reduced activation during VFT in the bilateral precentral and superior temporal gyri and left supramarginal, inferior frontal, postcentral, and
middle temporal gyri. Furthermore, compared with the NA group, the SA group exhibited delayed activation timing of the NIRS signal in the prefrontal region. In BD patients, current suicide risk was noted to be significantly and positively associated with delayed activation timing of the NIRS signal in the prefrontal region. The findings of this study suggest that the observed specific NIRS signal pattern in BD patients is associated with vulnerability toward suicide. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Evaluation of two web-based interventions in reducing the stigma of suicide.

**Authors:**
Rogers, Megan L.; Schneider, Matthew E.; Gai, Anna R.; Gorday, Julia Y.; Joiner, Thomas E.;

**Source:**
Behaviour Research and Therapy, Vol 109, Oct, 2018 pp. 49-55. Publisher: Elsevier Science;

**Abstract:**
Suicide is more highly stigmatized than most mental health conditions; however, no interventions have aimed to modify the stigma of suicide in the general population. This study tested the efficacy of two brief web-based interventions—psychoeducation and interpersonal exposure—in reducing suicide-related stigma in a student/community sample. A sample of 266 adults completed baseline measures of suicide-related stigma, were randomized into one of three conditions (psychoeducation, interpersonal exposure, control), in which they browsed an assigned website for twenty minutes, and completed post-intervention and one-month follow-up stigma measures. Results indicated that the two interventions were more efficacious than the control in reducing suicide-related stigma; this effect was accentuated for individuals without prior exposure to suicide. Although future research is needed to understand the mechanisms of change and the generalizability of these findings, it is possible that web-based interventions could be a cost- and time-effective avenue of targeting the widespread stigma of suicide. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Team communication within integrated primary care in the context of suicide prevention: A mixed methods preliminary examination.

**Authors:**
Funderburk, Jennifer S.; Levandowski, Brooke A.; Wittink, Marsha N.; Pigeon, Wilfred R.;

**Source:**
Psychological Services Publisher: Educational Publishing Foundation; [Journal Article]

**Abstract:**
Direct and indirect communication through the electronic medical record play a vital role in helping medical home primary care teams implement suicide prevention efforts. The purpose of this study is to examine how communication related to suicide prevention occurs among primary care team members working within a group of clinics in the Veterans Health Administration that has embedded integrated behavioral health providers (BHPs) and uses a shared electronic medical record. Using sequential exploratory mixed methods design, eight focus groups and 11 in-depth interviews with primary care providers (PCPs), nurses, and BHPs comprised the qualitative portion of the study, which was used to help develop an online questionnaire distributed to all primary care teams. Participants (n = 86) of the online survey included 15 BHPs, 32 PCPs, and 39 registered nurses. Qualitative data included asking a series of questions concerning how suicide prevention is accomplished in primary care. Themes concerning how providers communicate both directly and indirectly arose from the data and were used to develop questions for the survey to help further understand the data. Overall, the data suggested good team communication was occurring. However, there were opportunities to enhance communication through the use of huddles and enhancing communication from PCPs to other team members when the patient’s medical status changed. Direct communication was preferred, and finding ways to increase communication may be important to help decrease potential errors that may occur via diffusion of responsibility. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Anti-LGBT victimization, fear of violence at school, and suicide risk among adolescents.
Authors: Barnett, Andrew P.; Molock, Sherry Davis; Nieves-Lugo, Karen; Zea, Maria Cecilia;
Source: Psychology of Sexual Orientation and Gender Diversity Publisher: Educational Publishing Foundation;
Abstract: We investigated whether strengths of the relationships between anti–lesbian, gay, bisexual, and transgender (LGBT) victimization, fear of violence at school, and suicide risk differ by sexual orientation among a predominantly ethnic minority sample of adolescents. Using the 2012 District of Columbia Youth Risk Behavior Survey high school data set, we performed a 4-stage, stepwise logistic regression for suicide attempts, suicidal ideation, and suicide planning. First, we tested the independent variables, sexual orientation and anti-LGBT victimization. Second, we added an anti-LGBT victimization by sexual orientation interaction term. Third, we tested the independent variable, fear of violence at school, in an additive model. Fourth, we added a fear of violence at school by sexual orientation interaction term. In Model 1, sexual orientation and anti-LGBT victimization were both significantly associated with each suicide risk behavior. In Model 2, the anti-LGBT victimization by sexual orientation interaction term was not significant for any of the dependent variables. In Model 3, fear of violence at school was significantly associated with each suicide risk behavior. In Model 4, the fear of violence at school by sexual orientation interaction term was not significant for suicide attempts or suicidal ideation but was significant for suicide planning in the direction opposite to our hypotheses. Anti-LGBT victimization, sexual orientation, and fear of violence at school were associated with suicidal ideation, suicide planning, and suicide attempts. The strength of the association between fear of violence at school and suicide planning was weaker for sexual minority adolescents than for heterosexual adolescents. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Suicide bereavement and differences in religiosity: Much ado about sex.
Authors: Feigelman, William; Cerel, Julie; McIntosh, John L.; Brent, David; Gutin, Nina;
Source: Crisis: The Journal of Crisis Intervention and Suicide Prevention Publisher: Hogrefe Publishing;
Abstract: Background: The trauma from experiencing a loved one's suicide is often seen as an instigator of change in a person's religious life. Aims: We sought to examine whether suicide-bereaved adults were any differently disposed to religious participation and observances compared with the nonbereaved and whether religiously involved bereaved had any better mental health compared with religiously disaffiliated bereaved. Method: The 2016 General Social Survey (GSS) presented 11 new questions identifying suicide bereavement status. We examined how the bereaved (n = 516) compared with the nonbereaved (n = 916) in terms of their religious beliefs and participation. We also investigated whether suicide bereaved religiously committed adherents, who prayed at least weekly (n = 372), showed any better mental health compared with bereaved who were religiously disaffiliated (n = 102). Results: Initially, results showed the bereaved more inclined to pray and to believe in an afterlife compared with the nonbereaved. However, after sex differences were controlled for, most of the remaining differences between these contrasted groups faded. Limitations: Caution is advised regarding generalizations from these data to all subgroups of suicide bereaved due to the modest number of respondents in many subpopulations. The GSS does not include potentially important grief-related indices, and importantly, most of the current sample were friends of the deceased and not first-degree relatives. Conclusion: We discuss the implications of these findings and the need for further research on the interconnections between religiosity and suicide bereavement. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Factors associated with hospitalization after self-poisoning in France: Special focus on the impact of alcohol use disorder.

Authors: Salles, Juliette; Calonge, Julie; Franchitto, Nicolas; Bougon, Emmanuelle; Schmitt, Laurent;

Source: BMC Psychiatry, Vol 18, Sep 6, 2018 ArtID: 287. Publisher: BioMed Central Limited; [Journal Article]

Abstract:
Background: Previous studies have identified factors associated with admission to hospital after suicide spectrum behaviors. In this study, we aim to identify specific factors associated with psychiatric hospitalization after self-poisoning. Given earlier findings suggesting that alcohol use disorder is not associated with hospital admission, we also aim to consider its impact, as well as blood alcohol concentrations, on hospitalization decisions after a suicide attempt. Methods: We studied the association between demographic features, suicide intent, psychiatric characteristics and admission to hospital in self-poisoning patients in an emergency department in France. Results: Suicide intent, a past history of suicide attempts, bipolar disorder and depression were associated with psychiatric hospitalizations. Despite alcohol use disorder being known to be associated with a suicide risk, it was not linked with psychiatric hospitalization. A positive blood alcohol concentration in the emergency department likewise had no association with admission to a psychiatric ward for inpatient care. Conclusions: Our findings were similar to those reported for other suicide spectrum behaviors. Alcohol use disorder was not associated with admission for inpatient psychiatric care, whereas depression clearly was. The cause of this discrepancy must be determined in future research. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


A closer look: College students’ exposure to suicide and intention to intervene.

Authors: Aldrich, Rosalie S.;


Abstract:
To examine college students’ exposure to suicide (i.e., knowing someone who attempted or died by suicide) and intention to intervene, 769 completed an online survey. A majority of the sample (69%) were exposed to suicide. When exposure was examined alone using an Independent Samples t-test there was not a statistical difference in overall intention to intervene. Suicide experience, sex, race, and age were considered in addition to suicide exposure in a one-way Analysis of Covariance (ANCOVA). The overall model was significant. Follow-up tests indicated that previous suicide exposure and previous personal suicide attempts did not affect one's intention to intervene. However, prior suicide intervention experience, sex, and race did have a statistically significant impact on intention to intervene. Additionally, individual intervention behaviors were examined to better understand what specific actions individuals intend to perform related to suicide exposure. The Multiple Analysis of Covariance (MANCOVA) results suggested a general trend that women, white individuals, and those with previous intervention experience were likely to perform four intervention behaviors: (1) tell someone who is suicidal I am concerned about him or her, (2) I would intervene in some way, (3) encourage the person who is suicidal to seek help from a professional, and (4) tell the person to stop being dramatic (reverse coded). (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Firearm suicide: Pathways to risk and methods of prevention.

Authors: Houtsma, Claire; Butterworth, Sarah E.; Anestis, Michael D.;


Abstract:
Firearms are utilized in approximately half of all US suicides, making them a serious public health concern and a target of suicide prevention efforts. Practical capability influences the transition from suicidal ideation to action and is particularly relevant to firearm suicide. Firearm ownership, experience using firearms, unsafe firearm storage, and high cultural acceptability of firearms increase risk for death by firearm suicide. Means safety strategies, which emphasize the reduction of practical capability for suicide through the limitation of access to and safe storage of firearms, are effective in preventing suicide and include interventions such as lethal means counseling, firearm legislation, and promoting safe storage practices. Public health interventions aimed at reducing firearm suicide are critical topics for continued research. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The relationship between entrapment and suicidal behavior through the lens of the integrated motivational–volitional model of suicidal behavior.

Authors: O'Connor, Rory C.; Portzky, Gwendolyn;

Abstract: Suicide and suicidal behavior are major public health concerns. As a result, a number of psychological models have been developed to better understand the emergence of suicidal ideation and suicide attempts. One such model is the integrated motivational–volitional model, a tri-partite model of suicidal behavior, which posits that entrapment is central to the final common pathway to suicide. In this review, we summarize the extant research evidence for the relationship between entrapment and suicidal ideation and behavior. Although there is robust evidence for the relationship between entrapment and suicidal ideation and behavior, there are gaps in our knowledge. We discuss the clinical implications and suggest key directions for future research. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Physical disability and suicide: Recent advancements in understanding and future directions for consideration.

Authors: Khazem, Lauren R.;

Abstract: Recent research indicates a heightened risk of suicide in this population, a concern given that suicide may be more accepted for those with physical disabilities than for those without such disabilities. The relationship between physical disability and suicide has begun to be examined within empirically supported frameworks of suicide and indicates that interpersonal factors (e.g. perceived burdensomeness) and pain are mechanisms contributing to this heightened risk of suicide. The suicide rate after acquiring a physical disability, such as a spinal cord injury, and the greater odds of suicide after reporting having a disability further support the association between physical disability and suicide. The multifaceted nature of physical disability is reflected in its relationship with suicidal ideation and behaviors. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Suicide in physicians and veterinarians: Risk factors and theories.

Authors: Fink-Miller, Erin L.; Nestler, Lisa M.;
Source:

Abstract:
Physicians and veterinarians are at increased risk for suicide compared to the general population. In particular, this risk appears to be especially pertinent to females in both of these professions. Although increased risk is well-documented, less is known about potential causes for suicidality in these groups. A host of risk factors have been examined in recent research, including job stressors, personality traits, access to lethal medications, and unique work experiences. In addition to these factors, the interpersonal psychological theory of suicidal behavior may provide promise in specifying why physicians and veterinarians are at increased risk for suicide. While there is recognition of mental health issues in these professions, significant treatment barriers remain. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Suicide prevention in the military: A mechanistic perspective.

Authors:
Bryan, Craig J.; Rozek, David C.;

Source:

Abstract:
In response to elevated suicide rates among U.S. military personnel, increased attention has focused on developing effective suicide prevention intervention strategies. Accumulating evidence from a series of recently-completed clinical trials focused on the treatment of suicide risk and posttraumatic stress disorder suggest two likely mechanisms of action for reducing suicidal thoughts and behaviors: emotion regulation and cognitive flexibility. The present article provides an overview of converging evidence from psychological, biological, and neurocognitive studies supporting the central role of emotion regulation and cognitive flexibility. The effects of various treatments on suicidal thoughts and behaviors, aggregated from seven clinical trials conducted with military personnel, are considered using this integrated clinical science perspective. Implications for intervention refinement and suicide prevention among military personnel are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
What suicide interventions should target.

Authors:
Franklin, Joseph C.; Huang, Xiying; Fox, Kathryn R.; Ribeiro, Jessica D.;

Source:

Abstract:
Recent reviews and national statistics indicate that, so far, our field has made limited progress on fulfilling its central mission of preventing future suicidal thoughts and behaviors (STBs). We posit that a fundamental reason for our lack of progress is the way in which our field tends to think about and select STB intervention targets. Specifically, the vast majority of our intervention targets are derived from untested theoretical assertions, moderate correlates of STBs, or weak risk factors for STBs. None of these forms of evidence permits causal inferences, which is problematic because successful STB interventions must target the causes of STBs. To develop effective interventions, we must employ experimental designs to identify targets that are causal, necessary, and viable. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Suicidal behavior and aggression-related disorders.

Authors:
McCloskey, Michael S.; Ammerman, Brooke A.;
Studies of suicidal behavior among those with aggression-related disorders (i.e. intermittent explosive disorder, borderline personality disorder, antisocial personality disorder, and conduct disorder) were examined. The presence of an aggressive disorder generally increased the risk of suicide attempts and mortality, with this effect (when examined) usually existing independent of other psychopathology. However, this may not be the case for antisocial personality disorder. Furthermore, with the exception of intermittent explosive disorder, the extant research suggests severity of aggression was associated with suicide attempt risk in aggression-related disorders. Future research is needed to better understand what mechanisms may influence the suicide–aggression relationship. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Authors:
Titus, Caitlin E.; Speed, Katrina J.; Cartwright, Patricia M.; Drapeau, Christopher W.; Heo, Yeseul; Nadorff, Michael R.;
Source:
Abstract:
The suicide rate in the United States has climbed each year for more than a decade, highlighting the need for greater understanding of, and prevention strategies for suicidal behavior. Nightmares have been shown to be associated with suicidal behavior independent of several psychiatric risk factors for suicide, such as symptoms of depression, anxiety, and posttraumatic stress disorder (PTSD). The specific role of nightmares in contributing to suicide remains unclear due to the difficulty in delineating causal factors. However, the reporting, screening and treatment of nightmares continues to remain rare making progress difficult. Research is beginning to make some progress in uncovering the mechanisms by which nightmares increase suicide risk providing opportunities for intervention and prediction of suicidal behaviors. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Eating disorders and suicidality: What we know, what we don’t know, and suggestions for future research.
Authors:
Smith, April R; Zuromski, Kelly L; Dodd, Dorian R;
Source:
Abstract:
Suicide is the second leading cause of death among individuals with anorexia nervosa (AN), and suicidal behavior is elevated in bulimia nervosa (BN) and binge eating disorder (BED) relative to the general population. This paper reviews the suicidality literature within each ED, as well as theoretical explanations for the elevated risk for suicidality among those with EDs. Approximately one-quarter to one-third of people with AN, BN, or BED have thought about suicide, and one-quarter to one-third of people with AN and BN have attempted suicide. Relative to gender and aged matched comparison groups, individuals with AN are 18 times more likely to die by suicide, and individuals with BN are seven times more likely to die by suicide. However, the majority of the research in this area is cross-sectional or retrospective, which leaves the timing of the mortality risk unclear. Longitudinal work that is designed to examine dynamic and acute fluctuations in suicidality among ED samples is needed in order to determine meaningful risk factors. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Repetitive negative thinking and suicide: A burgeoning literature with need for further exploration.

Authors:
Law, Keyne C; Tucker, Raymond P;

Source:

Abstract:
Extant research has found a significant overlap between various repetitive negative thinking (RNT) patterns, such as rumination and worry, across different affective disorders implicating that the process of repetitive negative thinking is likely trans-diagnostic. Furthermore, RNT patterns at the core of psychiatric disorders associated with suicide (e.g., rumination and worry) have been found to be associated with suicide even after accounting for the disorder. A synthesis of existing literature on repetitive negative thoughts suggest that following negative emotional experiences, RNTs may lead to a sense of entrapment and hopelessness that may contribute to the onset of suicidal ideation and then facilitate the transition from thinking about suicide to making a suicide attempt by increasing an individual's capability for suicide through repetitive exposure to violent thoughts and imagery associated with suicide. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Suicide and traumatic brain injury: A review by clinical researchers from the National Institute for Disability and Independent Living Rehabilitation Research (NIDILRR) and Veterans Health Administration Traumatic Brain Injury Model Systems.

Authors:
Dreer, Laura E.; Tang, Xinyu; Nakase-Richardson, Risa; Pugh, Mary Jo; Cox, Molly K.; Bailey, Erin K.; Finn, Jacob A.; Zafonte, Ross; Brenner, Lisa A.;

Source:
Current Opinion in Psychology, Vol 22, Aug, 2018 pp. 73-78. Publisher: Elsevier Science; [Journal Article]

Abstract:
Research among a wide range of cohorts (e.g. civilian, military) has increasingly highlighted traumatic brain injury (TBI) as a risk factor for suicidal thoughts and behaviors, including death by suicide. With this recognition, subsequent changes in clinical practice, such as TBI screenings among individuals seeking mental health services, as well as suicide risk assessment among individuals seeking rehabilitation services are essential. Information provided below is aimed at highlighting key and emerging findings regarding suicide and TBI, with the goal of encouraging providers and researchers to explore changing and expanding evidence-based clinical practices to match the needs of those living with a history of TBI. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Late-life suicide prevention strategies: Current status and future directions.

Authors:
Van Orden, Kim; Deming, Charlene;

Source:

Abstract:
Late life suicide prevention differs from suicide prevention for other age groups: first, the number of older adults worldwide is on the rise; second, late-life suicide receives much less attention in all societal spheres, from the media, to federal funding agencies, to healthcare initiatives. Recent findings indicate an association between internalized ageist stereotypes and reduced will to live. Recent research also addresses the role of cognitive control as a contributor to risk and as an intervention target (e.g., through psychotherapies such as problem solving therapy) as well as firearm safety as a promising, though a politicized and challenging strategy to implement. Another strategy that may prove feasible is an approach on upstream prevention strategies in healthcare. One strategy we believe holds great promise is the promotion of high quality geriatric medicine. Geriatricians are trained to work with patients to prioritize the promotion of physical and cognitive functioning (rather than solely absence of disease) and to focus on well-being as a goal. Thus, geriatricians routinely target numerous late-life suicide risk factors—physical
illness, functioning, pain, and (dis)satisfaction with life. However, efficacious strategies will not prevent suicide deaths if they are not implemented—addressing ageism as a universal prevention strategy is essential. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Evolutionary processes in suicide.
Authors: Chiurliza, Bruno; Rogers, Megan L.; Schneider, Matthew E.; Chu, Carol; Joiner, Thomas E.;
Abstract: Suicidal behavior contains several dynamic elements. Due to its complexity, empirical science may approach suicide through various avenues. One underutilized approach is taking an evolutionary perspective. Our review of the literature presents two evolutionary processes that may be implicated in suicidal behavior, namely eusocial behavior and antipredator response behaviors. Studies have indicated that aspects of suicidal behavior parallel self-sacrificial behavior in eusocial animals, and that systems similar to hyperarousal-shutdown systems involved in antipredator behaviors may be activated among suicidal individuals. Research on brain activity and decision-making processes among suicidal individuals also suggests that eusociality and antipredator response behaviors in suicide may not be mutually exclusive. These processes represent novel sources of information and potential solutions regarding suicide. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Emerging trends in adolescent suicide prevention research.
Authors: King, Cheryl A.; Arango, Alejandra; Ewell Foster, Cynthia;
Abstract: A comprehensive public health strategy for adolescent suicide prevention includes upstream prevention strategies, strategies for risk recognition, and services for those at risk. Interpersonal trauma and substance use are important prevention targets as each is associated with risk for suicide attempts. Multiple prevention programs target these factors; however, the Family Check-Up, designed to reduce substance use and behavioral problems, also has been associated with reduced suicide risk. Several youth screening instruments have shown utility, and a large-scale trial is underway to develop a computerized adaptive screen. Similarly, several types of psychotherapy have shown promise, and sufficiently powered studies are underway to provide more definitive results. The climbing youth suicide rate warrants an urgent, concerted effort to develop and implement effective prevention strategies. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Understanding suicide risk within the Research Domain Criteria (RDoC) framework: A meta-analytic review.
Authors: Glenn, Catherine R.; Kleiman, Evan M.; Cha, Christine B.; Deming, Charlene A.; Franklin, Joseph C.; Nock, Matthew K.;
Source: Depression and Anxiety, Vol 35(1), Jan, 2018 pp. 65-88. Publisher: John Wiley & Sons; [Journal Article]
Abstract: Background: The field is in need of novel and transdiagnostic risk factors for suicide. The National Institute of Mental Health's Research Domain Criteria (RDoC) provides a framework that may help advance
research on suicidal behavior. Method: We conducted a meta-analytic review of existing prospective risk and protective factors for suicidal thoughts and behaviors (ideation, attempts, and deaths) that fall within one of the five RDoC domains or relate to a prominent suicide theory. Predictors were selected from a database of 4,082 prospective risk and protective factors for suicide outcomes. Results: A total of 460 predictors met inclusion criteria for this meta-analytic review and most examined risk (vs. protective) factors for suicidal thoughts and behaviors. The overall effect of risk factors was statistically significant, but relatively small, in predicting suicide ideation (weighted mean odds ratio: wOR = 1.72; 95% CI: 1.59–1.87), suicide attempt (wOR = 1.66 [1.57–1.76], and suicide death (wOR = 1.41 [1.24–1.60]). Across all suicide outcomes, most risk factors related to the Negative Valence Systems domain, although effect sizes were of similar magnitude across RDoC domains. Conclusions: This study demonstrated that the RDoC framework provides a novel and promising approach to suicide research; however, relatively few studies of suicidal behavior fit within this framework. Future studies must go beyond the 'usual suspects' of suicide risk factors (e.g., mental disorders, sociodemographics) to understand the processes that combine to lead to this deadly outcome. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Can an infusion of federal funds result in sustainable projects? An evaluation of suicide prevention programs.

Authors:
Apsler, Robert; Formica, Scott W.; Stout, Ellyson; Carr, Colleen;

Source:

Abstract:
Our study evaluated the sustainability of programs in early cohorts of the Garrett Lee Smith (GLS) Memorial Act suicide prevention initiative, a major source of federal funding for youth suicide prevention among states, tribes, and institutions of higher education. We sought to: (1) determine whether suicide prevention activities initiated with federal support continued after funding ended, and (2) identify factors associated with sustainment. Thirty-three sites between 1 and 4 years beyond the end of their GLS grant participated in a retrospective online survey assessing their level of suicide prevention activity 1 year before, during (during-GLS), and 1 year after funding (after-GLS). We found that, on average, sites experienced a 6% decrease in their overall level of activity from during- to after-GLS. Twenty-two (67% of responding sites) exhibited either an increase in activity level or no more than a 10% decline from during- to after-GLS periods. After-GLS scores for the 11 remaining sites declined between 11 and 30% from their during-GLS levels. We conducted semi-structured follow-up interviews with 13 sites that successfully continued their activities to explore factors associated with sustainability. Our findings indicate that program actions in the during-GLS period associated with sustainability included: maintaining a sustainability mindset, developing and nurturing partnerships and relationships, embedding services in parent organizations, pursuing new and diversified funding, and implementing cost-reduction efficiencies. Actions in the after-GLS period associated with sustainability included: obtaining funding from other sources, reconfiguring, and maintaining continuous leadership. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Lithium and suicide in mood disorders: Updated meta-review of the scientific literature.

Authors:
Smith, Katharine A; Cipriani, Andrea;

Source:

Abstract:
Objectives: Suicide and suicidal behaviour are increased in mood disorders, particularly bipolar disorders. Observational studies and small randomized controlled trials (RCTs) support the idea that taking lithium is associated with a reduction in these rates. This paper aims to review the best evidence for the effect of lithium on rates of suicide and self harm. Methods: We searched PubMed, PsycINFO, and the Cochrane
Library systematically for systematic reviews and meta-analyses of RCTs of lithium and suicide and self harm published between January 1980 and June 2017. In the case of multiple publications on the same topic, only the most recent or most comprehensive review was considered. Results: A large number of reviews were identified, but only 16 publications were systematic reviews. Of these, three systematic reviews of lithium and suicide rates and one of lithium and self harm confined only to RCTs were identified. Despite some methodological concerns and heterogeneity in terms of participants, diagnoses, comparators, durations, and phase of illness, the evidence to date is overwhelmingly in favour of lithium as an antisuicidal agent, even balanced against any potential disadvantages of its use in regular clinical practice. Conclusions: The anti-suicidal effects of lithium have been consistently reported over the past 40 years. The most robust evidence comes from RCTs, but these results are also discussed in the context of the difficulties in conducting high quality studies in this area, and the supporting evidence that observational and non-randomized studies can also provide. Given this evidence, however, the use of lithium is still underrepresented in clinical practice and should be incorporated more assertively into current guidelines. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Firearm storage practices in households of adolescents with and without mental illness.
Authors: Simonetti, Joseph A.; Theis, Mary Kay; Rowhani-Rahbar, Ali; Ludman, Evette J.; Grossman, David C.
Abstract: Purpose: Safe firearm storage practices are associated with a lower risk of self-inflicted injury and death. Whether such practices and relevant beliefs differ between households of adolescents with and without mental illness is unknown. Methods: We used survey and administrative data to perform a two-stage cross-sectional study of parents/guardians of adolescents who were 11–17 years, enrolled in a managed care plan in 2004 and living in a household with a firearm. Multivariable Poisson models compared the prevalence of three firearm storage practices between households of adolescents with (depression or bipolar disorder) and without mental illness (no psychiatric or substance use disorder), including whether all firearms were locked, any firearms were loaded, and all firearms were locked and unloaded. We used chi-square tests to compare responses to Likert items assessing beliefs relevant to storage practices between households. Results: Adolescents with mental illness were present in 141 (50.5%) of 279 study households. Their mean age was 14.5 years, and 54.8% were male. The mean age of parent/guardian respondents was 47.0 years, and 17.9% were male. Respondents from nearly 70% of households reported that all household firearms were stored locked and unloaded. In unadjusted and adjusted analyses, there were no significant differences in the prevalence of three firearm storage practices or in beliefs relevant to those practices between households of adolescents with and without mental illness. Conclusions: These findings add to a growing body of evidence suggesting that firearm storage practices do not differ based on household mental health risk factors for self-harm. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Attitudes towards suicidal behaviour and associated factors among nursing professionals: A quantitative study.
Authors: Giacchero Vedana, K. G.; Magrini, D. F.; Zanetti, A. C. G.; Miasso, A. I.; Borges, T. L.; Santos, M. A.
Abstract: Background: The attitudes towards suicide of emergency nurses may affect the care provided. However, the factors associated with these attitudes remain unclear. Objective: To investigate attitudes towards suicidal behaviour and associated factors among nursing professionals working in emergency settings. Methods: A cross-sectional observational study including 28 nurses and 118 who were nursing assistants
employed at two emergency services in Brazil was conducted. Data were collected in 2015 using a self-administered sociodemographic questionnaire and the Suicide Behavior Attitude Questionnaire (SBAQ).

Results: The majority of participants reported having no experience or training in mental health or suicide. They reported more negative feelings towards the patient and a lower self-perception of professional competence regarding suicidal behaviours, and these attitudes seemed to reinforce each other. Nurses who worked in mental health services reported less moralistic/judgemental attitudes. Working inprehospital services was associated with having a lower self-perception of professional competence. There were professionals who reported thinking seriously about committing suicide. Conclusion: When combined with support and training, practicing mental health nursing may serve as an opportunity to develop favourable attitudes and emotional competences, and these issues need to be addressed in suicide education strategies. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Are autistic traits associated with suicidality? A test of the interpersonal-psychological theory of suicide in a non-clinical young adult sample.

Authors:
Pelton, M. K.; Cassidy, S. A.;

Source:

Abstract:
Autism spectrum conditions (ASC) has recently been associated with increased risk of suicidality. However, no studies have explored how autistic traits may interact with current models of suicidal behavior in a non-clinical population. The current study therefore explored how self-reported autistic traits interact with perceived burdensomeness and thwarted belongingness in predicting suicidal behavior, in the context of the Interpersonal-Psychological Theory of Suicide (IPTS). 163 young adults (aged 18–30 years) completed an online survey including measures of thwarted belonging and perceived burdensomeness (Interpersonal Needs Questionnaire), self-reported autistic traits (Autism Spectrum Quotient), current depression (Centre for Epidemiological Studies Depression Scale), and lifetime suicidality (Suicide Behavior Questionnaire-Revised). Results showed that burdensomeness and thwarted belonging significantly mediated the relationship between autistic traits and suicidal behavior. Both depression and autistic traits significantly predicted thwarted belonging and perceived burdensomeness. Autistic traits did not significantly moderate the relationship between suicidal behavior and thwarted belonging or perceived burdensomeness. Results suggest that the IPTS provides a useful framework for understanding the influence of autistic traits on suicidal behavior. However, the psychometric properties of these measures need be explored in those with clinically confirmed diagnosis of ASC. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Back to top
Title:
Ethnic minority community therapists’ acculturation and reported adaptations to children’s evidence-based practices.

Authors:
Saifan, Dana; Brookman-Frazee, Lauren; Barnett, Miya; Gonzalez, Juan Carlos; Lau, Anna S.;

Source:
Cultural Diversity and Ethnic Minority Psychology Publisher: Educational Publishing Foundation; [Journal Article]

Abstract:
Objective: This study examined associations between ethnic minority therapists’ reports of acculturation and adaptations made to multiple evidence-based practices (EBPs) in children’s community mental health services. Multilevel modeling was used to analyze therapist- and practice-level predictors of Augmenting and Reducing/Reordering adaptations, the two subscales of the Adaptations to Evidence-Based Practices Scale (AES; Lau et al., 2017). Method: An online survey was completed by 235 therapists (86% women, Mage = 34.82 years, 68.1% Hispanic/Latino) as part of a larger study examining EBP sustainment in Los Angeles County, California. Acculturation was measured through therapist reports of cultural identity and language use using the Abbreviated Multidimensional Acculturation Scale (Zea, Asner-Self, Birman, & Buki, 2003). Results: Analyses showed that the effect of Heritage Cultural Identity on Augmenting adaptations was moderated by Heritage Language Use. There was a significant interaction between Heritage and United States Cultural Identity dimensions in predicting Reducing/Reordering adaptations. Therapists who reported higher levels of Heritage Cultural Identity and lower levels of United States Cultural Identity reported the fewest Reducing/Reordering adaptations, whereas therapists who reported higher levels of affiliation with both their Heritage Culture and United States Culture reported making the most Reducing/Reordering adaptations. Language acculturation and other cultural factors such as Ethnicity and Generational Status did not predict either adaptation type. Therapists who reported more favorable perceptions of the EBP reported making fewer Reducing/Reordering adaptations. Conclusion: Findings suggest that cultural identity is linked to the likelihood that ethnic minority therapists may adapt EBPs. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
The emergence of counseling in Sierra Leone.

Authors:
Akinsulure-Smith, Adeyinka M.; Conteh, John A.;

Source:

Abstract:
Sierra Leone has endured a turbulent history, including a decade-long civil war and the devastation of Ebola virus disease. Despite the psychological consequences of such events, only limited therapeutic services are available. The authors review mental health services in Sierra Leone and document the emergence of counseling as a profession in the face of challenges. They conclude by highlighting the multiple contributions that professional counselors can make to address critical mental health needs in Sierra Leone. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:

Authors:
Geurtzen, Naline; Keijzers, Ger P. J.; Karremans, Johan C.; Hutschemaekers, Giel J. M.;

Source:

Abstract:
Objectives: Patients’ dependency on the therapist or treatment has received little empirical attention. To examine care dependency, we aimed to develop a theory-driven questionnaire based on three hypothetical dimensions (passive–submissive dependency; active-emotional dependency; and lack of perceived alternatives) and to provide a preliminary exploration of several correlates of care dependency. Method: Care dependency, perceived social support, therapeutic alliance, remoralization, and symptom severity were measured in a large cross-sectional sample of 742 outpatients with various psychiatric disorders. Test–retest reliability was established in a smaller patient sample. Results: Findings indicated a reliable questionnaire measuring three unidimensional subscales of care dependency (i.e., submissive dependency, need for contact, and lack of perceived alternatives; α’s .74, .81, and .86 respectively; rt1,t2’s .78, .76, and .80, respectively). These subscales were all positively correlated with each other and with patients’ self-proclaimed care dependency, but divergent from patients’ trait dependency and symptoms of a dependent personality disorder. Moreover, higher levels of care dependency were correlated with lower levels of remoralization and more symptoms severity, and with a better therapeutic alliance. Conclusions: A reliable and valid questionnaire was developed to measure patients’ care dependency. Future studies are needed to determine whether care dependency covers an unwanted side-effect or a crucial ingredient of an effective treatment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

With a little help from my boss: The impact of workplace mental health training on leader behaviors and employee resource utilization.

Authors:
Dimoff, Jennifer K.; Kelloway, E. Kevin;

Source:
Journal of Occupational Health Psychology Publisher: Educational Publishing Foundation; [Journal Article]

Abstract:
Mental health problems are among the costliest issues facing organizations in the developed world. In response to the mounting burdens surrounding poor employee mental health, many organizations have introduced mental health promotion programs and resources (e.g., employee assistance programs). Despite the rise in available options, very few employees use these resources to their full potential. Using a wait-list control design with random assignment, we evaluate the impact of a leader-focused mental health training on employees’ (N = 82; 51.25% response rate) resource use and leaders’ (N = 37; 56.92% response rate) communication about mental health and mental health resources. Based on other-report data from employees, leaders who received training shared more information about mental health and mental health resources, were more supportive of employees’ mental health issues, and actively encouraged employees to use available resources. Employees whose leaders attended the training also reported increased willingness to seek out and use available resources. For leaders who attend training and complete three waves of data collection, results suggest that a 3-hr mental health training may lead to significant behavioral change up to 3 months posttraining. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Early psychological interventions for posttraumatic stress, depression and anxiety after traumatic injury: A systematic review and meta-analysis.

Authors:
Giummarra, Melita J.; Lennox, Alyse; Dali, Gezelle; Costa, Beth; Gabbe, Belinda J.;

Source:

Abstract:
The psychological impacts of injury have significant long-term implications on injury recovery. This review examined the effectiveness of interventions delivered within three months of injury on reducing the
severity of posttraumatic stress disorder (PTSD), anxiety and depression symptoms. A systematic search of seven databases (PsycINFO, Medline, Web of Science, CINAHL, Embase, Scopus and Cochrane Library) identified 15,224 records. 212 full-text articles were retrieved, 26 studies were included in narrative synthesis, and 12 studies with lower risk of bias were included in meta-analyses. Prolonged exposure, and cognitive and behavioural interventions elicited improvements in PTSD, anxiety and depression symptoms; multidisciplinary interventions improved PTSD and depression symptoms; and education-based interventions had little impact on any psychological symptoms. Studies comprising risk stratified or stepped care methods showed markedly greater population impact through better reach, implementation and adoption. Meta-analyses revealed small-medium reductions in PTSD symptoms over the first 12 months postinjury (SMD = 0.32 to 0.49) with clinically meaningful effects in 64% of studies; reduced depression symptoms at 0–3 (small effect; SMD = 0.34) and 6–12 months postinjury (medium effect; SMD = 0.60), with clinically meaningful effects in 40% of studies; but no pooled effects on anxiety symptoms at any time. Altogether, exposure- and CBT-based psychological interventions had the greatest impact on PTSD and depression symptoms postinjury when delivered within three months of injury, with risk-stratified, stepped care having the greatest population impact potential. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Pediatric depression: When does parental refusal for treatment constitute medical neglect? Authors: Shapiro, Michael; Source: Journal of the American Academy of Child & Adolescent Psychiatry, Vol 57(6), Jun, 2018 pp. 363-365. Publisher: Elsevier Science; [Journal Article] Abstract: Medical neglect can have significant psychosocial consequences for youth and can contribute to or worsen depression and other psychiatric illnesses. Medical neglect by parents or caregivers should be considered in some cases. Some states circumvent this issue by allowing mature minors to consent to their own mental health treatment, so state laws regarding consent and medical neglect should be reviewed. Consideration of the possible role of medical neglect in some cases of untreated pediatric depression can help lessen the stigma of mental illnesses, advocate for depressed adolescents, and attempt to provide resources so these patients can have their emotional suffering addressed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Comparison of effectiveness and cost-effectiveness of an intensive community supported discharge service versus treatment as usual for adolescents with psychiatric emergencies: A randomised controlled trial. Authors: Ougrin, Dennis; Corrigall, Richard; Poole, Jason; Zundel, Toby; Sarhane, Mandy; Slater, Victoria; Stahl, Daniel; Reavey, Paula; Byford, Sarah; Heslin, Margaret; Ivens, John; Crommelin, Maarten; Abdulla, Zahra; Hayes, Daniel; Middleton, Kerry; Nnadi, Benita; Taylor, Eric; Source: The Lancet Psychiatry, Vol 5(6), Jun, 2018 pp. 477-485. Publisher: Elsevier Science; [Journal Article] Abstract: Background: Intensive community treatment to reduce dependency on adolescent psychiatric inpatient care is recommended in guidelines but has not been assessed in a randomised controlled trial in the UK. We designed a supported discharge service (SDS) provided by an intensive community treatment team and compared outcomes with usual care. Methods: Eligible patients for this randomised controlled trial were younger than 18 years and had been admitted for psychiatric inpatient care in the South London and Maudsley NHS Foundation Trust. Patients were assigned 1:1 to either the SDS or to usual care by use of a computer-generated pseudorandom code with random permuted blocks of varying sizes. The primary outcome was number of inpatient bed-days, change in Strengths and Difficulties Questionnaire (SDQ) scores, and change in Children's Global Assessment Scale (CGAS) scores at 6 months, assessed by
intention to treat. Cost-effectiveness was explored with acceptability curves based on CGAS scores and quality-adjusted life-years (QALYs) calculated from the three-level EuroQol measure of health-related quality of life (EQ-5D-3L), taking a health and social care perspective. This study is registered with the ISRCTN Registry, number ISRCTN82129964. Findings: Hospital use at 6 months was significantly lower in the SDS group than in the usual care group (unadjusted median 34 IQR 17–63 vs 50 days, 19–125, p = 0·04). The ratio of mean total inpatient days for usual care to SDS was 1·67 (95% CI 1·02–2·81, p = 0·04), which decreased to 1·65 (0·99–2·77, p = 0·057) when adjusted for differences in hospital use before randomisation. Scores for SDQ and CGAS did not differ between groups. The cost-effectiveness acceptability curve based on QALYs showed that the probability of SDS being cost-effective compared with usual care was around 60% with a willingness-to-pay threshold of £20 000–30 000 per QALY, and that based on CGAS showed at least 58% probability of SDS being cost-effective compared with usual care irrespective of willingness to pay. We recorded no adverse events attributable to SDS or usual care. Interpretation: SDS provided by an intensive community treatment team reduced bed usage at 6 months' follow-up but had no effect on functional status and symptoms of mental health disorders compared with usual care. The possibility of preventing admissions, particularly through features such as reduced self-harm and improved reintegration into school, with intensive community treatment should be investigated in future studies. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Abstract:

Background: Inpatient care accounts for the majority of mental health care costs and is not always beneficial. It can indeed have detrimental consequences if not used appropriately, and is unpopular among patients. As a consequence, its reduction is supported by international recommendations. Varying rates of psychiatric inpatient admissions therefore deserve to draw attention of researchers, clinicians and policy makers alike as such variations can challenge quality, equity and efficiency of care. In this context, our objectives were first to describe variations in psychiatric inpatient admission rates across the whole territory of mainland France, and second to identify their association with characteristics of the supply of care, which can be targeted by dedicated health policies. Methods: Our study was carried out in French psychiatric sectors’ catchment areas for the year 2012. Inpatient admission rates per 100,000 adult inhabitants were calculated using data from the national psychiatric discharge database. Their variations were described numerically and graphically. We then carried out a negative binomial regression to identify characteristics of the supply of care (public and private care, health and social care, hospital and community-based care, specialised and non-specialised care) which were associated with these variations while adjusting our analysis for other relevant factors, in particular epidemiological differences. Results: Considerable variations in inpatient admission rates were observed between psychiatric sectors’ catchment areas and were widespread on the French territory. Institutional characteristics of the hospital to which each sector was linked (private non-profit status, specialisation in psychiatry and participation to teaching activities and to emergency care) were associated with inpatient admission rates. Similarly, an increase in the availability of community-based private psychiatrists was associated with a decrease in the inpatient admission rate while an increase in the capacity of housing institutions for disabled individuals was associated with an increase in this rate. Conclusions: Our results advocate for a homogeneous repartition of health and social care for mental disorders in lines with the health needs of the population served. This should apply particularly to community-based private psychiatrists, whose heterogeneity of repartition has often been underscored. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Differential association of stigma with perceived need and mental health service use.
Authors: Wong, Eunice C.; Collins, Rebecca L.; Breslau, Joshua; Burnam, M. Audrey; Cefalu, Matthew; Roth, Elizabeth A.;
Source: Journal of Nervous and Mental Disease, Vol 206(6), Jun, 2018 pp. 461-468. Publisher: Lippincott Williams & Wilkins; [Journal Article]
Abstract: This study examined the role of stigma at two stages of the treatment-seeking process by assessing associations between various types of stigma and perceived need for mental health treatment as well as actual treatment use. We analyzed cross-sectional data from the 2014 and 2016 California Well-Being Survey, a telephone survey with a representative sample of 1954 California residents with probable mental illness. Multivariable logistic regression indicated that perceived need was associated with less negative beliefs about mental illness (odds ratio [OR] = 0.72; 95% confidence interval [CI] = 0.54, 0.95) and greater intentions to conceal a mental illness (OR = 1.47; 95% CI = 1.12–1.92). Among respondents with perceived need, treatment use was associated with greater mental health knowledge/advocacy (OR = 1.63; 95% CI = 1.03–2.56) and less negative treatment attitudes (OR = 0.66; 95% CI = 0.43–1.00). Understanding which aspects of stigma are related to different stages of the help-seeking process is essential to guiding policy and program initiatives aimed at ensuring individuals with mental illness obtain needed mental health services. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Assessing mental health services in a rural setting: Service providers' perspective.
Authors: Matsea, Thabisa; Ryke, Elma; Weyers, Mike;
Source:
Addressing the inadequate and poor provision of mental health services in rural areas is a world-wide challenge. Most people with mental illness in these areas do not have access to mental health services. Using eight attributes of good mental health service as criteria, the purpose of this study was to assess mental health services at Mashashane, a rural area in the Limpopo Province, South Africa. A survey was conducted with a purposively selected sample of health care professionals from four health establishments serving Mashashane. Data was collected using a questionnaire with closed and open-ended questions. Quantitative and qualitative data analyses were used. The results show that out of eight attributes assessed only comprehensiveness was positively perceived. This is an indication of the inadequacy of mental health services, hence their inability to improve the well-being of people with mental illness and their families. Lack of resources was identified as the major hindrance to the delivery of appropriate mental health services. The findings highlighted aspects that contributed to the development of a framework for a community-based program to improve the well-being of people with mental illness and their families in a rural setting. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Mental health support workers: Profession and professionalization.
Authors: Tudor, Keith; Cowan, Caril; Hennessy, Julia; MacEwan, Ian; Warriner, Rob;
Abstract: The mental health services in Aotearoa New Zealand, have changed significantly since the late 1990s. Community services have expanded, and the role of the mental health support worker has developed and grown to be a significant presence in the mental health and disability workforce. Despite this, the role is minimally discussed, both in Aotearoa New Zealand, and internationally. In December 2014, Auckland University of Technology (AUT) hosted a panel presentation and discussion at the then Department of Psychotherapy & Counselling Forum. This article coalesces the contributions of the presenters at this panel discussion. Consideration is given to the development of the role and education of support workers, the environment in which they work, and the contemporary mental health support work workforce. Two examples of professionalization, with regard to different forms of registration, contribute to the discussion. A tentative conclusion is made that support workers, their employers, and the people they support would all benefit through some form of professionalization, standardization, and recognition. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Recovery-based training in mental health: Effects on staff knowledge and attitudes to recovery.
Authors: Walsh, Francis Patrick; Meskell, Pauline; Burke, Emer; Dowling, Maura;
Abstract: This longitudinal study describes the effects of recovery-based training on staff knowledge and attitudes to recovery. Mental health staff (n = 101) completed the study questionnaire (the Recovery Knowledge Inventory (RKI-20) and Recovery Attitudes’ Questionnaire (RAQ-16)) before training and after six months. On the RKI, significant changes between pre- and post-training scores (p < 0.01) were found. On the RAQ, the scores showed significant changes in Factors 1 (p < 0.001) and 2 (p < 0.009). The results indicate a significant difference in confidence using a recovery model of care following training suggesting that recovery-based training positively affects staff knowledge and attitudes to recovery overall. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Mechanisms of change in treatments of personality disorders: Introduction to the special section.

Authors: Kramer, Ueli;

Source: Journal of Personality Disorders, Vol 32(Suppl), Jan, 2018 pp. 1-11. Publisher: Guilford Publications;

Abstract: The present introduction to the Special Section on Mechanisms of Change in Treatments of Personality Disorders explains the value of research focusing on processes of change in psychotherapy by referring to a variety of methodologies. Whereas outcome for these treatments has been repeatedly demonstrated, it remains an open question what the core psychobiological features of change are. Taking a radically empirical perspective, this introduction focuses on patient and therapeutic relationship variables, such as emotional and socio-cognitive processing. The six empirical articles of the Special Section are introduced, as are the three discussions of the Special Section. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Emotion regulation and social cognition as functional targets of mechanism-based psychotherapy in major depression with comorbid personality pathology.

Authors: Schnell, Knut; Herpertz, Sabine C.;

Source: Journal of Personality Disorders, Vol 32(Suppl), Jan, 2018 pp. 12-35. Publisher: Guilford Publications;

Abstract: This article characterizes functional systems as targets of integrated modular psychotherapy for episodes of major depression (MD) with a comorbid condition of borderline personality disorder (BPD) or chronic depression (CD). Both types of comorbidities to MD are conceptualized as a trait-like concept dominated by impairments in interpersonal functioning. Despite differences in psychopathology, existing data show significant similarities in impairments of emotion regulation and social cognition in BPD and CD, thought to reflect common disease mechanisms linked to early-life adversity. The preexistence of BPD and CD and related functional impairments inhibits the remission of episodic MD and calls for mechanism-based interventions that complement existing treatments of MD by targeting these dysfunctions. Contemporary methods of psychotherapy already provide interventions to address such complicated states of comorbidity by specifically improving dysfunctions of emotion regulation and social cognition. We suggest a layout of modular interventions that can address identified dysfunctions in comorbid MD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The role of negative affect and self-concept clarity in predicting self-injurious urges in borderline personality disorder using ecological momentary assessment.

Authors: Scala, J. Wesley; Levy, Kenneth N.; Johnson, Benjamin N.; Kivity, Yogev; Ellison, William D.; Pincus, Aaron L.; Wilson, Stephen J.; Newman, Michelle G.;

Source: Journal of Personality Disorders, Vol 32(Suppl), Jan, 2018 pp. 36-57. Publisher: Guilford Publications;

Abstract: Deficits in identity as well as negative affect have been shown to predict self-injurious and suicidal behaviors in individuals with borderline personality disorder (BPD). However, less is known about the interactive effects of these two predictors. We examined the moderating effect of a particular component of identity, self-concept, on the relationship between negative affect and self-injurious urges utilizing ecological momentary assessments. Outpatients diagnosed with either BPD (n = 36) or any anxiety
disorder but no BPD (n = 18) completed surveys throughout the day over a 21-day period. Higher levels of momentary negative affect predicted greater subsequent urges to self-injure, but only when self-concept clarity was low (z = −3.60, p < .01). This effect did not differ between diagnostic groups. The results suggest that self-concept clarity has a protective effect against self-injurious urges in light of high negative affect, and that this effect may be transdiagnostic. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Coping action patterns as mechanisms of change across psychotherapies: Three case examples of personality disorders with recurrent major depression.
Authors: Starrs, Claire J.; Perry, J. Christopher;
Source: Journal of Personality Disorders, Vol 32(Suppl), Jan, 2018 pp. 58-74. Publisher: Guilford Publications;
Abstract: Maladaptive coping has been shown to be related to increased symptoms of distress and lower levels of well-being, whereas the use of adaptive coping has been shown to diminish distress and improve functioning. This suggests that change in coping may constitute a significant mechanism of change in psychotherapy. Utilizing a novel observer-rating method for assessing coping, the current report examined changes in overall coping functioning (OCF) in three participants with diverse personality disorders who were undergoing two different types of psychotherapy (cognitive-behavioral therapy and dynamic therapy) for recurrent major depression. Results showed that overall coping functioning improved in two cases and remained stable in a third. Preliminary findings, based on a detailed examination of changes in specific coping patterns, suggest that improvement may differ according to severity of personality pathology. As hypothesized, coping improved in both types of psychotherapy. Thus, overall results suggest that coping may constitute an important general mechanism of change. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Change in biased thinking in a treatment based on the motive-oriented therapeutic relationship for borderline personality disorder.
Authors: Keller, Sabine; Stelmaszczyk, Kelly; Kolly, Stéphane; de Roten, Yves; Despland, Jean-Nicolas; Caspar, Franz; Drapeau, Martin; Kramer, Ueli;
Source: Journal of Personality Disorders, Vol 32(Suppl), Jan, 2018 pp. 75-92. Publisher: Guilford Publications;
Abstract: Biased thinking is a common feature of patients presenting with borderline personality disorder (BPD). For the treatment of BPD, it was shown that the individualizing of the treatment, by using the motive-oriented therapeutic relationship (MOTR), had a beneficial short-term effect on process and outcome. So far, it remains unclear what the role of early change in biased thinking is in these treatments. The present study aims to assess whether there is a link between the MOTR, change in biased thinking, and outcome. The sample (N = 60) is based on a randomized controlled trial with two conditions: (a) 30 patients in a 10-session version of psychiatric management, and (b) 30 patients in a 10-session version of psychiatric management augmented with the MOTR. For each patient, three sessions (intake, middle, late) were selected, transcribed, and rated using the Cognitive Errors Rating Scale (CERS). An overall decrease of negative cognitive errors during 10 sessions of treatment was observed, independently of the treatment condition. No specific effect related to change in biased thinking may be attributed to the individualizing of the treatment. These results are discussed with regard to mechanisms of change in treatments for BPD, in particular with regard to the central role that biased thinking, as well as the MOTR, might play early in treatment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Attachment-related regulatory processes moderate the impact of adverse childhood experiences on stress reaction in borderline personality disorder.

**Authors:**
Ehrenthal, Johannes C.; Levy, Kenneth N.; Scott, Lori N.; Granger, Douglas A.;

**Source:**
Journal of Personality Disorders, Vol 32(Suppl), Jan, 2018 pp. 93-114. Publisher: Guilford Publications;

**Abstract:**
In this study, the authors explored whether attachment insecurity moderates the effects of adverse childhood experiences on stress reactivity in the context of borderline personality disorder (BPD). Participants were 113 women (39 with BPD, 15 with some BPD criteria present, 59 without any BPD symptoms) who participated in the Trier Social Stress Test. Saliva samples were collected before and after the stressor and assayed for salivary alpha-amylase (sAA) and cortisol. Adverse childhood experiences were measured using the Childhood Trauma Questionnaire, and attachment by the Experiences in Close Relationships-Revised questionnaire. Results revealed that attachment avoidance and a combination of more adverse childhood experiences and attachment insecurity resulted in higher sAA levels and differences in reactivity to the stressor. Interactions between attachment anxiety and adverse childhood experiences were related to blunted cortisol reactivity. The results suggest that the influence of adverse childhood experiences on stress regulation in BPD may be moderated by attachment-related regulatory processes. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Alliance rupture and resolution in dialectical behavior therapy for borderline personality disorder.

**Authors:**
Boritz, Tali; Barnhart, Ryan; Eubanks, Catherine F.; McMain, Shelley;

**Source:**
Journal of Personality Disorders, Vol 32(Suppl), Jan, 2018 pp. 115-128. Publisher: Guilford Publications;

**Abstract:**
The aim of this exploratory study was to investigate alliance rupture and resolution processes in the early sessions of a sample of clients who underwent 1 year of standard dialectical behavior therapy (DBT) for borderline personality disorder (BPD). Participants were three recovered and three unrecovered clients drawn from the DBT arm of a randomized controlled trial that compared the clinical and cost-effectiveness of DBT and general psychiatric management. Alliance rupture and resolution processes were coded using the observer-based Rupture Resolution Rating Scale. Unrecovered clients evidenced a higher frequency of withdrawal ruptures than recovered clients. Withdrawal ruptures tended to persist for unrecovered clients despite the degree of resolution in the prior session, unlike for recovered clients, for whom the probability of withdrawal ruptures decreased as the degree of resolution increased. This study suggests that alliance rupture and resolution processes in early treatment differ between recovered and unrecovered clients in DBT for BPD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Initial development of pathological personality trait domain measures using the Personality Assessment Inventory (PAI).

**Authors:**
Ruiz, Mark A.; Hopwood, Christopher J.; Edens, John F.; Morey, Leslie C.; Cox, Jennifer;

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

**Abstract:**
This study set out to create measures of the five personality disorder trait domains outlined in Section III of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (American Psychiatric Association, 2013) from the Personality Assessment Inventory items (Morey, 2007). Rasch rating scale model analyses and classical test theory analyses were applied to existing data sets (N = 3,877; community, clinical, offender, college) to identify relevant items. Five scales were created that had acceptable
unidimensionality and generally conformed to Rasch model expectations. The ability of the items to cover the underlying construct and their differential item function by sex were acceptable, though a few of the proposed scales had weaknesses in these areas. Internal consistency was acceptable for all scales and the factor structure was generally consistent with expectations, but some scales had concerning cross-loadings. Preliminary analyses demonstrated validity of the scales in relation to history of mental health treatment/current symptoms, substance abuse, and, for one scale, violent rearrests. There were small-to-moderate associations with noncorresponding traits, suggesting a degree of saturation with general personality impairment. The relevance of the proposed scales for the assessment of Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition personality disorder is discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Attentional set-shifting and social abilities in children with schizotypal and comorbid autism spectrum disorders.

**Authors:**
Abu-Akel, Ahmad; Testa, Renee R.; Jones, Harvey P.; Ross, Nola; Skaﬁdas, Efstratios; Tonge, Bruce; Pantelis, Christos;

**Source:**

**Abstract:**
Objective: While diagnostically independent, autism and schizotypal disorders can co-occur. Their concurrent impact on outcomes and phenotypes has not been investigated. We investigated the impact of comorbid autism and schizotypal disorders in children on executive functioning and socio-pragmatic skills—core features of both disorders. Method: Executive functioning (assessed with the Cambridge Neuropsychological Test Automated Battery) and socio-pragmatic skills (assessed using the Melbourne Assessment of Schizotypy in Kids) were investigated in a total of 67 (6–12 year old) children with autism (n = 15; M/F = 10/5), schizotypal disorder (n = 8; M/F = 5/3) and comorbid autism and schizotypal disorder (n = 12; M/F = 5/7) and typically developing children (n = 32; M/F = 17/15). Results: Both the autism and schizotypal disorder groups performed more poorly than the typically developing group on socio-pragmatic skills and overall performance (i.e. number of stages completed) of the intra-/extra-dimensional set-shifting task (all ps < 0.001). Clear distinctions between the autism and schizotypal groups were present in the intra-/extra-dimensional task relative to the typically developing group—the autism group had difﬁculties with extra-dimensional shifts (p < 0.001), and the schizotypal disorder group with intra-dimensional shifts (p = 0.08). Interestingly, the overall performance of the comorbid group on the intra-/extra-dimensional task was not signiﬁcantly different from the typically developing group, and they were superior to both the autism (p = 0.019) and schizotypal disorder (p = 0.042) groups on socio-pragmatic skills. Conclusion: The phenotypical overlap between autism and schizotypal disorders may be precipitated by different cognitive styles and/or mechanisms associated with attention and information processing. We propose that sustaining and switching attention represent two poles of irregularities across the autism and schizotypal spectra, which appear to converge in a compensatory manner in the comorbid group. Our ﬁndings highlight the importance of investigating children with a dual diagnosis of autism and schizotypal disorders, and raise intriguing questions about possible mechanisms to explain the attenuated impairment observed in the group of children with comorbid autism and schizotypal disorders. – (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Illuminating ipsative change in personality disorder and normal personality: A multimethod examination from a prospective longitudinal perspective.

**Authors:**
Woods, William C.; Edershile, Elizabeth A.; Wright, Aidan G. C.; Lenzenweger, Mark F.;

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

**Abstract:**
Research suggests that both personality disorder (PD) and normal personality change as systems of variables (e.g., the general factor of PD), rather than as individual variables (e.g., neuroticism). Consequently, understanding PD and normal personality as multidimensional systems may yield additional insights over traditional single-variable approaches. Normal personality change has been attributed to increase across adaptive traits (i.e., the maturity principle), suggesting that shifts in the overall magnitude of construct expression plays a role in systemic change. We examined the extent to which total ipsative, system-level change was accounted for by shifts in the overall level of constructs (i.e., severity/maturity) as well as shifts in the configuration of PD and normal personality (i.e., style) across self-report and structured interview. Results demonstrated that overall change in PD and normal personality measured via self-report reflected both stylistic and severity change, whereas structured interview of PD primarily reflected shifts in profile severity. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Narcissist or narcissistic? Evaluation of the latent structure of narcissistic personality disorder.
Authors: Aslinger, Elizabeth N.; Manuck, Stephen B.; Pilkonis, Paul A.; Simms, Leonard J.; Wright, Aidan G. C.;
Abstract: We investigated the latent structure of narcissistic personality disorder by comparing dimensional, hybrid, and categorical latent variable models, using confirmatory factor analysis (CFA), nonparametric and semiparametric factor analysis, and latent class analysis, respectively. We first explored these models in a clinical sample and then preregistered replication analyses in 4 additional data sets (with national, undergraduate, community, and mixed community/clinical samples) to test whether the best-fitting model would generalize across different data sets with different sample compositions. A 1-factor CFA outperformed categorical models in fit and reliability, suggesting the criteria do not serve to distinguish a narcissist class or subtypes; rather, a narcissistic dimension underlies the narcissistic personality disorder construct. The CFA also outperformed hybrid models, indicating that people fall within the same continuous distribution, rather than composing homogenous groups of relative severity (nonparametric factor analysis) or pulling apart into mixtures of discrete distributions (semiparametric factor analysis) along that spectrum. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The association between borderline personality disorder and somatoform disorders: A systematic review and meta-analysis.
Authors: Schmaling, Karen B.; Fales, Jessica L.;
Abstract: A systematic review and meta-analysis were conducted to characterize the prevalence of somatoform disorders among those with borderline personality disorder (BPD) and of BPD among those with somatoform disorders. Searches of PsycINFO and PubMed revealed 34 empirical studies 1980-present that assessed the co-occurrence of BPD and somatoform disorders. Pooled estimates of 30% and 14% were found for the prevalence of somatoform disorders among those with BPD and of BPD among those with somatoform disorders, respectively. The results are discussed in terms of the implications for potential common mechanisms and for treatment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Perceived pubertal timing and borderline personality pathology in female adolescent inpatients.

Authors:
Penner, Francesca; Sharp, Carla;

Source:

Abstract:
Borderline personality pathology typically onsets during adolescence. An important consideration in understanding adolescent psychopathology is pubertal development. Perceived pubertal timing is one facet of puberty that is especially relevant to adolescent psychopathology, especially when timing is perceived to be early. Despite links between early pubertal timing and core features of borderline personality disorder, and between early pubertal timing and disruptions in the interpersonal context, perceived pubertal timing has yet to be studied in relation to adolescent borderline pathology. This preliminary study aimed to test the association between perceived pubertal timing and borderline symptoms in adolescent girls, controlling for internalizing and externalizing pathology. Forty-two female adolescent inpatients (ages 12–15, Mage = 14.02, 81% White) completed measures of perceived pubertal development and borderline symptoms and a diagnostic interview. Results indicated that earlier perceived pubertal timing was uniquely associated with higher borderline symptoms even when internalizing and externalizing disorders were covaried. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Utility of the Personality Inventory for DSM–5–brief form (PID-5-BF) in the measurement of maladaptive personality and psychopathology.

Authors:
Anderson, Jaime L.; Sellbom, Martin; Salekin, Randall T.;

Source:

Abstract:
The Diagnostic and Statistical Manual of Mental Disorders–Fifth edition (DSM-5) Personality and Personality Disorders workgroup developed the Personality Inventory for the DSM-5 (PID-5) for the assessment of the alternative trait model for DSM-5. Along with this measure, the American Psychiatric Association published an abbreviated version, the PID-5–Brief form (PID-5-BF). Although this measure is available on the DSM-5 website for use, only two studies have evaluated its psychometric properties and validity and no studies have examined the U.S. version of this measure. The current study evaluated the reliability, factor structure, and construct validity of PID-5-BF scale scores. This included an evaluation of the scales’ associations with Section II PDs, a well-validated dimensional measure of personality psychopathology, and broad externalizing and internalizing psychopathology measures. We found support for the reliability of PID-5-BF scales as well as for the factor structure of the measure. Furthermore, a series of correlation and regression analyses showed conceptually expected associations between PID-5-BF and external criterion variables. Finally, we compared the correlations with external criterion measures to those of the full-length PID-5 and PID-5–Short form. Intraclass correlation analyses revealed a comparable pattern of correlations across all three measures, thereby supporting the use of the PID-5-BF as a screening measure of dimensional maladaptive personality traits. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Borderline personality disorder is equally trait-like and state-like over ten years in adult psychiatric patients.

Authors:
Conway, Christopher C.; Hopwood, Christopher J.; Morey, Leslie C.; Skodol, Andrew E.;

Source:
Journal of Abnormal Psychology Publisher: American Psychological Association; [Journal Article]

Abstract:
Borderline personality disorder (PD) has historically been cast as an unabating condition. Longitudinal data, however, support a more variable time course marked by remission and relapse. In the present study, we tested the possibility that borderline PD has both stable (i.e., consistently present across time and situation, as modern diagnostic systems stipulate) and dynamic (i.e., episodic and situational) elements. Participants were 668 patients from the Collaborative Longitudinal Personality Disorders Study who were administered semistructured diagnostic interviews 5 times over a decade. Trait–state-occasion modeling dissected borderline pathology into time-invariant (i.e., trait) and time-varying (i.e., state) components. Contradicting traditional views of PD intransigence, less than half of borderline PD variability (approximately 45%) was time-invariant (i.e., perfectly stable) over the study timeframe. Furthermore, we found that the time-invariant component of borderline pathology, which we termed borderline proneness, was very closely related (r = .81) to a previously validated Five Factor Model trait composite of borderline features. Moreover, the trait versus state components showed a clear pattern of discriminant validity in relation to several putative causal agents for borderline PD (i.e., environmental pathogens, temperament dimensions). We conclude that borderline pathology contains a stable core and sizable situational components, and that both elements relate systematically to normative personality dimensions and known risk factors. These findings have key implications for etiological research, prognosis, and treatment for borderline PD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Measurement invariance of the DSM–5 Section III pathological personality trait model across sex.
Authors: Suzuki, Takakuni; South, Susan C.; Samuel, Douglas B.; Wright, Aidan G. C.; Yalch, Matthew M.; Hopwood, Christopher J.; Thomas, Katherine M.;
Source: Personality Disorders: Theory, Research, and Treatment Publisher: Educational Publishing Foundation;
Abstract: The dimensional pathological personality trait model proposed in the Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition (DSM–5), Section III Criterion B, has shown promising results for its validity and utility in conceptualizing personality pathology. However, as its structural equivalence across sex is yet to be tested, the validity for the model across males and females remains uncertain. In the present article, we examined sex measurement invariance of the DSM–5 trait model in a large undergraduate sample using the Personality Inventory for DSM–5. A series of confirmatory and exploratory factor analyses suggested that, although the exact facet–domain relationships as specified in the DSM–5 were not observed, the facets generally organize into a model with five latent factors similar to those listed in the DSM–5 Section III Criterion B. Further, these five factors were fully measurement invariant across sex at the configural, metric, and scalar levels. Examination of the latent trait mean levels suggests that females tend to have higher scores on latent Negative Affectivity, whereas males tend to have higher scores on latent Antagonism, Detachment, Psychoticism, and Disinhibition. These results indicate that the DSM–5 Section III pathological personality trait model is fully structurally equivalent across sex, a property that is lacking in the traditional categorical model in Section II. This further validates the use of the dimensional DSM–5 trait model for personality disorder assessment and conceptualization in both research and clinical settings. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The physiological orienting response in female adolescents with borderline personality disorder.
Authors: Koenig, Julian; Brunner, Romuald; Parzer, Peter; Resch, Franz; Kaess, Michael;
Abstract: Background: The reflexive startle- and orienting-response have been widely studied in psychiatric disorders. Existing evidence in patients with borderline personality disorder (BPD) is mixed, and limited to adults. The present study addressed clinical correlates of the psychophysiological orienting response in
adolescents with BPD. Methods: Female adolescents (13–19 years) with BPD (n = 30), healthy controls (HC; n = 34), and psychiatric clinical controls (CC; n = 53) participated in the trial. Orienting response was induced using acoustic startle-probes (sinus tones) while heart rate (HR) and skin conductance (SCR) were continuously recorded. Besides clinical interviews, the assessment included self-reports on depressive symptoms, anxiety, dissociation and psychopathological distress. Results: On a group level, relative habituation of the HR-response (regression slope) significantly differed between groups (F(2,114) = 3.74, p = 0.027), with significant contrasts (p = 0.026, Sidak corrected) comparing CC (slope 0.04 ± 0.41) and BPD (slope 0.28 ± 0.40). On a dimensional level, relative HR habituation was significantly correlated with the number of BPD diagnostic criteria endorsed (r(117) = 0.183, p = 0.049) and symptoms of dissociation (r(116) = 0.193, p = 0.038), indicating that delayed HR habituation across probes was associated with greater BPD symptom severity. Analyses of SCR showed no significant findings. Conclusion: Findings provide preliminary support for altered habituation of the HR orienting response in adolescent BPD, associated with BPD severity—in particular dissociative experiences. Dissociative experiences may alter the automatic defensive response early in the course of BPD, providing a potential pathway to exaggerated emotional responding in BPD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Patients with borderline personality disorder show increased agency in life stories after 12 months of psychotherapy.

Authors: Lind, Majse; Jørgensen, Carsten René; Heinskou, Torben; Simonsen, Sebastian; Bøye, Rikke; Thomsen, Dorthe Kirkegaard;

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

Abstract: Patients with borderline personality disorder (BPD) display disturbances in self and other understanding, which is also evident when they narrate events from their own and significant others' lives. In a recent study, we found that patients described both their own and their parents' life stories as more negative and with fewer themes of agency and communion fulfillment. Hence, we examined whether 12 months of psychotherapy would change how patients described their own and their parents' life stories. At baseline, 30 BPD patients and 30 matched control participants described and answered questions about their personal and their parents' life stories. At follow-up, 23 patients and 23 control participants repeated the same procedure after patients had completed 12 months of psychotherapy. At both baseline and follow-up, the life stories were coded for complexity and themes of agency, communion, communion fulfillment, and self–other confusion. BPD patients' personal life stories increased significantly in agency from baseline to follow-up compared with the control group, whereas other aspects of personal and parents' life stories did not change significantly after therapy. Development of agency through the reconstruction of personal life stories may be a crucial mechanism in psychotherapy with BPD patients. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Pierced identities: Body modification, borderline personality features, identity, and self-concept disturbances.

Authors: Vizgaitis, Alexandra L.; Lenzenweger, Mark F.;

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

Abstract: Little is known about the connection between body modification and borderline personality disorder (BPD). This study investigated the relation between a wide range of body modification practices (piercing, tattooing, scarification, pubic hair removal, and cosmetic surgery) and BPD features, with a special focus on identity and identity dysfunction, in an adult community sample (N = 330). Results indicated BPD features were positively correlated with total number of body modifications and breadth of body...
modification practices endorsed, as well as, specifically, increased piercings, tattoos, and scarifications. Furthermore, identity problems (i.e., identity diffusion and low self-concept clarity) were associated with body modifications. Implications of these findings are discussed, including their heuristic value in understanding body modification in light of its connection to BPD (and particularly identity/self-concept functions). (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
The role of emotion regulation difficulties in the connection between childhood emotional abuse and borderline personality features.

Authors:
Rosenstein, Lia K.; Ellison, William D.; Walsh, Emily; Chelminski, Iwona; Dalrymple, Kristy; Zimmerman, Mark;

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

Abstract:
In the present report from the Rhode Island Methods to Improve Diagnostic Assessment and Services project, we examined the role of emotion dysregulation as a mediator between childhood abuse and borderline personality disorder (BPD) feature severity among a sample of 964 adults presenting for treatment at an outpatient clinic. A structural equation model suggested that emotional abuse relates to BPD features both directly and through difficulties with emotion regulation, whereas physical abuse showed only a weak indirect relation with BPD features. There was no link between sexual abuse and BPD feature severity in the model. Results add specificity to etiological theories of BPD and suggest that future research in treatment should focus on developing and strengthening emotion regulation strategies in clinical populations with a history of emotional abuse. Clinicians should be sure to assess the presence of childhood emotional abuse in addition to sexual and physical abuse. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Network-based decoupling of local gyrification in obsessive-compulsive disorder.

Authors:
Reess, Tim Jonas; Rus, Oana Georgiana; Gürel, Deniz A.; Schmitz-Koep, Benita; Wagner, Gerd; Berberich, Götz; Koch, Kathrin;

Source:

Abstract:
Gyrification is associated with cortical maturation and closely linked to neurodevelopmental processes. Obsessive-compulsive disorder has previously been associated with neurodevelopmental risk factors. Using graph theoretical modeling we examined structural covariance patterns to assess potential disruptions in processes associated with neurodevelopment in OCD. In total 97 patients and 92 healthy controls underwent magnetic resonance imaging. Structural covariance networks based on local gyrification indices were constructed using an atlas-based parcellation scheme. Network properties were assessed using the network-based statistic as well as global and local graph theoretical measures. Correlations between gyrification and symptom severity as well as age of disease onset were examined. Network-based statistic analysis revealed one cluster with significantly decreased structural covariance in patients comprising mainly ventral brain regions (p = .041). Normalized characteristic path length was found to be impaired in patients (p = .051). On a nodal level, left middle frontal sulcus displayed a significantly decreased local clustering coefficient (p < .001). Finally, gyrification in several inferior frontal nodes significantly correlated with age of onset but not symptom severity. The decrease in a gyrification-based covariance network in OCD appears to be mostly confined to ventral areas in which gyrification starts the latest during development. This pattern may indicate that alterations taking place during development are potentially time locked to specific periods. Correlations between gyrification in inferior-frontal nodes and age of onset potentially indicate a structural trait rather than state marker for OCD. Finally, a trend in impaired global integration capabilities may point towards potentially widespread global
alterations during neurodevelopment in patients. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
The effectiveness of 6 versus 12-months of dialectical behaviour therapy for borderline personality disorder: The feasibility of a shorter treatment and evaluating responses (FASTER) trial protocol.

Authors:
McMain, Shelley F.; Chapman, Alexander L.; Kuo, Janice R.; Guimond, Tim; Streiner, David L.; Dixon-Gordon, Katherine L.; Isaranuwatchai, Wanrudee; Hoch, Jeffrey S.;

Source:

Abstract:
Background: Although Dialectical Behaviour Therapy (DBT) is an evidence-based psychosocial treatment for borderline personality disorder (BPD), the demand for it exceeds available resources. The commonly researched 12-month version of DBT is lengthy; this can pose a barrier to its adoption in many health care settings. Further, there are no data on the optimal length of psychotherapy for BPD. The aim of this study is to examine the clinical and cost-effectiveness of 6 versus 12 months of DBT for chronically suicidal individuals with BPD. A second aim of this study is to determine which patients are as likely to benefit from shorter treatment as from longer treatment. Methods/Design: Powered for non-inferiority testing, this two-site single-blind trial involves the random assignment of 240 patients diagnosed with BPD to 6 or 12 months of standard DBT. The primary outcome is the frequency of suicidal or non-suicidal self-injurious episodes. Secondary outcomes include healthcare utilization, psychiatric and emotional symptoms, general and social functioning, and health status. Cost-effectiveness outcomes will include the cost of providing each treatment as well as health care and societal costs (e.g., missed work days and lost productivity). Assessments are scheduled at pretreatment and at 3-month intervals until 24 months.

Discussion: This is the first study to directly examine the dose-effect of psychotherapy for chronically suicidal individuals diagnosed with BPD. Examining both clinical and cost effectiveness in 6 versus 12 months of DBT will produce answers to the question of how much treatment is good enough. Information from this study will help to guide decisions about the allocation of scarce treatment resources and recommendations about the benefits of briefer treatment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
The Developmental Profile Inventory: Constructing a clinically useful self-report for levels of psychodynamic personality functioning.

Authors:
Polak, Marike G.; Van Riel, Laura; Ingenhoven, Theo J. M.; Van, Henricus L.;

Source:

Abstract:
Objective: The Developmental Profile Inventory (DPI) was constructed to assess psychodynamic personality functioning by self-report. Method: On the basis of the frame of reference of the Development Profile interview method, a self-report was developed covering 3 domains, self, interpersonal functioning, and problem-solving strategies, which represent 6 maladaptive and 3 adaptive developmental levels of psychodynamic functioning. The DPI was administered to patients with personality disorders who were receiving psychotherapy (N = 179) and to normal controls (N = 228). Results: The internal reliabilities of the subscales were in general in the fair to good range in the patient sample, (α = 0.67 to 0.88, ωh = 0.52 to 0.87) and adequate to good in the healthy controls (α = 0.71 to 0.91, ωh = 0.71 to 0.90). Mean item-rest correlations were adequate (0.30 to 0.50). Test-retest reliability was good (intraclass correlation = 0.73 to 0.91). The hypothesized factorial structure of the DPI with 9 subscales organized in 3 clusters was partly confirmed by confirmatory factor analysis χ²/df = 2.37, root mean square error of approximation = 0.060, root mean residual square = 0.078, and comparative fit index = 0.630, with each factor showing over 80% standardized loadings > 0.30, and at least 75% loadings > 0.40. The DPI discriminated patients and healthy controls in a meaningful way. Correlations among the DPI and other self-report measures of global
personality pathology and psychological complaints showed satisfactory convergent and discriminant validity. Conclusions: The DPI is a promising self-report measure for assessing both adaptive and maladaptive patterns of psychodynamic personality functioning. The appropriate initial psychometric properties justify proceeding with more formal tests of construct validity and predictive performance in broader mental health settings. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Unhealthy dependency in victims and perpetrators of child maltreatment: A meta-analytic review.
Authors: Kane, Fallon A.; Bornstein, Robert F.;
Source: Journal of Clinical Psychology, Vol 74(6), Jun, 2018 pp. 867-882. Publisher: John Wiley & Sons;
Abstract: Objective: Theoretical conceptualizations of interpersonal dependency and dependent personality disorder suggest that (a) high levels of dependency in parents may increase risk for perpetration of child abuse and neglect and (b) children who are victimized may show elevated levels of dependency later in life. This study used meta-analytic techniques to examine these hypothesized links. Method: A systematic search of psychological and medical online databases revealed 14 published studies (21 effect sizes) examining the link between parental dependency and perpetration of abuse or neglect (overall N of perpetrators = 1,321), and 14 published studies (25 effect sizes) assessing dependency in victims of child abuse and neglect (overall N of victims = 38,265). Results: The dependency–abuse effect size (d) for perpetrators collapsed across all moderating variables was 0.36, which is considered to be in the medium range. The dependency–victimization effect size (d) collapsed across all moderating variables was 0.29, also a medium effect size. Conclusion: These results support and extend analyses of the relationship between dependency and child maltreatment, and suggest that dependency may be both a precipitant of child maltreatment and consequence of victimization. Theoretical and clinical implications are discussed, with suggestions for further research outlined. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Borderline Personality Features Scale for Children-11: Measurement invariance over time and across gender in a community sample of adolescents.
Authors: Vanwoerden, Salome; Garey, Lorra; Ferguson, Tayler; Temple, Jeff R.; Sharp, Carla;
Source: Psychological Assessment Publisher: American Psychological Association; [Journal Article]
Abstract: The Borderline Personality Features Scale for Children (BPFS-C) was recently shortened using item response theory to an 11-item version that is optimal for use in epidemiological studies and repeated assessment over time. Only 1 study has examined invariance of the BPFS-C-11 items across gender and no study has done so over time. The present study employed a longitudinal design to address this gap by evaluating measurement invariance across gender and over time during the transition into adulthood in a diverse community-based sample of 755 adolescents (56% female). Results indicated measurement variance for items measuring personal relationships and impulsivity/recklessness, with females having a greater probability of endorsing items regarding relationship instability and males more likely to endorse impulsivity, despite an equal position on the latent trait. Overall, there was partial measurement invariance of a single dimension of borderline features between males and females and full longitudinal invariance of this factor through the transition into young adulthood. The current findings provide empirical evidence supporting the reliability of BPFS-C-11 scores as a measure of borderline pathology (BP) during late adolescence and early adulthood. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Treating personality disorders with EMDR therapy.
Authors: Mosquera, Dolores;
Abstract:
Eye Movement Desensitization and Reprocessing (EMDR) Therapy has been shown to be an effective, efficient, and well-tolerated treatment for posttraumatic stress disorder (PTSD) and useful for both adult and childhood onset PTSD. Since there is ample evidence of the contributions of early, chronic, severe interpersonal trauma, early attachment disturbances and negative life experiences in the development of Personality Disorders (PD), the indications for EMDR treatment of individuals with personality disorders seem clear. This article focuses on understanding the relevance of adaptive information in individuals with personality disorders. Specific adaptations for borderline, narcissistic and antisocial presentations during the different phases of EMDR will also be addressed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Phone coaching in dialectical behavior therapy: Frequency and relationship to client variables.
Authors:
Oliveira, Pedro N.; Rizvi, Shireen L.;
Source:
Abstract:
Telephone coaching is a treatment mode in Dialectical Behavior Therapy (DBT) that is designed to help clients generalize skills, prevent suicidal behaviors, and repair therapeutic ruptures. To date, phone coaching has received scant empirical investigation. The aims of this study were to (1) describe patterns in frequency of telephone calls and text messaging in DBT and (2) investigate whether demographic factors, baseline severity, suicidal behaviors, and therapeutic alliance are associated with phone and text frequency. Participants were 51 adults (35 treatment completers) with borderline personality disorder (BPD) in a six-month comprehensive DBT treatment program. Phone coaching frequency was documented by therapist weekly session notes. The average number of contacts per month was 2.55 (SD = 4.49). Four of the 35 treatment completers comprised 56% of the contacts. Having a recent history of suicidal behaviors, degree of severity at baseline, or the strength of the therapeutic alliance was not associated with phone coaching use. However, lower income was significantly associated with a higher frequency of phone coaching use. These preliminary results can help clinicians and administrators make informed decisions on how to better provide phone coaching and clarify the degree of effort involved in providing this service to clients with BPD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Axis ii personality disorders are linked to an adverse course of bipolar disorder.
Authors:
Post, Robert M.; McElroy, Susan; Kupka, Ralph; Suppes, Trisha; Hellemann, Gerhard; Nolen, Willem; Frye, Mark; Keck, Paul; Grunze, Heinz; Rowe, Michael;
Source:
Journal of Nervous and Mental Disease, Vol 206(6), Jun, 2018 pp. 469-472. Publisher: Lippincott Williams & Wilkins; [Journal Article]
Abstract:
The relationship of personality disorder (PD) psychopathology to the course of bipolar disorder remains inadequately described. After giving informed consent, more than 782 outpatients with bipolar disorder rated themselves on the 99-item Personality Disorder Questionnaire, Version 4 (PDQ4) when depressed or euthymic. They also rated six poor prognosis factors (PPFs). The relationships of the PPFs to the total PDQ4 score were examined by a linear regression. Even after correcting for the higher PDQ4 scores observed when patients were suffering depression, the PDQ4 was significantly related to a history of child abuse, early age of onset, an anxiety disorder comorbidity, rapid cycling, and 20 or more previous episodes, but not substance abuse. The data suggest close relationships between the total burden of PD psychopathology and correlates of an adverse outcome of bipolar disorder. The nature of this association and approaches to treatment of comorbid PD remain to be further explored. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Difficulties with being socially accepted: An experimental study in borderline personality disorder.

Authors: Liebke, Lisa; Koppe, Georgia; Bungert, Melanie; Thome, Janine; Hauschild, Sophie; Defiebre, Nadine; Izurieta Hidalgo, Natalie A.; Schmahl, Christian; Bohus, Martin; Lis, Stefanie;

Source: Journal of Abnormal Psychology Publisher: American Psychological Association; [Journal Article]

Abstract: Anxious preoccupation with real or imagined abandonment is a key feature of borderline personality disorder (BPD). Recent experimental research suggests that patients with BPD do not simply show emotional overreactivity to rejection. Instead, they experience reduced connectedness with others in situations of social inclusion. Resulting consequences of these features on social behavior are not investigated yet. The aim of the present study was to investigate the differential impact of social acceptance and rejection on social expectations and subsequent social behavior in BPD. To this end, we developed the Mannheim Virtual Group Interaction Paradigm in which participants interacted with a group of computer-controlled avatars. They were led to believe that these represented real human coplayers. During these interactions, participants introduced themselves, evaluated their coplayers, assessed their social expectations and received feedback signaling either acceptance or rejection by the alleged other participants. Subsequently, participants played a modified trust game, which measured cooperative and aggressive behavior. Fifty-six nonmedicated BPD patients and 56 healthy control participants were randomly and double-blindly assigned to either the group-acceptance or group-rejection condition. BPD patients showed lower initial expectations of being socially accepted than healthy controls. After repeated presentation of social feedback, they adjusted their expectations in response to negative, but not to positive feedback. After the experience of social acceptance, BPD patients behaved less cooperatively. These experimental findings point to a clinically relevant issue in BPD: Altered cognitive and behavioral responses to social acceptance may hamper the forming of stable cooperative relationships and negatively affect future interpersonal relationships. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Treating disorganized attachment in the group attachment-based intervention (GABI©): A case study.

Authors: Knafo, Hannah; Murphy, Anne; Steele, Howard; Steele, Miriam;


Abstract: This paper describes the treatment of a mother and child who demonstrated disorganized attachment behaviors in their interactions with one another. The mother, who was diagnosed with Borderline Personality Disorder, felt incapable of managing her aggressive toddler and his emotional needs. The dyad was referred for therapy due to concerns about his developmental progress, evident delays having been mainly attributed to the problems observed within the parent–child relationship. The primary intervention applied to working with the dyad was the Group Attachment-Based Intervention (GABI©), developed by Anne Murphy in collaboration with Miriam Steele and Howard Steele. The mother also received individual psychotherapy as a supplement to the dyadic and groupwork of GABI ©. The process and outcome of this comprehensive approach to treating a vulnerable dyad is explored in this case study. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Elucidating the relationship between personality disorder traits and aggression using the new DSM-5 dimensional–categorical model for personality disorder.
Abstract:
Objectives: Several personality disorders (PDs) and PD traits are associated with an increased propensity for aggression. However, these associations are complex, and knowledge in the field has been hindered by problems in the conceptualization and measurement of PD and related traits. This review considers the newly proposed Diagnostic and Statistical Manual of Mental Disorders (fifth edition; DSM-5) dimensional–categorical model of PD in an attempt to clarify the nature of the relationship between PD traits and aggression. This has not yet been explored. Method: A review of extant personality/PD and aggression literature was conducted. Results: The strongest associations likely exist between aggression and the DSM-5 domains of Antagonism and Negative Affectivity and for the following additional facets: Grandiosity, Attention-Seeking, and Separation Insecurity. Conclusions: This review and conceptualization provides a focus for future researchers to empirically elucidate the relationship between PD traits and aggression and for clinicians to more systematically assess and formulate relevant constructs to determine aggression potential in people with maladaptive PD traits, thereby enhancing aggression reduction treatment efforts. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Optimizing psychotherapy dosage for comorbid depression and personality disorders (PsyDos): A pragmatic randomized factorial trial using schema therapy and short-term psychodynamic psychotherapy.

Authors:
Kool, Marit; Van, Henricus L.; Bartak, Anna; de Maat, Saskia C. M.; Arntz, Arnoud; van den Eshof, Johanna W.; Peen, Jaap; Blankers, Matthijs; Bosmans, Judith E.; Dekker, Jack J. M.

Source:

Abstract:
Background: Patients with comorbid depression and personality disorders suffer from a heavy disease burden while tailored treatment options are limited, accounting for a high psychological and economic burden. Little is known about the effect of treatment dosage and type of psychotherapy for this specific comorbid patient population, in terms of treatment-effect and cost-effectiveness. This study aims to compare treatment outcome of 25 versus 50 individual therapy sessions in a year. We expect the 50-session condition to be more effective in treating depression and maintaining the effect. Secondary objectives will be addressed in order to find therapy-specific and non-specific mechanisms of change. Methods: In a mono-center pragmatic randomized controlled trial with a 2 × 2 factorial design, 200 patients with a depressive disorder and personality disorder(s) will be included. Patients will be recruited from a Dutch mental health care institute for personality disorders. They will be randomized over therapy dosage (25 vs 50 sessions in a year) and type of therapy (schema therapy vs short-term psychodynamic supportive psychotherapy). The primary clinical outcome measure will be depression severity and remission. Changes in personality functioning and quality of life will be investigated as secondary outcomes. A priori postulated effect moderators and mediators will be collected as well. All patients are assessed at baseline and at 1, 2, 3, 6, 9–12 months (end of therapy) and at follow up (6 and 12 months after end of treatment). Alongside the trial, an economic evaluation will be conducted. Costs will be collected from a societal perspective. Discussion: This trial will be the first to compare two psychotherapy dosages in patients with both depression and personality disorders. Insight in the effect of treatment dosage for this patient group will contribute to both higher treatment effectiveness and lower costs. In addition, this study will contribute to the limited evidence base on treating patients with both depression and personality disorders. Understanding the processes that account for the therapeutic changes could help to gain insight in what works for whom. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Corticostriatal connectivity in antisocial personality disorder by MAO-A genotype and its relationship to aggressive behavior.
Authors:
Kolla, Nathan J.; Dunlop, Katharine; Meyer, Jeffrey H.; Downar, Jonathan;

Source:

Abstract:
Background: The influence of genetic variation on resting-state neural networks represents a burgeoning line of inquiry in psychiatric research. Monoamine oxidase A, an X-linked gene, is one example of a molecular target linked to brain activity in psychiatric illness. Monoamine oxidase A genetic variants, including the high and low variable nucleotide tandem repeat polymorphisms, have been shown to differentially affect brain functional connectivity in healthy humans. However, it is currently unknown whether these same polymorphisms influence resting-state brain activity in clinical conditions. Given its high burden on society and strong connection to violent behavior, antisocial personality disorder is a logical condition to study, since in vivo markers of monoamine oxidase A brain enzyme are reduced in key affect modulating regions, and striatal levels of monoamine oxidase A show a relation with the functional connectivity of this same region. Methods: We utilized monoamine oxidase A genotyping and seed-to-voxel-based functional connectivity to investigate the relationship between genotype and corticostriatal connectivity in 21 male participants with severe antisocial personality disorder and 19 male healthy controls. Results: Dorsal striatal connectivity to the frontal pole and anterior cingulate gyrus differentiated antisocial personality disorder subjects and healthy controls by monoamine oxidase A genotype. Furthermore, the linear relationship of proactive aggression to superior ventral striatal-angular gyrus functional connectivity differed by monoamine oxidase A genotype in the antisocial personality disorder groups. Conclusions: These results suggest that monoamine oxidase A genotype may affect corticostriatal connectivity in antisocial personality disorder and that these functional connections may also underlie use of proactive aggression in a genotype-specific manner. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Back to top
Title: Defining treatment response and remission in youth anxiety: A signal detection analysis with the Multidimensional Anxiety Scale for Children.

Authors: Palitz, Sophie A.; Caporino, Nicole E.; McGuire, Joseph F.; Piacentini, John; Albano, Anne Marie; Birmaher, Boris; Walkup, John T.; Compton, Scott N.; Ginsburg, Golda S.; Kendall, Philip C.;


Abstract: Objective: To determine the percent reduction cutoffs on the Multidimensional Anxiety Scale for Children (MASC) that optimally predict treatment response and remission in youth with anxiety disorders. Method: Youths and their parents completed the MASC-C/P before and after treatment, and the Anxiety Disorders Interview Schedule for DSM-IV–Child and Parent Versions (ADIS-IV-C/P) and the Clinical Global Impression–Improvement Scale (CGI-I) were administered by independent evaluators. Treatment response and remission were defined by post-treatment ratings on the CGI-I and the ADIS-IV-C/P, respectively. Quality receiver operating characteristic methods determined the optimal cutoff on the MASC-P for predicting overall remission (loss of all study entry diagnoses) and optimal percent reductions on the MASC-P for predicting treatment response and remission of separation anxiety, social anxiety, and generalized anxiety. Results: A post-treatment raw score of 42 optimally predicted remission. A reduction of 35% on the total MASC-P predicted treatment response. A reduction of 30% on the Separation Anxiety/Panic subscale of the MASC-P predicted separation anxiety remission. A reduction of 35% on the Social Anxiety subscale of the MASC-P predicted social anxiety remission. The MASC did not evidence a cutoff for remission of generalized anxiety disorder. Conclusion: MASC cutoffs can facilitate comparison across studies and guide practice, aiding clinicians in assessing progress and informing treatment plans. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
The mental health of adolescents residing in court-ordered foster care: Findings from a population survey.

**Authors:**
Tarren-Sweeney, Michael;

**Source:**

**Abstract:**
The mental health of a representative sample of 230 adolescents residing in foster care in New South Wales, Australia, was estimated in a state-wide epidemiological survey from carer-report responses on the Child Behavior Checklist (CBCL) and the Assessment Checklist for Adolescents (ACA). Rates of CBCL total problems, externalizing and internalizing scores above the borderline range cut-points were 49, 44 and 29% respectively, representing a relative risk of 3.8, 3.7 and 2.7 respectively in comparison to Australian children at large. These rates are 10–14% lower than that previously estimated for pre-adolescent Australian children in foster care. Whereas older age is associated with poorer mental health among pre-adolescent children in foster care, the present study findings suggest that this effect does not extend into adolescence. Around half of adolescents residing in foster care have mental health difficulties requiring referral to treatment services, including attachment- and trauma-related difficulties that are uncommon among clinic-referred children at large. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


---

**Title:**
Impaired disengagement of attention and its relationship to emotional distress in infants at high-risk for autism spectrum disorder.

**Authors:**
Bryson, Susan; Garon, Nancy; McMullen, Tracey; Brian, Jessica; Zwaigenbaum, Lonnie; Armstrong, Vickie; Roberts, Wendy; Smith, Isabel; Szatmari, Peter;

**Source:**

**Abstract:**
Introduction: We provide data on visual orienting and emotional distress in infants at high and low risk for autism spectrum disorder (ASD). Method: Participants included 83 high-risk (HR) infants with an older sibling with ASD and 53 low-risk (LR) control infants with no family history of ASD. Infants were assessed on the gap-overlap task and a parent-completed temperament questionnaire at 6 and 12 months of age. At 36 months of age, an independent, gold standard diagnostic assessment for ASD was conducted. Results: HR infants subsequently diagnosed with ASD were distinguished at 12 months by an asymmetric disengage impairment (for left- vs. right-sided stimuli) that was associated with an increase in latencies between 6 and 12 months. Across groups, prolonged left-directed disengage latencies at 12 months were associated with emotional distress (high irritability and difficult to soothe). Conclusions: The asymmetry in our findings raises the question of whether the disengage problem in ASD is at base one of orienting or alerting attention. Our findings also raise the question of whether attention training might be a critical ingredient in the early treatment of ASD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


---

**Title:**
Auditory attention in autism spectrum disorder: An exploration of volumetric magnetic resonance imaging findings.

**Authors:**
Lalani, Sanam J.; Duffield, Tyler C.; Trontel, Haley G.; Bigler, Erin D.; Abildskov, Tracy J.; Froehlich, Alyson; Prigge, Molly B. D.; Travers, Brittany G.; Anderson, Jeffrey S.; Zielinski, Brandon A.; Alexander, Andrew; Lange, Nicholas; Lainhart, Janet E.;

**Source:**

**Abstract:**
Studies have shown that individuals with autism spectrum disorder (ASD) tend to perform significantly below typically developing individuals on standardized measures of attention, even when controlling for IQ. The current study sought to examine within ASD whether anatomical correlates of attention performance differed between those with average to above-average IQ (AIQ group) and those with low-average to borderline ability (LIQ group) as well as in comparison to typically developing controls (TDC).

Using automated volumetric analyses, we examined regional volume of classic attention areas including the superior frontal gyrus, anterior cingulate cortex, and precuneus in ASD AIQ (n = 38) and LIQ (n = 18) individuals along with 30 TDC. Auditory attention performance was assessed using subtests of the Test of Memory and Learning (TOMAL) compared among the groups and then correlated with regional brain volumes. Analyses revealed group differences in attention. The three groups did not differ significantly on any auditory attention-related brain volumes; however, trends toward significant size–attention function interactions were observed. Negative correlations were found between the volume of the precuneus and auditory attention performance for the AIQ ASD group, indicating larger volume related to poorer performance. Implications for general attention functioning and dysfunctional neural connectivity in ASD are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Mindfulness-based program for children with autism spectrum disorder and their parents: Direct and long-term improvements.

Authors:
Ridderinkhof, Anna; Bruin, Esther I.; Blom, René; Bögels, Susan M.;

Source:

Abstract:
A combined mindfulness-based program for children and their parents (MYmind) was beneficial for adolescents with autism spectrum disorder (ASD). In this study, we investigated whether this program is also beneficial for younger children with ASD, whether effects last on the long-term, and whether it reduces common comorbid problems. Forty-five children referred with ASD aged 8 until 19 years old, and their parents participated. Repeated measures of children’s and parents’ social communication problems, emotional and behavioral functioning, mindful awareness, and of parenting were conducted pre-intervention, post intervention, 2-month follow-up, and 1-year follow-up. While children did not report significant changes in mindful awareness, their social communication problems decreased, and their emotional and behavioral functioning improved. Results were not consistent at each occasion; improvements reported by children were most substantial at a 2-month follow-up and only partly remained at a 1-year follow-up, while all children's improvements as reported by parents were present on all occasions. Parents themselves reported improved emotional and behavioral functioning, improved parenting, and increased mindful awareness on all occasions. Parents' social communication problems reduced only directly after the intervention. Most improvements were supported by the qualitative investigation of children’s and parents’ experienced change as reported on open-ended questions. This study suggests that children, including adolescents, with ASD and their parents can benefit from a mindfulness-based program with parallel sessions for children and parents. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Investigating brain structural patterns in first episode psychosis and schizophrenia using MRI and a machine learning approach.

Authors:
de Moura, Adriana Miyazaki; Pinaya, Walter Hugo Lopez; Gadelha, Ary; Zugman, André; Noto, Cristiano; Cordeiro, Quirino; Belangero, Síntia Iole; Jackowski, Andrea P.; Bressan, Rodrigo A.; Sato, João Ricardo;

Source:

Abstract:
In this study, we employed the Maximum Uncertainty Linear Discriminant Analysis (MLDA) to investigate whether the structural brain patterns in first episode psychosis (FEP) patients would be more similar to
patients with chronic schizophrenia (SCZ) or healthy controls (HC), from a schizophrenia model perspective. Brain regions volumetric data were estimated by using MRI images of SCZ and FEP patients and HC. First, we evaluated the MLDA performance in discriminating SCZ from controls, which provided a score based on a model for changes in brain structure in SCZ. In the following, we compared the volumetric patterns of FEP patients with patterns of SCZ and healthy controls using these scores. The FEP group had a score distribution more similar to patients with schizophrenia (p-value = .461; Cohen’s d = −.15) in comparison with healthy subjects (p-value = .003; Cohen's d = .62). Structures related to the limbic system and the circuitry involved in goal-directed behaviours were the most discriminant regions. There is a distinct pattern of volumetric changes in patients with schizophrenia in contrast to healthy controls, and this pattern seem to be detectable already in FEP. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Infertility treatments during pregnancy and the risk of autism spectrum disorder in the offspring.
Authors: Davidovitch, Michael; Chodick, Gabriel; Shalev, Varda; Eisenberg, Vered H.; Dan, Uzi; Reichenberg, Abraham; Sandin, Sven; Levine, Stephen Z.;
Publisher: Elsevier Science; [Journal Article]
Abstract: We aimed to examine the effects of infertility treatments on the risk of Autism Spectrum Disorder (ASD). Data were from a representative national registry on 110,093 male live births in Israel (born: 1999–2008; and ASD: 975, 0.9%). Infertility treatments included In Vitro Fertilization (IVF), and five hormone treatments. Relative risk (RR) was estimated with multivariable logistic models. Results showed that IVF treatment compared with spontaneous conception was not statistically significantly associated with the risk of ASD. Only progesterone hormone treatment was associated with a statistically significant (p < .05) increased risk of ASD (RR = 1.51, 95% CI 1.22, 1.86) compared to the group with no progesterone treatment. In conclusion, progesterone exposure during the critical period of fetal life elevated the risk of ASD, possibly reflecting epigenetic modification. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The association of psychopathology with concurrent level of functioning and subjective well-being in persons with schizophrenia spectrum disorders.
Authors: Hochstrasser, Lisa; Borgwardt, Stefan; Lambert, Martin; Schimmelmann, Benno G.; Lang, Undine E.; Stieglitz, Rolf-Dieter; Huber, Christian G.;
Publisher: Springer; [Journal Article]
Abstract: The objective is to investigate the relationship between psychopathology measured by the positive and negative syndrome scale (PANSS) and concurrent global assessment of functioning (GAF) and subjective well-being under neuroleptics (SWN) in patients with schizophrenia spectrum disorder (SSD) regarding severity of illness and disease phase. We analyzed a sample of 202 SSD patients consisting of first episode psychosis (FEP) and multiple episode psychosis (MEP) patients followed up to 12 months using linear mixed models. All PANSS syndromes except excitement were associated with GAF scores (positive syndrome: p < 0.001, d = 1.21; negative syndrome: p = 0.029, d = 0.015; disorganized syndrome: p < 0.001, d = 0.37; anxiety/depression syndrome: p < 0.001, d = 0.49), and positive symptoms had an increasing impact on global functioning with higher severity of illness (mildly ill: p = 0.039, d = 0.22; moderately ill: p < 0.001, d = 0.28; severely ill: p < 0.001, d = 0.69). SWN was associated with positive (p = 0.002, d = 0.22) and anxiety/depression (p < 0.001, d = 0.38) syndromes. Subgroup analyses showed differing patterns depending on illness severity and phase. Over all our results show different patterns of
associations of psychopathology and concurrent functioning and subjective well-being. These findings contribute knowledge on the possible role of specific psychopathological syndromes for the functioning and well-being of our patients and may enable tailored treatments depending on severity and phase of illness. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Predictors of partial hospital readmission for young children with oppositional defiant disorder.

Authors: Boekamp, John R.; Liu, Richard T.; Martin, Sarah E.; Mernick, Lauren R.; DeMarco, Mia; Spirito, Anthony


Abstract: This study aimed to: (1) examine rates of readmission among young children with oppositional defiant disorder (ODD) following discharge from a psychiatric partial hospital treatment program, and (2) examine child factors (i.e., age, sex, co-occurring diagnoses, suicidality) and family factors (i.e., parental depression, stress) as prospective predictors of readmission. Participants were 261 children (ages 3–7 years) who entered the study at the time of their initial program admission and who met DSM-IV criteria for ODD. Of these 261 children, 61 (23%) were subsequently readmitted, with most readmissions occurring within 1 year. Cox regression survival analyses demonstrated that younger child age, child suicidal thoughts and behavior, and child PTSD diagnosis were associated with decreased time to readmission. Findings suggest that young children with ODD who present with co-occurring suicidality or PTSD are at risk for readmission following partial hospitalization, with implications for treatment and aftercare planning. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Latent class symptom profiles of selective mutism: Identification and linkage to temperamental and social constructs.

Authors: Diliberto, Rachele; Kearney, Christopher A.;


Abstract: Selective mutism (SM) is a stable, debilitating psychiatric disorder in which a child fails to speak in most public situations. Considerable debate exists as to the typology of this population, with empirically-based studies pointing to possible dimensions of anxiety, oppositionality, and communication problems, among other aspects. Little work has juxtaposed identified symptom profiles with key temperamental and social constructs often implicated in SM. The present study examined a large, diverse, non-clinical, international sample of children aged 6–10 years with SM to empirically identify symptom profiles and to link these profiles to key aspects of temperament (i.e., emotionality, shyness, sociability, activity) and social functioning (i.e., social problems, social competence). Exploratory and confirmatory factor analysis revealed anxiety/distress, oppositionality, and inattentiveness domains. In addition, latent class analysis revealed nuanced profiles labeled as (1) moderately anxious, oppositional, and inattentive, (2) highly anxious, and moderately oppositional and inattentive, and (3) mildly to moderately anxious, and mildly oppositional and inattentive. Class 2 was the most impaired group and was associated with greater emotionality, shyness, and social problems. Class 3 was the least impaired group and was associated with better sociability and social competence and activity. Class 1 was largely between the other classes, demonstrating less shyness and social problems than Class 2. The results help confirm previous findings of anxiety and oppositional profiles among children with SM but that nuanced classes may indicate subtle variations in impairment. The results have implications not only for subtyping this population but also for refining assessment and case conceptualization strategies and pursuing personalized and perhaps less lengthy treatment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Psychopharmacology utilization among children with anxiety and obsessive–compulsive and related disorders following Hurricane Katrina.

Authors: Storch, Eric A.; Gregory, Sean; Salloum, Alison; Quast, Troy;


Abstract: This study aimed to examine the impact of Hurricane Katrina exposure on medication utilization among children with pre-existing anxiety and obsessive–compulsive and related disorders (OCRDs). Medicaid claims data from 2004 to 2006 were analyzed. Children with pre-existing anxiety/OCRDs were compared as a function of those living in a Louisiana disaster area, Louisiana non-disaster area, or Texas in terms of filled prescriptions and average days medication supply. This was further examined as a function of disorder/medication type. Prescriptions filled and average days medication supply were lower for those who resided in the disaster area of Louisiana relative to non-disaster zones in Texas (but not Louisiana). Children with OCD who lived in a disaster zone in Louisiana had 16.6 fewer days supply of antidepressants relative to youth in Texas. Similarly, children with PTSD who lived in a disaster zone in Louisiana had approximately 7 fewer days supply of stimulant medication relative to those who lived in Texas. Medication utilization was reduced for those youth directly exposed to Katrina relative to children in Texas, suggesting potential service disruption. Children with OCD and PTSD may be more likely to experience treatment disruption. Following disasters, particular attention should be given to ensuring continued treatment access for youth with pre-existing anxiety and OCRDs (as well as other conditions).


Title: Relation of self-weighing to future weight gain and onset of disordered eating symptoms.

Authors: Rohde, Paul; Arigo, Danielle; Shaw, Heather; Stice, Eric;


Abstract: Objective: Frequent self-weighing is recommended in weight loss interventions and may prevent weight gain. However, concerns regarding the associations between self-weighing and eating disorders have been expressed and the relations between self-weighing and weight gain/eating pathology have not been examined prospectively. We tested whether (a) frequency of baseline self-weighing in college students with weight concerns predicted weight change over 2-year follow-up, (b) this relation was moderated by eating disorder symptoms, and (c) self-weighing predicted future eating disorder symptoms. Method: Data were merged from two trials evaluating obesity/eating disorder prevention programs in 762 students (Mage = 18.7; 86% women). Participants reported how often they weighed themselves at baseline; body mass index (BMI) and eating disorder symptoms were assessed over 2-year follow-up. Results: Baseline self-weighing predicted weight gain, with more frequent weighers experiencing greater gains (i.e., +0.8 of BMI) over follow-up. This relation was moderated by the frequency of binge eating but not weight/shape concerns or compensatory behaviors; the combination of more frequent self-weighing and binge eating was associated with greatest weight gain (+1.6 of BMI). More frequent weighers also reported higher onset of compensatory behaviors, relative to non-self-weighers (odds ratio = 3.90, 95% confidence interval [1.76, 8.75]). Conclusions: Young adults who weighed themselves more frequently had greater weight gain than those who self-weighed less frequently, especially those who engaged in binge eating, and were at risk for future unhealthy compensatory behaviors. Findings suggest that frequent self-weighing may have negative effects for some young adults, and that relations between self-weighing and weight control outcomes require further investigation.

Title: Biases in interpretation as a vulnerability factor for children of parents with an anxiety disorder.

Authors: Van Niekerk, Rianne E.; Klein, Anke M.; Allart-van Dam, Esther; Rinck, Mike; Souren, Pierre M.; Hutschemaekers, Giel J. M.; Becker, Eni S.;


Abstract: Objective: Children of parents with an anxiety disorder have a higher risk of developing an anxiety disorder than children of parents without an anxiety disorder. Parental anxiety is not regarded as a causal risk factor itself, but is likely to be mediated via other mechanisms, for example via cognitive factors. We investigated whether children of parents with an anxiety disorder would show an interpretation bias corresponding to the diagnosis of their parent. We also explored whether children's interpretation biases were explained by parental anxiety and/or children's levels of anxiety. Method: In total, 44 children of parents with a panic disorder (PD), 27 children of parents with a social anxiety disorder (SAD), 7 children of parents with SAD/PD, and 84 children of parents without an anxiety disorder (controls) participated in this study. Parents and children filled out the Screen for Child Anxiety Related Disorders (SCARED) questionnaire, and children performed two ambiguous scenario tasks: one with and one without video priming. Results: Children of parents with PD displayed significantly more negative interpretations of panic scenarios and social scenarios than controls. Negative interpretations of panic scenarios were explained by parental PD diagnosis and children's anxiety levels. These effects were not found for children of parents with SAD. Priming did not affect interpretation. Conclusion: Our results showed that children of parents with PD have a higher chance of interpreting ambiguous situations more negatively than children of parents without anxiety disorders. More research is needed to study whether this negative bias predicts later development of anxiety disorders in children. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Results from the Child/Adolescent Anxiety Multimodal Extended Long-Term Study (CAMELS): Primary anxiety outcomes.

Authors: Ginsburg, Golda S.; Becker-Haimes, Emily M.; Keeton, Courtney; Kendall, Philip C.; Iyengar, Satish; Sakolsky, Dara; Albano, Anne Marie; Peris, Tara; Compton, Scott N.; Piacentini, John;


Abstract: Objective: To report anxiety outcomes from the multisite Child/Adolescent Anxiety Multimodal Extended Long-term Study (CAMELS). Rates of stable anxiety remission (defined rigorously as the absence of all DSM-IV TR anxiety disorders across all follow-up years) and predictors of anxiety remission across a 4-year period, beginning 4 to 12 years after randomization to 12 weeks of medication, cognitive-behavioral therapy (CBT), their combination, or pill placebo were examined. Examined predictors of remission included acute treatment response, treatment assignment, baseline child and family variables, and interim negative life events. Method: Data were from 319 youths (age range 10.9–25.2 years; mean age 17.12 years) originally diagnosed with separation, social, and/or generalized anxiety disorders and enrolled in the multi-site Child/Adolescent Anxiety Multimodal Study (CAMS). Participants were assessed annually by independent evaluators using the age-appropriate version of the Anxiety Disorders Interview Schedule and completed questionnaires (eg, about family functioning, life events, and mental health service use). Results: Almost 22% of youth were in stable remission, 30% were chronically ill, and 48% were relapers. Acute treatment responders were less likely to be in the chronically ill group (odds ratio = 2.73; confidence interval = 1.14–6.54; p < .02); treatment type was not associated with remission status across the follow-up. Several variables (eg, male gender) predicted stable remission from anxiety disorders. Conclusion: Findings suggest that acute positive response to anxiety treatment may reduce risk for chronic anxiety disability; identified predictors can help tailor treatments to youth at greatest risk for chronic illness. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Postdischarge suicide and death in South Korean children and adolescents hospitalized for a psychiatric illness.

Authors: Paik, Jong-Woo; Kim, Kyoung Hoon; Lee, Sang Min; Na, Kyoung-Sae; Hong, Minha;


Abstract: Objective: The postdischarge suicide rate in children and adolescents ever hospitalized for a psychiatric illness is much higher than that of children and adolescents in the general population. We aimed to investigate the postdischarge death and suicide among children and adolescents hospitalized for a psychiatric illness using the Korean National Health Insurance database and causes of death statistics from the National Statistics Office. Method: We identified children and adolescents less than 18 years of age who experienced at least one psychiatric hospitalization from 2008 to 2013 with a principal diagnosis of a psychiatric disorder based on the International Classification of Diseases, 10th Revision, Code Fxx.x). Postdischarge deaths (all-cause death or suicide) after the first psychiatric hospitalization were investigated. Results: The total number of patients hospitalized for a psychiatric illness was 14,097, and the numbers of all-cause deaths and suicide deaths after discharge were 93 and 64, respectively. The rates of suicide according by diagnostic group were 440.1 (per 100,000 person-years) for psychosis, 248.8 for depression, 155.4 for conduct disorder, 153.6 for bipolar disorder, 103.4 for posttraumatic stress disorder, 93.0 for anxiety disorder, and 38.4 for attention-deficit/hyperactivity disorder. Conclusion: As suicide is the main cause of postdischarge death, there is an urgent need to develop and implement effective prevention strategies after psychiatric hospitalization. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Birth experiences, trauma responses and self-concept in postpartum psychotic-like experiences.

Authors: Holt, Lyndsey; Sellwood, William; Slade, Pauline;


Abstract: The frequency of psychotic-like experiences (PLEs) amongst new mothers is beginning to be explored but the mechanisms underlying such experiences are yet to be understood. First time mothers (N = 10,000) receiving maternity care via the UK National Health Service were contacted postnatally via Emma's Diary, an online resource for mothers. Measures assessed birth experience, trauma appraisals, post-traumatic stress symptoms, adjustment to motherhood, self-concept clarity and PLEs (in the form of hallucinations and delusions). There was a 13.9% response rate (N = 1393) and 1303 participants reported experiencing at least one PLE (93.5%). Three competing nested path models were analysed. A more negative birth experience directly predicted delusions, but not hallucinations. Trauma appraisals and poorer adjustment to motherhood indirectly predicted PLEs, via disturbed self-concept clarity. Post-traumatic stress symptoms directly predicted the occurrence of all PLEs. PLEs in first time mothers may be more common than previously thought. A key new understanding is that where new mothers have experienced birth as traumatic and are struggling with adjustment to their new role, this can link to disturbances in a coherent sense of self (self-concept clarity) and be an important predictor of PLEs. Understanding the development of PLEs in new mothers may be helpful in postnatal care, as would public health interventions aimed at reducing the sense of abnormality or stigma surrounding such experiences. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Patterns in adolescent cannabis use predict the onset and symptom structure of schizophrenia-spectrum disorder.

Shahzade, C.; Chun, J.; DeLisi, L. E.; Manschreck, T. C.;


This study investigated adolescent cannabis use as a risk factor for schizophrenia spectrum disorder (SSD). Motives for early cannabis use and resulting usage patterns were examined alongside clinical measures of SSD onset and symptomatology. Participants (N = 178) were recruited for two samples, 1: healthy controls (HC) with cannabis use, 2: schizophrenia patients (SSD) with cannabis use. Structured interviews of participants and family informants were used to obtain diagnostic and biographical information. Factor-analysis of reported motives for initiating cannabis use produced four groups; sedation, stimulation, social pressure, and recreation. Regression analyses revealed significant relationships between these groups and SSD. Most notably, reason group factor scores predict SSD risk as well as schizotypal symptom severity. Findings also indicate that these factors follow a hierarchical structure, which explains their relative involvement in increased SSD risk. We suggest that adolescent cannabis use both hastens the onset and amplifies the severity of SSD. In response we propose a model for identifying at risk individuals, predicting the onset and severity of SSD, and potentially mitigating the associated psychiatric impairments. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Preventive strategies for mental health.

Arango, Celso; Díaz-Caneja, Covadonga M.; McGorry, Patrick D.; Rapoport, Judith; Sommer, Iris E.; Vorstman, Jacob A.; McDaid, David; Marin, Oscar; Serrano-Drozdowskyj, Elena; Freedman, Robert; Carpenter, William;


Available treatment methods have shown little effect on the burden associated with mental health disorders. We review promising universal, selective, and indicated preventive mental health strategies that might reduce the incidence of mental health disorders, or shift expected trajectories to less debilitating outcomes. Some of these interventions also seem to be cost-effective. In the transition to mental illness, the cumulative lifetime effect of multiple small effect size risk factors progressively increases vulnerability to mental health disorders. This process might inform different levels and stages of tailored interventions to lessen risk, or increase protective factors and resilience, especially during sensitive developmental periods. Gaps between knowledge, policy, and practice need to be bridged. Future steps should emphasise mental health promotion, and improvement of early detection and interventions in clinical settings, schools, and the community, with essential support from society and policy makers. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

The impact of treatment delivery format on response to cognitive behaviour therapy for preadolescent children with anxiety disorders.

McKinnon, Anna; Keers, Robert; Coleman, Jonathan R. I.; Lester, Kathryn J.; Roberts, Susanna; Arendt, Kristian; Bögels, Susan M.; Cooper, Peter; Creswell, Cathy; Hartman, Catharina A.; Fjermestad, Krister W.; In-Albon, Tina; Lavallee, Kristen; Lyneham, Heidi J.; Smith, Patrick; Meiser-Stedman, Richard; Nauta, Maaike H.; Rapee, Ronald M.; Rey, Yasmin; Schneider, Silvia; Silverman, Wendy K.; Thastum, Mikael; Thirlwall, Kerstin; Wergeland, Gro Janne; Eley, Thalia C.; Hudson, Jennifer L.;

Source:
Background: Several delivery formats of cognitive behaviour therapy (CBT) for child anxiety have been proposed, however, there is little consensus on the optimal delivery format. The primary goal of this study was to investigate the impact of the child’s primary anxiety diagnosis on changes in clinical severity (of the primary problem) during individual CBT, group CBT and guided parent-led CBT. The secondary goal was to investigate the impact of the child’s primary anxiety diagnosis on rates of remission for the three treatment formats. Methods: A sample of 1,253 children (5–12 years; Mage = 9.3, SD = 1.7) was pooled from CBT trials carried out at 10 sites. Children had a primary diagnosis of generalised anxiety disorder (GAD), social anxiety disorder (SoAD), specific phobia (SP) or separation anxiety disorder (SAD). Children and parents completed a semistructured clinical interview to assess the presence and severity of DSM-IV psychiatric disorders at preintervention, postintervention and follow-up. Linear mixture modelling was used to evaluate the primary research question and logistic modelling was used to investigate the secondary research question. Results: In children with primary GAD, SAD or SoAD, there were no significant differences between delivery formats. However, children with primary SP showed significantly larger reductions in clinical severity following individual CBT compared to group CBT and guided parent-led CBT. The results were mirrored in the analysis of remission responses with the exception that individual CBT was no longer superior to group CBT for children with a primary SP. The difference between individual and group was not significant when follow-up data were examined separately. Conclusions: Data show there may be greater clinical benefit by allocating children with a primary SP to individual CBT, although future research on cost-effectiveness is needed to determine whether the additional clinical benefits justify the additional resources required. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: I think we’re alone now: Solitary social behaviors in adolescents with autism spectrum disorder.
Authors: Zane, Emily; Neumeyer, Kayla; Mertens, Julia; Chugg, Amanda; Grossman, Ruth B.;
Abstract: Research into emotional responsiveness in Autism Spectrum Disorder (ASD) has yielded mixed findings. Some studies report uniform, flat and emotionless expressions in ASD; others describe highly variable expressions that are as or even more intense than those of typically developing (TD) individuals. Variability in findings is likely due to differences in study design: some studies have examined posed (i.e., not spontaneous expressions) and others have examined spontaneous expressions in social contexts, during which individuals with ASD—by nature of the disorder—are likely to behave differently than their TD peers. To determine whether (and how) spontaneous facial expressions and other emotional responses are different from TD individuals, we video-recorded the spontaneous responses of children and adolescents with and without ASD (between the ages of 10 and 17 years) as they watched emotionally evocative videos in a non-social context. Researchers coded facial expressions for intensity, and noted the presence of laughter and other responsive vocalizations. Adolescents with ASD displayed more intense, frequent and varied spontaneous facial expressions than their TD peers. They also produced significantly more emotional vocalizations, including laughter. Individuals with ASD may display their emotions more frequently and more intensely than TD individuals when they are unencumbered by social pressure. Differences in the interpretation of the social setting and/or understanding of emotional display rules may also contribute to differences in emotional behaviors between groups. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-46074-001&site=ehost-live

Title: Autonomic responses to head-up tilt test in children with autism spectrum disorders.
Authors:
Bricout, Véronique-Aurélie; Pace, Marion; Dumortier, Léa; Favre-Juvin, Anne; Guinot, Michel;


Abstract:
Autism Spectrum Disorders (ASD) is a group of neurodevelopmental disorders often manifested by social and behavioral deficiencies. Autonomic dysfunction is frequently reported in the autistic population but the mechanisms remain largely unknown. We aimed to characterize the cardiac autonomic profile of children with autism during a head-up tilt test. Thirty-nine male children were recruited: 19 controls (9.9 ± 1.6 years) and 20 children with ASD without intellectual disability (10.7 ± 1.2 years). Each child underwent a head-up tilt test on a motorized tilt table. After a 10 min resting period in the supine position, subjects were tilted head-up to 70° on the table for 10 min. Heart rate and blood pressure variabilities were continuously recorded using non-invasive Nexfin monitoring. The head-up tilt test significantly altered heart rate variability (p < 0.001 for both groups) and greater parasympathetic responses were found in the ASD group compared to controls (p < 0.05). In the supine position baroreflex sensitivity was higher in children with ASD than in the controls (p < 0.05) and significantly decreased during the tilt test in the ASD group, but not in controls. Our results showed that children with ASD did not have clinical signs of dysautonomia in response to a head-up tilt test. However, in children with ASD higher parasympathetic responses with the same sympathetic modulations during orthostatic stress suggest parasympathetic dominance in this population. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Associations between adolescent cannabis use and brain structure in psychosis.
Authors: Abush, Hila; Ghose, Subroto; Van Enkevort, Erin A.; Clementz, Brett A.; Pearlson, Godfrey D.; Sweeney, John A.; Keshavan, Matcheri S.; Tamminga, Carol A.; Ivleva, Elena I.;

Source: Psychiatry Research: Neuroimaging, Vol 276, Jun 30, 2018 pp. 53-64. Publisher: Elsevier Science;

Abstract:
Associations between cannabis use and psychotic disorders suggest that cannabis may be a contributory risk factor in the neurobiology of psychosis. In this study, we examined brain structure characteristics, total and regional gray matter density (GMD), using Voxel Based Morphometry, in psychotic individuals, stratified by history of cannabis use (total n = 109). We also contrasted GMD estimates in individual diagnostic groups (schizophrenia/bipolar I disorder) with and without history of adolescent cannabis use (ACU). Individuals with psychosis as a whole, both with and without history of ACU, had lower total and regional GMD, compared to healthy controls. ACU was associated with attenuated GMD reductions, compared to non-users, especially in the schizophrenia cases, who showed robust GMD reductions in fronto-temporal and parietal cortex, as well as subcortical regions. Notably, total and regional GMD estimates in individuals with psychosis and ACU were not different from controls with no ACU. These data indicate that the history of ACU in psychotic individuals is associated with attenuated GMD abnormalities. Future investigations targeting potential unique etiological and risk factors associated with psychosis in individuals with ACU may help in understanding of the neurobiology of psychotic disorders and novel treatment options for these individuals. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Hippocampal subfield volumes in children and adolescents with mood disorders.
Authors: Tannous, Jonika; Amaral-Silva, Henrique; Cao, Bo; Wu, Mon-Ju; Zunta-Soares, Giovana B.; Kazimi, Iram; Zeni, Cristian; Mwangi, Benson; Soares, Jair C.;


Abstract:
The hippocampus has been implicated in various mood disorders, with global volume deficits consistently found in patient populations. The hippocampus, however, consists of anatomically distinct subfields, and examination of specific subfield differences may elucidate the possible molecular mechanisms behind psychiatric pathologies. Indeed, adult studies have reported smaller hippocampal subfield volumes in regions within the cornu ammonis (CA1 and CA4), dentate gyrus (DG), and hippocampal tails in both patients with Major Depressive Disorder (MDD) and Bipolar Disorder (BD) compared to healthy controls. Subfield differences in pediatric patients with mood disorders, on the other hand, have not been extensively investigated. In the current study, magnetic resonance imaging scans were acquired for 141 children and adolescents between the ages of eight and eighteen (57 with BD, 30 with MDD, and 54 healthy controls). An automated segmentation method was then used to assess differences in hippocampal subfield volumes. Children and adolescents with BD were found to have significantly smaller volumes in the right CA1, CA4, and right subiculum, as well as the bilateral granule cell layer (GCL), molecular layer (ML), and hippocampal tails. The volume of the right subiculum in BD patients was also found to be negatively correlated with illness duration. Overall, the findings from this cross-sectional study provide evidence for specific hippocampal subfield volume differences in children and adolescents with BD compared to healthy controls and suggest progressive reductions with increased illness duration. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
An international clinical study of ability and disability in autism spectrum disorder using the WHO-ICF framework.

Authors:
Mahdi, Soheil; Albertowski, Katja; Almodayer, Omar; Arsenopoulou, Vaia; Carucci, Sara; Dias, José Carlos; Khalil, Mohammad; Knüppel, Ane; Langmann, Anika; Lauritsen, Marlene Briciet; da Cunha, Graccielle Rodrigues; Uchiyama, Tokio; Wolff, Nicole; Selb, Melissa; Granlund, Mats; de Vries, Petrus J.; Zwaigenbaum, Lonnie; Bölte, Sven;

Source:

Abstract:
This is the fourth international preparatory study designed to develop International Classification of Functioning, Disability and Health (ICF, and Children and Youth version, ICF-CY) Core Sets for Autism Spectrum Disorder (ASD). Examine functioning of individuals diagnosed with ASD as documented by the ICF-CY in a variety of clinical settings. A cross-sectional study was conducted, involving 11 units from 10 countries. Clinical investigators assessed functioning of 122 individuals with ASD using the ICF-CY checklist. In total, 139 ICF-CY categories were identified: 64 activities and participation, 40 body functions and 35 environmental factors. The study results reinforce the heterogeneity of ASD, as evidenced by the many functional and contextual domains impacting on ASD from a clinical perspective. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Associations between emotion regulation and social impairment in children and adolescents with autism spectrum disorder.

Authors:
Goldsmith, Samantha F.; Kelley, Elizabeth;

Source:

Abstract:
In typically-developing (TD) individuals, effective emotion regulation strategies have been associated with positive outcomes in various areas, including social functioning. Although impaired social functioning is a core criterion of Autism Spectrum Disorder (ASD), the role of emotion regulation ability in ASD has been largely ignored. This study investigated the association between emotion regulation and ASD symptomatology, with a specific emphasis on social impairment. We used parent-report questionnaires to assess the regulatory strategies and symptom severity of 145 youth with ASD. Results showed that: (1) more effective emotion regulation, defined by greater use of reappraisal, predicted less severe ASD
symptomatology, and (2) greater use of reappraisal predicted less severe social impairment. Suppression was not predictive of general symptomatology or social functioning. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:

Authors:
Plavnick, Joshua B.; Dueñas, Ana D.;

Source:

Abstract:
Four adolescents with autism spectrum disorder (ASD) were taught to interact with peers by asking social questions or commenting about others during game play or group activities. Participants were shown a video model and then given an opportunity to perform the social behavior depicted in the model when playing a game with one another. All participants demonstrated an increase in both social interaction skills, replicating previous research on video-based group instruction for adolescents with ASD. The results suggest the procedure may be useful for teaching social skills that occur under natural conditions. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Brief report: Social functioning predicts externalizing problem behaviors in autism spectrum disorder.

Authors:
Shea, N.; Payne, E.; Russo, N.;

Source:

Abstract:
Individuals with ASD often display externalizing behaviors, which have been associated with lower quality of life in adulthood. Social difficulties have been hypothesized to underlie externalizing problems among individuals with ASD (Klin and Volkmar in Asperger Syndrome, 340–366, 2000), but this has never been tested empirically. We examined whether socialization abilities predicted externalizing problems assessed by parent report in a group of 29 individuals with ASD (age range 7–16 years) and 29 TD individuals matched for IQ, age, and gender. Socialization scores accounted for 50% of the variance in externalizing behaviors among individuals with ASD, but not in TD children. These findings have implications for intervention, and suggest that targeting social difficulties might provide a better means to addressing externalizing problems. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Back to top
Employment and Mental Health

**Title:**
Predictors of sustained employment among individuals with serious mental illness: Findings from a 5-year naturalistic longitudinal study.

**Authors:**
Russinova, Zlatka; Bloch, Philippe; Wewiorski, Nancy; Shappell, Heather; Rogers, E. Sally;

**Source:**
Journal of Nervous and Mental Disease, Vol 206(9), Sep, 2018 pp. 669-679. Publisher: Lippincott Williams & Wilkins; [Journal Article]

**Abstract:**
Despite decades of research, understanding of the employment trajectories of individuals with serious mental illnesses remains elusive. We conducted a 5-year prospective, longitudinal study using a geographically broad sample of individuals who met established criteria for sustained competitive employment (N = 529). We collected data on an annual basis with a specifically designed survey instrument. Despite stable employment at study entry, more than half of the participants experienced work interruptions during the 5-year follow-up period. Predictors of sustained employment included the absence of a trauma diagnosis, Social Security disability income, psychiatric hospitalizations, and difficulties with daily functioning. The presence of a higher quality of life, workplace supports, and a flexible job were also predictive. Results dispel the myth that people with serious mental illnesses cannot be employed for prolonged periods. Interruptions in work trajectories, however, suggest that longer-term supports may increase individuals’ capacity to maintain stable employment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Employment and vocational rehabilitation experiences among veterans with polytrauma/traumatic brain injury history.

**Authors:**
Wyse, Jessica J.; Pogoda, Terri K.; Mastarone, Ginnifer L.; Gilbert, Tess; Carlson, Kathleen F.;

**Source:**
Psychological Services Publisher: Educational Publishing Foundation; [Journal Article]

**Abstract:**
Evidence suggests that Iraq and Afghanistan war veterans with polytrauma/traumatic brain injury (TBI) history and neurobehavioral symptoms may face difficulties returning to work, yet also encounter barriers to accessing, navigating, and engaging in Department of Veterans Affairs (VA) vocational rehabilitation programs. This study utilized qualitative interviews and focus groups with veterans with documented polytrauma/TBI history to explore veterans’ perceived barriers to employment and vocational rehabilitation program participation, as well as to solicit thoughts regarding interest in an evidence-based vocational rehabilitation program, the Individual Placement and Support model of Supported Employment (IPS-SE). Veterans identified physical, emotional, cognitive, and interpersonal barriers to finding and maintaining work that they described as linked with their polytrauma/TBI symptoms and sequelae. Communication and logistical issues were described as the primary barriers to vocational rehabilitation program access, while barriers to program utilization included eligibility characteristics, fear of losing financial benefits, and a military-cultural belief of self-sufficiency that made help-seeking difficult. Finally, veterans endorsed key aspects of IPS-SE, such as staff serving as translators, advocates, and navigators of the job search and maintenance process. Policy recommendations are addressed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Predictors of sustained employment among individuals with serious mental illness: Findings from a 5-year naturalistic longitudinal study.
Despite decades of research, understanding of the employment trajectories of individuals with serious mental illnesses remains elusive. We conducted a 5-year prospective, longitudinal study using a geographically broad sample of individuals who met established criteria for sustained competitive employment (N = 529). We collected data on an annual basis with a specifically designed survey instrument. Despite stable employment at study entry, more than half of the participants experienced work interruptions during the 5-year follow-up period. Predictors of sustained employment included the absence of a trauma diagnosis, Social Security disability income, psychiatric hospitalizations, and difficulties with daily functioning. The presence of a higher quality of life, workplace supports, and a flexible job were also predictive. Results dispel the myth that people with serious mental illnesses cannot be employed for prolonged periods. Interruptions in work trajectories, however, suggest that longer-term supports may increase individuals' capacity to maintain stable employment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

The contribution of employment duration to 18-month neurocognitive outcomes in first-episode psychosis.

Objective: Increased employment duration has been associated with change in performance on specific neurocognitive domains in populations with schizophrenia, but not in first-episode psychosis. The aim of this exploratory study was to examine whether employment duration over 18 months is associated with neurocognitive outcomes over 18 months among individuals with first-episode psychosis. Method: Eighty-eight young people with first-episode psychosis completed a neurocognitive battery at baseline and 18 months. Setwise (hierarchical) multivariate linear regressions were used to examine predictors of change in neurocognitive performance over 18 months. Total hours employed over 18 months were entered after accounting for age, gender, premorbid IQ, and negative symptom change scores. Results: Total hours employed was significantly associated with change in Symbol Digit Modalities Test raw score (p = .020), Letter-Number Sequencing scaled score (p = .016), Digit Span total scaled score (p = .047) and Rey Complex Figure Test delayed recall raw score (p = .016) over 18 months, after controlling demographic characteristics, premorbid IQ, and changes in negative psychotic symptoms. Conclusions and Implications for Practice: Total hours worked over 18 months was associated with small improvements on one test of processing speed and one test of working memory. However, total hours worked over 18 months was also associated with decline on one test of attention and working memory and visual organization and memory. The findings implicate that work alone may not be entirely effective in changing neurocognitive functioning for young people with first-episode psychosis. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

The association between time incarcerated and the search for employment in a veteran sample with substance use disorders.

Authors: LePage, James P.; Crawford, April M.; Philippe, Michel;
Source: Psychiatric Rehabilitation Journal Publisher: Educational Publishing Foundation; [Journal Article]
Objective: Incarceration and substance use disorders/mental illness can have a significant negative impact on finding employment. However, it is unclear in what phase of the search for employment, that is, applying for jobs, obtaining interviews, being offered employment, does time incarcerated have the most effect. This study will determine how time incarcerated in the past 10 years is associated with negative job search process outcomes. Method: This study evaluates 84 (81 men and 3 women) veterans with substance use disorders and histories of felony convictions. Four path analyses were conducted to evaluate models that incorporated time incarcerated at the different phases. Results: The superior model incorporated time incarcerated negatively affecting the number of interviews obtained. Models that assessed the association between time incarcerated with applications submitted and likelihood of being offered employment did not demonstrate adequate goodness-of-fit. Conclusion and Implications for Practice: Overall, the findings demonstrate the ex-offenders enrolled exhibited similar effort in searching for employment across time incarcerated. Also, employers are equally likely to hire those with felony histories, regardless of the time incarcerated, once the applicant has been met and interviewed. The results highlight the need for services focusing on breaking down stigma and reducing barriers that screen out ex-offenders from being interviewed by employers. 


Title: Electrophysiological correlates of empathic processing and its relation to psychopathic meanness.
Authors: van Dongen, Josanne D. M.; Brazil, Inti A.; van der Veen, Freddy M.; Franken, Ingmar H. A.
Source: Neuropsychology Publisher: American Psychological Association; [Journal Article]
Abstract: Objective: A lack of empathy and the presence of predatory tendencies are considered key features of psychopathic meanness. Previous electrophysiological studies on empathy in relation to psychopathic traits have focused mainly on empathy for pain; therefore, little is known about the electrophysiological correlates of empathy in aggressive situations that are particularly relevant for psychopathic meanness. Method: We employed electroencephalography in a community sample (n = 70), the majority of whom had attained a higher level of education. All participants were screened for not having psychiatric conditions or criminal history. The P3 and late positive potential (LPP) event-related potentials and mu rhythm suppression were examined as indices of empathic processing during the observation of situations in which victims of aggression were depicted. Results: As predicted, it was found that persons with elevated levels of psychopathic meanness scored lower on trait empathy and assigned higher positive valence to the aggression scenes. It is interesting that those scoring higher on meanness also scored higher on empathy for the perpetrator. In addition, it was found that psychopathic meanness was negatively related to LPP amplitudes following pictures of aggressive situations. No significant associations were found between meanness and the P3 or between meanness and mu suppression. Conclusions: This study was the first to assess the electrophysiological signature of empathy during the processing of pictures depicting aggressive situations and the relationships with psychopathic meanness. The outcomes highlight the need for more integrative approaches to further study the complex pattern of relationships between empathy and psychopathic meanness. 


Title: 'Dirty' workplace politics and well-being: The role of gender.
Authors: Webster, Jennica R.; Adams, Gary A.; Maranto, Cheryl L.; Beehr, Terry A.
Abstract: We build and empirically test an integrative model of gender, workplace politics, and stress by integrating social role theory and prescriptive gender stereotypes with the transactional theory of stress. To examine the effect of gender on the relation between exposure to non-sanctioned political influence tactics (NPITs;
e.g., self-serving and socially undesirable behaviors such as manipulation and intimidation) and stress outcomes, we employed a daily diary design with 64 employed adults over the course of 12 working days. In support of our hypotheses, exposure to NPITs—that is, ‘dirty politics’—elicited a threat appraisal that, in turn, related to the activation of negative emotions. Moreover, unlike men, women who reported higher levels of NPITs experienced heightened levels of threat appraisal and ultimately negative emotions. We demonstrate that pairing social role theory with the transactional theory of stress is a useful approach for researchers interested in better understanding gender differences in the occupational stress process. Anyone interested in reducing stress in the workplace is encouraged not only to reduce the occurrence of NPITs, but also to consider ways to reduce the threat associated with them, especially for women. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Back to top