Effect of Collaborative Care vs Usual Care on Depressive Symptoms in Older Adults With Subthreshold Depression: The CASPER Randomized Clinical Trial

Purpose: To evaluate whether a collaborative care intervention can reduce depressive symptoms and prevent more severe depression in older people.

Methods: The study of relaxation therapy was very small, with loss of two participants who used the CD, and the study information in both study reports was insufficient to permit assessment of whether other biases had been introduced. A small number of participants. Studies assessing antidepressants did not include comparison with a placebo drug, and only 14% of those receiving buspirone hydrochloride reported nausea or palpitations.

Background: There is little evidence to guide management of depressive symptoms in older people. The study reported that half of the participants receiving paroxetine experienced side effects that included nausea, vomiting, or dizziness. The third study also reported that participants were less anxious when treated with an antidepressant medicine (paroxetine), or with paroxetine and psychotherapy, than with standard care. This study reported that of the participants receiving paroxetine experienced side effects that included nausea, vomiting, or dizziness. The third study also reported that participants were less anxious when treated with an antidepressant medicine (paroxetine), or with paroxetine and psychotherapy, than with standard care. This study reported that half of the participants receiving paroxetine experienced side effects that included nausea, vomiting, or dizziness. The third study also reported that participants were less anxious when treated with an antidepressant medicine (paroxetine), or with paroxetine and psychotherapy, than with standard care. This study reported that half of the participants receiving paroxetine experienced side effects that included nausea, vomiting, or dizziness. The third study also reported that participants were less anxious when treated with an antidepressant medicine (paroxetine), or with paroxetine and psychotherapy, than with standard care. This study reported that half of the participants receiving paroxetine experienced side effects that included nausea, vomiting, or dizziness.

Conclusion: Current evidence is insufficient to guide the treatment of anxiety after stroke. Additional well-conducted randomised trials are needed.
Are we good and are we safe? Measuring quality and assessing risk in an adult autism diagnostic service

Advances in Autism, Vol. 3 Issue 1, pp.15-26, https://doi.org/10.1108/AIA-03-2016-0008

Purpose: Leeds autism diagnostic service is an adult autism diagnostic service for people of any intellectual ability which also offers consultancy to service users/carers or professionals, as well as a wide range of autism training. The service was set up as a pilot in 2011 and a paper describing the service development was published in this journal in November 2015. The purpose of this paper is to describe the approach taken to measure the quality of the service the authors provide and accurately assess risk in adults with autism.

Design/methodology/approach: The process of evaluating appropriate outcome measures is described, along with considering appropriate risk assessment tools for use in the community. Over 200 people each year complete the autism diagnostic pathway, and 164 patients were invited to respond to service evaluation questionnaires in 2014.

Findings: To date, the most useful outcome measures for this group include a prospective service user questionnaire which enables service user opinion to influence service development. In the absence of any appropriate autism-specific risk assessment tools, the service has developed one which it is currently piloting. This has proved particularly useful in the consultancy setting.

Originality/value: This paper is a follow-up paper looking at the day-to-day issues that the team have had to grapple with – how do you assess whether what you are doing is providing the best possible service for the people that you serve and how do you accurately assess risk in this population?

Involving the public in mental health and learning disability research: Can we, should we, do we?

Journal of Psychiatric and Mental Health Nursing 1365-2850

Patient and public involvement (PPI) is integral to UK health research guidance; however, implementation is inconsistent. There is little research into the attitudes of NHS health researchers towards PPI.

Aim: This study explored the attitude of researchers working in mental health and learning disability services in the UK towards PPI in health research.

Method: Using a qualitative methodology, semi-structured interviews were conducted with a purposive sample of eight researchers. A framework approach was used in the analysis to generate themes and core concepts.

Results: Participants valued the perspective PPI could bring to research, but frustration with tokenistic approaches to involvement work was also evident. Some cultural and attitudinal barriers to integrating PPI across the whole research process were identified.

Discussion: Despite clear guidelines and established service user involvement, challenges still exist in the integration of PPI in mental health and learning disability research in the UK.

Implications for practice: Guidelines on PPI may not be enough to prompt changes in research practice. Leaders and researchers need to support attitudinal and cultural changes where required, to ensure the full potential of PPI in mental health and learning disability services research is realized.

Relevance statement: Findings suggest that despite clear guidelines and a history of service user involvement, there are still challenges to the integration of PPI in mental health and learning disability research in the UK. For countries where PPI guidelines are being developed, attention needs to be paid to cultural factors in the research community to win “hearts and minds” and support the effective integration of PPI across the whole research process.

Identifying barriers to the implementation of patient-reported outcome measures using a theory-based approach

European Journal for Person Centered Healthcare 2017 Vol 5 Issue 1 pp 35-44

Rationale, aims and objectives: Patient-reported outcome measures (PROMs) are gaining increasing attention within mental healthcare, yet can be difficult to implement into routine practice. To increase uptake, it is recommended to explore the barriers to uptake guided by a theory base, with this information then used to design a tailored improvement strategy. The aim of this study was to explore the barriers to collecting and using a specific PROM within a single setting to inform the design of PROMs promotion strategies.

Methods: Staff perceptions of relative advantage and the compatibility with norms and complexity of using the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) in routine practice were explored through structured group discussions with mental healthcare teams within one Foundation Trust guided by diffusion of innovation theory.

Results: Respondents perceived some advantages to using SWEMWBS, notably patient involvement, but also highlighted the burden of paper-based data collection and the poor quality of feedback reports. There was also scepticism regarding the suitability of the tool, particularly for certain groups of patients and concerns regarding use of PROMs for performance management. Views were mixed regarding compatibility with existing norms.

Conclusions: To increase uptake, it is recommended that the positive perceptions of relative advantage, compatibility and ease of use identified in this study should be promoted, including through messages delivered by senior staff and tailored educational strategies. Negative (mis)perceptions should be similarly challenged and barriers around paper-based data collection and feedback reports systematically targeted.
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<td>Ian M Anderson, Andrew Blainire, Tim Branton, Sabrina Brigadoi, Ross Clark, Darragh Downey, Graham Dunn, Andrew Easton, Rebecca Elliott, Clare Elwell, Katherine Hayden, Fiona Holland, Saiman Karim, Jo Lowe, Colleen Loo, Rajesh Nair, Timothy Oakley, Antony Prakash, Parveen K Sharma, Stephen R Williams and R Hamsh McAllister Williams</td>
<td>2017</td>
<td>Randomised controlled trial of ketamine augmentation of electroconvulsive therapy to improve neuropsychologic al and clinical outcomes in depression (Ketamine-ECT study)</td>
<td>English Background: Electroconvulsive therapy (ECT) is the most effective acute treatment for severe depression, but there are concerns about its adverse cognitive effects. ECT may impair cognition through stimulation of glutamate receptors, and preliminary evidence has suggested that ketamine, a glutamate antagonist, may alleviate these effects. Ketamine has been shown to have a rapid, but temporary, antidepressant effect after a single infusion. Objective: To determine the efficacy and safety of adjunctive low-dose ketamine to reduce cognitive impairments caused by ECT and, secondarily, to improve symptomatic outcome. Design: Multicentre, two-arm, parallel-group, patient-randomised, placebo-controlled superiority trial. Setting: Eleven ECT suites based in seven NHS trusts in the north of England. Participants: Severely depressed hospitalised patients or outpatients who received ECT as part of their usual clinical care. Interventions: Patients were randomised to ketamine (0.5 mg/kg) or saline as an adjunct to their anaesthetic for their ECT course in a 1:1 ratio. Main outcome measures: The primary outcome was delayed verbal recall on the Hopkins Verbal Learning Task – Revised (HVLT-R) after four ECT treatments (mid-ECT), analysed using a Gaussian repeated measures model. Secondary outcomes included autobiographical, working and visual memory and verbal fluency, symptoms and quality of life; assessments occurred at mid-ECT, end of treatment and 1 and 4 months after the last ECT. Neuropsychological function was compared with that of healthy control subjects and a functional near-infrared spectroscopy (fNIRS) substudy investigated prefrontal cortex function. A patient survey of study participation was carried out.</td>
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<td>Barry Wright, Lisa Hackney, Melissa Barry, Jamie Barrow, and Megan Garside.</td>
<td>2017</td>
<td>Decreasing rates of disorganised attachment in infants and young children, who are at risk of developing, or who already have disorganised attachment. A systematic review and meta-analysis of early parenting interventions.</td>
<td>English BACKGROUND: Disorganised attachment patterns in infants have been linked to later psychopathology. Services have highlighted the need for better parenting interventions in at risk groups. OBJECTIVES: The objective of this review and meta-analysis was to evaluate the clinical effectiveness of available parenting interventions for families of children at high risk of developing disorganised attachment patterns. METHODS: Population: Studies were included if they involved parents or caregivers of young children with a mean age under 13 years who had a disorganised classification of attachment or were identified as at high risk of developing such problems. Included interventions were aimed at parents or caregivers (e.g. foster carers) seeking to improve attachment. Comparators included an alternative intervention, an attention control, treatment as usual or no intervention. The primary outcome was a disorganised pattern in childhood measured using a validated attachment instrument. Studies that did not use a true Randomised Controlled Trial (RCT) design were excluded from the review. Both published and unpublished papers were included, there were no restrictions on years since publication and foreign language papers were included where translation services could be accessed within necessary timescales. RESULTS: A comprehensive search of relevant databases yielded 15,298 papers. This paper reports a systematic review as part of an NIHR HTA study identifying studies pre-2012; updated to include all papers to October 2016. Two independent reviewers undertook two stage screening and data extraction of the included studies at all stages. A Cochrane quality assessment was carried out to assess the risk of bias. In total, fourteen studies were included in the review. In a meta-analysis of these fourteen studies the interventions saw less disorganised attachment at outcome compared to the control (OR = 0.50, (0.32, 0.77), p = 0.008). The majority of the interventions targeted maternal sensitivity. We carried out exploratory analyses to examine factors that may influence treatment outcome but these should be treated with caution given that we were limited by small numbers of studies.</td>
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Background: Depression affects as many as one in five people in their lifetime and often runs a recurrent lifetime course. Mindfulness-based cognitive therapy (MBCT) is an effective psychosocial approach that aims to help people at risk of depressive relapse to learn skills to stay well. However, there is an ‘implementation cliff’: access to those who could benefit from MBCT is variable and little is known about why that is the case, and how to promote sustainable implementation. As such, this study fills a gap in the literature about the implementation of MBCT.

Objectives: To describe the existing provision of MBCT in the UK NHS, develop an understanding of the perceived costs and benefits of MBCT implementation, and explore the barriers and critical success factors for enhanced accessibility. We aimed to synthesise the evidence from multiple data sources to create an explanatory framework of the how and why of implementation, and to co-develop an implementation resource with key stakeholders.

Design: A two-phase qualitative, exploratory and explanatory study, which was conceptually underpinned by the Promoting Action on Research Implementation in Health Services framework.

Methods: Phase 1 involved interviews with participants from 40 areas across the UK about the current provision of MBCT. Phase 2 involved 10 case studies purposely sampled with differing degrees of MBCT provision, and from each UK country. Case study methods included interviews with key stakeholders, including commissioners, managers, MBCT practitioners and teachers, and service users. Observations were conducted and key documents were also collected. Data were analysed using a modified approach to framework analysis. Emerging findings were verified through stakeholder discussions and workshops.

Tom Hughes
Emma Peckham, Suzanne Crossland, Tom Hughes, Alisha O’Connor, Imogen Sargent and Simon Gilbody

2017

Accessibility and implementation in the UK NHS services of an effective depression relapse prevention programme: learning from mindfulness-based cognitive therapy through a mixed-methods study (ASPIRE Study)
Health Services and Delivery Research Volume: 5, Issue:14, Published in April 2017

Background: People with severe mental ill health can be a hard to reach population for trial recruitment. One reason for this is clinicians’ reluctance to invite people with severe mental ill health to take part in research. This may be due to a belief that it would not be to be in the person’s best interest, without checking if this is true. The TwiCs design might be appropriate since it is easy for participants to engage with and doesn’t cause ethical dilemmas for the recruiting clinician about whether or not it is in the participant’s best interest to take part. This promotes service user autonomy. We are piloting this design.

Methods: We have set up the Lifestyle Health and Wellbeing Survey to ask people with severe mental ill health questions about diet, fitness, alcohol and smoking. Those who respond and are willing to be contacted again will become part of the Health and Wellbeing cohort. We are looking at people’s answers to determine if they are potentially eligible to take part in the SCIMITAR+ randomised controlled trial (ISRCTN72995454). This trial will test an intervention to help people quit smoking. Both the Health and Wellbeing cohort and SCIMITAR+ have received research ethics committee approval. If this method of recruitment proves acceptable to participants we will embed other trials of lifestyle interventions in the Health and Wellbeing cohort.

Penn Smith and Anna Madill

2017

Photo elicitation study of a novel in reach rehabilitation and recovery service.
Innovation and Development Newsletter, 27, 10-11.

Background: The philosophy of the new service is to facilitate community recovery to reach into the inpatient ward and, in this way, provide more holistic and intensive support. The service seeks to meet the needs of service users throughout their journey by integrating fully in the rehabilitation pathway and citywide rehabilitation support services. This is anticipated to be of huge benefit to service users, reducing the number of readmissions and length of stay, so reducing also the cost to the public purse (Barnes & Dilks, 2014). Essentially, it is hoped that this model will help avoid institutionalisation and will promote better outcomes for service users who may be characterised as ‘high need’ and ‘slow moving’.

Method: This research involves undertaking photo elicitation with service users and purposefully sampled staff (including inpatient service and community partners) to explore their experience of the new service. Photo elicitation, first named in 1957 by John Collier (Harper, 2002), is a method in which participants are invited to take photographs in order to express their experience around the topic of investigation. The photographs are then used in research interviews in order to facilitate detailed discussions. A pilot study has been conducted in order to seek feedback on the process before continuing the main study data collection. Two members of staff, one male and one female, and one male service user were approached to take part in the pilot study. Participants were asked to take between five and seven photographs representing their experience of the service during a time period of seven to ten days. Interviews followed a semi-structured interview question format and were led by discussions prompted by the photographs.

Success using the method: Initial analysis has revealed interesting themes including the role of relationships in recovery as well as the importance of meaning-making in participants’ lives. This image depicts a staff member’s experience of supporting service users in their recovery journey. Each different combination represents a challenge to overcome and an opportunity to open up new possibilities. Overall the theme is ‘freedom to move forward’. Wanting the best for service users is key, in addition to advocating service user choice whilst acknowledging limitations. The pilot study has demonstrated photo elicitation works well as a method and generates rich data. As a commonly used medium, photography is well suited for vulnerable participants. Participants have engaged with the process of taking photographs and offered valuable feedback. Time to stop and reflect has been viewed as valuable, and the process itself described as powerful. This work demonstrates that taking photographs enables participants to find meaning.
### Jessica Broughton, Sarah Harris, Lucy Beasant, Esther Crawley and Simon Collin.

2017  
Adult patients’ experiences of NHS specialist services for chronic fatigue syndrome (CFS/ME): a qualitative study in England  
English  
**Background:** Few studies have explored patients’ experiences of treatment for CFS/ME. This study aims to fill this gap by capturing the perspective of patients who have been treated by NHS specialist CFS/ME services in England.

**Methods:** Semi-structured interviews were conducted during the period June–September 2014 with 16 adults who were completing treatment at one of three outpatient NHS specialist CFS/ME services. Interviews were analysed thematically using constant comparison techniques, with particular attention paid to contrasting views.

**Results:** Three themes were identified: ‘Journey to specialist services’; ‘Things that help or hinder treatment’; and ‘Support systems’. Within these themes nine sub-themes were identified. A wide range of factors was evident in forming participants’ experiences, including personal characteristics such as perseverance and optimism, and service factors such as flexibility and positive, supportive relationships with clinicians. Participants described how specialist services played a unique role, which was related to the contested nature of the condition. Many participants had experienced a lack of validation and medical and social support before attending a specialist service. Patients’ experiences of life before referral, and the concerns that they expressed about being discharged, highlighted the hardship and obstacles which people living with CFS/ME continue to experience in our society.

**Conclusions:** The experiences of CFS/ME patients in our study showed that NHS specialist CFS/ME services played a vital role in patients’ journeys towards an improved quality of life. This improvement came about through a process which included validation of patients’ experiences, acceptance of change, practical advice and support, and therapeutic outcomes.

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### Peter Taylor, Sarah Jones, Christopher Huntley and Claire Seddon.

2017  
What are the key elements of cognitive analytic therapy for psychosis? A Delphi study  
English  
**Objective:** There has been growing interest in the use of cognitive analytic therapy (CAT) with those facing experiences of psychosis. However, there is little research on how CAT is best applied to working with psychosis. This study aimed to identify what the key aspects of CAT for psychosis are or whether this approach requires adaptation when applied to those with experiences of psychosis, drawing on expert opinion.

**Method:** An adapted Delphi methodology was used. Items were generated during an initial workshop (N = 24) and then rated for agreement or importance via an online survey by a sample of experts with experience of CAT and working clinically with psychosis (N = 14).

**Results:** Following two rounds of ratings, consensus was reached on most items. Additional comments emphasized the need to be flexible with regard to the varying needs of individual clients.

**Conclusions:** Results highlight the specific relational understanding of psychosis provided by CAT as one of the key elements of this approach. Responses emphasized the need for some level of adaptation to work with psychosis, including greater flexibility with regard to the treatment frame.

**Practitioner Points:**
- When working with experiences of psychosis, aspects of the CAT model, such as session length, pacing, and duration of therapy, are open to change and may require modification.
- When working with experiences of psychosis, narrative reformulation letters and sequential diagrammatic reformulation (SDR) remain essential to the therapy.

This Delphi methodology study essentially relies on opinion. Further empirical research could test assumptions about the most important or therapeutically effective components of CAT in psychosis.

**CAT is still not widely used in the context of psychosis limiting the pool of experts available for the current sample.**

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### James Johnston  
Jessica Yakeley, James Johnston, Gwen Ashhead, and Laura Allison

2016  
The Oxford Specialist Handbook of Medical Psychotherapy  
English  
**Objective:** The Oxford Specialist Handbook of Medical Psychotherapy covers all aspects of the psychiatric specialty of medical psychotherapy, including the role of the medical psychotherapist, key features of the main therapeutic models, and the research evidence for the efficacy of different psychotherapies across the range of psychiatric disorders and patient populations encountered in mental health settings. It details the theoretical concepts, techniques, mechanisms of change, empirical evidence, and training required for each of the major models of psychotherapy—psychoanalytic, cognitive behavioural, systemic, and group—as well as other therapeutic modalities most commonly available within the National Health Service in the UK. These include cognitive analytic therapy (CAT), interpersonal psychotherapy (IPT), psychodynamic interpersonal therapy (PIT), dynamic interpersonal therapy (DIT), dialectical behaviour therapy (DBT), mentalization-based treatment (MBT), schema therapy, mindfulness-based interventions, therapeutic communities, art psychotherapy, dramatherapy, music therapy, and counselling. The book also describes the general therapeutic competencies common to all modalities, including development of the therapeutic alliance, handling emotions, dealing with breaks and endings, assessing and managing risk, and using clinical supervision. Psychotherapy assessment, formulation and consultation are also reviewed. Key issues regarding the ethics and boundaries of medical and psychiatric care are examined, as well as the application of psychotherapeutic principles within the wider health care system, focusing on management, teaching and consultation, organizational dynamics, and the involvement of patients and service users in the planning and delivery of services. The expanding field of psychotherapy research and its links with attachment studies and neuroscience is reviewed, as well as the applications of medical psychotherapy within the other psychiatric specialties.
Niamh Fitzgerald, Kathryn Angus, Andrew Elders, Marisa de Andrade, Duncan Rastrick, Nick Heather, and Jim McCambridge

Nalmefene has been approved in Europe for the treatment of alcohol dependence and subsequently recommended by the UK National Institute for Health and Care Excellence (NICE). This study examines critically the evidence base underpinning both decisions and the issues arising.

Methods: Published studies of nalmefene were identified through a systematic search, with documents from the European Medicines Agency, the NICE appraisal and public clinical trial registries also examined to identify methodological issues.

Results: Efficacy data used to support the licensing of nalmefene suffer from risk of bias due to lack of specification of a priori outcome measures and sensitivity analyses, use of post-hoc sample refinement and the use of inappropriate comparators. Despite this, evidence for the efficacy of nalmefene in reducing alcohol consumption in those with alcohol dependence is, at best, modest, and of uncertain significance to individual patients. The relevance of existing trial data to routine primary care practice is doubtful.

Conclusions: Problems with the registration, design, analysis and reporting of clinical trials of nalmefene did not prevent it being licensed and recommended for treating alcohol dependence. This creates dilemmas for primary care clinicians and commissioning organisations where nalmefene has been heavily promoted, and poses wider questions about the effectiveness of the medicines regulation system and how to develop the alcohol treatment evidence base.

Alison Jane Stansfield

How useful are the Adult Asperger Assessment and AQ-10 within an adult clinical population of all intellectual abilities?

Purpose – The Adult Asperger Assessment (AAA) was designed to be a screening tool to identify adults with Asperger syndrome and/or high-functioning autism. The AAA includes three questionnaires; the Autism Quotient (AQ), the Empathy Quotient (EQ) and the Relatives Questionnaire (RQ). The Autism Quotient-10 (AQ-10) was designed to be a “red flag” for healthcare professionals considering referral for ASD assessment. The purpose of this paper is to determine the usefulness of the AAA and AQ-10 as part of an adult autism diagnostic pathway that includes patients of all intellectual ability.

Design/methodology/approach – Results were obtained for all patients who had received a clinical decision at Leeds Autism Diagnostic Service, which is a service that assesses patients of all intellectual ability, during 2015-16. Of these 132 were included in the analysis, 77 patients were excluded for not completing the AAA and four were excluded for not receiving a clinical decision.

Findings – Results suggest that patients diagnosed with ASD without intellectual disabilities score on average 35 on the AQ, 17 on the EQ and 20 on the RQ. Those not diagnosed with ASD score on average 33 on the AQ, 22 on the EQ and 15 on the RQ. Patients with intellectual disabilities, scores are lower on the AQ, and higher on the EQ and RQ than those without intellectual disabilities. These results are the same regardless of diagnosis of ASD. The RQ is the only questionnaire to result in a significant difference between those diagnosed and not diagnosed. Results suggest that the AQ-10 is not useful in this clinical population.

Research limitations/implications – This study was undertaken as part of a service development improvement process. The specific demographics of this clinical population may have influenced the findings. The process will need to be repeated to ensure that the results are consistent across time and increased sample size. The population of patients with an intellectual disability is small, further studies into the use of the AAA or the design of other intellectual disability specific screening tools should be pursued. It is of note that the AAA was never intended for use within an intellectual disability population.

Originality/value – This is an original paper as it will be the first to consider the usefulness of each of the aspects of the AAA collectively. It will be the first to assess: the AQ-10 alongside the AAA, the usefulness of the AAA regardless of intellectual ability and the usefulness of the AAA within a clinical population by using the diagnostic outcome as the benchmark of the usefulness of the AAA scores. This paper will only be discussing the AAA regardless of diagnosis of ASD. The RQ is the only questionnaire to result in a significant difference between those diagnosed and not diagnosed. Results suggest that the AQ-10 is not useful in this clinical population.

Prakash Hosalli

Being a college tutor for psychiatric trainees

College tutors for psychiatric trainees are National Health Service (NHS) consultants who have responsibility for organisation and delivery of postgraduate education and learning opportunities for the core trainees in NHS trusts. College tutors are responsible for monitoring the progress of trainees through the core training schemes. Tutors have various roles and responsibilities in teaching and training. Being a tutor can be a rewarding experience and any consultant interested in postgraduate teaching should consider becoming one.

| Deaf children have language difficulties too | British Deaf News online post, March 1, 2016 | English | Our January edition looked at work being done in DCAL to increase knowledge about language difficulties among sign language users. Here, Joanna Hoskin tells the BDN about a project under which she and other speech and language therapists along with deaf staff at a London mental health unit have been working together to implement new strategies to help them pick up on any language difficulties among those they come into contact with.

Picture the scene. Billy is deaf. He lives at home with his parents and brothers where everyone in the family uses BSL. As Billy grows up, his parents notice he isn’t learning BSL like his brothers. They notice he has difficulties understanding language. He can’t understand explanations of family plans. He needs directions and instructions to be broken down and repeated. He he plays with his brothers, his mum notices that he gets frustrated. He needs to see a game being played to understand what to do. When she tells him how to play a game, he can’t get it. His parents know Billy has skills in other areas. He is good a practical tasks, he understands and remembers how to get to places and use the computer for games.

| Unrecognised bipolar disorder among UK primary care patients prescribed antidepressants: An observational study | British Journal of General Practice, February 2016, vol. 66/643(e71-e77), 0960-1643 (February 2016) | English | Background: Bipolar disorder is not uncommon, is associated with high disability and risk of suicide, often presents with depression, and can go unrecognised.

Aim: To determine the prevalence of unrecognised bipolar disorder among those prescribed antidepressants for depressive or anxiety disorder in UK primary care; whether those with unrecognised bipolar disorder have more severe depression than those who do not; and the accuracy of a screening questionnaire for bipolar disorder, the Mood Disorder Questionnaire (MDQ), in this setting.

Design and setting: Observational primary care study of patients on the lists of 21 general practices in West Yorkshire aged 16-40 years and prescribed antidepressant medication.

Method: Participants were recruited using primary care databases, interviewed using a diagnostic interview, and completed the screening questionnaire and rating scales of symptoms and quality of life. Results The prevalence of unrecognised bipolar disorder was 7.3%. Adjusting for differences between the sample and a national database gives a prevalence of 10.0%. Those with unrecognised bipolar disorder were younger and had greater lifetime depression. The predictive value of the MDQ was poor.

Conclusion: Among people aged 16-40 years prescribed antidepressants in primary care for depression or anxiety, there is a substantial proportion with unrecognised bipolar disorder. When seeing patients with depression or anxiety disorder, particularly when they are young or not doing well, clinicians should review the life history for evidence of unrecognised bipolar disorder. Some clinicians might find the MDQ to be a useful supplement to non-standardised practices.

| What to do when you have Type 2 diabetes: An easy read guide | Diabetes UK, Resources, Learning Disabilities website | English | An updated guide to Type 2 diabetes aimed at people who have a learning disability is now available to download from the Diabetes UK website. The booklet has been funded by the National Institute for Health Research.

The booklet came about as part of an ongoing research project called OK Diabetes based at the University of Leeds, aimed at helping people with a mild to moderate learning disability manage their Type 2 diabetes.

The research team worked with CHANGE, a human rights organisation led by disabled people, and Diabetes UK to update the booklet and make it more relevant and easier to understand.

Tracy Kelly, Head of Care at Diabetes UK, said: “We are pleased that the booklet is current and is tailored for people who have learning disabilities to use as part of their standard diabetes care. We hope it will provide them with the information they need to manage their condition well.”

Dr Amy Russell, OK Diabetes Research Co-ordinator, said: “The people with learning disabilities we interviewed struggled to understand technical language and detailed explanations about things like their pancreas. They wanted a physical booklet they could hold on to that told them what diabetes meant to them in their lives in clear terms.”

| Understanding Cognitive Screening Tools: Navigating Uncertainty in Everyday Clinical Practice | Emerging Technologies for Diagnosing Alzheimer’s Disease Part of the series Health, Technology and Society pp 123-139 | English | Swallow explores the role of low-technological cognitive screening tools in the process of diagnosing Alzheimer’s disease (AD) in everyday practice, at a time when focus in research is on developing innovative diagnostic methods, including biomarker technologies. The chapter facilitates a discussion of the value of cognitive screening tools in the clinic, demonstrating that the tools emerge as provisional, yet privileged devices for navigating uncertainty through the tinkering work of clinicians. However, as the tools are adopted in frameworks promoting early diagnosis, such as the National Dementia Commissioning for Quality and Innovation Framework (CQUIN), this tinkering work is constrained. The chapter concludes by reflecting on how the case of the CQUIN might inform the ways in which diagnostic innovation overall is dealt with responsibly.

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**LYPFT list of published studies**

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**Last updated:** August 2017 **Next revised date:** February 2018
John F Morgan, Nicholas Magill, Charlotte Rhind, Rebecca Hibbs, Elizabeth Goddard, Pamela Macdonald, John F Morgan, Jennifer Beecham, Ulrike Landau and Janet Treasure.

2016

Two-year Follow-up of a Pragmatic Randomised Controlled Trial Examining the Effect of Adding a Carer's Skill Training Intervention in Inpatients with Anorexia Nervosa.


Background: Active family engagement improves outcomes from adolescent inpatient care, but the impact on adult anorexia nervosa is uncertain.

Aim: The aim of this study was to describe the 2-year outcome following a pragmatic randomised controlled trial in which a skill training intervention (Experienced Caregivers Helping Others) for carers was added to inpatient care.

Method: Patient, caregiver and service outcomes were measured for 2 years following discharge from the index inpatient admission.

Results: There were small-sized/moderate-sized effects and consistent improvements in all outcomes from both patients and carers in the Experienced Caregivers Helping Others group over 2 years. The marked change in body mass index and carers’ time caregiving following inpatient care was sustained. Approximately 20% of cases had further periods of inpatient care.

Consultation: In this predominately adult anorexia nervosa sample, enabling carers to provide active support and management skills may improve the benefits in all symptom domains that gradually follow from a period of inpatient care.

Academic Journal

CNAHL

Medline

Available from PubMed

www.ncbi.nlm.nih.gov/pubmed

LyPFT list of published studies

Barry Wright, Lisa Hackney and Chris Williams.


2016

Social storiesTM to alleviate challenging behaviour and social difficulties exhibited by children with autism spectrum disorder in mainstream schools: Design of a manualised training toolkit and feasibility study for a cluster randomised controlled trial with nested qualitative and cost-effectiveness components

Health Technology Assessment, January 2016, vol.12, 01/01-186, xv-xvii, 1366-5278:2046-4924 (January 2016)

Background: A Social StoryTM (Carol Gray) is a child-friendly intervention that is used to give children with autism spectrum disorders (ASDs) social information in situations where they have social difficulties. Limited evidence mainly using single-case designs suggests that they can reduce anxiety and challenging behaviour. Objectives: The objectives were to conduct a systematic review, use this to develop a manualised intervention and run a feasibility trial to inform a fully powered randomised controlled trial (RCT) on their clinical effectiveness and cost-effectiveness in schools. Design: This is a three-stage study following the Medical Research Council framework for complex interventions. Specifically, it involved a theoretical phase, a qualitative stage and a feasibility trial stage. Setting: Qualitative interviews and focus groups took place in Child and Adolescent Mental Health Service and primary care settings. The feasibility study took place in 37 local mainstream schools. Participants: Fifty children (aged 5-15 years) in mainstream school settings with a diagnosis of ASD were entered into the trial. For each child, an associated teacher and parent was also recruited. Interventions: The intervention was a goal-setting toolkit (including a training session) for creating Social StoriesTM for use with school-aged children. The comparator treatment was a goal-setting session followed by an attention control. Both arms received treatment as usual.

Main outcomes: Measures tested as part of the feasibility study included child and proxy-completed questionnaires for mental health, quality of life and goal-based outcome measures. Adults additionally completed behaviour diaries and the parental stress index. Results: The review found that the research into social stories is predominantly based in the USA, carried out in under-12-year-olds and using single-case designs. Most studies either did not follow established Social Story criteria or did not report if they did. The assessment of effectiveness presents a largely positive picture but is limited by methodological issues. There were no adequate RCTs and insufficient information to assess a number of important sources of potential bias in most studies. A manualised intervention was produced using an iterative process between user focus groups and a writing team, and assessed in the feasibility study. All 50 participant groups were recruited within the study timeframe. Two outcome measures, the Social Responsiveness Scale-2 and the custom-made goal-based measure, showed high levels of completion rates and appeared to be capturing social and behaviour skills targeted by the use of Social Stories. Detailed recommendations for a full trial are provided.

Journal Article

EMBASE

Available from ResearchGate

www.researchgate.net

David Protheroe, Arnabelle E Williams, Julie Croft, Vicky Napp, Neil Corrigan, Julia M Brown, Claire Hulme, Steven R Brown, Jen Lodge, David Protheroe and David G Jayne.

2016

SaFaRI: sacral nerve stimulation versus the FENIXTM magnetic sphincter augmentation for adult faecal incontinence: a randomised investigation


Purpose: Faecal incontinence is a physically, psychologically and socially disabling condition. NICE guidance (2007) recommends surgical intervention, including sacral nerve stimulation (SNS), after failed conservative therapies. The FENIXTM magnetic sphincter augmentation (MSA) device is a novel continence device consisting of a flexible band of interlinked titanium beads with magnetic cores that is placed around the anal canal to augment anal sphincter tone through passive attraction of the beads. Preliminary studies suggest the FENIXTM MSA is safe, but efficacy data is limited. Rigorous evaluation is required prior to widespread adoption.

Method and design: The SaFaRI trial is a National Institute of Health Research (NIHR) Health Technology Assessment (HTA)-funded UK multi-site, parallel group, randomised controlled, unblinded trial that will investigate the use of the FENIXTM MSA, as compared to SNS, for adult faecal incontinence resistant to conservative management. Twenty sites across the UK, experienced in the treatment of faecal incontinence, will recruit 350 patients randomised equally to receive either SNS or FENIXTM MSA. Participants will be follow-up at 2 weeks post-surgery and at 6, 12 and 18 months post-randomisation. The primary endpoint, as defined by device use in >50% improvement in the Cleveland Clinic Incontinence Score (CCIS) at 18 months post-randomisation. Secondary endpoints include complications, quality of life and cost effectiveness.

Discussion: SaFaRI will rigorously evaluate a new technology for faecal incontinence, the FENIXTM MSA, allowing its safe and controlled introduction into current clinical practice. These results will inform the future surgical management of adult faecal incontinence.

Journal Article

EMBASE

Available from PubMed

www.ncbi.nlm.nih.gov/pubmed

Last updated: August 2017 Next revised date: February 2018
| Last updated: August 2017 Next revised date: February 2018 |

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<td>Niamh A Fingleton, Margaret C Watson, Eilidh M Duncan and Catriona Matheson</td>
<td>2016</td>
<td>Non-prescription medicine misuse, abuse and dependence: a cross-sectional survey of the UK general population</td>
<td>J Public Health (Oxf)</td>
<td>38 (4)</td>
<td>722-730</td>
<td>English</td>
<td>Background - Non-prescription medicines (NPMs) can be misused, abused or lead to dependence, but the prevalence of these problems within the UK general population was unknown. The aim of this study was to estimate the prevalence of self-reported misuse, abuse and dependence to NPMs. Methods - A cross-sectional postal survey was sent to 1000 individuals aged ≥18 randomly drawn from the UK Edited Electoral Register. Results - A response rate of 43.4% was achieved. The lifetime prevalence of NPM misuse was 19.3%. Lifetime prevalence of abuse was 4.1%. Younger age, having a long-standing illness requiring regular NPM use and ever having used illicit drugs or legal highs were predictive of misuse/abuse of NPMs. In terms of dependence, lifetime prevalence was 2% with 0.8% currently dependent and 1.3% dependent in the past. Dependence was reported with angesics (with and without codeine), sleep aids and nicotine products. Conclusion - Given the increasing emphasis on self-care and empowering the public to manage their health with NPMs, the findings highlight the need for improved pharmacovigilance of these medicines to maximize benefits with minimal risk. Healthcare providers need to be aware of the potential for misuse, abuse and dependence, particularly in patients with long-term illness.</td>
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<tr>
<td>Emily J Peckham, Tim Bradshaw, Sally Bratby, Sarah Knowles and Simon Gilbody</td>
<td>2016</td>
<td>Exploring why people with SMI smoke and why they may want to quit: baseline data from the SCIMITAR RCT.</td>
<td>Journal of psychiatric and mental health nursing</td>
<td>Jun 2016</td>
<td>vol. 23, no. 5, p. 282-289, 1365-2850 (June 2016)</td>
<td>English</td>
<td>People with severe mental ill health are up to three times more likely to smoke than other members of the general population. Life expectancy in this client group is reduced by up to 30 years, and smoking is the single most important cause of premature death. The aim of this study was to explore why people with severe mental ill health smoked and why they might want to stop smoking or cut down on the amount of cigarettes that they smoked. The study found that people with severe mental ill health are motivated to cut down or stop smoking, and this is mainly due to concerns about their own health. The reasons people gave for smoking were to relieve stress, to help relax and for something to do when they are bored. Health professionals should offer evidence supported smoking cessation therapy to people with severe mental ill health. In addition to standard National Health Service smoking cessation treatments such as pharmacotherapy and behavioural support, Practitioners should help people with serious mental ill health to identify meaningful activities to relieve boredom and challenge any incorrect beliefs they hold that smoking helps relaxation and relieves stress. Smoking is the single most preventable cause of premature mortality for people with serious mental ill health (SMI). Yet little is known about the reasons why service users smoke or what their motivations for quitting might be. The aim of this paper is to explore smoking behaviours, reasons for smoking and motivations for cutting down/stopping smoking in individuals with SMI who expressed an interest in cutting down or stopping smoking. Prior to randomization, the smoking behaviours and motivations for wanting to cut down or stop smoking of participants in a randomized trial were systematically assessed. Participant's primary reasons for continuing to smoke were that they believed it helped them to cope with stress, to relax and relieve boredom. Participant's main motivations for wanting to cut down or stop smoking were related to concerns for their own health. Previous attempts to stop smoking had often been made alone without access to evidence supported smoking cessation therapy. Future recommendations include helping people with SMI to increase their activity levels to relieve boredom and inspire confidence in their ability to stop smoking and challenging beliefs that smoking aids relaxation and relieves stress. 2015 John Wiley &amp; Sons Ltd.</td>
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<tr>
<td>Jo Ramsden, Alan Hirons, Lisa Mallman and Tom Mullen</td>
<td>2016</td>
<td>Finding our way: early learning from the Compass Project, an Intensive Intervention Risk Management service for women</td>
<td>Journal of Forensic Psychiatry &amp; Psychology</td>
<td>Volume 28, 2017</td>
<td>Issue 2: Women in Secure Care</td>
<td>Abstract</td>
<td>Intensive Intervention Risk Management (IIRM) services are commissioned under the Offender Personality Disorder strategy to contribute to a psychologically informed pathway by supporting individuals 'through the gate'. This paper reports some of the learning from the first IIRM service for women and outlines how those involved have sought to understand the challenges that were faced by this project in its early days. This paper argues that these challenges help to clarify the role of IIRM services for women and that the ambition for these services should be to facilitate coherent, holistic management. We suggest that IIRM services for women offenders are likely to be most effective if they are well integrated and responsive to the social care element underpinned by a partnership approach and have clear processes for service delivery. Finally, we argue that IIRM services for women should be characterised by a commitment to involvement at every level.</td>
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<tr>
<td>William Rhys Jones and John F Morgan</td>
<td>2016</td>
<td>Psychotherapy in Eating Disorders</td>
<td>Medical Psychotherapy (Oxford Specialist Handbooks in Psychiatry), Chapter 7</td>
<td>Not available</td>
<td>English</td>
<td>Not available</td>
<td>Book entry</td>
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<td>Lucy Tindall, Danielle Varley, Barry Wright.</td>
<td>A feasibility and pilot trial of computerised cognitive behaviour therapy for depression in adolescents: lessons learned from planning and conducting a randomised controlled trial.</td>
<td>2016</td>
<td>Mental Health Review Journal, Vol. 21 Iss: 3, pp.193 - 199</td>
<td>The purpose of this paper is to focus upon the challenges faced by a research team when conducting a computerised cognitive behaviour therapy (CGBT) trial for adolescents with low mood/depression and how solutions were sought to eliminate these difficulties in future child and adolescent mental health clinical research.</td>
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<td>Louise Burke</td>
<td>Pharmacological treatments for managing eating disorders.</td>
<td>2016</td>
<td>Pharmacological treatments for managing eating disorders, 2016, vol./is. 14/4(186-191), 14799189</td>
<td>This report explores the management of eating disorders in psychiatric inpatient settings, with a focus on the serious risk of refeeding syndrome and the risks related to malnutrition in addition to co-morbid psychiatric diagnoses. National guidance acknowledges the paucity of research base for pharmacological options, and the author explores local policy and guidelines, which aim to monitor potentially fatal physical complications alongside psychological distress to facilitate engagement with longer term psychological treatment.</td>
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<td>Gillian Tober, Sarah A Jones, Gary Latchford and Gillian Tober.</td>
<td>Client experiences of motivational interviewing: An interpersonal process recall study</td>
<td>2016</td>
<td>Psychology and Psychotherapy: Theory, Research and Practice, Apr 2015, (Apr 15, 2015), 1476-0835</td>
<td>To explore clients’ experience of the therapy process in motivational interviewing (MI) for alcohol abuse. A qualitative study using grounded theory. Interviews with nine clients were conducted using interpersonal process recall (IPR), a methodology which utilizes a video recording as a cue to aid memory recall. Clients watched a videotape of their MI session and were asked to identify and describe the important moments in the therapy session. The transcribed interviews were then analysed using grounded theory. A single session of MI is seen by the clients in this study as a complex interpersonal interaction between client and therapist, which impacts on the client’s cognitive and affective intrapersonal processes. The themes which emerged partly confirm processes of MI previously hypothesized to be important, but also highlight the importance of factors common to all therapeutic approaches. The aspect of therapy which clients in this study felt were important are similar to those hypothesized to underlie the effectiveness of MI, including a non-confrontational approach, affirmation, and developing discrepancies between beliefs and behaviour. These were embedded in aspects common to all therapies, including the qualities of the therapist and the therapeutic relationship. Client’s perspectives on therapeutic processes are an important area of research, and IPR is a particularly suitable method. 2015 The British Psychological Society.</td>
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Understanding Antidepressant Resistance in LGBT Adolescents: Suicide, Self-harm and Help-seeking Behaviour

Self Harm and LGBTQ - A Systematic Review, July 2016

English

Background: International research demonstrates that LGBT1 youth are at much higher risk of suicide and self-harm compared to their heterosexual or cisgender2 counterparts. Evidence in the UK is sparse and only beginning to establish sexual and gender identity as a risk factor for adolescent suicide and self-harm, and as a result of this research scarcity we also know very little about help-seeking behavior. The Suicide Prevention Strategy (2012) has identified LGBT youth as a high risk group but currently there is limited evidence to develop effective suicide prevention policy and practice. Aim: To study aimed to provide reliable evidence on LGBT youth suicide, self-harm and help-seeking behaviours in order to support the implementation of the Suicide Prevention Strategy (2012) and reduce the risk of suicide in LGBT young people. About the study: The study was a two staged, sequential mixed methods design that used online and face-to-face methods. The first stage consisted of 15 online and 14 face-to-face qualitative interviews with LGBT young people (aged 15-25 years old). The second stage of the research consisted of an online LGBT youth questionnaire completed by 789 participants with experience of self-harm or suicidal feelings, and an online questionnaire completed by 113 mental health service staff. Key findings: Understanding LGBT youth self-harm and suicide similar to findings to from others on youth suicide, those who had self-harmed and/or had a disability had a increased likelihood of planned or attempted suicide. Gender identity was also a risk factor for self-harm and suicide. Those who were gender diverse (trans/unsure) were nearly twice as likely to have self-harmed and one and a half times more likely to have planned or attempted suicide than cisgender participants. Cisgender males were the least likely to plan or attempt suicide, or self-harm compared to other gender identities. There were five interconnecting areas which explained the elevated risk of suicide and self-harm in LGBT youth: 1) homophobia, biphobia or transphobia; 2) sexual and gender norms; 3) managing sexual orientation and gender identity across multiple areas of life; 4) being unable to talk and; 5) other life crises.

William Rhys Jones and John F Morgan.

2016 Novel psychoactive substance use and internet drug purchasing in eating disorder

Supplement on the 4th National Congress of Young Psychiatrists, Vol 3 (No.2 Suppl) 2016 May - August

English

Objective: patterns of substance misuse are changing with the emergence of novel psychoactive substances, prescription drug abuse and internet drug purchasing however the impact of these changes on individuals with eating disorders is unclear. To our knowledge this is the first study to examine these changing trends in individuals with eating disorders.

Methods: 72 participants recruited from two eating disorders services completed measures for substance use and eating disorder psychopathology. Additional clinical information was gathered via a thorough case notes review.

Results: novel psychoactive substance use was reported in 22% (n=16) of participants with ketamine and mephedrone being the most frequently abused. 56% (n=40) had a history of prescription drug abuse whilst 28% (n=19/68) of those who had ever abused substances had bought them online. Novel psychoactive substance misuse, prescription drug abuse and internet drug purchasing were more common in individuals who engaged in binge-purge behaviours and in those who had a history of deliberate self-harm.

Discussion: the use of novel psychoactive substances, prescription drug abuse and internet drug purchasing appear to be common in eating disorders and clinicians should be aware of their physical and psychological complications so that they can educate patients about their risks.

William Rhys Jones, M Mascord, Vanessa Huke, F Reid, J Roche, M Patel and John F Morgan.

2016 Antidepressant augmentation with metyrapone for treatment-resistant depression (the ADD study): A double-blind, randomised, placebo-controlled trial


English

Background: Many patients with major depressive disorder have treatment-resistant depression, defined as no adequate response to two consecutive courses of antidepressants. Some evidence suggests that antigucomycotic augmentation of antidepressants might be efficacious in patients with major depressive disorder. We aimed to test the proof of concept of metyrapone for the augmentation of serotonergic antidepressants in the clinically relevant population of patients with treatment-resistant depression.

Methods: This double-blind, randomised, placebo-controlled trial recruited patients from seven UK National Health Service (NHS) Mental Health Trusts from three areas (northeast England, northwest England, and the Leeds and Bradford area). Eligible patients were aged 18-65 years with treatment-resistant depression (Hamilton Depression Rating Scale 17-item score of >18 and a Massachusetts General Hospital Treatment-Resistant Depression staging score of 2-10) and taking a single agent or combination antidepressant treatment that included a serotonergic drug. Patients were randomly assigned (1:1) through a centralised web-based system to metyrapone (500 mg twice daily) or placebo, in addition to their existing antidepressant regimen, for 21 days. Permutted block randomisation was done with a block size of two or four, stratified by centre and primary or secondary care setting. The primary outcome was improvement in Montgomery-Asberg Depression Rating Scale (MADRS) score 5 weeks after randomisation, analysed in the modified intention-to-treat population of all randomly assigned patients that completed the MADRS assessment at week 5. The study has an International Standard Randomised Controlled Trial Number (ISRCTN45338259) and is registered with the EU Clinical Trial register, number 2009-015165-31. Findings: Between Feb 8, 2011, and Dec 10, 2012, 165 patients were recruited and randomly assigned (83 to metyrapone and 82 to placebo), with 143 (87%) completing the primary outcome assessment (69 [83%] in the metyrapone and 74 [90%] in the placebo group). At 5 weeks, MADRS score did not significantly differ between groups (21.7 points [95% CI 19.2-24.4] in the metyrapone group vs 22.6 points [20.1-24.8] in the placebo group; adjusted mean difference of -0.5 points [95% CI -2.9 to 2.0]; p=0.74). 12 serious adverse events were reported in four (5%) of 83 patients in the metyrapone group and six (7%) of 82 patients in the placebo group, none of which were related to study treatment. 134 adverse events occurred in 58 (70%) patients in the metyrapone group compared with 95 events in 45 (55%) patients in the placebo group, of which 11 (8%) events in the metyrapone group and four (4%) in the placebo group were judged by principle investigators at the time of occurrence to be probably related to the study drug.

Tom Hughes

2016 Antidepressant augmentation with metyrapone for treatment-resistant depression (the ADD study): A double-blind, randomised, placebo-controlled trial


English

Methods: This double-blind, randomised, placebo-controlled trial recruited patients from seven UK National Health Service (NHS) Mental Health Trusts from three areas (northeast England, northwest England, and the Leeds and Bradford area). Eligible patients were aged 18-65 years with treatment-resistant depression (Hamilton Depression Rating Scale 17-item score of >18 and a Massachusetts General Hospital Treatment-Resistant Depression staging score of 2-10) and taking a single agent or combination antidepressant treatment that included a serotonergic drug. Patients were randomly assigned (1:1) through a centralised web-based system to metyrapone (500 mg twice daily) or placebo, in addition to their existing antidepressant regimen, for 21 days. Permutted block randomisation was done with a block size of two or four, stratified by centre and primary or secondary care setting. The primary outcome was improvement in Montgomery-Asberg Depression Rating Scale (MADRS) score 5 weeks after randomisation, analysed in the modified intention-to-treat population of all randomly assigned patients that completed the MADRS assessment at week 5. The study has an International Standard Randomised Controlled Trial Number (ISRCTN45338259) and is registered with the EU Clinical Trial register, number 2009-015165-31. Findings: Between Feb 8, 2011, and Dec 10, 2012, 165 patients were recruited and randomly assigned (83 to metyrapone and 82 to placebo), with 143 (87%) completing the primary outcome assessment (69 [83%] in the metyrapone and 74 [90%] in the placebo group). At 5 weeks, MADRS score did not significantly differ between groups (21.7 points [95% CI 19.2-24.4] in the metyrapone group vs 22.6 points [20.1-24.8] in the placebo group; adjusted mean difference of -0.5 points [95% CI -2.9 to 2.0]; p=0.74). 12 serious adverse events were reported in four (5%) of 83 patients in the metyrapone group and six (7%) of 82 patients in the placebo group, none of which were related to study treatment. 134 adverse events occurred in 58 (70%) patients in the metyrapone group compared with 95 events in 45 (55%) patients in the placebo group, of which 11 (8%) events in the metyrapone group and four (4%) in the placebo group were judged by principle investigators at the time of occurrence to be probably related to the study drug.

Research Paper

Available from ResearchGate

www.researchgate.net

Journal Article

Available from Research and Advances in Psychiatry

www.rapjournal.eu

Available from The Lancet Psychiatry

www.thelancet.com

EMBASE

Available from www.embase.com

Last updated: August 2017 Next revised date: February 2018
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<tr>
<td>Mary Chambers, Xenya Kantarlis, Fiona D. McAndrew, Sue Watts, Ben Thomas</td>
<td>2016</td>
<td>Computer-administered cognitive–behavioural therapy (CCBT) for depression in adolescents: feasibility results and 4-month outcomes of a UK randomised controlled trial</td>
<td>Journal article</td>
<td>Available from BMJ Journals <a href="http://www.bmj.com">www.bmj.com</a></td>
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<td>Barry Wright, Lucy Tindall</td>
<td>2016</td>
<td>Exploring curiosity in nursing practice in the NHS</td>
<td>Thesis</td>
<td>Available from White Rose eTheses Online <a href="http://etheses.whiterose.ac.uk">etheses.whiterose.ac.uk</a></td>
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**Explanation of the entries:**
- **Mary Chambers et al. (2016)**: This study explored the feasibility of a computer-administered CCBT program for adolescents with depression. The study was a randomised controlled trial (RCT) conducted in the UK. The results showed good feasibility outcomes, suggesting the trial process to be acceptable for adolescents with depression.
- **Barry Wright and Lucy Tindall (2016)**: Their work focused on exploring curiosity in nursing practice within the National Health Service (NHS). They developed a multidimensional questionnaire (TEQ) to measure the therapeutic engagement experienced by service users. The metric was designed to produce data that will identify the nature of nursing interactions and the impact on service user recovery.
- **Barry Wright et al. (2016)**: This study aimed to explore the lived reality of epistemic curiosity in nursing practice in the NHS. A qualitative research design was used, involving interviews with nursing staff. The study suggests a nursing narrative on curiosity which is socially constructed, with curiosity acting as a liberator and antecedent to reflexive knowledge correspondence and construction.
People with severe mental illness (SMI) have reduced life expectancy compared with the general population, which can be explained partly by their increased risk of diabetes. We conducted a meta-analysis to determine the clinical effectiveness of pharmacological and non-pharmacological interventions for improving glycaemic control in people with SMI (PROSPERO registration CRD42015015558). A systematic literature search was performed on 30/10/2015 to identify randomised controlled trials (RCTs) in adults with SMI, with or without a diagnosis of diabetes that measured fasting blood glucose or glycated haemoglobin (HbA1c). Screening and data extraction were carried out independently by two reviewers. We used random effects meta-analysis to estimate effectiveness, and subgroup analysis and univariate meta-regression to explore heterogeneity. The Cochrane Collaboration’s tool was used to assess risk of bias. We found 54 eligible RCTs in 4,392 adults (40 pharmacological, 13 behavioural, one mixed intervention). Data for meta-analysis were available from 48 RCTs (n = 4052). Both pharmacological (mean difference (MD), -0.11mmol/L; 95% confidence interval (CI), [-0.19, -0.02], p = 0.02, n = 2536) and behavioural interventions (MD, -0.28mmol/L; 95% CI, [-0.38, -0.18], p = 0.001, n = 956) were effective in lowering fasting glucose, but not HbA1c (pharmacological MD, -0.03%; 95% CI, [-0.12, 0.05]; MD = -0.52, n = 1515; behavioural MD, -0.18%; 95% CI, [-0.07, 0.42], p = 0.16, n = 140) compared with usual care or placebo. In subgroup analysis of pharmacological interventions, metformin and antipsychotic switching strategies improved HbA1c. Behavioural interventions of longer duration and those including repeated physical activity had greater effects on fasting glucose than those without these characteristics. Baseline levels of fasting glucose explained some of the heterogeneity in behavioural interventions but not in pharmacological interventions. Although the strength of the evidence is limited by inadequate trial design and reporting and significant heterogeneity, there is some evidence that behavioural interventions, antipsychotic switching, and metformin can lead to clinically important improvements in glycaemic measurements in adults with SMI.
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<th>Author(s)</th>
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<th>Background</th>
<th>Methods/Design</th>
<th>Results/Findings</th>
<th>Discussion</th>
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<tr>
<td>Laura Drage</td>
<td>2015</td>
<td>How does a therapist respond to resistance and what impact does this have on the client? An analysis of speech in Motivational Interviewing based treatment sessions for alcohol misuse</td>
<td>There is an emerging evidence base of in-session process research in Motivational Interviewing (MI).</td>
<td>Method: Secondary analysis of 50 recorded MI sessions from a British randomised controlled trial were rated using a sequential behavioural coding manual for speech. Baseline counter-change talk was identified and subsequent therapist and client behaviours were coded and categorised for transitional analysis, to establish the probability of specific client behaviours following specific therapist behaviours.</td>
<td>Results: Following baseline counter-change talk, therapist MI-consistent (MICO) behaviours were the most commonly observed. Strong to moderate predictive relationships were found between: MICO therapist behaviours and client change talk; MI-inconsistent (MIIN) behaviours and counter-change talk; and therapist-other behaviours and client-other behaviours. A moderate, positive predictive relationship was found between MI-consistent behaviours and client ambivalence, and a weak, negative predictive relationship was found between MIIN behaviours and client ambivalence. Ambivalence results indicate, but cannot evidence, an increase in change talk.</td>
<td>Discussion: The results provide support for MI authors’ claims that therapists’ use of MI-specific linguistic techniques, not simply the MI spirit, affects clients’ subsequent talk about their drinking behaviour. These results were found when examining transitions between aggregated behaviours. This novel finding differs from contemporary research that has evidenced transitions between single utterances. The support for MI-specific techniques has therefore been extended to evidence patterns of multiple interactions. Further research with a larger sample, examining clients’ impact on therapist behaviour would be beneficial.</td>
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<td>Alison Jane Stansfield, Rebecca E A Walwyn, Amy M Russell, Louise D Bryant, Amanda J Farrin, Alexandra M Wright-Hughes, Elizabeth M Graham, Claire Hulme, John L O'Dayer, Gary J Latchford, Alison Jane Stansfield, Dinesh Nagi, Ramzi A Ajan and Allan O House</td>
<td>2015</td>
<td>Supported self-management for adults with type 2 diabetes and a learning disability (OK-Diabetes): study protocol for a randomised controlled feasibility trial</td>
<td>Individuals with a learning disability (LD) are at higher risk of developing type 2 diabetes, but LD is not straightforward to define or identify, especially at the milder end of the spectrum, which makes case finding difficult. While supported self-management of health problems is now established, current material is largely educational and didactic with little that facilitates behavioural change. The interaction between the person with diabetes and others supporting their care is also largely unknown. For these reasons, there is considerable work needed to prepare for a definitive trial. The aim of this paper is to publish the abridged protocol of this preparatory work.</td>
<td>Methods/Design Phase I is a prospective case-finding study (target n = 120 to 350) to identify and characterise potential participants, while developing a standardised supported self-management intervention. Phase II is a randomised feasibility trial (target n = 80) with blinded outcome assessment. Patients identified in Phase I will be interviewed and consented prior to being randomised to (1) standard treatment, or (2) supported self-management. Both arms will also be provided with an ‘easy read’ accessible information resource on managing type 2 diabetes. The intervention will be standardised but delivered flexibly depending on patient need, including components for the participant, a supporter, and shared activities. Outcomes will be (i) robust estimates of eligibility, consent and recruitment rates with refined recruitment procedures; (ii) characterisation of the eligible population; (iii) a standardised intervention with associated written materials; (iv) adherence and negative outcomes measures; (v) preliminary estimates of adherence, acceptability, follow-up and missing data rates, along with refined procedures; and (vi) description of standard treatment.</td>
<td>Discussion Our study will provide important information on the nature of type 2 diabetes in adults with LD living in the community, on the challenges of identifying those with milder LD, and on the possibilities of evaluating a standardised intervention to improve self-management in this population.</td>
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<td>Study protocol for the randomised controlled trial: Ketamine</td>
<td>Liam Trevithick, Hamish McIntosh-Williams, Andrew Blamire, Tim Branton,</td>
<td>2015</td>
<td>BMC Psychiatry, 2015, Volume 15, Number 1, Page 1</td>
<td>Background: There is a robust empirical evidence base supporting the acute efficacy of electroconvulsive therapy (ECT) for severe and treatment resistant depression. However, a major limitation, probably contributing to its declining use, is that ECT is associated with impairment in cognition, notably in anterograde and retrograde memory and executive function. Preclinical and preliminary human data suggests that ketamine, used either as the sole anaesthetic agent or in addition to other anaesthetics, may reduce or prevent cognitive impairment following ECT. A putative hypothesis is that ketamine, through antagonising glutamate receptors, protects from excess excitatory neurotransmitter stimulation during ECT. The primary aim of the ketamine-ECT study is to investigate whether adjunctive ketamine can attenuate the cognitive impairment caused by ECT. Its secondary aim is to examine if ketamine increases the speed of clinical improvement with ECT. Methods/Design: The ketamine ECT study is a multi-site randomised, placebo-controlled, double blind trial. It was originally planned to recruit 160 moderately to severely depressed patients who had been clinically prescribed ECT. This recruitment target was subsequently revised to 100 patients due to recruitment difficulties. Patients will be randomly allocated on a 1:1 basis to receive either adjunctive ketamine or saline in addition to standard anaesthesia for ECT. The primary neuropsychological outcome measure is anterograde verbal memory (Hopkins Verbal Learning Test-Revised delayed recall task) after 4 ECT treatments. Secondary cognitive outcomes include verbal fluency, autobiographical memory, visuospatial memory and digit span. Efficacy is assessed using observer and self-report efficacy measures of depressive symptomatology. The effects of ECT and ketamine on cortical activity during cognitive tasks will be studied in a sub-sample using functional near-infrared spectroscopy (fNIRS). Discussion: The ketamine-ECT study aims to establish whether or not adjunctive ketamine used together with standard anaesthesia for ECT will significantly reduce the adverse cognitive effects observed after ECT. Potential efficacy benefits of increased speed of symptom improvement and a reduction in the number of ECT treatments required will also be assessed, as will safety and tolerability of adjunctive ketamine. This study will provide important evidence as to whether adjunctive ketamine is routinely indicated for ECT given for depression in routine NHS clinical practice.</td>
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<td>The Experience and Meaning of Relationships for People with Psyc</td>
<td>Diane Naomi Agoro</td>
<td>2015</td>
<td>English</td>
<td>Introduction: There has been a wealth of literature that has looked at social functioning in individuals with experiences of psychosis. Most of this has been quantitative research and has tended to suggest that social difficulties may be due to a social cognition deficit such as an impaired Theory of Mind. The present study aimed to give voice to people with experiences of psychosis and explore their own understanding of their relationships with others, including how they make sense of any difficulties they might experience. Method: A qualitative approach was used to explore the experience and meaning of relationships for people with psychosis. Five participants recruited from a local Rehabilitation service were interviewed using a semi-structured format. The data were analysed using Interpretative Phenomenological Analysis. Participants also completed The Hinting Task, a test to measure Theory of Mind ability. Analysis was done on an individual and group level. Results: Three superordinate themes emerged from the group analysis: 1) Feeling connected to important others 2) Having psychosis can get in the way of relationships 3) Being cautious around others. Discussion: The participants seemed to make sense of their relationships in terms of what the relationships provided; this included support and recovery but also a sense of belonging. Negative experiences with important others, for example, experiencing stigma, were blamed on important others’ difficulties in understanding experiences of psychosis. In relation to the existing literature, the present study suggests that it may be too simplistic to suggest that difficulties interacting with others are due to a social cognition deficit. Clinical implications for improving service user’s experiences and further research are discussed.</td>
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<td>Psychosocial Palliative Care</td>
<td>Hosker, Christian</td>
<td>2015</td>
<td>European Journal of Palliative Care, 01 May 2015, vol.1, 22(3(151-151), 1352779</td>
<td>Not available</td>
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Purpose - Autism is a spectrum condition, yet many autism services limit access based on IQ score. The department of Health 2009 enabled enthusiastic clinicians in Leeds with a strong interest in autism to apply for funding to develop an IQ adult autism diagnostic service and here we present the experience. The paper aims to discuss this issue.

Design/methodology/approach – the process of establishing and then expanding the service is described. Details of the diagnostic pathway and tools used are provided.

Findings – The number of referrals was higher than expected a baseline of 20 per year rose to 150 per year as soon as the service opened. Other unexpected findings include relatively low diagnostic rates (32 per cent), high rates of pat trauma and patient dissatisfaction when a diagnosis of autism is not given.

Originality/value – To date, the service has accessed 517 patients, and plans are underway to collaborate with the local adult ADHD team to form a unified adult neurodevelopmental disorders service.

Occurrence of psychotic experiences is common amongst adolescents in the general population. Twin studies suggest that common genetic variants play a role in the etiology of some adolescent psychotic experiences, however estimates was driven by the loss of tagged causal variants, an issue fundamental to this approach. The current results were for the most part not consistent with the other two approaches. It is likely that the difference seen in the pruned distribution of heritability across the MAF range of the SNPs. In contrast, the estimates derived from the pruned data stratified approach were mostly consistent with the standard estimates and offered additional information about the distribution of heritability across the MAF range of the SNPs. In contrast, the estimates derived from the pruned data were for the most part not consistent with the other two approaches. It is likely that the difference seen in the pruned estimates was driven by the loss of tagged causal variants, an issue fundamental to this approach. The current results suggest that common genetic variants play a role in the etiology of some adolescent psychotic experiences, however further research on larger samples is desired and the use of MAF-stratified approach recommended.
Background: Families express a need for information to support people with severe anorexia nervosa.

Aims: To examine the impact of the addition of a skills training intervention for caregivers (Experienced Caregivers Helping Others, ECHO) to standard care.

Method: Patients over the age of 12 (mean age 26 years, duration 72 months illness) with a primary diagnosis of anorexia nervosa and their caregivers were recruited from 15 in-patient services in the UK. Families were randomised to ECHO (a book, DVDs and five coaching sessions per caregiver) or treatment as usual. Patient (n=178) and caregiver (n=268) outcomes were measured at discharge and 6 and 12 months after discharge.

Results: Patients with caregivers in the ECHO group had reduced eating disorder psychopathology (EDE-Q) and improved quality of life (WHO-Quot; both effects small) and reduced in-patient bed days (7–12 months post-discharge). Caregivers in the ECHO group had reduced burden (Eating Disorder Symptom Impact Scale, EDSIS), expressed emotion (Family Questionnaire, FQ) and time spent caregiving at 6 months but these effects were diminished at 12 months.

Conclusions: Small but sustained improvements in symptoms and bed use are seen in the intervention group. Moreover, caregivers were less burdened and spent less time providing care. Caregivers had most benefit at 6 months suggesting that booster sessions, perhaps jointly with the patients, may be needed to maintain the effect. Sharing skills and information with caregivers may be an effective way to improve outcomes. This randomised controlled trial (RCT) demonstrates the potential for change, a finding illustrated in a recent ECHO study of a different eating disorder (BED). A larger RCT involving a control group is needed to examine the effectiveness of ECHO in anorexia nervosa.

Victoria Betton and G Ingrams.
2015
Should all NHS premises provide free access to wi-fi?
BMJ (Online), August 2015, vol./is. 351, /959 8146:1756-1833 (12 Aug 2015)
English
Not available
Journal Article
EMBASE
Available from the BMJ
(bmj.com)

H Donoghue, G Traviss-Turner, Allan O House, Helen Lewis and Simon Gilbody
2015
Life adversity in depressed and non-depressed older adults: A cross-sectional comparison of the brief LTE-Q questionnaire and life events and difficulties interview as part of the CASPER study.
Citation: Journal of affective disorders, Mar 2016, vol. 193, p. 31-38, 1573-2517 (March 15, 2016)
English
There is a paucity of research on the nature of life adversity in depressed and non-depressed older adults. Early life events work used in-depth interviews; however, larger epidemiological trials investigate life adversity using brief questionnaires. This study investigates the type of life adversity experienced in later life and its association with depression and compares adversity captured using a brief (LTE-Q) and in-depth (LEDS) measure. 960 participants over 65 years were recruited in UK primary care to complete the PHQ-9 and LTE-Q. A sub-sample (n=19) completed the LEDS and a question exploring the subjective experience of the LTE-Q and LEDS. Important life adversity was reported on the LTE-Q in 48% of the sample. In the LTE-Q sample the prevalence of depression (PHQ-9+10) was 12%. Exposure to recent adversity was associated with doubling of the odds of depression. The LTE-Q only captured a proportion of adversity measured by the LEDS (42% vs 84%). Both measures showed health, bereavement and relationship events were most common. The cross-sectional design limits the extent to which inferences can be drawn around the direction of causality between adversity and depression. Recall in older adults is questionable. UK older adults face adversity in areas of health, bereavement and relationships which are associated with depression. This has clinical relevance for psychological interventions for older adults to consider social context and social support. It helps identify the strengths and weaknesses of a brief adversity measure in large scale research. Further research is needed to explore the mechanisms of onset and direction of causality. Copyright 2016 Elsevier B.V. All rights reserved.
Journal Article
Medline
Available from Science Direct
(www.sciencedirect.com)

M T Jubb and J J Evans.
2015
An investigation of the utility of the Addenbrooke’s Cognitive Examination III (ACE-III) in detecting early dementia in UK memory clinic patients aged 75-85 years.
Dementia and Geriatric Cognitive Disorders, September 2015, vol./is. 40(222-232), 1420: 8008:1421-9624 (02 Sep 2015)
English
Background/Aims: To examine the validity of Addenbrooke’s Cognitive Examination III (ACE-III) in detecting early dementia in UK memory clinic patients aged 75-85 years. Methods: The ACE-III was administered to 59 patients prior to diagnosis. The extent to which scores predicted the membership of the dementia or no-dementia group was explored using receiver operating characteristic curve analysis and other parameters of diagnostic performance. Thirty-three participants (55.9%) were diagnosed with dementia (Alzheimer’s disease = 56.3%, Alzheimer’s disease with cerebrovascular disease = 31.3%, and vascular dementia = 12.5%). Results: The optimal cut-off for detecting dementia was 91/100 (scores >81 indicating dementia with a sensitivity of 0.79, a specificity of 0.96, and a positive predictive value of 0.96), with superiority over published cut-offs (88/100 and 82/100) at medium and lower prevalence rates. The number of years of full-time education had a significant positive relationship to total ACE-III scores (r = 0.697, p < 0.001) for the no-dementia group. Exploratory analysis indicated that optimal cut-offs were different for higher versus lower education groups. Conclusions: The ACE-III has excellent accuracy for the detection of dementia in day-to-day clinical practice. Lower cut-offs than those specified in the index paper, and the consideration of the patients’ years of full-time education may be necessary for optimal diagnostic performance.
Journal Article
EMBASE
Available from PubMed
(www.ncbi.nlm.nih.gov/pubmed)
### LYPFT list of published studies

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<th>EMBASE</th>
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<th>Access at Unbound Medicine</th>
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<tr>
<td>A brief Addiction Recovery Questionnaire derived from the views of service users and concerned others</td>
<td>Katie Iveson-Brown and Duncan Raistrick</td>
<td>2015</td>
<td>Drugs: Education, Prevention and Policy</td>
<td>Volume 23, 2016, issue 1</td>
<td></td>
<td></td>
<td>Available from BMJ Journals Available from Drug and Alcohol Dependence Journal Available from Francis Online Available from Taylor &amp; Francis Online</td>
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<td>Study presents limited assessment of pharmacotherapy for alcohol use disorders</td>
<td>Duncan Raistrick</td>
<td>2015</td>
<td>Evidence Based Mental Health, 01 February 2015</td>
<td>vol./iss. 18(116-16), 13620347</td>
<td></td>
<td></td>
<td>Available from BMJ Journals Available from Drug and Alcohol Dependence Journal Available from Francis Online Available from Taylor &amp; Francis Online</td>
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Background: There are an estimated 125,000 deaf people in the UK who use British Sign Language (BSL) as their main form of communication, but there are no child mental health screening instruments that are accessible to deaf children whose first or main language is BSL (or to deaf adults reporting on children). This study sought to develop a new BSL translation of a commonly used mental health screening tool (Strengths and Difficulties Questionnaire, SDQ), with versions available for deaf young people (aged 11–16 years), parents and teachers. The psychometric properties of this translation, and its validity for use with the deaf UK population, were also investigated.

Objectives: (1) To translate the SDQ into BSL; and (2) to use this new version with a cohort of deaf children, deaf parents and deaf teachers fluent in BSL across England, and validate it against a ‘gold standard’ clinical interview.

Methods: This study was split into two broad phases: translation and validation. The BSL SDQ was developed using a rigorous translation/back-translation methodology with additional checks, and we have defined high-quality standards for the translation of written/oral to visual languages. We compared all three versions of the SDQ (deaf parent, deaf teacher and deaf young person) with a gold standard clinical interview by child mental health clinicians experienced in working with deaf children. We also carried out a range of reliability and validity checks.

Results: The SDQ was successfully translated using a careful methodology that took into account the linguistic and cultural aspects of translating a written/oral language to a visual one. We recruited 144 deaf young people (aged 11–16 years), 191 deaf parents of a child aged either 4–10 or 11–16 years (the child could be hearing or deaf) and 77 deaf teachers and teaching assistants. We sought deaf people whose main or preferred language was BSL. We also recruited hearing participants to aid cross-validation. We found that the test-retest reliability, factor analysis and internal consistency of the three new scales were broadly similar to those of other translated versions of the SDQ. We also found that using the established multi-informant SDQ scoring algorithm there was good sensitivity (76%) and specificity (73%) against the gold standard clinical interview assessment. The SDQ was successfully validated and can now DOI: 10.3310/hsdr03020 HEALTH SERVICES AND DELIVERY RESEARCH 2015 VOL. 3 NO. 2 © Queen’s Printer and Controller of HMGO 2015. This work was produced by Roberts et al. under the terms of a commissioning contract issued by the Secretary of State for Health. This issue may be freely reproduced for the purposes of private research and study and extracts (or indeed, the full report) may be included in professional journals provided that suitable acknowledgement is made and the reproduction is not associated with any form of advertising. Applications for commercial reproduction should be addressed to: NIHR Journals Library, National Institute for Health Research. Commercial reproduction should be addressed to: NIHR Journals Library, National Institute for Health Research.
BACKGROUND: Bipolar II disorder (BP II) is a chronic, frequently co-morbid, and complex disorder with similar rates of attempted suicide to BP I. However, case identification for BP II studies that is based on clinician diagnosis alone is prone to error. This paper reports on differences between clinical and research diagnoses and then describes the clinical characteristics of a carefully defined BP II cohort.

METHODS: A cohort of rigorously defined BP II cases were recruited from a range of primary and secondary health services in the North of England to participate in a programme of cross-sectional and prospective studies. Case identification, and rapid cycling, comorbidities and functioning were examined.

RESULTS: Of 355 probable clinical cases of BP II disorder, 176 (∼50%) met rigorous diagnostic criteria. The sample mean age was 44 years, with a mean duration of mood disorder of 18 years. Two thirds of the cohort were female (n=116), but only 40% were in paid employment. Current and past year functioning was more impaired in females and those with rapid cycling.

LIMITATIONS: This paper describes only the preliminary assessments of the cohort, so it was not possible to examine additional factors that may contribute to the explained variance in functioning.

CONCLUSIONS: This carefully ascertained cohort of BP II cases show few gender differences, except for levels of functional impairment. Interestingly, the most common problem identified with using case note diagnoses of BP II arose from reliance of failure to record mania or hypomania. The study suggests that careful assessment of the functional features of bipolar II disorder is preferred.

Bryan Wright, Elizabeth Hughes, Dominic Trepp, Shehzad Ali, Victoria Altgar, L Cettrill, Steven Duffy, J Fell, Julie Glanville, D Glaser, Lisa Hackney, Laura Manea, Dean McDilllan, Stephen Palmer, V Prior, Claire Whitton, Amanda Perry and Simon Gilbody. 2015 Clinical effectiveness and cost-effectiveness of parenting interventions for children with severe attachment problems: A systematic review and meta-analysis. Health Technology Assessment, July 2015, vol./is. 19/52, 1366-5279/2046-4924 (01 Jul 2015) English Background and objectives: Services have variable practices for identifying and providing interventions for 'severe attachment problems' (disorganised attachment patterns and attachment disorders). Several government reports have highlighted the need for better parenting interventions in at-risk groups. This report was commissioned to evaluate the clinical effectiveness and cost-effectiveness of parenting interventions for children with severe attachment problems (the main review). One supplementary review explored the evaluation of assessment tools and a second reviewed 10-year outcome data to better inform health economic aspects of the main review. Data sources: A total of 29 electronic databases were searched with additional mechanisms for identifying a wide pool of references using the Cochrane methodology. Examples of databases searched include PsycINFO (1806 to January week 1, 2012), MEDLINE and MEDLINE In-Process & Other Non-Indexed Citations (1946 to December week 4, 2011) and EMBASE (1974 to week 1, 2012). Searches were carried out between 6 and 12 January 2012. Review methods: Papers identified were screened and data were extracted by two independent reviewers, with disagreements arbitrated by a third independent reviewer. Quality assessment tools were used, including quality assessment of diagnostic accuracy studies - version 2 and the Cochrane risk of bias tool. Meta-analysis of randomised controlled trials (RCTs) of parenting interventions was undertaken. A health economics analysis was conducted. Results: The initial search returned 10,167 citations. This yielded 29 RCTs in the main review of parenting interventions to improve attachment patterns, and one involving children with reactive attachment disorder. A meta-analysis of eight studies seeking to improve outcome in at-risk populations showed statistically significant improvement in disorganised attachment. The interventions saw less disorganised attachment at outcome than the control (odds ratio 0.47, 95% confidence interval 0.34 to 0.65; p < 0.00001). Much of this focused around interventions improving maternal sensitivity, with or without video feedback. In our first supplementary review, 35 papers evaluated an attachment assessment tool demonstrating validity or psychometric data. Only five reported test-retest data. Twenty-six studies reported inter-rater reliability, with 24 reporting a level of 0.7 or above. Cronbach's alphas were reported in 12 studies for the comparative tests (11 with alpha > 0.7) and four studies for the reference tests (four with alpha > 0.7). Three carried out concurrent validity comparing the Strange Situation Procedure (SSP) with another assessment tool. These had good sensitivity but poor specificity. The Disturbances of Attachment Interview had good sensitivity and specificity with the research diagnostic criteria (RDC) for attachment disorders. In our supplementary review of 10-year outcomes in cohorts using a baseline reference standard, two studies were found with disorganised attachment at baseline, with one finding raised.
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<td>Allan House</td>
<td>Ghaiza Mir, Shaista Meer, David Cottrell, Dean McMillan, Allan House and Jonathan W. Kanter.</td>
<td>2015</td>
<td>Adapted behavioural activation for the treatment of depression in Muslims.</td>
<td>Journal of affective disorders, Jul 2015, vol. 180, p. 190-199 (July 15, 2015)</td>
<td>English</td>
<td>Incorporating religious beliefs into mental health therapy is associated with positive treatment outcomes. However, evidence about faith-sensitive therapies for minority religious groups is limited. Behavioural Activation (BA), an effective psychological therapy for depression emphasising client values, was adapted for Muslim patients using a robust process that retained core effective elements of BA. The adapted intervention built on evidence synthesized from a systematic review of the literature, qualitative interviews with 29 key informants and findings from a feasibility study involving 19 patients and 13 mental health practitioners. Core elements of the BA model were acceptable to Muslim patients. Religious teachings could potentially reinforce and enhance BA strategies and concepts were more familiar to patients and more valued than the standard approaches. Patients appreciated therapist professionalism and empathy more than shared religious identity but did expect therapist acceptance that Islamic teachings could be helpful. Patients were generally enthusiastic about the approach, which proved acceptable and feasible to most participants; however, therapists needed more support than anticipated to implement the intervention. The study did not re-explore effectiveness of the intervention within this specific population. Strategies to address implementation issues highlighted require further research. The adapted intervention may be more appropriate for Muslim patients than standard therapies and is feasible in practice. Therapist comfort is an important issue for services wishing to introduce the adapted therapy. The fusion of conceptual frameworks within this approach provides increased choice to Muslim patients, in line with policy and research recommendations. Copyright 2015 The Authors. Published by Elsevier B.V. All rights reserved.</td>
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<td>Jo Ramsden</td>
<td>C Logan and J Ramsden.</td>
<td>2015</td>
<td>Working in partnership: Making it happen for high risk personality disordered offenders</td>
<td>Journal of Forensic Practice, August 2015, vol./is. 17/3(171–179), 2050-8794 (10 Aug 2015)</td>
<td>English</td>
<td>Purpose - The implementation of the Offender Personality Disorder (OPD) strategy requires partnership between NHS providers and custodial and community-based practitioners in the National Offender Management Service (NOMS). What this partnership looks like is dependent on the nature and resources of involved services. However, what it is meant to achieve - reduced reoffending, a more knowledgeable workforce, and a more engaged client group - is clearer. It is fundamental to the OPD strategy that these outcomes are delivered through partnership so as to minimise harmful transitions between services, and to effectively share the expertise required for the holistic case management of personality disordered (PD) offenders. The paper aims to discuss these issues. Design/methodology/approach - The implementation of the OPD strategy is ongoing, and data will be forthcoming in due course that will allow for the empirical test of the hypothesis that working together is better than working separately. However, with the emphasis on public protection and workforce development, some of the crucial partnership issues may remain less well understood or explored. The paper overviews the services in which the authors are involved, describing their initiation and operation. Findings - The paper articulates how NHS/NOMS partnerships have been developed and experienced. Practical implications - The paper concludes with a discussion of a number of principles for partnership work in relation to the OPD strategy. Originality/value - This paper is intended to assist developing services to make the most of collaborative working across the PD pathway in England and Wales.</td>
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<td>Stephen Linacre</td>
<td>Stephen Linacre, Suzanne Heywood-Everett, Vishal Sharma and Andrew J. Hill.</td>
<td>2015</td>
<td>Comparing carer wellbeing: implications for eating disorders</td>
<td>Mental Health Review Journal, Vol. 20 Iss: 2, pp.105 - 118</td>
<td>English</td>
<td>Purpose – Around 50 per cent of carers of people with eating disorders (EDs) experience mental health difficulties. The purpose of this paper is to investigate well-being of carers of people with ED and carers of people with severe and enduring eating disorders (SEEDs). Design/methodology/approach – Carers (n=104) were recruited from UK support groups and stratified using duration of the care recipient’s ED (0-2, 2-6, &gt;6 years), with the &gt;6 years category classified as SEED. Data were compared with existing carer well-being studies of other patient groups. Findings – Carers of people with SEED were not significantly different on reported well-being to carers of people with ED. However, carers of people with ED reported significantly less well-being than community norms, carers of people with brain injury and of people with dementia. Specifically, poorer social functioning was reported. Research limitations/implications – Further research on carers of people with SEED is warranted as carers of people with SEED were not equally balanced in gender. It would be beneficial if support groups and skill-based workshops were more available for carers. Originality/value – This is the first known study to compare carer well-being of people with SEED with carers of other clinical populations. Further research is required to identify the needs of carers.</td>
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<td>Anne Cooper and Alison Inglehearn.</td>
<td>Anne Cooper and Alison Inglehearn.</td>
<td>2015</td>
<td>Perspectives: Managing professional boundaries and staying safe in digital spaces.</td>
<td>Perspectives: Managing professional boundaries and staying safe in digital spaces., 2015, vol./is. 20/7(625-633), 17449871</td>
<td>English</td>
<td>Healthcare professionals who engage in social media face new challenges in maintaining boundaries in online platforms. The online environment has the potential to threaten and subvert these boundaries, in particular the boundary between the personal and the professional. Using Doh Guidance ‘See, Think, Act’ provides a useful template for maintaining boundaries. Understanding the potential risks in social media is a key competency for social media healthcare professionals. Knowing how to act in situations which may be risky is a critical skill for those who engage in innovative social media practice.</td>
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Introduction

Club drug (CD) use is increasing, but use in nonswinging heterosexuals and associations with sexual health is understudied. An NHS Mental Health Trust Medical Psychotherapy Consultation Service using psychoanalytic psychiatry to help the patient and professional is described. The Consultation Service established in 2000 is offered to secondary acute and community mental health teams and primary care. The service was evaluated as a basis for regional and national development. Between 2006 and 2013, 87 consultations from 210 were sampled to ascertain demographic and diagnostic profiles and outcomes of the consultation process. We conducted an online survey of local consultant psychiatrists’ views about consultation service and undertook a thematic analysis of the free text comments. We also conducted a survey of members of the Royal College of Psychiatrists’ Medical Psychotherapy Faculty to ascertain whether similar consultation services existed elsewhere in the UK and had been evaluated. The Leeds model of psychoanalytic consultation—a consultation sandwich—is described. From a psychoanalytic perspective, the work of consultation is seen as an extension of the dynamic field of the analytic situation. This paper develops a construction of a bastion—an omnipotent reserve in and between the patient and professional derived from adhesive identifications leading to stuck relationships. The adhesive identification in the patient and professional acts like a ‘grievance glue’—a mutual manifestation in a last bastion of painful limitations not faced, losses not grieved.

Methods

A crisis service in Leeds started in 2010 with a view to staff burnout. A psychoanalytic theory about staff burnout in the context of service transformation in a crisis service in Leeds is presented. The work of consultation is seen as a consultation sandwich. The adhesive identification in the patient and professional acts like a ‘grievance glue’—a mutual manifestation in a last bastion of painful limitations not faced, losses not grieved.

Results

Crisis resolution and home treatment teams (CRHT) are integral to acute psychiatric services. This survey quantifies staff burnout or heartburn? A psychoanalytic theory about staff burnout in the context of service transformation in a crisis service in Leeds is presented.

Conclusion

Burnout in the heartburn? A psychoanalytic theory about staff burnout in the context of service transformation in a crisis service in Leeds is presented.

Declarations

No external funding was used for this study. The Leeds model of psychoanalytic consultation—a consultation sandwich—is described. From a psychoanalytic perspective, the work of consultation is seen as an extension of the dynamic field of the analytic situation. This paper develops a construction of a bastion—an omnipotent reserve in and between the patient and professional derived from adhesive identifications leading to stuck relationships. The adhesive identification in the patient and professional acts like a ‘grievance glue’—a mutual manifestation in a last bastion of painful limitations not faced, losses not grieved.
Comparative evaluation of lamotrigine plus placebo versus quetiapine monotherapy and lamotrigine plus quetiapine monotherapy (CEQUEL): a 2 × 2 factorial randomised trial

The Lancet Psychiatry, Volume 3, Issue 1, 31-39

Background - Depressive symptoms are a major cause of disability in bipolar disorder and there are few safe and effective treatments. The combination of lamotrigine plus quetiapine potentially offers improved outcomes for people with bipolar depression. We aimed to determine if combination therapy with quetiapine plus lamotrigine leads to greater improvement in depressive symptoms over 12 weeks than quetiapine monotherapy plus lamotrigine placebo.

Methods - In this double-blind, randomised, placebo-controlled, parallel group, 2 × 2 factorial trial (CEQUEL), patients with DSM-IV bipolar disorder I or II, who were aged 16 years or older, and required new treatment for a depressive episode, were enrolled from 27 sites in the UK. Patients were randomly assigned (1:1) by an adaptive minimisation algorithm to lamotrigine or placebo and to folic acid or placebo. Participants and investigators were masked to the treatment groups. The primary outcome was improvement in depressive symptoms at 12 weeks with the Quick Inventory of Depressive Symptomology—self report version 16 (QIDS-SR16). Analysis was by modified intention-to-treat. This trial is registered with EUDRACT, number 2007-004513-33.

Findings - Between Oct 21, 2008, and Apr 27, 2012, 202 participants were randomly assigned: 101 to lamotrigine and 101 to placebo. The mean difference in QIDS-SR16 total score between the group receiving lamotrigine versus the placebo group at 12 weeks was −1.73 (95% CI −3.57 to 0.11; p=0.066) and at 52 weeks was −2.69 (95% CI −5.49 to −0.90; p=0.017). Folic acid was not superior to placebo. There was a significant interaction (p=0.028), with folic acid reducing the effectiveness of lamotrigine at 12 weeks. The mean difference on QIDS-SR16 was −4.14 (95% CI −6.90 to −1.37; p=0.004) for patients receiving lamotrigine without folic acid compared with 0.12 (95% CI −2.58 to 2.82; p=0.931) for those receiving lamotrigine and folic acid.

Discussion - Addition of lamotrigine to quetiapine treatment improved outcomes. Folic acid seems to nullify the effect of lamotrigine. CEQUEL should encourage clinicians and patients to consider lamotrigine for bipolar depression, but also to be aware that concurrent folic acid might reduce its effectiveness.

Lyndsey Jayne Charles

Supporting learning disability allied health professionals


English - None

Background - Individuals with a learning disability (LD) are at higher risk of developing type 2 diabetes, but LD is not straightforward to define or identify, especially at the milder end of the spectrum, which makes case finding difficult. While supported self-management of health problems is now established, current material is largely educational and didactic with little that facilitates behavioural change. The interaction between the person with diabetes and others supporting their care is also largely unknown. For these reasons, there is considerable work needed to prepare for a definitive trial. The aim of this paper is to publish the abridged protocol of this preparatory work.

Methods/Design: Phase I is a prospective case-finding study (target n = 120 to 350) to identify and characterise potential participants, while developing a standardised supported self-management intervention. Phase II is a randomised feasibility trial (target n = 80) with blinded outcome assessment. Patients identified in Phase I will be interviewed and consented prior to being randomised to (1) standard treatment, or (2) supported self-management. Both arms will also be provided with an ‘easy read’ accessible information resource on managing type 2 diabetes. The intervention will be standardised but delivered flexibly depending on patient need, including components for the participant, a supporter, and shared activities. Outcomes will be (i) robust estimates of eligibility, consent and recruitment rates with refined recruitment procedures; (ii) characterisation of the eligible population; (iii) a standardised intervention with associated written materials; (iv) adherence and negative outcomes measures; (v) preliminary estimates of adherence, acceptability, follow-up and missing data rates, along with refined procedures; and (vi) description of standard treatment.

Discussion: Our study will provide important information on the nature of type 2 diabetes in adults with LD living in the community, on the challenges of identifying those with milder LD, and on the possibilities of evaluating a standardised intervention to improve self-management in this population.

Trial registration: Current Controlled Trials ISRCTN41897033 (registered 21 January 2013). Keywords: Randomised controlled trial, Self-management, Learning disability, Type 2 diabetes

Alison Jane Stansfield

Supported self-management for adults with type 2 diabetes and a learning disability (OK-Diabetes): study protocol for a randomised controlled feasibility trial


Walcnay et al, Trials, August 2015, vol.16, 1746-6215 (August 28, 2015)

English - Background - Depressive symptoms are a major cause of disability in bipolar disorder and there are few safe and effective treatments. The combination of lamotrigine plus quetiapine potentially offers improved outcomes for people with bipolar depression. We aimed to determine if combination therapy with quetiapine plus lamotrigine leads to greater improvement in depressive symptoms over 12 weeks than quetiapine monotherapy plus lamotrigine placebo.

Methods - In this double-blind, randomised, placebo-controlled, parallel group, 2 × 2 factorial trial (CEQUEL), patients with DSM-IV bipolar disorder I or II, who were aged 16 years or older, and required new treatment for a depressive episode, were enrolled from 27 sites in the UK. Patients were randomly assigned (1:1) by an adaptive minimisation algorithm to lamotrigine or placebo and to folic acid or placebo. Participants and investigators were masked to the treatment groups. The primary outcome was improvement in depressive symptoms at 12 weeks with the Quick Inventory of Depressive Symptomology—self report version 16 (QIDS-SR16). Analysis was by modified intention-to-treat. This trial is registered with EUDRACT, number 2007-004513-33.

Findings - Between Oct 21, 2008, and Apr 27, 2012, 202 participants were randomly assigned: 101 to lamotrigine and 101 to placebo. The mean difference in QIDS-SR16 total score between the group receiving lamotrigine versus the placebo group at 12 weeks was −1.73 (95% CI −3.57 to 0.11; p=0.066) and at 52 weeks was −2.69 (95% CI −5.49 to −0.90; p=0.017). Folic acid was not superior to placebo. There was a significant interaction (p=0.028), with folic acid reducing the effectiveness of lamotrigine at 12 weeks. The mean difference on QIDS-SR16 was −4.14 (95% CI −6.90 to −1.37; p=0.004) for patients receiving lamotrigine without folic acid compared with 0.12 (95% CI −2.58 to 2.82; p=0.931) for those receiving lamotrigine and folic acid.

Discussion - Addition of lamotrigine to quetiapine treatment improved outcomes. Folic acid seems to nullify the effect of lamotrigine. CEQUEL should encourage clinicians and patients to consider lamotrigine for bipolar depression, but also to be aware that concurrent folic acid might reduce its effectiveness.
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<td>Neurocognitive deficits in adult ADHD: preclinical and clinical studies</td>
<td>Dr Robert Baskind, Dr Joe Johnson and Anneka Tomlinson.</td>
<td>2014</td>
<td>Aims: Adults with ADHD often have difficulties in recognizing emotions from facial expressions. However, it is not known whether medication treatment can normalize these deficits. In this study we aimed to investigate firstly, whether treatment with methylphenidate improves emotion recognition in adult ADHD patients. Secondly, investigate emotion recognition abilities of adult ADHD patients compared with a healthy control group. Finally we aim to explore if emotion recognition impairments are as a result of a general cognitive dysfunction or are a specific impairment in social perception. Methods: Two groups of adult ADHD participants (n=79) and a group of healthy control participants (n=31) with no history of ADHD were recruited. The ADHD group included patients not yet taking medication (group 1, n=41) and patients stable on medication (group 2, n=38). Each participant completed the Emotion Recognition Task (ERT) and four further neuropsychological tasks from the Cambridge Automated Neuropsychological Test Battery (CANTAB). Finally, 15 participants from group 1 were followed up after commencing treatment on methylphenidate (approximately 8-12 weeks later) and the emotion recognition and sustained attention tasks were repeated. Results: Adult ADHD patients not currently taking medication showed deficits in recognising sadness, anger, fear and disgust compared with controls. Anger recognition proved to be a specific deficit in social perception whereas sadness, disgust and fear were influenced by deficits in attention and working memory. Patients currently stable on medication made less recognition errors but still showed deficits recognising disgust and anger compared with controls. Methylphenidate normalised the recognition of the negative emotions (sadness, anger, fear, disgust) improvements in attention accounted for the improvements in sadness, fear and disgust recognition but not anger recognition. Conclusions: Unmedicated adults with ADHD have deficits in recognising negative emotions. Adults stable on ADHD medication have reduced deficits compared with unmedicated patients. Methylphenidate improves emotion recognition deficits in adults with ADHD.</td>
<td>English</td>
<td>Thesis</td>
<td>Available from eScholar Manchester (<a href="https://www.escholar.manchester.ac.uk">https://www.escholar.manchester.ac.uk</a>)</td>
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<td>Clustering in mental health payment by results: A critical summary for the clinician</td>
<td>David Yeomans.</td>
<td>2014</td>
<td>Aims: Adults with ADHD often have difficulties in recognizing emotions from facial expressions. However, it is not known whether medication treatment can normalize these deficits. In this study we aimed to investigate firstly, whether treatment with methylphenidate improves emotion recognition in adult ADHD patients. Secondly, investigate emotion recognition abilities of adult ADHD patients compared with a healthy control group. Finally we aim to explore if emotion recognition impairments are as a result of a general cognitive dysfunction or are a specific impairment in social perception. Methods: Two groups of adult ADHD participants (n=79) and a group of healthy control participants (n=31) with no history of ADHD were recruited. The ADHD group included patients not yet taking medication (group 1, n=41) and patients stable on medication (group 2, n=38). Each participant completed the Emotion Recognition Task (ERT) and four further neuropsychological tasks from the Cambridge Automated Neuropsychological Test Battery (CANTAB). Finally, 15 participants from group 1 were followed up after commencing treatment on methylphenidate (approximately 8-12 weeks later) and the emotion recognition and sustained attention tasks were repeated. Results: Adult ADHD patients not currently taking medication showed deficits in recognising sadness, anger, fear and disgust compared with controls. Anger recognition proved to be a specific deficit in social perception whereas sadness, disgust and fear were influenced by deficits in attention and working memory. Patients currently stable on medication made less recognition errors but still showed deficits recognising disgust and anger compared with controls. Methylphenidate normalised the recognition of the negative emotions (sadness, anger, fear, disgust) improvements in attention accounted for the improvements in sadness, fear and disgust recognition but not anger recognition. Conclusions: Unmedicated adults with ADHD have deficits in recognising negative emotions. Adults stable on ADHD medication have reduced deficits compared with unmedicated patients. Methylphenidate improves emotion recognition deficits in adults with ADHD.</td>
<td>English</td>
<td>Journal Article</td>
<td>EMBASE</td>
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<td>Balancing risk requires a balanced approach: Commentary on...Severe and enduring eating disorders: Recognition and management</td>
<td>William Hys Jones and John F Morgan.</td>
<td>2014</td>
<td>Aims: Adults with ADHD often have difficulties in recognizing emotions from facial expressions. However, it is not known whether medication treatment can normalize these deficits. In this study we aimed to investigate firstly, whether treatment with methylphenidate improves emotion recognition in adult ADHD patients. Secondly, investigate emotion recognition abilities of adult ADHD patients compared with a healthy control group. Finally we aim to explore if emotion recognition impairments are as a result of a general cognitive dysfunction or are a specific impairment in social perception. Methods: Two groups of adult ADHD participants (n=79) and a group of healthy control participants (n=31) with no history of ADHD were recruited. The ADHD group included patients not yet taking medication (group 1, n=41) and patients stable on medication (group 2, n=38). Each participant completed the Emotion Recognition Task (ERT) and four further neuropsychological tasks from the Cambridge Automated Neuropsychological Test Battery (CANTAB). Finally, 15 participants from group 1 were followed up after commencing treatment on methylphenidate (approximately 8-12 weeks later) and the emotion recognition and sustained attention tasks were repeated. Results: Adult ADHD patients not currently taking medication showed deficits in recognising sadness, anger, fear and disgust compared with controls. Anger recognition proved to be a specific deficit in social perception whereas sadness, disgust and fear were influenced by deficits in attention and working memory. Patients currently stable on medication made less recognition errors but still showed deficits recognising disgust and anger compared with controls. Methylphenidate normalised the recognition of the negative emotions (sadness, anger, fear, disgust) improvements in attention accounted for the improvements in sadness, fear and disgust recognition but not anger recognition. Conclusions: Unmedicated adults with ADHD have deficits in recognising negative emotions. Adults stable on ADHD medication have reduced deficits compared with unmedicated patients. Methylphenidate improves emotion recognition deficits in adults with ADHD.</td>
<td>English</td>
<td>Journal Article</td>
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<td>Computed cognitive behaviour therapy for depression in adolescents: Study protocol for a feasibility randomised controlled trial</td>
<td>Barry Wright, Lucy Tindall, E Littlewood, J Adamson, V Allgar, S Bennett, Simon Gilbody, C Vendryen, Ben Alderson-Day, L Dyson, D Tepel and Shehzad Ali</td>
<td>2014</td>
<td>Aims: The 7 year prevalence of depression in adolescents is about 2%. Treatment with antidepressant medication is not recommended for initial treatment in young people due to concerns over high side effects, poor efficacy and addictive potential. Evidence suggests that cognitive behaviour therapy (CBT) is an effective treatment for depression and is currently one of the main treatment options recommended in adolescents. Given the affinity young people have with information technology they may be treated effectively, more widely and earlier in their illness evolution using computer administered CBT (CCBT). Currently little is known about the clinical and resource implications of implementing CCBT within the National Health Service for adolescents with low mood/depression. We aim to establish the feasibility of running a fully powered randomised controlled trial (RCT). Methods and analysis: Adolescents aged 12-18 with low mood/depression, (scoring &gt;20 on the Mood and Feelings Questionnaire (MFQ)), will be approached to participate. Consenting participants will be randomised to either a CCBT programme (Stressbusters) or accessing selected websites providing information about low mood/depression. The primary outcome measure will be the Beck Depression Inventory (BDI). Participants will also complete general health measures (EQ5D-Y, HUI2) and resource use questionnaires to examine the feasibility of cost-effectiveness analysis. Questionnaires will be completed at baseline, 4 and 12-month follow-ups. Progress and risk will be monitored via the MFQ administered at each treatment session. The acceptability of a CCBT programme to adolescents; and the willingness of clinicians to recruit patients and of patients to be randomised, recruitment rates, attrition rates and questionnaire return rates will be collected for feasibility analysis. We will estimate 'numbers needed' to plan a fully powered RCT of clinical and cost-effectiveness. Ethics and dissemination: The current trial protocol received a favourable ethical opinion from Leeds (West) Research and Ethics Committee. (Reference: 10/H1307/137). Trial registration number: ISRCTN31219579.</td>
<td>English</td>
<td>Journal Article</td>
<td>EMBASE</td>
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**Autism Spectrum Journal**

**INTRODUCTION:** Current evidence suggests that Social Stories can be effective in tackling problem behaviours exhibited by children with autism spectrum disorder. Exploring the meaning of behaviour from a child’s perspective allows stories to provide social information that is tailored to their needs. Case reports in children with autism have suggested that these stories can lead to a number of benefits including improvements in social interactions and choice making in educational settings. METHODS AND ANALYSIS: The feasibility of clinical and cost-effectiveness of a Social Stories toolkit will be assessed using a randomised control framework. Participants (n=50) will be randomised to either the Social Stories intervention or a comparator group where they will be read standard stories for an equivalent amount of time. Statistics will be calculated for recruitment rates, follow-up rates and attrition. Economic analysis will determine appropriate measures of generic health and resource use categories for cost-effectiveness analysis. Qualitative analysis will ascertain information on perceptions about the feasibility and acceptability of the intervention. ETHICS AND DISSEMINATION: National Health Service Ethics Approval (NHS; ref 11/YH/0340) for the trial protocol has been obtained along with NHS Research and Development permission from Leeds and York Partnership NHS Foundation Trust. All adverse events will be closely monitored, documented and reported to the study Data Monitoring Ethics Committee. At least one article in a peer reviewed journal will be published and research findings presented at relevant conferences. TRIAL REGISTRATION NUMBER: ISRCTN62987707. Copyright Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to http://group.bmj.com/group/rights-licensing/permissions. Note: Original Date Completed: 20140710

**Imagine your bedroom is the entrance to the zoo:** Creative relaxation—Exploring and evaluating the effectiveness of a person-centred programme of relaxation therapies with adults with a mild to moderate intellectual disability.

**Clinical Pharmacist, June 2014, vol./is. 6(5):131-132), 1758-9061 (01 Jun 2014)**

Over an 18-month period, a group of adult service users with mild to moderate learning disabilities referred to the Leeds and York Partnership NHS Foundation Trust, and who were identified as suffering from anxiety-related disorders, attended a 12-week course of relaxation therapy and the results recorded. To remain true to person-centred values, a creative approach was taken in delivery of the core relaxation techniques. Three core techniques were used: controlled breathing; guided imagery; and progressive muscle relaxation. These were creatively adapted to each individual. Results were recorded using the Clinically Useful Anxiety Outcome Scale (CUXOS) measurement tool and pulse readings taken using a pulse oximeter. The results indicated an overall decrease in physical and psychological symptoms of anxiety. It was concluded that relaxation therapy can be beneficial to this client group, especially when used in a creative and person-centred way. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**The pharmacological management of borderline personality disorder is controversial as the effectiveness of treatment is disputed. NICE recommends that drug treatment is not used specifically for borderline personality disorder, but it can be used as a short-term measure in times of crisis and to treat comorbid conditions. Patients with borderline personality disorder are at increased risk of self-harm, and drug treatment is not appropriate for patients at high risk of overdose. Dialectical behaviour therapy (DBT) is recommended by NICE for women with borderline personality disorder.**

**Clinical Pharmacist, September 2014, vol./is. 6(7):174-176), 1758-9061 (01 Sep 2014)**

The pharmacological management of borderline personality disorder is controversial as the effectiveness of treatment is disputed. NICE recommends that drug treatment is not used specifically for borderline personality disorder, but it can be used as a short-term measure in times of crisis and to treat comorbid conditions. Patients with borderline personality disorder are at increased risk of self-harm, and drug treatment is not appropriate for patients at high risk of overdose. Dialectical behaviour therapy (DBT) is recommended by NICE for women with borderline personality disorder.
Clinical Introduction: Patients with mental health problems in accident and emergency departments (A&E) are frequent users. Intensive Interaction was initially developed in the 1980s as an educational approach for developing social communication and engagement with people with severe or profound intellectual disabilities and/or autism. Intensive Interaction has subsequently been adopted by a range of practitioners and professionals working in learning disability services and has a broad multi-disciplinary acceptance, being recommended in a number of UK governmental guidance documents. Despite this, there has been limited work on developing a deeper psychological understanding of the approach. This study aimed to explore how clinical psychologists conceptualise the approach with regard to currently accepted psychological theories, as well as looking at other factors that influence their adoption and advocacy.

Study design: Intensive Interaction alongside the formation of a Special Interest Group, which might have this task as one of its aims. Key Practitioner Messages: There appeared to be a limited recognition amongst the participants of the specific psychological theories that can be seen to explain the beneficial outcomes of Intensive Interaction. The participants were found to differ in how they explained the approach and typically used every day ‘non-psychological’ language or individual concepts/terms rather than clearly or extensively referencing particular theoretical models. The participants appeared to differ in the range of clients who they thought might benefit from Intensive Interaction. An Intensive Interaction Special Interest Group, which includes clinical psychologists, should be set up to instigate psychologically informed theory development and research with the broader aims of fostering greater understanding and adoption of Intensive Interaction within services for people with severe or profound intellectual disabilities and/or autism.

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Clinical psychologists’ views of intensive interaction as an intervention in learning disability services. Graham Firth, R Berry, Graham Firth, C Learning and Vishal Shama. 2014

Clinical Psychology & Psychotherapy, September 2014, vol./is. 21/5:403-10, 1063-3995:1099-0797 (2014 Sep-Oct)

UNLABELLED: Intensive Interaction was initially developed in the 1980s as an educational approach for developing social communication and engagement with people with severe or profound intellectual disabilities and/or autism. Intensive Interaction has subsequently been adopted by a range of practitioners and professionals working in learning disability services and has a broad multi-disciplinary acceptance, being recommended in a number of UK governmental guidance documents. Despite this, there has been limited work on developing a deeper psychological understanding of the approach. This study aimed to explore how clinical psychologists conceptualise the approach with regard to currently accepted psychological theories, as well as looking at other factors that influence their adoption and advocacy. The sample deliberately consisted of eight NHS (National Health Service) clinical psychologists known to be using or advocating the use of Intensive Interaction with people with a learning disability. The results of this study indicate that although the participants referred to some theories that might explain the beneficial outcomes of Intensive Interaction, these theories were rarely explicitly or clearly referenced, resulting in the authors having to attribute specific theoretical positions on the basis of inductive analysis of the participants’ responses. Moreover, the participants provided varying views on how Intensive Interaction might be conceptualised, highlighting the lack of a generally accepted, psychologically framed definition of the approach. In conclusion, it was felt that further research is required to develop a specifically psychological understanding of Intensive Interaction alongside the formation of a Special Interest Group, which might have this task as one of its aims.

KEY PRACTITIONER MESSAGES: There appeared to be a limited recognition amongst the participants of the specific psychological theories that can be seen to explain the beneficial outcomes of Intensive Interaction. The participants were found to differ in how they explained the approach and typically used every day ‘non-psychological’ language or individual concepts/terms rather than clearly or extensively referencing particular theoretical models. The participants appeared to differ in the range of clients who they thought might benefit from Intensive Interaction. An Intensive Interaction Special Interest Group, which includes clinical psychologists, should be set up to instigate psychologically informed theory development and research with the broader aims of fostering greater understanding and adoption of Intensive Interaction within services for people with severe or profound intellectual disabilities and/or autism.

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Colorectal Disease. July 2014, vol./is. 16(197), 1462-8910 (July 2014)

Introduction: Faecal incontinence (FI) is a physically and psychologically disabling condition, affecting 5-10% of the adult population. NICE guidance (2007) recommends surgical intervention, including sacral nerve stimulation (SNS), where initial conservative management has failed. The FENIXTM magnetic anal sphincter (MAS) has recently been introduced into clinical practice. It consists of a flexible band of interlinked titanium beads with magnetic cores, placed around the anal canal to augment sphincter tone through passive bead attraction. Preliminary data suggests that the FENIXTM MAS is safe with promising, but limited, data on efficacy. Rigorous evaluation of this new technology is now required. Method: An NIHR HTA funded UK multi-centre, parallel group, randomised clinical trial is in setup to investigate the FENIXTM MAS, as compared to SNS, for adult FI resistant to conservative management. At least 20 centres, who are ACPGB&I members and experienced in the treatment of FI, will recruit a total of 350 patients randomised equally to receive either SNS or FENIXTM MAS. Quality of life, cost-effectiveness and complications will be assessed at 2-weeks, 6-, 12- and 18-months post-randomisation. Patients will also be reviewed at 2-weeks post-operatively. The primary endpoint will be the proportion of patients with the device in-situ at 18-months and experiencing >50% improvement in continence score. Secondary endpoints will include complications, quality of life and cost-effectiveness. Results: There is no result available yet. Conclusion: SaFaRI will allow a timely and rigorous evaluation of a new technology, the FENIXTM MAS, as it is introduced into NHS clinical practice. The results will inform the future management of adult FI.

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Establishing a nurse-based psychiatric CL service in the accident and emergency department of a general hospital in Germany. R Burian, David Protheroe, R Grunow and A Diefenbacher. 2014

Der Nervenarzt, September 2014, vol./is. 85(9):1217-1224, 0028-2864:1433-0407 (Sep 2014)

Introduction: Patients with mental health problems in accident and emergency departments (A&E) are frequent users and it can be difficult to handle these patients and A&E staff. It has been shown that nurse-based psychiatric consultation-liaison (CL) services work successfully and cost effectively in English-speaking countries, but they are hardly found in European countries. The aim of this study was to determine whether such a liaison service can be established in the A&E of a German general hospital. We describe structural and procedural elements of this service and present data of A&E patients who were referred to the newly established service during the first year of its existence, as well as an evaluation of this nursed service by non-psychiatric staff in the A&E and psychiatrists of the hospital’s department of psychiatry. Subjects and methods: in 2008 a nurse-based psychiatric CL-service was introduced to the A&E of the Koinig Elisabeth Herzberge (KEH) general hospital in the city of Berlin. Pathways for the nurse’s tasks were developed and patient-data collected from May 2008 till May 2009. An evaluation by questionnaire of attitudes towards the service of A&E staff and psychiatrists of the hospital’s psychiatric department was performed at the end of this period. Results: Although limited by German law that many clinical decisions to be performed by physicians only, psychiatric CL-nurses can work successfully in an A&E if prepared by special training and supervised by a CL-psychiatrist. The evaluation of the service showed benefits with respect to satisfaction and skills of staff with regard to the management of psychopathically ill patients. Conclusion: Nurse-based psychiatric CL-services in A&E departments of general hospitals, originally developed in English-speaking countries, can be adapted for and implemented in a European country like Germany.

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**Duncan Rastick and Gillian Tober.**

2014  
Factor analysis of treatment outcomes from a UK specialist addiction service: Relationship between the Leeds Dependence Questionnaire, Social Satisfaction Questionnaire and 10-item Clinical Outcomes in Routine Evaluation.  
English  
Introduction and Aims: To examine the relationship between three outcome measures used by a specialist addiction service (UK): the Leeds Dependence Questionnaire (LDQ), the Social Satisfaction Questionnaire (SSQ) and the 10-item Clinical Outcomes in Routine Evaluation (CORE-10). Design and Method: A clinical sample of 715 service users was subjected to exploratory factor analysis. Parallel Analysis and the Hull method were used to suggest the most parsimonious factor solution. Results: Exploratory factor analysis with three factors accounted for 66.2% of the total variance but Parallel Analysis supported two factors as sufficient to account for observed correlations among items. In the two factor solution, LDQ items and nine of the 10 CORE-10 items loaded on the first factor >0.41, and the SSQ items on factor 2 with loadings >0.63. A two dimensional summary appears sufficient and clinically meaningful. Discussion and Conclusions: Among specialist addiction service users, social satisfaction appears to be a unique construct of addiction and is not the same as variation due to psychological distress or dependence. Our interpretation of the findings is that dependence is best thought of as a specific psychological condition subsumed under the construct psychological distress. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Duncan Rastick, Bridgette M Bewick, Katrina Rumball, Jacqueline Birtwistle, Joseph R Shaw, Owen Johnson, Duncan Raistrick and Gillian Tober.**

2014  
Developing a web based intervention to increase motivation to change and encourage uptake of specialist face-to-face treatment by hospital inpatients: Change Drinking.  
English  
Introduction and Aim: Problem drinking is rarely identified unless health-care professionals are specifically instructed to assess alcohol consumption. Individualised web-based alcohol interventions provide opportunities to enhance screening and early identification. We aimed to create a web-based brief personalised feedback intervention to enable client-centred screening and self-referral by problem drinkers recently admitted to hospital. Design and Methods: To increase transparency of the development process, this short report describes the theoretical underpinnings and development of ChangeDrinking including identification of needs and matching with resources, screening tool selection, and look and feel. Results: The website structure and content was modelled on motivational dialogue. ChangeDrinking is closely coupled to an independent questionnaire management system; this architecture enables internal logic to allow branching based on dynamic user inputs. The motivational underpinnings led to development of personalised predetermined dialogue with strong theory-practice links. Applying principles of conveying empathy and reflection was challenging within the confines of a predetermined dialogue. Reflective listening in ChangeDrinking does not extend to inviting statements of resistance to be entered. Discussion and Conclusions: ChangeDrinking has become an optional component of routine treatment for patients with an alcohol-related admission in two large UK National Health Service general hospitals. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Duncan Rastick, Jamshid Nazari and Duncan Raistrick.**

2014  
Effectiveness of a nurse led hospital in-reach team and assertive follow-up of frequent attenders with alcohol misuse complications – a retrospective mirror image evaluation.  
Drugs & Alcohol Today, 01 October 2014, vol ls. 14(4)(187-193), 17459265  
English  
Purpose - Physical comorbidities of alcohol misuse are common and result in frequent attendance to hospitals with estimated £3.6bn annual cost to the NHS in England. The purpose of this paper is to evaluate the effect of the hospital in-reach team of the Leeds Addiction Unit (LAU) in reducing hospital service utilization in people with alcohol dependence. Design/methodology/approach - This is a retrospective cohort study, with a mirror-image design. The authors included all patients who had wholly alcohol attributable admission(s) to Leeds Teaching NHS Hospitals Trust (LTH) during a four-month period between January and April 2013 and received treatment from LAU. The primary outcome measures were changes in A and E attendance (A&E) attendances, number of hospital admissions and days spent in hospital between the three months before and after the LAU intervention. Findings - During the four-month period, there were 1,711 wholly alcohol attributable admissions related to 1,145 patients. LAU saw 265 patients out of them 49 who had wholly alcohol attributable admissions engaged in treatment with LAU. Of those who engaged 33 (67.3 per cent) had fewer A&E attendances, 34 (69.4 per cent) had fewer admissions and 39 (80 per cent) spent fewer days in hospital in the three months after compared to three months before. There was a significant reduction in total number of hospital admissions (76 vs 41, mean=1.56 vs 0.82, p<0.001) and days spent in hospital (480 vs 146, mean=9.8 vs 2.92, p<0.001). Originality/value - This mirror-image study suggests that an alcohol hospital in-reach team could be effective in reducing acute hospital service utilization by engaging with the frequent attenders with alcohol misuse complications.

Journal: Emerald Insight  
Available from Emerald Insight (www.emeraldinsight.com)
Aims: The aim of this study was to investigate the views of service users (SUs), family and friends on what constitutes a good outcome for the treatment of substance misuse problems. Methods: Six focus groups were arranged to explore and identify important elements of good outcome. Transcripts of the focus groups were analysed using thematic analysis. The content of the main theme, good outcome, was cross checked with SUs and the four authors. The main theme was analysed further into sub-themes. Findings: Participants were 24 SUs and 12 family and friend members recruited from specialist unit and alcohol services. The participants represented a broad range of treatment journeys and experiences in a variety of treatment modalities. A total of 20 outcome elements were elicited and categorised into seven sub-themes: abstinence, health, activities, relationships, social circumstances, self-awareness and wellbeing of family and friends. Conclusions: The focus of this study was on the ideal outcome rather than intermediate outcomes that might be viable as individual treatment goals. Considerable weight was placed, by both SUs and their family and friends, on abstinence and ways of maintaining abstinence. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
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<td>John F Morgan</td>
<td>2014</td>
<td>Confirmatory Factor Analysis of Two Eating Disorder Questionnaires for Carers.</td>
<td>Health Psychology and Behavioural Medicine, Vol. 2, No. 1, N/A, 03.2014, p. 322-334.</td>
<td>English</td>
<td>Available from King’s College London Research Outputs (kclpure.kcl.ac.uk/publications/search.html)</td>
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<td>John Roche, N E Kong, M Portman, C Phillip, J Roche and J Wilson.</td>
<td>2014</td>
<td>Sex, drugs and STIs in MSM: The Global Drug Survey 2013 studied links between drug use and sexual risk but links with STIs in heterosexuals in the UK is undocumented. Aims: Study drug use in all attendees of a city centre Sexual Health (SH) clinic outside London. Determine if club drug use is associated with higher risk sexual behaviour; Establish if club drug users have higher rates of STIs Methods: Consecutive patients attending clinic were invited to complete a questionnaire on their sexual behaviour, alcohol and drug use. Rates of drug use were compared with age, sexuality, sexual behaviour and STI rates. Results: An interim analysis of this ongoing study includes 514 respondents. Mean age was 28y, 51% respondents were male; 21% MSM. 5% respondents were HIV+. 4% reported injecting drug use - 79% of which was sterile use. 41% heterosexuals reported anal sex (AI). 5% respondents had paid for sex. There was high club drug (cocaine, mephedrone, ecstasy, GBL, ketamine) use by all; 41% had ever used a club drug, but of these only 28% had used in the past month. There was no difference in drug use by age (&lt;25 vs &gt;25 years), and sexuality except for GBL where use was significantly higher in MSM (OR 2.79; p=0.04) and bisexuals (OR 5.58; p=0.01) compared to heterosexuals. Heterosexuals reporting club drug use were more likely to have AI (OR 3.02; p&lt;0.0001). Drug users were more likely to have unprotected sex and &gt;3 partners in the past year (OR 8.50; p=0.006). Self-reporting of unprotected risky sex with GBL, cocaine and ecstasy was higher in heterosexuals (67%, 81%, 77%) than MSM (33%, 14%, 15% respectively). The rate of STIs was higher in club drug users than non-users in MSM (38%/v 17%; OR 3.15, p=0.03) and heterosexuals (14% v 9%) but not significantly so. Only 9% admitted difficulty in controlling their substance use and 13% wanted to reduce intake. Conclusion: This is the first study to look at club drug use, sexual behaviour and STIs in heterosexuals as well as MSM. Heterosexuals report equally high levels of club drug use as MSM. Club drug use in heterosexuals was associated with AI, more sexual partners and self-reporting of risky sex. Although rates of STIs were higher in club drug users this did not achieve significance. 72% of those who had ever used club drugs reported not having used drugs in the past month. This may suggest that current users are not attending sexual health services.</td>
<td>Journal: Conference Abstract</td>
<td>EMBASE</td>
<td>Available from Wiley Online Library</td>
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Rationale, aims and objectives: To find consensus, or lack thereof, on the impact of reducing alcohol consumption on prognosis and the risk of hospital admissions for a number of alcohol-attributable disorders. Methods: A modified two-round Delphi survey utilizing web-based questionnaires to collect quantitative and qualitative data was used. Alcohol treatment experts from cardiology, emergency medicine, gastroenterology and oncology in the United Kingdom were invited to participate. The main outcomes were median impact ratings (on a scale of 1-9) and consensus (unanimous, strong, moderate, weak or no consensus). Results: Of 192 experts invited to participate, 59 completed first and second questionnaires. The overall retention rate to the second questionnaires was about 51% (30/59). There was strong support that reducing alcohol consumption could result in improvement in prognosis for gastroenterology and emergency medicine patients, but uncertainty on the benefits for cardiology and oncology patients. Overall, the responses from the expert panel did not reflect the assumption that reducing alcohol consumption would result in benefits on hospital admissions for any of the specialties. The specialists viewed the severity of disorders as important when considering the impact of reducing alcohol consumption. Conclusions: The highest impact of treatment for problem drinking in hospitals is considered to be for alcohol-related disorders associated with gastroenterology and emergency medicine. At policy level, if targeted screening for alcohol problems by presenting disease or condition is the strategy of choice, it would be logical to implement screening and easily accessible interventions or addiction specialists within these areas where alcohol treatment is considered as having a high impact. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
Jose L Ivorra, Manel Al, Clara Logan, Tariq Mahmood, Shahana Khan, Alistair G Cardno, Colin Johnson, Chris F Inglehearn and Steven Cleophas. 2014 Identification of a susceptibility locus in a consanguineous family with multiple schizophrenia-affected members. Schizophrenia Research, April 2014, vol./is. 153(3265-5326), 0920-9964 (April 2014) English Aims and method People with severe mental illness (SMI) die relatively young, with mortality rates four times higher than average, mainly from natural causes, including heart disease. We developed a computer-based physical health screening template for use with primary care information systems and evaluated its introduction across a whole city against standards recommended by the National Institute for Health and Care Excellence for physical health and cardiovascular risk screening. Results A significant proportion of SMI patients were excluded from the SMI register and only a third of people on the register had an annual physical health check recorded. The screening template was taken up by 75% of GP practices and was associated with better quality screening than usual care, doubling the rate of cardiovascular risk recording and the early detection of high cardiovascular risk. Clinical implications A computerised annual physical health screening template can be introduced to clinical information systems to improve quality of care. Journal Article Available from ScienceDirect (www.sciencedirect.com)

David Yeomans, K Dale and K Beedle. 2014 Systematic review of computerised health screening for people with severe mental illness. The Psychiatric Bulletin, December 2014, vol./is. 38/6(280-4), 2053-4868:2053-4868 (2014 Dec) English Aims and method To investigate the use of additional conditions attached to community treatment orders (CTOs) and whether they influence the process of recall to hospital. We conducted a retrospective descriptive survey of the records and associated paperwork of all the CTOs started in the trust in the year from January 2010. Each CTO was followed up for 12 months. Results A total of 65 CTOs were included in the study; 25 patients were recalled during the study and all but one of these had their CTO revoked and remained in hospital. Each patient whose CTO was revoked had experienced a relapse in their condition. Many patients had not complied with CTO conditions prior to relapsing and could potentially have been recalled earlier. Clinical implications Our findings suggest that the breaching of additional CTO conditions does not tend to result in a patient's recall to hospital. This has implications regarding how the workings of CTOs are explained to patients and regarding the utility of additional conditions more generally. Journal Article MEDLINE Available from National Center for Biotechnology Information, (www.ncbi.nlm.nih.gov)

M Smith, Tim Branton and Alistair Cardno. 2014 Is the bark worse than the bite? Additional conditions used within community treatment orders. The Psychiatric Bulletin, February 2014, vol./is. 38/19(12), 2053-4868:2053-4868 (2014 Feb) English Aims and method To investigate the use of additional conditions attached to community treatment orders (CTOs) and whether they influence the process of recall to hospital. We conducted a retrospective descriptive survey of the records and associated paperwork of all the CTOs started in the trust in the year from January 2010. Each CTO was followed up for 12 months. Results A total of 65 CTOs were included in the study; 25 patients were recalled during the study and all but one of these had their CTO revoked and remained in hospital. Each patient whose CTO was revoked had experienced a relapse in their condition. Many patients had not complied with CTO conditions prior to relapsing and could potentially have been recalled earlier. Clinical implications Our findings suggest that the breaching of additional CTO conditions does not tend to result in a patient's recall to hospital. This has implications regarding how the workings of CTOs are explained to patients and regarding the utility of additional conditions more generally. Journal Article MEDLINE Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)

Duncan Rastick, Gillian Tober, Jenny Sweetman, Sally Unsworth, Helen Crosby and Tom Evans. 2014 Measuring clinically significant outcomes: LDQ, CORE-10 and SSQ as dimension measures of addiction. The Psychiatric Bulletin, June 2014, vol./is. 38/3(112-115), 2053-4868:2053-4876 (Jun 2014) English Aims and method To determine values for reliable change and clinically significant change for the Leeds Dependence Questionnaire (LDQ) and Social Satisfaction Questionnaire (SSQ). The performance of these two measures with the Clinical Outcomes in Routine Evaluation (CORE-10) as three dimension measures of addiction was then explored. Results: The reliable change statistic for both LDQ and SSQ was 54; the cut-offs for clinically significant change were LDO 410 males, 45 females, and SSQ 516. There was no overlap of 95% CIs for means by gender between ‘well functioning’ and pre- and post-treatment populations. Clinical implications: These data enable the measurement of clinically significant change using the LDQ and SSQ and add to the evidence for the performance of the LDQ, CORE-10 and SSQ as dimension measures of addiction. The CORE-10 and SSQ can be used as treatment outcome measures for mental health problems other than addiction. (PsycINFO Database Record (c) 2014 APA, all rights reserved) Journal Article PsychINFO Available from National Center for Biotechnology Information, (www.ncbi.nlm.nih.gov)

Rachel J McKenzie. 2014 Factors associated with the use of community treatment orders. The Psychiatric Bulletin, June 2014, vol./is. 38/139(139), 2053-4868:2053-4876 (Jun 2014) English Comments on an article by David Curtis et al. (see record 2014-10795-008). Curtis highlights one of the limitations of the OCTET study, in that patients selected for randomisation may not have been suitable for community treatment order (CTO) placement in the first place. In his conclusions he suggests there may be a small subgroup of patients for whom CTOs are enormously beneficial. Perhaps clinicians need more clarity of the characteristics of the ‘revolving door’ patient better to assess suitability for supervised community treatment. There remains the outstanding question of who belongs to the elusive group of patients for which CTOs are effective, if indeed this group exists. This study provides insight into the demographic and historical factors that are influencing clinicians’ decisions to implement CTOs. There is no proof so far that CTOs are effective in their aims. Perhaps we need to look again at whom the truly revolving door’ patients are and take this objective evidence into consideration at the point of deciding whether to initiate supervised community treatment. (PsycINFO Database Record (c) 2014 APA, all rights reserved) Journal Article PsychINFO Available from National Center for Biotechnology Information, (www.ncbi.nlm.nih.gov)

William Rhys Jones, Usha Narayana, Sarah Howes, Joanna Shinner and Qadeer Nazar. 2014 Cardiovascular monitoring in patients prescribed clozapine. The Psychiatric Bulletin, June 2014, vol./is. 38/140, 2053-4868:2053-4876 (Jun 2014) English Comments on an article by Sam Wilson et al. (see record 2013-35228-002). Wilson et al highlight the ongoing issue of poor physical health monitoring in patients prescribed clozapine. Moreover, cardiovascular monitoring was poor with only 30% of patients having had a baseline electrocardiogram prior to initiation of clozapine. Similarly, only 28% had yearly electrocardiogram monitoring performed once clozapine therapy had been established. In response to these findings the authors have introduced a system whereby initiation of clozapine therapy and its continued prescription by our pharmacy department is contingent on evidence of baseline and continued cardiovascular monitoring. The authors have also developed a shared care pathway with our local cardiology department ensuring that cardiac monitoring is optimised in this vulnerable patient group and that management of sustained tachycardia is jointly managed by both psychiatric and cardiology services. Information on this shared care pathway is available from the corresponding author. (PsycINFO Database Record (c) 2014 APA, all rights reserved) Journal Article PsychINFO Available from National Center for Biotechnology Information, (www.ncbi.nlm.nih.gov)
### James Johnston

Jessica Yakeley, Rob Hale, James Johnston, Gabriel Kirschuk and Peter Shoenberg. 2014

**Psychiatry, subjectivity and emotion: Deepening the medical model.**


English

Morale among psychiatrists continues to be seriously challenged in the face of recruitment difficulties, unfilled posts, diagnostic controversies, service reconfigurations and public criticism of psychiatric care, in addition to other difficulties. In this article, we argue that the positivist paradigm that continues to dominate British psychiatry has led to an undervaluing of subjectivity and of the role of emotions within psychiatric training and practice. Reintegrating the subjective perspective and promoting emotional awareness and reflection may go some way towards restoring faith in the psychiatric specialty. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

### Paul Blanken and David Protheroe.


**MIDSHIPS: Multicentre intervention designed for self-harm using interpersonal problem-solving: Protocol for a randomised controlled feasibility study.**

Trials, May 2014, vol./is. 1, 1745-6215 (10 May 2014)

English

Background: Around 150,000 people each year attend hospitals in England due to self-harm, many of them more than once. Over 5,000 people die by suicide each year in the UK, a quarter of them having attended hospital in the previous year because of self-harm. Self-harm is a major identifiable risk factor for suicide. People receive variable care at hospital; many are not assessed for their psychological needs and little psychological therapy is offered. Despite its frequent occurrence, we have no clear research evidence about how to reduce the repetition of self-harm. Some people who have self-harmed show less active ways of solving problems, and brief problem-solving therapies are considered the most promising psychological treatments. Methods/Design: This is a pragmatic, individually randomised, controlled, feasibility study comparing interpersonal problem-solving therapy plus treatment-as-usual with treatment-as-usual alone, for adults attending a general hospital following self-harm. A total of 60 participants will be randomised equally between the treatment arms, which will be balanced with respect to the type of most recent self-harm event, number of previous self-harm events, gender and age. Feasibility objectives are as follows: a) To establish and field test procedures for implementing the problem-solving intervention; b) To determine the feasibility and best method of participant recruitment and follow up; c) To assess therapeutic delivery; d) To assess the feasibility of obtaining the definitive trial’s primary and secondary outcomes; e) To assess the perceived burden and acceptability of obtaining the trial’s self-reported outcome data; f) To inform the sample size calculation for the definitive trial. Discussion: The results of this feasibility study will be used to determine the appropriateness of proceeding to a definitive trial and will allow us to design an achievable trial of interpersonal problem-solving therapy for adults who self-harm. Trial registration: Current Controlled Trials (ISRCTN54036115). 2014 Collinson et al.; licensee BioMed Central Ltd.

### Hannah Jones, Clive Adams, Andrew Clifton, Patrick Callaghan, Peter Liddle, Heather Buchanan and Vishal Aggarwal 2013

**A pragmatic cluster randomised controlled trial of an oral health intervention for people with serious mental illness (three phases early intervention dental trial).**

English

People with mental illness have poor oral health compared to those without due to medication side effects, issues with self-care, barriers to treatment and poor recognition of dental problems. Guidelines recommend giving oral health advice and monitoring oral health for people with mental illness, but this is not reflected in current practice and Cochrane reviews found no existing randomised trials of these interventions.

The aim is to investigate whether a dental checklist, preceded by dental awareness training for Care Co-ordinators in Early Intervention in Psychosis (EIP) teams, affects oral health and behaviour of people with serious mental illness.

The intervention (dental checklist) was adapted from guidelines with clinicians and service users. The checklist comprises questions regarding current oral health state and practice, and general mental state. EIP teams were randomly allocated to either the intervention or to continue with standard care for 12 months. Both arms of the trial were balanced for team size and location. Intervention team Care Co-ordinators received 30 minutes of dental awareness training before initial use of the checklist with their service users. Twelve months later the checklist is repeated. Control group Care Co-ordinators continue to deliver standard care for 12 months before receiving dental awareness training and using the checklist with service users.

This collaborative study design is unique. The simple intervention and method shows how a bottom-up design may work. These trials are potentially powerful and can produce interventions that, if effective, could be widely implemented with little time and cost implications.

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**LYPFT list of published studies**

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Last updated: August 2017 Next revised date: February 2018
### Psychiatry beyond the current paradigm.

**Acta Psiquiatrica y Psicologica de America Latina, September 2013, vol./is. 59(1/186-195), 0001-6896 (Sep 2013)**

**Psicoterapia e Scienze Umane, 2013, vol./is. 47(12-22), 0394-2864;1972-5043 (2013)**

**Spanish**

A series of editorials in this journal have argued that psychiatry is in the midst of a crisis. The various solutions proposed would all involve a strengthening of psychiatry's identity as essentially "applied neuroscience". While not discounting the importance of the brain sciences and psychopharmacology, we argue that psychiatry needs to move beyond the dominance of the current, technological paradigm. This would be more in keeping with the evidence about how positive outcomes are achieved and could also serve to foster more meaningful collaboration with the growing service-user movement. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

### Too many rating scales: Not enough validation.

**Addiction, Vol. 6 (2013)**

**English**

Comments on an article by Udi E. Ghitza et al. (see record 2012-35058-002). Ghitza et al. set out to generate debate on what screening and initial assessment tools should be used in primary care to detect substance misuse disorders. There is a long tradition in the addictions field of bringing together expert groups to find a consensus on some aspect of data collection and, invariably, the conclusion is that there should be a variety of measures available to suit different needs. Ghitza et al. present work tailored to the demands of Medicare and Medicaid services in the USA with barely a hint at its relevance to other countries. The method described by Ghitza et al. for building their consensus is an example, it is understandable, but strangely unscientific. A systematic review would have strengthened the starting position but herein lies a second reason the lack of validation studies for reaching, at best, only tentative or preliminary conclusions and, at worst, compromised or misleading ones. Happily, there is no need for an expert group to consider what criteria constitute a truly robust validation. Wherever possible it makes sense to use assessment measures that will also be outcome measures. The government has encouraged the use of patient reported outcome measures (PROMs) not least as a means of determining levels of payment to treatment providers. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

### A study of the psychotropic prescriptions of people attending an addiction service in England.

**Advances in Dual Diagnosis, Vol. 6 Iss. 2, pp.54 - 65**

**English**

Purpose

The purpose of this paper is to examine the prescribed psychotropic medications taken by newly referred people with a range of substance use disorders (SUD) who attend a specialist community addiction service.

Design/methodology/approach

Anonymised data on newly referred people (n=1,537) with SUD attending a specialist community addiction service for their first episode of treatment between August 2007 and July 2010 were obtained from the database of the service. Data were cleaned and the percentage of people taking prescribed psychotropic medications at their first episode of treatment was calculated.

Findings

More than half (56.1 percent) of people attending the service were taking prescribed antidepressants and anxiolytics at their first episode of treatment whilst 15.2 percent of people were taking prescribed antipsychotics. Alcohol and opioids were the primary referral substances for 77.4 percent and 15.2 percent of people respectively. People referred for "other" substances (cannabis, stimulants, sedatives, hallucinogens, solvents and polydrug use) made up the remaining 7.5 percent and had the highest percentage of prescribed psychotropics (antipsychotics=47 percent, antidepressants and anxiolytics=64.3 percent) compared to those referred for alcohol and opioids (p<0.0005).

Originality/value

To the best of the authors' knowledge, this is the first study of psychotropic prescribing among people with a range of SUD in the UK. The high prevalence of psychotropic prescribing raises questions about the appropriateness of these prescriptions and calls for scrutiny of prescribing practice in this group of people.
Purpose: Psychological therapies are increasingly being made available to adults with intellectual disabilities. However, little is known about service user satisfaction with this type of intervention. The aim was to ascertain quantitative and qualitative data on user satisfaction with the psychological therapy they had received. Design/methodology/approach: In total, 20 recipients of psychotherapy completed the Satisfaction with Therapy and Therapist Scale-Revised (STTS-R; Oei and Shuttleworth, 1999) and the Experience of Service Questionnaire (Commission for Health improvement, 2002). The scales were adapted for language and administered in an assisted completion format by an independent researcher after a course of psychological therapy had been completed. Descriptive statistics were used to analyse the quantitative data and thematic analysis was used to analyse the qualitative data. Findings: Generally, recipients were highly satisfied with their therapist and the therapy they received. Originality/value: The results confirm previous findings from two small-scale qualitative studies. Service user satisfaction is a key quality outcome measure and can be collated in routine practice for people with intellectual disabilities. The collation of qualitative responses in addition to quantitative measures is important to enable the expression of dissatisfaction and greater detail in order to inform service improvement. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Eating disorders encompass physical, psychological and social pathologies that increase health risk. Anorexia nervosa has the highest mortality of any psychiatric disorder, but patients are not always managed by specialist eating disorders services and the duty of care sometimes falls to the general psychiatrist. This article is an aide-memoire for assessing and managing physical risk in patients with anorexia nervosa.

Eating disorders cause significant psychiatric morbidity and the adverse physical consequences of dieting, weight loss and purging sometimes prove fatal. Mortality rates in patients with eating disorders are high (Arcelus 2011), with anorexia nervosa having a higher standardised mortality rate (5.86) than that of schizophrenia, bipolar affective disorder and unipolar depression. That study also found that 1 in 5 deaths in anorexia nervosa were the result of suicide. Although many patients with anorexia nervosa are treated exclusively by a specialist eating disorders team, not all patients can be managed by these services. Indeed, in a disorder that can persist for decades, some of the longer-term care may at times need to be provided by the community mental health team and general psychiatrist, who must monitor the patient’s physical and mental health and try to support both patients and their families. This is alarming when one considers that many general psychiatrists report a lack of training in eating disorders and are not always confident in managing these conditions in non-specialist settings (Jones 2012a). Here, we report the general psychiatrist of how to assess and manage physical risk in patients with anorexia nervosa.

Young people who cut themselves may do so for reasons that go beyond diagnosis. Relevant processes include responses to trauma, coping, emotion regulation and cultural identification. Some clinicians regard those who self-harm negatively or consider one therapeutic approach to be suitable for all. This article explores the possible mechanisms involved when young people cut themselves and discusses therapeutic approaches in the light of these. Clinicians and researchers are encouraged to refine, develop and research interventions for young people who self-harm by cutting.

Reviews the book, Motivational Interviewing: Helping People Change by William R. Miller and Stephen Rollnick (see record 2012-17300-000). This third edition elaborates on the method described in the two previous editions, but without the assistance of contributing authors and with the change of the sub-title to ‘Helping People Change’. This book covers a lot of ground. Three hundred pages describe MI at various stages of change; another 50 pages focus on the doing of it: something called experiencing it, which is different from learning, applying and integrating it. The third edition of Motivational Interviewing is full of useful material, some of it backed up by evidence and much detail that makes good sense to people versed in the literature of effective counselling skills. The book offers examples of dialogue clearly set apart from the explanatory text, it has key learning points, albeit ones that are rather general and evangelical; many do not apply to MI in particular but are good practice principles. (PsycINFO Database Record (c) 2013 APA, all rights reserved)
Tom Hughes R Hamish McAllister-Williams, Smith, Eleanor Smith, Ian M Anderson, Jane Barnes, Peter Gallagher, Heinz C Grunze, Peter M Haddad, Allan O House, Tom Hughes, Adrian J Lloyd, Elaine M McColl, Simon H Pearce, Najma Siddiqi, Baxi Sinha, Chris Speed, Nick I Steen, June Wainwright, Stuart Watson, Fiona H Winter and Nicolle F Ferrier 2013 Study protocol for the randomised controlled trial: Antiglucocorticoid augmentation of antidepressants in Depression (The ADD Study). BMC Psychiatry, August 2013, vol.13: 1471-244X (Aug 3, 2013) English Background: Some patients with depression do not respond to first and second line conventional antidepressants and are therefore characterised as suffering from treatment refractory depression (TRD). On-going psychosocial stress and dysfunction of the hypothalamic-pituitary-adrenal axis are both associated with an attenuated clinical response to antidepressants. Precinical data shows that co-administration of corticosteroids leads to a reduction in the ability of selective serotonin reuptake inhibitors to increase forebrain 5-hydroxytryptamine, while co-administration of antiglucocorticoids has the opposite effect. A Cochrane review suggests that antiglucocorticoid augmentation of antidepressants may be effective in treating TRD and includes a pilot study of the cortisol synthesis inhibitor, metyrapone. The Antiglucocorticoid augmentation of anti-Depressants in Depression (The ADD Study) is a multicentre randomised placebo controlled trial of metyrapone augmentation of serotoninergic antidepressants in a large population of patients with TRD in the UK National Health Service. Methods/design: Patients with moderate to severe treatment refractory Major Depression aged 18 to 65 will be randomised to metyrapone 500 mg twice daily or placebo for three weeks, in addition to on-going conventional serotonergic antidepressants. The primary outcome will be improvement in Montgomery-Asberg Depression Rating Scale score five weeks after randomisation (i.e. two weeks after trial medication discontinuation). Secondary outcomes will include the degree of persistence of treatment effect for up to 6 months, improvements in quality of life and also safety and tolerability of metyrapone. The ADD Study will also include a range of sub-studies investigating the potential mechanism of action of metyrapone. Discussion: Strengths of the ADD study include broad inclusion criteria meaning that the sample will be representative of patients with TRD treated within the UK National Health Service, longer follow up, which to our knowledge is longer than any previous study of antiglucocorticoid treatments in depression, and the range of mechanistic investigations being carried out. The data set acquired will be a rich resource for a range of research questions relating to both refractory depression and the use of antiglucocorticoids treatments. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Saeideh Saedi Elizabeth Goddard, Rebecca Hibbs, Simone Raenker, Laura Salerno, Jon Arcelus, Nicky Boughton, Frances Connon, Ken Goss, Berti Laszlo, John F Morgan, Kim Moir, David Robertson, Saeidi S, Christa Schreiber-Koumine, Sonu Sharma, Linette Whitehead, Ulrike Schmidt and Janet Treasure. 2013 A multi-centre cohort study of short term outcomes of hospital treatment for anorexia nervosa in the UK. BMC Psychiatry, November 2013, vol.13: 1471-244X (Nov 7, 2013) English Background: Individual, family and service level characteristics and outcomes are described for adult and adolescent patients receiving specialist inpatient or day patient treatment for anorexia nervosa (AN). Potential predictors of treatment outcome are explored. Methods: Admission and discharge data were collected from patients admitted at 14 UK hospital treatment units for AN over a period of three years (adult units N = 12; adolescent N = 2) (patients N = 177). Results: One hundred and seventy-seven patients with a severe and enduring illness with wide functional impairment took part in the study. Following inpatient care, physical improvement was moderate/good with a large increase in BMI, although most patients continued to have a clinical level of eating disorder symptoms at discharge. The potentially modifiable predictors of outcome included confidence to change, social functioning and carer expressed emotion and control. Conclusions: Overall, the response to inpatient treatment was modest particularly in the group with a severe enduring form of illness. Adolescents had a better response. Although inpatient treatment produces an improvement in physical health there was less improvement in other eating disorder and mood symptoms. As predicted by the carer interpersonal maintenance model, carer behaviour may influence the response to inpatient care, as may improved social functioning and confidence to change. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

John F Morgan John F Morgan. 2013 Does the emphasis on risk in psychiatry serve the interests of patients or the public? Yes. BMJ, 2013, vol.346(1982), 0959-535X;1756-1833 (2013) English Identifying patients who are likely to harm themselves or others has become central to psychiatry. John Morgan argues that though the methods are flawed, identifying risk is essential, but Matthew Large (doi:10.1136/bmj.f857) thinks we should focus on the wider harms that patients may experience … Journal Article MEDLINE Available from the BMJ (www.bmj.com)

Conor Davidson Conor Davidson. 2013 Too many psychiatric beds have been lost. BMJ, 2013, vol.347(15506), 0959-535X;1756-1833 (2013) English That MPs are calling for an investigation into how psychiatric patients are detained doesn’t surprise me in the slightest.1 It is an open secret among general adult psychiatrists that there is a national bed … Comment, Letter MEDLINE Available from the BMJ (www.bmj.com)
Purpose – The purpose of this paper is to describe the development and delivery of an aftercare programme called Learning To Live Again, which was co-produced between service users and clinic staff. Design/methodology/approach – In total, 37 semi-structured interviews were conducted with 29 project stakeholders who were service users, mentors, university and clinical staff. The data were transcribed and analysed using thematic analysis. Findings – Four overarching themes were identified in the analyses of interview data as characterising the process of co-producing an aftercare programme: common ground, roles and responsibilities, the activities programme and the road to recovery. Interdependence of service users and clinicians was given strong emphasis. Practical implications – A number of challenges arise in co-producing an aftercare programme which is largely service user led and adds to the local recovery capital. The benefits of co-producing aftercare outweigh the difficulties and the programme can be set up within existing resources. No data were presented. No package had adequate evaluation of their properties and so the emphasis should be on refining a small number of tools with very general application rather than creating new ones. An alternative to using ‘off-the-shelf’ packages is to create bespoke packages from well-validated, single-construct scales.

Co-produced aftercare.

Drugs & Alcohol Review, July 2013, vol./is. 32(4/347-355), 0959-5236;1465-3362 (Jul 2013) English

Helen Crosby, Duncan Raistrick, Jennifer Sweetman, Sally Unsworth, Leah Suna and Alex Coppello.

2013
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<td>Consanguinity, multiplex and schizophrenia: the royal road to genes of major effect. European Psychiatry Volume 28, Supplement 1, 2013, Pages 1</td>
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<td>Journal Article European Psychiatry</td>
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Elizabeth M Watson, Helen Crosby, Veronica M Date, Gillian Tober, Q Wu, J Lang, R McGovern, D Newbury-Birch, Steve Parrott, J M Bland, C Drummond, Christine Godfrey, E Kaner and Simon Coulton.

2013

AESOPS: A randomised controlled trial of the clinical effectiveness and cost-effectiveness of opportunistic screening and stepped care interventions for older hazardous alcohol users in primary care

Health Technology Assessment, 2013, vol./is. 17/25(1-157); 1386-5279;2046-4924 (2013)

English

Background: There is clear evidence of the detrimental impact of hazardous alcohol consumption on the physical and mental health of the population. Estimates suggest that hazardous alcohol consumption annually accounts for 150,000 hospital admissions and between 15,000 and 22,000 deaths in the UK. In the older population, hazardous alcohol consumption is associated with a wide range of physical, psychological, and social problems. There is evidence of an association between increased alcohol consumption and increased risk of coronary heart disease, hypertension and haemorrhagic and ischaemic stroke, increased rates of alcohol-related liver disease and increased risk of a range of cancers. Alcohol is identified as one of the three main risk factors for falls. Excessive alcohol consumption in older age can also contribute to the onset of dementia and other age-related cognitive deficits and is implicated in one-third of all suicides in the older population. Objective: To compare the clinical effectiveness and cost-effectiveness of a stepped care intervention against a minimal intervention in the treatment of older hazardous alcohol users in primary care.

Design: A multicentre, pragmatic, two-armed randomised controlled trial with an economic evaluation. Setting: General practices in primary care in England and Scotland between April 2008 and October 2010. Participants: Adults aged >55 years scoring >8 on the Alcohol Use Disorders Identification Test (AUDIT) were eligible. In total, 529 patients were randomised in the study. Interventions: The minimal intervention group received a 5-minute brief advice intervention with the practice or research nurse involving feedback of the screening results and discussion regarding the health consequences of continued hazardous alcohol consumption. Those in the stepped care arm initially received a 20-minute session of behavioural change counselling, with referral to step 2 (motivational enhancement therapy) and step 3 (local specialist alcohol services) if indicated. Sessions were recorded and rated to ensure treatment fidelity. Main outcome measures: The primary outcome was average drinks per day (ADD) derived from extended AUDIT-C. Consumption (3-item) (AUDIT-C) at 12 months. Secondary outcomes were AUDIT-C score at 6 and 12 months; alcohol-related problems assessed using the Drinking Problems Index (DPI) at 6 and 12 months; health-related quality of life assessed using the Short Form Questionnaire-12 items (SF-12) at 6 and 12 months; ADD at 6 months; quality-adjusted life-years (QALYs) (for cost-utility analysis derived from European Quality of Life-5 Dimensions); and health and social care intervention associated with the two groups. Results: Both groups reduced alcohol consumption between baseline and 12 months. The difference between groups in log-transformed ADD at 12 months was very small, at 0.025 (95% confidence interval (CI)-0.060 to 0.119), and not statistically significant. At month 6 the stepped care group had a lower ADD, but again the difference was not statistically significant. At months 6 and 12, the stepped care group had a lower ADD, but again the difference was not statistically significant.
John F Morgan

2013 Caregiving and coping in carers of people with anorexia nervosa admitted for intensive hospital care.

Objective: The aim of the study was to examine how carers cope practically and emotionally with caring for individuals with anorexia nervosa who require intensive hospital care. Method: This study explores objective burden (time spent with caregiving and number of tasks), subjective burden (psychological distress), and social support in a sample of parents (n = 224) and partners (n = 28) from a consecutive series of patients (n = 176) admitted to inpatient units within the United Kingdom. Results: Most time was spent providing emotional support and less with practical tasks. Time spent with caregiving was associated with carer distress and was fully mediated by carer burden. This was ameliorated by social support. Partners received minimal support from others, and we found similar levels of burden and distress for mothers and partners. Discussion: The data indicate that professional and social support alleviates carer distress and may be of particular value for partners who are more isolated than parents. The data also suggest that time spent with practical support may be of more value than emotional support. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Elizabeth Edgington
Elizabeth Edgington

2013 Drawing on the six stages identified by Henton and Midgley (2012) in the narratives of five child psychotherapists involved in the IMPACT study on their evolving attitudes towards participation in outcome research, this paper explores another child psychotherapist's internal and external world experiences of writing a National Institute of Health Research grant application for a randomised controlled trial feasibility study. It makes use of the key associations that came to mind on first reading Henton and Midgley's article, outlines the practical and emotional stages of developing the grant proposal and briefly considers some of the wider implications of this kind of work on a personal, organisational and professional level.

Graham Firth, Charlotte Poyer and Nicola Guthrie.

Graham Firth, Charlotte Poyer and Nicola Guthrie.

2013 Training care staff in intensive interactions.
Learning Disability Practice, 01 December 2013, vol./is. 16/10(14-19), 14658712

Intensive interaction is a way of improving communication with children and adults who have severe or profound learning disabilities and/or autism. Research shows intensive interaction interventions often lead to more or new responses. This article discusses the Leeds NHS intensive interaction programme, which was developed to help staff implement the approach with individual service users. It also describes an evaluation of the programme during which feedback was generally positive and respondents said they would recommend the programme to other services.

Graham Paley
Graham Paley, Amy Dankis, Keeley Edwards, Catherine Reid, Miriam Fearon, Inga Jammere and Helen Rawse.

2013 Organising an inpatient psychotherapy group.
Mental Health Practice, 01 April 2013, vol./is. 16/10(14-19), 14658720

Psychotherapy groups can be established on acute inpatient wards to benefit clients and contribute to staff development. A communication group has been running for more than three and a half years in Leeds and is now part of the weekly routine on the ward. Full support of the ward team and management, and protected time have ensured success and reduced workload pressures.

Ged Bergin
Rob Allison and Ged Bergin.

2013 A flexible and integrated approach to family interventions.
Mental Health Practice, 01 May 2013, vol./is. 16/18(23-24), 14658720

This article focuses on a case study of family interventions using a co-working model, and showing a flexible, integrative approach to helping families experiencing psychosis. The authors emphasise use of cognitive behaviour and cognitive interactional models to consider the appraisals and interactional processes relating to family distress. By formulating their difficulties and mapping typical scenarios, the family reappraised thoughts and responses to reconsider more useful, alternative approaches.

Saedeh Saedi and John F Morgan.
Saedeh Saedi, G Fieldsend and John F Morgan.

2013 Managing eating disorders in the community.
Nursing Times, August 2013, vol./is. 109/33-34(12-14), 0954-7762 (21 Aug 2013)

This article describes the development and evaluation of a new specialist intensive community-based service for adults (those aged 18 years and above) with severe and enduring eating disorders (SEEDs). The service was developed by the Yorkshire Centre for Eating Disorders based in Leeds. We developed and evaluated a nurse-delivered community-based service that aimed to manage the complex needs of people with SEEDs without hospital admission. The service was shown to improve quality of life, reduce the number of hospital admissions and improve communication with other health professionals involved in service users' care.


Objective: The aim of the study was to examine how carers cope practically and emotionally with caring for individuals with anorexia nervosa who require intensive hospital care. Method: This study explores objective burden (time spent with caregiving and number of tasks), subjective burden (psychological distress), and social support in a sample of parents (n = 224) and partners (n = 28) from a consecutive series of patients (n = 176) admitted to inpatient units within the United Kingdom. Results: Most time was spent providing emotional support and less with practical tasks. Time spent with caregiving was associated with carer distress and was fully mediated by carer burden. This was ameliorated by social support. Partners received minimal support from others, and we found similar levels of burden and distress for mothers and partners. Discussion: The data indicate that professional and social support alleviates carer distress and may be of particular value for partners who are more isolated than parents. The data also suggest that time spent with practical support may be of more value than emotional support. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

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Neural correlation

Saeideh Saeidi, Cogniselybehavioural therapy (CBT) can be an effective treatment for spider phobia, but the underlying neural

Betton and Victoria Tomlinson. 2013 Benefitsof social media for nurses and service users. Nursing Times, June 2013, vol.109/24(20-1), 0954-7762/0954-7762 (2013 Jun 19-25) English People with mental health problems are increasingly using social media channels as part of their recovery and to improve their lives. This article discusses social media and how it can be used to complement healthcare, offers useful tips on using social media, and explores case studies for nurses to use in clinical practice. Journal Article MEDLINE Available from ResearchGate (www.researchgate.net)

Saeideh Saeidi, Mark Johnson and Pinki Sahota. 2013 The management of obesity in primary care: a pilot study. Practice Nursing, 01 October 2013, vol.14(510-514), 09649271 English Background: Obesity is recognized as a global public health issue, with prevalence in the UK increasing sharply during the 1990s and early 2000s. The National Institute for Health and Care Excellence (2006) recommends that ‘managers and health professionals in all primary care settings should ensure that preventing and managing obesity is a priority, at both strategic and delivery levels’. The aim of this study was to develop and evaluate a facilitated self-help weight-management intervention for obese adults attending general practice. Journal Article CINAHL Available from Practice Nursing (www.magonlinelibrary.com)

Barry Wright Barry Wright, Ben Alderson-Day, Gareth Prendergast, Juliette Kennedy, Sophie Bennett, Mary Docherty, Claire Whilton, Laura Manea, Andre Gouws, Heather Tomlinson and Gary Green. 2013 Neural correlation of successful cognitive behaviour therapy for spider phobia: A magnetoencephalography study. Psychiatry Research: Neuroimaging, December 2013, vol.214(3/444-451), 0925-4927 (Dec 30, 2013) English Cognitive behavioural therapy (CBT) can be an effective treatment for spider phobia, but the underlying neural correlates of therapeutic change are yet to be specified. The present study used magnetoencephalography (MEG) to study responses within the first half second, to phobogenic stimuli in a group of individuals with spider phobia prior to treatment (n = 12) and then in nine of them following successful CBT (where they could touch and manage live large common house spiders) at least 9 months later. We also compared responses to a group of age-matched healthy control participants (n = 11). Participants viewed static photographs of real spiders, other fear-inducing images (e.g. snakes, sharks) and neutral stimuli (e.g. kittens). Beamforming methods were used to localise sources of significant power changes in response to stimuli. Prior to treatment, participants with spider phobia showed a significant maximum response in the right frontal pole when viewing images of real spiders specifically. No significant frontal response was observed for either control participants or participants with spider phobia post-treatment. In addition, participants’ subjective ratings of spider stimuli significantly predicted peak responses in right frontal regions. The implications for understanding brain-based effects of cognitive therapies are discussed. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract) Journal, Peer Reviewed Journal PsyCINFO Available from ScienceDirect (www.sciencedirect.com)

James Johnston and Graham Paley. James Johnston and Graham Paley. 2013 Mirror mirror on the ward: Who is the unfairest of them all? Reflections on reflective practice groups in acute psychiatric settings. Psychoanalytic Psychotherapy, June 2013, vol.27(2/170-186), 0266-6734/1474-9734 (Jun 2013) English Consultant psychiatrists in medical psychotherapy, adult psychotherapists, child and adolescent psychotherapists and clinical psychologists increasingly complement their direct therapeutic activity with applications of their psychotherapeutic thinking in acute mental health work through facilitating reflective practice groups for staff working in mental health teams. The authors offer their reflections on facilitating National Health Service reflective practice groups, using the metaphor of a mirrored dialogue between patient and professional, and professional and institution as a basis for informing the development of reflective practice for colleagues. Their reflections are based on working on three acute in-patient wards, in a crisis resolution team and in community mental health teams. They describe the practicalities of setting up and facilitating reflective practice groups, and offer insights into some of the issues that arise in reflective practice groups. They conclude that these groups are mutually beneficial in forging links between psychotherapists, psychiatrists and other health professionals working in different settings and areas. They advise that these groups often require a challenging adaptation of technique, which will not suit all psychotherapists, as well as a wider understanding of organisational dynamics and the interplay between clinicians and management. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract) Journal, Peer Reviewed Journal PsyCINFO Available from Taylor & Francis Online (www.tandfonline.com)

Sandip Deshpandem, Sandra Coburn and Peter Trigwell. Sandip Deshpandem Mirjam Meyer, Ashish Rana, Andrew Yates, Sandra Coburn and Peter Trigwell. 2013 The Leeds Psychosexual Medicine Service: Evaluation of an NHS service for sexual dysfunction. Sexual and Relationship Therapy, August 2013, vol.28(2/272-282), 1468-1994/1468-1749 (Aug 2013) English Sexual problems are common and patients seek treatment from various clinicians. Specialist psychosexual clinics within the NHS in the UK are one of the key providers of sexual medicine services. This retrospective service evaluation covers a population of 846 patients referred over a three-year period to the Leeds Psychosexual Medicine Service. Of patients referred, 65% were males and the majority of patients were in the age range of 18-40 years. Of referrals, 70% were from primary care physicians, with complaints of a broad range of sexual problems. Around half of the referred patients failed to attend either their first or subsequent appointments. A third of the total referrals completed all planned sessions of their treatment. Of these, 70% showed major improvement and only a small proportion (6.5%) either showed no change or worsening of their problems. Our data suggests that brief therapy lasting four to eight sessions is beneficial in most patients. This evaluation is timely as there are financial constraints on the NHS currently and with improved service delivery models, which aim to minimise patient non-attendance, brief interventions can be effective. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract) Journal, Peer Reviewed Journal PsyCINFO Available from Taylor & Francis Online (www.tandfonline.com)

Last updated: August 2017 Next revised date: February 2018
<table>
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<th>Authors</th>
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<tr>
<td>Hilary Lewis, John F Morgan</td>
<td>2013</td>
<td>An exploratory study of primary care therapists’ perceived competence in providing cognitive behavioural therapy to people with medically unexplained symptoms.</td>
<td>The scope of the Improving Access to Psychological Therapies (IAPT) initiative has been extended to include the treatment of medically unexplained symptoms (MUS). However, MUS was not one of the original common mental health problems that the therapists were trained to treat. No studies have explored whether primary care cognitive behavioural therapists feel competent to treat people with MUS. This paper aimed to explore and gain an understanding of primary-care therapists’ perceived competence in providing cognitive-behavioural therapy (CBT) to people with MUS. Eight CBT therapists working in primary care participated in semi-structured interviews; the Framework approach was used to analyse the data. Five themes were generated by the data analysis, regarding the therapists’ perceived competence. The therapists described unfamiliarity with MUS. They also described some issues in engaging clients in therapy and that progress in therapy could sometimes be slow. Participants often used more general CBT skills and techniques, rather than models and interventions designed specifically for MUS. They had a number of different emotional reactions to this work. CBT therapists in primary care described unfamiliarity with MUS, in comparison to common mental health problems. They identified some difficulties in treatment, but most did not see this group as being more complex to treat. All were interested in receiving training about this client group. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)</td>
</tr>
<tr>
<td>Gillian Tober, Duncan Raistrick and Helen Crosby</td>
<td>2013</td>
<td>An alcohol-focused intervention versus a healthy living intervention for problem drinkers identified in a general hospital setting (ADAPTA): study protocol for a randomized, controlled pilot trial</td>
<td>Alcohol misuse is a major cause of premature mortality and ill health. Although there is a high prevalence of alcohol problems among patients presenting to general hospital, many of these people are not help seekers and do not engage in specialist treatment. Hospital admission is an opportunity to steer people towards specialist treatment, which can reduce health-care utilization and costs to the public sector and produce substantial individual health and social benefits. Alcohol misuse is associated with other lifestyle problems, which are amenable to intervention. It has been suggested that the development of a healthy or balanced lifestyle is potentially beneficial for reducing or abstaining from alcohol use, and relapse prevention. The aim of the study is to test whether or not the offer of a choice of health-related lifestyle interventions is more acceptable, and therefore able to engage more problem drinkers in treatment, than an alcohol-focused intervention. This is a pragmatic, randomized, controlled, open pilot study in a UK general hospital setting with concurrent economic evaluation and a qualitative component. Potential participants are those admitted to hospital with a diagnosis likely to be responsive to addiction interventions who score equal to or more than 16 on the Alcohol Use Disorders Identification Test (AUDIT). The main purpose of this pilot study is to evaluate the acceptability of two sorts of interventions (healthy living related versus alcohol focused) to the participants and to assess the components and processes of the design. Qualitative research will be undertaken to explore acceptability and the impact of the approach, assessment, recruitment and intervention on trial participants and non-participants. The effectiveness of the two treatments will be compared at 6 months using AUDIT scores as the primary outcome measure. There will be additional economic, qualitative and secondary outcome measurements. Development of the study was a collaboration between academics, commissioners and clinicians in general hospital and addiction services, made possible by the Collaboration in Leadership in Applied Health Research and Care (CLAHRC) program of research. CLAHRC was a necessary vehicle for overcoming the barriers to answering an important NHS question—how better to engage problem drinkers in a hospital setting. ISRCTN47726702.</td>
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<tr>
<td>John F Morgan</td>
<td>2012</td>
<td>Male eating disorders.</td>
<td>A collaborative approach to eating disorders. (from the chapter) This chapter focuses on eating disorders in men. The causes and treatments of eating disorders in men and women have more similarities than differences, and the greatest challenge for men with eating disorders is to access local, evidence-based treatment despite personal and societal stigma. Men with eating disorders are particularly driven to a body image ideal combining leanness with muscularity, with compulsive over-exercise a common route into male eating disorders. Societal pressures on younger men in general appear to be growing, and young boys are under ever-increasing pressure to conform to an impossible body image ideal. Eventually the same processes that would have aided a woman in the same predicament will help men: evidence-based psychological therapy combined with nutritional rehabilitation, and a gradual return to healthy exercise. However, barriers to recovery for men are multiple. While at least one in ten cases of eating disorders are male, a far smaller proportion access treatment. All eating disorder services must consider why they are failing to reflect the gender diversity of the populations they serve and public health must embrace the fact that fat is more than a feminist issue. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</td>
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**LYPFT list of published studies**

[Last updated: August 2017 Next revised date: February 2018](www.cambridge.org/Core)
According to the research conducted by Frühling V Rijsdijk, Hubert John Hindley, Maria Jones, Valerie Holwell, Nicoletta Feri Zarnani, Zainab Hamoudi, Craig Whittington, Andy Holwell, Nicolleta Gentili, Mandy Barker, Sara Rhys Jones, Valerie Leach, Peter Hindley, Maria Gascon-Ramos, and Kate Moore, a twin study of schizoaffective syndromes showed significant co-occurrence between syndromes within twin probands and MZ pairs, and a trend for general significant co-occurrence between syndromes within twin probands and twin pairs. The schizoaffective syndromes showed only moderate inter-rater reliability. There was no such study investigating relationships between schizoaffective-mania, schizoaffective-depression, and other psychotic syndromes, but with less elevation of liability to mania. If in due course schizoaffective syndromes show satisfactory inter-rater reliability, but high genetic and environmental correlations between the two broad syndromes. The results are not only prove to be a useful resource for a busy psychiatrist in day-to-day clinical practice, but will also help to shape the clinical practice of psychiatric trainees and allied mental health professionals worldwide.
Paul Blenkiron

2012

The emperor's new clothes


English

Spence is right: all doctors should challenge conventional wisdom to secure the best evidence based care for their patients. But attacking the National Institute for Health and Clinical Excellence (NICE) is unlikely to achieve this goal. Far from being an "opaque"


Barry Wright

2012

Pervasive refusal syndrome.

Clinical Child Psychology and Psychiatry, April 2012, vol./is. 17/2(22):221-228, 1359-1045;1461-7021 (April 2012)

English

We report here on a case of severe pervasive refusal syndrome. This is of interest for three reasons. Firstly, most reported cases are adolescent girls; our case is regarding an adolescent boy. Secondly, he was successfully treated at home and thirdly, the serology showed an apparent immune pre-cursor to the illness with evidence of possible autoimmune serology. A 14-year old boy deteriorated from a picture where diagnosed CFS/ME developed into Pervasive Refusal Syndrome. This included the inability to move or speak, with closed eyes, multiple tics, facial grimacing, heightened sensitivity to noise (hyperacusis) and touch (hyperaesthesia), and inability or unwillingness to eat anything except small amounts of sloppy food. Successful rehabilitation is reported. Finally the issue of nomenclature is discussed, raising the question whether Pervasive Refusal Syndrome would be better renamed in a way that does not imply that the condition is always volitional and oppositional, as this can distract focus away from an alliance between family and clinicians. (PsyCINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)


Mahesh Jayaram

2012

Acetylcholinesterase inhibitors for schizophrenia

Cochrane Database of Systematic Reviews, 1. Art. No.: CD007967. DOI:10.1002/14651858.CD007967 7.pub2.

English

Background - Antispastic medication remains the mainstay of treatment for schizophrenia and has been in use for a long time. As evidenced by ongoing research and partial effectiveness of the antipyschotics on cognitive and negative symptoms, the search is on for drugs that may improve these domains of functioning for someone suffering from schizophrenia. Acetylcholinesterase inhibitors have long been in use for treating cognitive symptoms of dementia. Objectives - The aim of the review was to evaluate the clinical effects, safety and cost effectiveness of acetylcholinesterase inhibitors for treating people with schizophrenia Search methods - We searched the Cochrane Schizophrenia Group's Register (February 2009), and inspected the references of all identified studies for further trials. Selection criteria - We included all clinical randomised trials comparing acetylcholinesterase inhibitors with antipsychotics or placebo either alone, or in combination, for schizophrenia and schizophrenia-like psychoses. Data collection and analysis - We extracted data independently. For dichotomous data, we calculated risk ratios (RR) and their 95% confidence intervals (CI) on an intention-to-treat (ITT) basis based on a random-effects model. For continuous data, we calculated mean differences (MD), again based on a random-effects model. Main results - The acetylcholinesterase inhibitor plus antispastic showed benefit over antispastic and placebo in the following outcomes. 1. Mental state - PANSS negative symptoms average end point score (2 RCTs, n = 31, MD -1.69 95% CI -2.80 to -0.57), PANSS General Psychopathology average end point score (2 RCTs, n = 31, MD -3.86 95% CI -5.40 to -2.32), and improvement in depressive symptoms showed at least by one short-term study as measured by CDSS scale (data skewed). 2. Cognitive domains - attention, (1 RCT, n = 73, MD 1.20 95% CI 0.14 to 2.26), visual memory (2 RCTs, n = 48, MD 0.62 to 3.28), verbal memory and language (3 RCTs, n = 42, MD 3.46 95% CI 0.67 to 6.26) and executive functioning (1 RCT, n = 24, MD 17.10 95% CI 0.70 to 33.50). 3. Tolerability - EPSE: AIMS, (1 RCT, n = 35, MD 1.50 95% CI 1.04 to 1.96). No difference was noted between the two arms in other outcomes. The overall rate of participants leaving studies early was low (13.6 %) and showed no clear difference between the two groups. Authors' conclusions - The results seem to favour the use of acetylcholinesterase inhibitors in combination with antipsychotics on a few domains of mental state and cognition, but because of the various limitations in the studies as mentioned in the main text, this weak. This review highlights the need for large, independent, well designed, conducted and reported pragmatic randomised studies.


Vikram Luthra, Ashish Rana, Muhammad Waiz.Khan Noman, Rashmi Yadav and Duncan Rastick.

2012

Audit of alcohol detoxification at Leeds Addiction Unit.

Drugs & Alcohol Today, 01 April 2012, vol./is. 12/1(45-50), 17459265.

English

Purpose -- At any one time, 76 million people have an alcohol use disorder. Detoxification is a common intervention for alcohol dependence. There is a need regularly to assess and evaluate detoxification practice. The aim and objective of this paper is to describe the findings of audits which assessed the quality and safety of the detoxification experience and to implement changes to improve practice. Design/methodology/approach -- All community detoxifications in March 2009 and 2010 were included for the successive audits. Notes were inspected retrospectively three months post completion of detoxification using the audit standard. Findings -- A total of 50 and 59 people were eligible in respective audits. At 3months post-detoxification 23 per cent of patients had dropped out of treatment compared to 15 per cent in the re-audit. In 2009, 31 per cent of patients remained completely abstinent and 10 per cent were drinking within safe limits but in 2010 figures improved to 36 per cent and 22 per cent respectively. Disulfiram was continued by 66 per cent of abstinent patients in the initial audit and 89 per cent in the reaudit. Improved follow-up protocol, regular advice and monitoring of disulfiram resulted in better abstinence and reduced drop out rates over successive years. Social and Behavioral Network Therapy and disulfiram taken under medical supervision after detoxification play a pivotal role in relapse prevention. Originality/value -- The study considers the importance of the post-detoxification period, in terms of maintaining a patient's abstinence from alcohol.
**LYPFT list of published studies**

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<tr>
<td>Barry Wright</td>
<td>Deafness is a low incidence condition in children in many countries, but its implications for linguistic, cognitive and emotional development are not well understood.</td>
<td>2012</td>
<td><em>Journal of Mental Health</em></td>
<td>Abstract</td>
<td>EMBASE</td>
<td>Available from International Journal of Mental Health and Deafness</td>
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<tr>
<td>Lot Stemheim, Helen Startup, Saateh Saedt, John F Morgan, Philippa Hugo, Alice Russell, and Ulrike Schmidt</td>
<td>Understanding catastrophic worry in eating disorders: Process and content characteristics.</td>
<td>2012</td>
<td><em>Journal of Behavior Therapy and Experimental Psychiatry</em></td>
<td>Abstract</td>
<td>EMBASE</td>
<td>Available from King's College London Research Outputs</td>
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<td>John F Morgan</td>
<td>Weight and Eating-Related Issues In Liaison Psychiatry.</td>
<td>2012</td>
<td><em>Seminars in Liaison Psychiatry</em></td>
<td>Abstract</td>
<td>EMBASE</td>
<td>Available from Royal College of Psychiatrists</td>
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This article reviews research on the effects of intensive interaction (II) on the conduct, health and wellbeing of people with learning disabilities who exhibit severe challenging behaviour, and on the wellbeing of their carers. The authors conclude that II can benefit clients, carers and staff, but that research is required to encourage developments in policy and practice, and that additional staff training is needed to ensure II techniques succeed.

Effective engagement through intensive interaction. Learning Disability Practice, November 2012, Volume 15, Number 9

This article reviews research on the effects of intensive interaction (II) on the conduct, health and wellbeing of people with learning disabilities who exhibit severe challenging behaviour, and on the wellbeing of their carers. The authors conclude that II can benefit clients, carers and staff, but that research is required to encourage developments in policy and practice, and that additional staff training is needed to ensure II techniques succeed.

A team approach has been identified as integral to working with an assertive outreach client group. The authors discuss the dilemmas and challenges experienced by an assertive outreach team in York offering recovery-focused intervention. They examine how the team adapted its practice to incorporate new ways of working to deliver targeted recovery work without compromising the benefits of using a team approach.

A team approach to promoting recovery in assertive outreach. Mental Health Practice, June 2012, vol.15, 9(20-24), 14658720

Background: Behavioural studies have highlighted irregularities in recognition of facial affect in children and young people with autism spectrum disorders (ASDs). Recent findings from studies utilising electroencephalography (EEG) and magnetoencephalography (MEG) have identified abnormal activation and irregular maintenance of gamma (>30 Hz) range oscillations when ASD individuals attempt basic visual and auditory tasks. Methodology/Principal Findings: The pilot study reported here is the first study to use spatial filtering techniques in MEG to explore face processing in children with ASD. We set out to examine theoretical suggestions that gamma activation underlying face processing may be different in a group of children and young people with ASD (n = 13) compared to typically developing (TD) age, gender and IQ matched controls. Beamforming and virtual electrode techniques were used to assess spatially localised individual and evoked activity. While lower-band (3-30 Hz) responses to faces were similar between groups, the ASD gamma response in occipital areas was observed to be largely absent when viewing emotions on faces. Virtual electrode analysis indicated the presence of intact evoked responses but abnormal induced activity in ASD people. Conclusions: This study lends no support for the hypothesis of differences in urinary mercury excretion in children with autism compared to other groups. Some of the results, however, do suggest further research in the area may be warranted to replicate this in a larger group and with clear measurement of potential confounding factors.


Background: Urinary mercury concentrations are used in research exploring mercury exposure. Some theorists have proposed that autism is caused by mercury toxicity. We set out to test whether mercury concentrations in the urine of children with autism were significantly increased or decreased compared to controls or siblings. Methods: Blinded cohort analyses were carried out on the urine of 56 children with autism spectrum disorders (ASD) compared to their siblings (n = 42) and a control sample of children without ASD in mainstream (n = 121) and special schools (n = 34). Results: There were no statistically significant differences in creatinine levels, in unmatched urine levels or in levels of mercury corrected for creatinine, whether or not the analysis is controlled for age, gender and amalgam fillings. Conclusions: This study lends no support for the hypothesis of differences in urinary mercury excretion in children with autism compared to other groups. Some of the results, however, do suggest further research in the area may be warranted to replicate this in a larger group and with clear measurement of potential confounding factors.
Background: Levomepromazine is an ‘older’ typical antipsychotic medication licensed for use in schizophrenia but sparingly prescribed in the United Kingdom.

Objectives: To determine the clinical effects and safety of levomepromazine compared with placebo or antipsychotic medications for schizophrenia and schizophreniform psychoses.

Search methods: We searched the Cochrane Schizophrenia Group’s Register (December 2008) which is based on regular searches of, amongst others, BIOSIS, CENTRAL, CINAHL, EMBASE, MEDLINE and PsycINFO. References of all identified studies were inspected for further trials. We also contacted relevant pharmaceutical companies for additional information. Selection criteria - All randomised trials comparing levomepromazine with placebo or other antipsychotics for schizophrenia and schizophreniform psychoses were included.

Data collection and analysis: Data were extracted independently. For dichotomous outcomes, we calculated relative risk (RR) (random-effects model), 95% confidence intervals (CI) and, where appropriate, number needed to treat (NNT) was calculated. We avoided the use of number needed to harm (NNH), as an alternative we used number needed to treat for an additional beneficial outcome (NTNB) and number needed to treat for an additional harmful outcome (NTNH) to indicate the direction of effect. For continuous outcomes, we calculated mean difference (MD) and 95% confidence intervals (CI). We calculated standardised mean differences (SMD) and 95% confidence intervals (CIs). We avoided the use of number needed to harm (NNH), as an alternative we used number needed to treat (NNT).

Main results: The review currently includes 4 RCTs with 192 participants. For our primary outcome of leaving the study early, levomepromazine was not significantly different compared with other antipsychotics. The levomepromazine arm was significantly better on CGI severity compared with chlorpromazine (n=38, 1 RCT, WMD -0.90 CI -1.51 to -0.09). Risperidone was better for CGI endpoint scores (n=42, 1 RCT, RR 2.33 CI 1.11 to 4.89, NNT 3 CI 2 to 10) compared with levomepromazine. Recipients given levomepromazine had a better BPRS endpoint score (n=38, 1 RCT, WMD -9.00, CI -17.46 to -0.54) and PANSS total score (n=38, 1 RCT, WMD -15.90, CI -30.30 to -1.50) than chlorpromazine, risperidone recipients noticed a significant difference for the outcome ‘at least 20% reduction’ on BPRS endpoint score (n=42, 1 RCT, RR 3.33 CI 1.07 to 10.42, NNT 3 CI 2 to 14) compared with levomepromazine. Levomepromazine caused less tremor (n=41, 1 RCT RR 0.12 CI 0.02 to 0.87 NNTB 5 CI 2 to 21) compared with haloperidol.

Levomepromazine caused less akathisia compared with chlorpromazine, but more hypotension compared with risperidone (n=42, 1 RCT, RR 2.50 CI 1.21 to 5.18, NNTH 3 CI 2 to 7). Dizziness was common with levomepromazine compared with other antipsychotic medications.

Additional information. Selection criteria - All randomised trials comparing levomepromazine with placebo or other antipsychotics for schizophrenia and schizophreniform psychoses were included.

Data collection and analysis: Data were extracted independently. For dichotomous outcomes, we calculated relative risk (RR) (random-effects model), 95% confidence intervals (CI) and, where appropriate, number needed to treat (NNT) was calculated. We avoided the use of number needed to harm (NNH), as an alternative we used number needed to treat for an additional beneficial outcome (NTNB) and number needed to treat for an additional harmful outcome (NTNH) to indicate the direction of effect. For continuous outcomes, we calculated mean difference (MD) and 95% confidence intervals (CI). We calculated standardised mean differences (SMD) and 95% confidence intervals (CIs). We avoided the use of number needed to harm (NNH), as an alternative we used number needed to treat (NNT).

Main results: The review currently includes 4 RCTs with 192 participants. For our primary outcome of leaving the study early, levomepromazine was not significantly different compared with other antipsychotics. The levomepromazine arm was significantly better on CGI severity compared with chlorpromazine (n=38, 1 RCT, WMD -0.90 CI -1.51 to -0.09). Risperidone was better for CGI endpoint scores (n=42, 1 RCT, RR 2.33 CI 1.11 to 4.89, NNT 3 CI 2 to 10) compared with levomepromazine. Recipients given levomepromazine had a better BPRS endpoint score (n=38, 1 RCT, WMD -9.00, CI -17.46 to -0.54) and PANSS total score (n=38, 1 RCT, WMD -15.90, CI -30.30 to -1.50) than chlorpromazine, risperidone recipients noticed a significant difference for the outcome ‘at least 20% reduction’ on BPRS endpoint score (n=42, 1 RCT, RR 3.33 CI 1.07 to 10.42, NNT 3 CI 2 to 14) compared with levomepromazine. Levomepromazine caused less tremor (n=41, 1 RCT RR 0.12 CI 0.02 to 0.87 NNTB 5 CI 2 to 21) compared with haloperidol.

Levomepromazine caused less akathisia compared with chlorpromazine, but more hypotension compared with risperidone (n=42, 1 RCT, RR 2.50 CI 1.21 to 5.18, NNTH 3 CI 2 to 7). Dizziness was common with levomepromazine compared with other antipsychotic medications.

Advert of ‘atypical’ antipsychotics has spawned new trials in the recent years and the number of such trial reports has been increasing exponentially. As clinicians we have been led to believe that ‘atypicals’ are better than ‘typicals’ despite the odd dissenting voice in academic and clinical circles. This has been largely ignored until the publication of two landmark, independent, pragmatic trials, Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) and Cost Utility of the Latest Antipsychotic Drugs in Schizophrenia Study (CUtLASS), which proved that thoughtfully chosen “atypical” antipsychotics were as good as the newer “atypicals.” We pooled “leaving the study early data” from Cochrane Reviews that existed before CATIE and CUtLASS and added data from CATIE and CUtLASS to the pool for a “before and after” comparison. Addition of CATIE and CUtLASS data only led to narrowing of the already existing confidence intervals, merely increasing precision, and decreasing the risk of Type II error. Perhaps surprisingly, CATIE and CUtLASS when pooled with the already existing data showed us that we had chosen to turn a blind eye to findings that already existed. This leads clinicians to question as to whether, in future, we need to feel less guilty about crying out early on that the emperor has no clothes on.
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<tr>
<td>David Yeomans</td>
<td>Psychiatry beyond the current paradigm.</td>
<td>2012</td>
<td>The British Journal of Psychiatry, December 2012, vol.6, 1250:1472-1465</td>
<td>Dec 1, 2012</td>
<td>A series of editorials in this Journal have argued that psychiatry is in the midst of a crisis. The various solutions proposed would all involve a strengthening of psychiatry's identity as essentially 'applied neuroscience'. Although not discounting the importance of the brain sciences and psychopharmacology, we argue that psychiatry needs to move beyond the dominance of the current, technological paradigm. This would be more in keeping with the evidence about how positive outcomes are achieved and could also serve to foster more meaningful collaboration with the growing service user movement. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)</td>
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<td>Donna Kemp</td>
<td>Protecting children and supporting parents</td>
<td>2011</td>
<td>Mental Health Nursing (Online); London volume 31 issue 1 (Feb 2011)</td>
<td>page 22</td>
<td>There has been progress in legislation and practice guidance, but high-profile cases such as Baby Peter continue to present and have reinforced the need for collaborative multi-agency working; for better communication and information sharing; and for proactive, preventative strategies to support families. The indirect impacts of mental health problems on the family need to be considered, such as financial problems, poor housing and social exclusion.</td>
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<td>Jenny Lang</td>
<td>Screening instruments for detecting illicit drug use/abuse that are appropriate for use in general hospital wards: A systematic review.</td>
<td>2011</td>
<td>Addictive Behaviors, 36, 1111-1119</td>
<td></td>
<td>Aim: To identify and describe screening instruments for detecting illicit drug use/abuse that are appropriate for use in general hospital wards and review evidence for reliability, validity, feasibility and acceptability. Methods: Instruments were identified from a number of screening instrument databases/libraries and Google Scholar. They were independently assessed for eligibility by two reviewers. MEDLINE, EMBASE, PSYCINFO, and Cochrane Library were searched for articles published up to February 2010. Two reviewers independently assessed the identified articles for eligibility and extracted data from the eligible studies. Results: 13 instruments, ASSIST, CAGE-AID, DAST, DHO/PDHQ, DUDIT, DS, NMASSIST, SIP-AD, SDS, SMAST-AID, SSI-SA, TICS and UNCOPE were included in the review. They had 2 to 28 items and took less than 10 min to administer and score. Evidence on validity, reliability, acceptability and feasibility of instruments not known to have a substance abuse problem was scarce. Of the 21 studies included in the review, only one included participants from general hospital wards. Reported sensitivity, specificity and predictive values varied widely both between studies of the same instrument and also between different instruments. No study was identified comparing two or more of the included instruments. Conclusion: The review identified and described 13 instruments that could be useful in general hospital wards. There is however lack of evaluation of drug use screening instruments in general hospital wards. Currently clinicians or researchers searching for a simple, reliable, general screening instrument for current drug use to guide practice or research in general hospital wards do not have enough comparative evidence to choose between the available measures.</td>
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<td>The Role of Spirituality in recovery from eating disorders.</td>
<td>John F Morgan and Aimee Liu</td>
<td>2011</td>
<td>Available from Aimee Liu (<a href="http://www.aimeeliu.net">www.aimeeliu.net</a>)</td>
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<td>Heritability estimates for psychotic symptom dimensions in twins with psychotic disorders.</td>
<td>Frühling V Rojdič, Iving J Gottesman, Peter McGuflin and Alastair G Cardno</td>
<td>2011</td>
<td>Journal article</td>
<td>Available from Wiley online library (onlinelibrary.wiley.com)</td>
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<td>Sophie Bennett and Mahesh B Jayaram.</td>
<td>Discrepancy between inner and overt speech: Implications for post-stroke aphasia and normal language processing.</td>
<td>2011</td>
<td>Aphasiology</td>
<td>Available from Taylor &amp; Francis Online (<a href="http://www.tandfonline.com">www.tandfonline.com</a>)</td>
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Carol Martin, Mary Godfrey, Bonnie Meekums and Anna Maddill. 2011 Managing boundaries under pressure: A qualitative study of therapists' experiences of sexual attraction in therapy. Counselling & Psychotherapy Research, December 2011, vol./iss. 11/4(248- 256), 1473-3145 (Dec 2011) English Aim: To identify therapists' views on sexual boundaries and the strategies they employ to manage them in therapeutic practice. Method: In-depth qualitative interviews were conducted with a sample of 13 accredited, experienced practitioners of psychotherapy or counselling. A grounded theory approach, informed by principles from Free Association Narrative methodology, was employed, in which team members used debriefing sessions for extending depth of understanding of the interviews. Findings: There is consensus about boundaries at the extremes, but variability about fantasy, feeling and touch. A core process was generated from accounts of successful management of sexual attraction. We identified four problematic ways of reacting to boundary pressure, each with potential to harm clients and therapy. Discussion: A participant-observer stance was conceptualised as essential for managing threats to boundaries, consistent with the empathic stance. Minor boundary crossings were viewed by interviewees as both potential precursors of more serious transgressions, and as opportunities for understanding the client's difficulties. Implications for practice: These span training, accrediting organisations, supervision and therapy practice. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

John F Morgan. John F Morgan. 2011 Review of Eating disorders: A guide to medical care and complications (2nd edn). European Eating Disorders Review, January 2011, vol./iss. 19(1):85-88, 1072-4133;1099- 0968 (Jan-Feb 2011) English Reviews the book, Eating disorders: A guide to medical care and complications (2nd edn) by P. S. Mehler and A. E. Andersen (see record 2010-06082-000). This book offers a very valuable source for professionals involved in eating disorders. It is well written and the second edition encompasses advances in our knowledge of medical risk management since its original inception in 2006. The authors are preeminent in their fields, yet wear their learning with a light touch. In particular, they avoid unnecessary medcal jargon in such way that the book could be assimilated by all involved professionals, regardless of medical training. The use of case histories as well as pithy summaries brings to life issues that for non-medics can sometimes seem obtuse. There are many strengths to this book, and the chapters are clear and focused. Finally, biocultural principles of caring for anorexia are laid out with clarity. This book is a deceptively easy read and will allow practitioners to approach medical risk management with confidence, understanding and balance. It is a fine achievement for two such experts to deliver their knowledge with such simplicity. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Wright, Barry Barry Wright and Greg Richardson. 2011 How Together We Stand transformed the local delivery of mental health services Health Service Journal, (published online 31 March 2011) English In 1995, following years of disputed organisation and inequality in delivery, Together We Stand laid out a strategy to improve mental health services for children, young people and families. Adopting the strategy's key principles transformed the York, Selby and Ealingwold CAMHS, as Barry Wright and Greg Richardson explain

Bary Wright Barry Wright, David Sims, Siobhan Smart, Ahmed Alwazeer, Ben Alderson-Day, Victoria Allgar, Clare Whitton, Heather Tomlinson, Sophie Bennett, Jenny Jardine, Nicola McCaffrey, Charlotte Leyland, Christine Jakeman and Jeremy Miles. 2011 Melatonin versus placebo in children with autism spectrum conditions and severe sleep problems not amenable to behaviour management strategies: A randomised controlled crossover trial. Journal of Autism and Developmental Disorders, February 2011, vol./iss. 41/2(175- 184), 0162- 3257;1573-3432 (Feb 2011) English Twenty-two children with autism spectrum disorders who had not responded to supported behavior management strategies for severe dysomnias entered a double blind, randomized, controlled crossover trial involving 3 months of placebo versus 3 months of melatonin to a maximum dose of 10 mg. 17 children completed the study. There were no significant differences between sleep variables at baseline. Melatonin significantly improved sleep latency (by an average of 47 min) and total sleep (by an average of 52 min) compared to placebo, but not number of night wakenings. The side effect profile was low and not significantly different between the two arms. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

C Place C Place, R Foxcroft and J Shaw. 2011 Telling stories and hearing voices: narrative work with voice hearers in acute care. Journal of the Psychiatric & Mental Health Nursing, 01 November 2011, vol./iss. 18/9(837- 842), 13510126 English Mental health nurses do not always feel at ease talking in detail with voice hearers about their experiences. Using the approach of Romme and Escher, a project was developed to support staff on an acute inpatient ward to explore voice hearing with patients. Romme and Escher suggest that a person's own understanding of their voices and their meaning is the key to recovery. Working together, the nurse helps voice hearers construct a narrative that tells the story of their voices. Examples from the narratives show how they can help increase understanding of a person's voices, and how the mental health nurse in acute care can realistically offer therapeutic interventions that may help a person towards recovery.

Journal Article Available from ResearchGate (www.researchgate.net)
The prevalence
In their excellent article, Henshaw & Protti (2010) briefly mention the impact that a low body weight can have on

Comments on an article by Katie Witkiewitz et al. (see record 2010-14442-016). Witkiewitz et al. confirm three things

Gillian Tober.
How my research

Lee Marklew
Lee Marklew
2011
How my research makes a difference to clients' lives
Nursing Standard, 16 February 2011, vol.25/24(63-63), 02095670

English
Not available

Journal article
Nursing Standard
Available from RCNi
(journals.rcni.com)

Charlotte Heaps
Charlotte Heaps, Emily Bowen E, Cooper N
2010
A review of the clinical and legal issues surrounding refusal of treatment following overdose

This article reviews the clinical and legal issues involved in dealing with patients who refuse medical treatment following an overdose. We first describe a real case that has been made anonymous, before discussing a general approach to management. We then review the relevant legislation, including the Mental Capacity Act (2005), the Mental Health Act (1983) and legal issues surrounding the treatment of young people. We discuss how this legislation may be applied in practice and then conclude with the outcome of the case, sources of further information and some key learning points.

Journal Article
MEDLINE
Available from the Acute Medicine Journal (jpubmedmedjournal.co.uk)

Gillian Tober.
Gillian Tober.
2010
Commentary on Witkiewitz et al. (2010): Evidence for matching-At last

Comments on an article by Kate Witkiewitz et al. (see record 2010-14442-016). Witkiewitz et al. confirm three things that clinicians know: motivation matters, matching treatment styles to motivational state matters and dependence complicates things. The experienced clinician recognizes that people who are at different points in reaching a decision to change need different interventions; that discussion of behavior change interventions with people who have not made a decision to change is likely to elicit resistance, and resistance to change is likely to result in treatment non-adherence. However, in their justification for analyzing Project MATCH data differently, Witkiewitz et al. suggest three other possible reasons for the initial, counter-intuitive findings. The advantage of their approach is to demonstrate that in fact the data were there, they simply needed a different method of analysis. The advantage of their approach is to demonstrate that in fact the data were there, they simply needed a different method of analysis. The initial method of analysis might have lacked sufficient power to detect differences because of the chosen method of measuring motivation and the exclusion of people with medium levels of motivation to change. Experienced clinicians, having breathed a sigh of relief at the findings of Witkiewitz, are given ammunition to address the hard task of implementation of these empirically validated therapies and the respective matching criteria. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

Journal Review
PsycINFO
Available from Wely online library (onlinelibrary.wiley.com)

David Yeomans
David Yeomans, Mark Taylor, Alan Curme, Richard Whale, Keith Ford, Chris Fear, Joanne Hynes, Gary Sullivan, Bruce Moore and Tom Burns
2010
Resolution and remission in schizophrenia: Getting well and staying well
Advances in Psychiatric Treatment, March 2010, vol.16(2/86-95), 1355-5146 (March 2010)

Remission is a new research outcome indicating long-term wellness. Remission not only sets a standard for minimal level of symptoms and signs (resolution); it also sets a standard for how long symptoms and signs need to remain at this minimal level (6 months). Individuals who achieve remission from schizophrenia have better subjective well-being and better functional outcomes than those who do not. Research suggests that remission can be achieved in 20-60% of people with schizophrenia. There is some evidence of the usefulness of remission as an outcome indicator for clinicians, service users and their carers. This article reviews the literature on remission in schizophrenia and asks whether it could be a useful clinical standard of well-being and a foundation for functional improvement and recovery.

Journal Review
EMBASE
Available from BJPsych Advances (apt@psych.org)

William Hicks Jones and John F Morgan.
William Hicks Jones and John F Morgan.
2010
Reproductive and sexual health needs of women with eating disorders
Advances in Psychiatric Treatment, November 2010, vol.16(6/476), 1355-5146 (November 2010)

In their excellent article, Henshaw & Piotr (2010) briefly mention the impact that a low body weight can have on menstrual functioning. However, we feel that further discussion is needed regarding the complex relationship between eating disorders and reproductive functioning. Indeed, eating disorders are common and characteristically affect young women at what would otherwise be the peak of reproductive functioning. In anorexia nervosa, poor nutrition leads to a widespread endocrine disorder involving the hypothalamic-pituitary-gonadal axis, resulting in amenorrhoea in women and forming part of the operational diagnostic criteria ...

Correspondence
EMBASE
Available from BJPsych Advances (apt@psych.org)
The assessment and management of patients with eating disorders can cause significant anxiety for all involved in their...
John F Morgan, Patience Ahene and Hubert John Lacey. 2010 Salinophagia in anorexia nervosa: case reports International Journal of Eating Disorders, 01 March 2010, vol.14(190-192), 02763478 English We report two cases of pathological ingestion of salt as a feature of anorexia nervosa, which we have previously termed "salinophobia." Both cases were young women with anorexia nervosa of the purging subtype and of sufficient severity to necessitate inpatient treatment. In both instances, excessive quantities of salt were ingested in the context of treatment programs requiring nutritional rehabilitation, and motivated by a wish to des poil the food and render it distasteful, to rob its ingestion of any hedonic qualities. In one instance, this behavior pattern was imitated by other patients on the unit. Having first briefly described salinophobia in 1999, the first author has received considerable correspondence from other specialists suggesting that this is not an isolated phenomenon. The issues of phenomenology and treatment are further discussed.

John F Morgan, Laura S Hill, Fiona D A Reid, John F Morgan and Hubert John Lacey. 2010 SCOFF, the development of an Eating Disorder Screening Questionnaire. International Journal of Eating Disorders, May 2010, vol.14(344-351), 0276-3478;1098-108X (May 2010) English Objective: This article describes the three-stage development of the SCOFF, a screening tool for eating disorders. Method: Study 1 details questionnaire development and testing on cases and controls. Study 2 examines reliability of verbal versus written administration in a student population. Study 3 validates the test as a screening tool in primary care. Results: The SCOFF demonstrates good validity compared with DSM-IV diagnosis on clinical interview. In the primary care setting it had a sensitivity of 84.6% and a specificity of 89.6%, detecting all true cases of anorexia nervosa and bulimia nervosa and seven of nine cases of EDNOS. Reliability between written and verbal versions of the SCOFF was high, with a kappa statistic of 0.82. Discussion: The SCOFF, which has been adapted for use in diverse languages, appears highly effective as a screening instrument and has been widely adopted to raise the index of suspicion of an eating disorder. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

William Rhys Jones and John F Morgan. 2010 Eating disorders in men: A review of the literature. Journal of Public Mental Health, June 2010, vol.14(25-31), 1745-5729;2042-8731 (Jun 2010) English Eating disorders have long been perceived to occur primarily in women; few disorders in general medicine or psychiatry exhibit such a skew in gender distribution. Men and women with eating disorders share common risk factors and exhibit some overlap in clinical presentation, but important differences do exist. Determining which factors best explain these differences remain uncertain. Furthermore, despite a marked increase in the incidence of anorexia nervosa and bulimia nervosa in women over the last 50 years, the awareness of eating disorders in men remains low. This is in spite of the fact that men represent 10-20% of cases of anorexia nervosa and bulimia nervosa and up to 40% of cases of binge eating disorder. Similarly, recent research has focused on the assumption and stereotype that eating disorders in men are associated with homosexuality, when male body image objectification and body dissatisfaction are also widespread in younger heterosexual men who are being increasingly confronted with the same impossible body image ideals that already challenge women and gay men. The stigma of being a man with an eating disorder continues, and we persist in attempting to fit men with eating disorders into a theoretical and clinical framework largely focused on the physical, psychological, and emotional development of women. This article reviews the literature on eating disorders in men and explores the factors that may explain this gender discrepancy. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Marcella Sykes. 2010 Delivering a support group for siblings of children with learning disabilities. Nursing Times, October 2010, vol.16(10/15-6), 0954-7762;0954-7762 (2010 Oct 12-18) English This article describes the development of a group for siblings of children with learning disabilities. It looks at issues relating to setting up and running the group and gives examples of the problems that may encountered by the children.

David Yeomans. 2010 Making a noise Psychiatrist, December 2010, vol.x, 34(12/537), 1758-3209;1758-3217 (December 2010) English Tom Burns1 rightly draws our attention to the quiet revolution that removed continuity of care from consultant psychiatrists with the 'functional split' between in-patient and community services. Despite my initial vocal resistance to the model, now that it is established in my place of work, I would not want to go back to being the prime focus for hundreds of patients throughout their mental healthcare journey. Since the functional model was introduced, I have felt more able to do a good job. Service users may be less worried about this change than many service providers.2...

Correspondence EMBASE Available from EJPSych, Bulletin (gb.eppsych.org)

Duncan Rastrick and Gillian Toter. 2010 Treatment as usual? Responding to drug misuse: Research and policy priorities in health and social care, 2010(40-52) (2010) English (from the chapter) This chapter focuses on best practices or models of drug misuse treatments. The authors state that unsurprisingly, these opinions differ widely and range through 'war on drugs' rhetoric to outlandish claims for the success of specific interventions. The authors ask what might be the implications of this wide range of views for attempts to reach a consensus on best practice or even standard practice? To explore this question, the authors studied a range of drug misuse treatments offered in seven very different treatment agencies across the north of England as found in 2006. The authors discuss the thinking behind the design of the study and the issues raised later in this chapter but first give some background on how policy has moved the authors towards thinking in terms of this chapter. (PsycINFO Database Record (c) 2012 APA, all rights reserved)


Last updated: August 2017 Next revised date: February 2018
Barry Wright, Chris Williams and Marcella Sykes
2010
A child and adolescent mental health service for children with intellectual disabilities 4 years on.
English
This paper reports on the last 8 years in the development of a child mental health learning disability service. The growth, challenges and pitfalls faced by the service are charted here. The paper also shows how a service can cope with rising demand without the development of waiting lists and how a specialist service can be embedded within a generic child and adolescent mental health service (CAMHS) as a tier 3 team, thus creating synergies and commonalities of purpose, while avoiding service gaps that inevitably arise from separate services with specific referral criteria. This is a healthy service model that meets the needs of local children with moderate to severe intellectual disabilities and concomitant child mental health problems. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
Journal, Peer Reviewed Journal
PsycINFO
Available from EJPsych Bulletin (psyb Bulls.unic.alyon.co.uk)

Wight, Barry
R A Smith, H Farnworth, Barry Wright and Victoria Algar.
2009
Are there more bowel symptoms in children with autism compared to normal children and children with other developmental and neurological disorders? A case control study.
English
There is considerable controversy as to whether there is an association between bowel disorders and autism. Using a bowel symptom questionnaire we compared 51 children with autism spectrum disorder with control groups of 35 children from special school and 112 from mainstream school. There was a significant difference in the reporting of certain bowel symptoms (constipation, diarrhoea, flatulence) and food faddiness between the autism group and the mainstream school control group. There was no significant difference between the autism group and children in the special schools except for faddiness, which is an autism specific symptom and not a bowel symptom. This study confirms previously reported findings of an increase in bowel symptoms in children with autism. It would appear, however, that this is not specifically associated with autism as bowel symptoms reported in similar frequency to a comparison group of children with other developmental and neurological disorders. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
Journal, Peer Reviewed Journal
PsycINFO
Available from University of York (https://pure.york.ac.uk)

Timothy Nicholson, John Paul Taylor, C Gosden, Peter Trigwell and Khalida Ismail
2009
National guidelines for psychological care in diabetes: How mindful have we been?
English
Aims To assess the availability and types of psychological services for people with diabetes in the UK, in compliance with national guidelines and skills of the diabetes team in, and attitudes towards, psychological aspects of diabetes management. Methods Postal questionnaires to team leads (doctor and nurse) of all UK diabetes centres (n = 464) followed by semi-structured telephone interviews of expert providers of psychological services identified by team leads. Results Two hundred and sixty-seven centres (58%) returned postal questionnaires; 66 (25%) identified a named expert provider of psychological services, of whom 53 (80%) were interviewed by telephone. Less than one-third (n = 84) of responding centres had access to specialist psychological services and availability varied across the four UK nations (P = 0.02). Over two-thirds (n = 182) of centres had not implemented the majority of national guidelines and only 2.6% met all guidelines. Psychological input into teams was associated with improved training in psychological issues for team members (P < 0.001), perception of better skills in managing more complex psychological issues (P < 0.01) and increased likelihood of having psychological care pathways (P < 0.05). Most (81%) expert providers interviewed by telephone were under-resourced to meet the psychological needs of their population. Conclusions Expert psychological support is not available to the majority of diabetes centres and significant geographical variation indicates inequity of service provision. Only a minority of centres meet national guidelines. Skills and services within diabetes teams vary widely and are positively influenced by the presence of expert providers of psychological care. Lack of resources are a barrier to service provision. 2009 Diabetes UK.
Journal Article
EMBASE
Available from King’s College London Research Outputs (https://pure.kcl.ac.uk/portal/eng/publications/search.html)

C Seeling, C King, E Metalaffe, Gillian Tober and S Bates.
2009
Arrest Referral - a proactive multi-agency approach
Drugs: Education, Prevention and Policy, Volume 8, 2001 - Issue 4
English
A multi-agency approach to arrest referral is described. While such schemes are now widely accepted within a range of multi-agency measures designed to break the drug/crime link, there exists great variation in terms of the type of scheme, the setting, management and resourcing. The Leeds Arrest Referral Scheme is part of a multi-agency initiative designed to provide access to treatment for individuals detained in police custody with the ultimate goal of reducing drug-related harm and drug-related offending. Three arrest referral addiction therapists work in six police divisions and have direct contact with arrestees. They are able to refer directly into drug and alcohol services, including detoxification services, in the city. Monitoring and evaluation procedures provide measures of effectiveness. In the year ending April 2000, 66.3% of individuals seen were referred into treatment and 34.7% attended for initial appointment. The scheme meets Home Office recommendations and Drug Prevention Advisory Service (DPAS) guidelines for arrest referral schemes.
Journal Article
PsycINFO
Available from Taylor & Francis Online (www.tandfonline.com)

John F Morgan
John F Morgan and Jon Arcelus
2009
Body image in gay and straight men: A qualitative study.
English
Objective: Recent research has emphasized vulnerability to eating disorders in gay men, with calls for research on causality, cultural factors and focus on a younger age cohort. This study aimed to examine body image and related eating behaviours in younger gay and straight men. Method: Qualitative study using a sample of gay and straight male university students, applying audiotaped and transcribed depth interview subjected to interpretative phenomenological analysis. Results: Fifteen young men (18-24) with a spectrum of sexual orientation (gay, straight and bisexual) agreed to participate. Five dominant categories emerged: body image ideal, external influences, perception of body image, dieting, mechanisms for modification (diet, exercise, cosmetics) and sexual orientation. Conclusion: Health and aesthetic ideals appear less divorced for young men than women, offering some degree of protection from eating disorders. Nonetheless there is widespread body dissatisfaction. Media and social influences are powerful, particularly for single gay men, but the study suggests fewer differences than similarities between gay and straight men. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
Journal, Peer Reviewed Journal
PsycINFO
Available from Wiley Online Library (onlinelibrary.wiley.com)

Peter Trigwell
2009
National guidelines for psychological care in diabetes: How mindful have we been?
English
Aims To assess the availability and types of psychological services for people with diabetes in the UK, in compliance with national guidelines and skills of the diabetes team in, and attitudes towards, psychological aspects of diabetes management. Methods Postal questionnaires to team leads (doctor and nurse) of all UK diabetes centres (n = 464) followed by semi-structured telephone interviews of expert providers of psychological services identified by team leads. Results Two hundred and sixty-seven centres (58%) returned postal questionnaires; 66 (25%) identified a named expert provider of psychological services, of whom 53 (80%) were interviewed by telephone. Less than one-third (n = 84) of responding centres had access to specialist psychological services and availability varied across the four UK nations (P = 0.02). Over two-thirds (n = 182) of centres had not implemented the majority of national guidelines and only 2.6% met all guidelines. Psychological input into teams was associated with improved training in psychological issues for team members (P < 0.001), perception of better skills in managing more complex psychological issues (P < 0.01) and increased likelihood of having psychological care pathways (P < 0.05). Most (81%) expert providers interviewed by telephone were under-resourced to meet the psychological needs of their population. Conclusions Expert psychological support is not available to the majority of diabetes centres and significant geographical variation indicates inequity of service provision. Only a minority of centres meet national guidelines. Skills and services within diabetes teams vary widely and are positively influenced by the presence of expert providers of psychological care. Lack of resources are a barrier to service provision. 2009 Diabetes UK.
Journal Article
EMBASE
Available from King’s College London Research Outputs (https://pure.kcl.ac.uk/portal/eng/publications/search.html)
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<th>Author(s)</th>
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<th>Journal</th>
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<tr>
<td>Kate Webb, John F Morgan and Hubert John Lacey</td>
<td>Cerebral palsy and anorexia nervosa.</td>
<td>2009</td>
<td>International Journal of Eating Disorders, January 2009, vol./iss. 42(1):87-89, 076-3478:1098-108X (Jan 2009)</td>
<td>English</td>
<td>Objective: To describe the management of a woman with cerebral palsy and anorexia nervosa. Method: We carried out a literature search and gained consent and a history from the patient. We explored the ethical and ethical issues raised in this case. Results: Ethical issues are raised, looking at the interaction between physical disability and social factors. The ethical assessment is complex. Various laws have recently changed in the UK that have an impact on this decision. The perspectives of the child, various family members and professionals may all be different. The process of discussion and negotiation and the mechanism by which a decision is arrived at is complex. Various laws have recently changed in the UK that have an impact on this process. This article describes several clinical scenarios to better understand these decisions and the effects of changes in the law. It also discusses how multidisciplinary teams in children's hospices and (other supportive clinical systems) can best support young people and families with and without recourse to the law.</td>
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<td>Christopher Fear, David Yeomans, Bryan Moore, Mark Taylor, Keith Ford, Alan Currie, Joanne Hynes, Gary Sullivan, Richard Whall and Tom Burns.</td>
<td>Managing schizophrenia in primary care: The utility of remission criteria as outcome indicators</td>
<td>2009</td>
<td>Mental Health in Family Medicine, 2009, vol./iss. 8(2):101-112, 1756-834X (2009)</td>
<td>English</td>
<td>The shared management of patients with schizophrenia in primary care can only succeed if underpinned by, validly administered and clinically relevant outcome measures. While conditions such as depression and anxiety lend themselves to this approach through the development, over a number of years, of patient- and observer-rated scales, schizophrenia still lacks the capacity for meaningful outcome measures. Recently, two international working groups have developed the concept of remission in schizophrenia and recommended a simple, brief and clinically valid measure based upon improvement in key symptoms over a specified time period. The authors consider this concept and its application to primary care both as a commissioning tool and to facilitate shared care of this chronic medical condition. 2009 Radcliffe Publishing.</td>
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<td>Barry Wright, J Avandise, K Wun, T Stiper, T Tomlinson and M Miller.</td>
<td>Clinical dilemmas in children with life-limiting illnesses: Decision making and the law</td>
<td>2009</td>
<td>Palliative Medicine, April 2009, vol./iss. 23(3):238-47, 0269-2163:1477-030X (2009 Apr)</td>
<td>English</td>
<td>Decision making about interventions for children and young people with life-limiting illnesses is fraught with difficulties and faced regularly by staff in children's hospices and paediatric wards. The perspectives of the child, various family members and professionals may all be different. The process of discussion and negotiation and the mechanism by which a decision is arrived at is complex. Various laws have recently changed in the UK that have an impact on this process. This article discusses several clinical scenarios to better understand these decisions and the effects of changes in the law. It also discusses how multidisciplinary teams in children's hospices (and other supportive clinical systems) can best support young people and families with and without recourse to the law.</td>
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<td>Ashish Rana and Peter Trigwell.</td>
<td>Diabetes and liaison psychiatry: What about transition?</td>
<td>2009</td>
<td>Psychiatric Bulletin, April 2009, vol./iss. 33(4):154, 0955-6036 (April 2009)</td>
<td>English</td>
<td>There are very few diabetes centres in the UK with a psychiatrist as part of the team (Dalvi et al, 2008). Our service in Leeds is one of those few and has been in existence since 1998. Prompted by the Dalvi 12-month case-note review describing a service in London (Chelsea and Westminster) (Dalvi et al, 2008), we compared it with our service (for 2008) ...</td>
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<td>Samantha Scholtz and John F Morgan.</td>
<td>Obesity and psychiatry</td>
<td>2009</td>
<td>Psychiatry, June 2009, vol./iss. 6(6):198-202, 1476-1793 (June 2009)</td>
<td>English</td>
<td>Food is a naturally occurring, nurturing and comforting substance that is also essential to survival. Over-consumption of food without compensatory increased activity in developed countries has led to epidemic proportions of obesity, with enormous healthcare implications. Often seen as resulting from emotional disturbance, obesity also carries huge stigma for sufferers, who are often disabled by the physical and psychiatric consequences of their condition. People who seek help for their obesity have high levels of depression, anxiety, binge eating disorder, and personality disorder. The neurological and psychological aspects of appetite and obesity are currently being explored in the fields of behavioural neuroscience and neuroimaging in an effort to understand the underpinnings of normal and abnormal eating behaviour. Traditional weight-loss programmes, including psychologically based treatments for obesity, have proven disappointing in the long-term management of obesity, especially in the morbidly obese. Surgery for obesity has been recognized as the only treatment to bring about sustained weight loss, whilst also significantly reducing physical and psychiatric co-morbidity, and is recommended by National Institute for Health and Clinical Excellence guidelines in these patients. The alarming finding that suicide rates in post-operative patients is high raises questions as to how obese people cope with the absence of the emotionally-regulating effect that food has in their lives. 2009 Elsevier Ltd. All rights reserved.</td>
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<td>Alex Copellic, Jim Orford, Yeomans, David Hodgson and Gillian Tober</td>
<td>Social behaviour and network therapy for alcohol problems.</td>
<td>2009</td>
<td>Social behaviour and network therapy for alcohol problems., 2009 (2009)</td>
<td>English</td>
<td>(from the cover) Serves as a manual for clinicians working with people with alcohol problems. The manual is based on published research in addiction treatment, including family and social network interventions, as well as the author's own work developing and evaluating Social Behaviour and Network Therapy (SBNT) for example in the United Kingdom Alcohol Treatment Trial (UKATT). Containing a range of ideas, the book is guided by a key principle: the development of social support for a positive change in drinking behaviour. The book is divided into three parts including the following topics: (1) an introduction to the evidence base underpinning SBNT (2) core components of the treatment; and (3) common questions asked about the intervention. Featuring a series of practical handouts, this book is intended for clinicians, counsellors, nurses, psychologists and all those involved in the treatment of alcohol misuse and dependence. The appendices of this book contain worksheets that can be downloaded to purchasers of the print version. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</td>
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Last updated: August 2017 Next revised date: February 2018
BACKGROUND: This case report shows that Munchausen's syndrome can present as rectal foreign body insertion. Although the presentation of rectal foreign bodies has frequently been described in the medical literature, the insertion of foreign bodies into the rectum for reasons other than sexual gratification has rarely been considered.

PRESENTATION: A 30 year old, unmarried Caucasian male presented with a history of having been sexually assaulted five days earlier in a nearby city by a group of unknown males. He reported that during the assault a glass bottle was forcibly inserted into his rectum and the bottle neck broke. On examination, there was no evidence of external injury to the patient. Further assessment lead to a diagnosis of Munchausen's syndrome. The rationale for this is explained. A description and summary of current knowledge about the condition is also provided, including appropriate treatment approaches.

CONCLUSION: This case report is important because assumptions regarding the motivation for insertion of foreign bodies into the rectum may lead to the diagnosis of Munchausen's syndrome being missed. This would result in the appropriate course of action, with regard to treatment, not being followed. It is suggested that clinicians consider the specific motivation for the behaviour in all cases of rectal foreign body insertion, including the possibility of factitious disorder such as Munchausen's syndrome, and avoid any assumption that it has been carried out for the purpose of sexual gratification. Early involvement of psychiatrists is recommended. Cases of Munchausen's syndrome presenting as rectal foreign body insertion may be identified and addressed more effectively using the approach described.
Purpose of the study: There is a diurnal pattern too. External stress and physiological conditions also affect circulating prolactin. Dopamine blockade by antipsychotics stimulates prolactin release and this has been linked to sexual dysfunction, osteoporosis, hip fracture and breast cancer. This study assessed the variation in prolactin levels in a clinical sample of patients taking antipsychotics. Methods: 13 people with clinically diagnosed schizophrenia or severe affective disorders (bipolar affective disorder, depression with psychotic symptoms) were treated with risperidone antipsychotic medication (sometimes in combination with other types of medication including antidepressants and mood stabilisers). This occurred as part of a programme of physical health assessment in which patients had routine screening for prolactin over a period of up to 2 years. There was no other reason for testing, such as pre-existing pharyngeal disease, or symptoms of hyperprolactinaemia. Blood was taken between 8am and 9pm without regard to medication dosing. Results: There were 6 males and 7 females. All took risperidone and attended a community mental health clinic. Three took Risperdal Consta long acting injection. Oral doses ranged from 1-6 mg daily. Consta injection doses ranged from 25-50 mg fortnightly (see table 1). 7 patients had normal prolactin tests (local prolactin upper limit of normal concentrations were 550mIU for males and 600mIU for females on a Siemens Advia Centaur with inter-assay coefficient of variation of 5% at mean prolactin concentration of 510mIU/L). 6 patients had hyperprolactinaemia. 2/3 patients on Risperdal Consta had hyperprolactinaemia. All patients with hyperprolactinaemia and more than one prolactin result showed variability of hyperprolactinaemia with at least one normal prolactin result. Conclusions: This study reveals heterogeneity over time for prolactin results in a clinical sample of people taking risperidone for severe mental illness. Patients with a normal initial prolactin were less likely to have measures repeated. Patients with repeated testing were more likely to display hyperprolactinaemia (5/8) than those with a single test (1/5). This suggests that repeat testing of prolactin may be necessary to identify all patients with hyperprolactinaemia. Early morning samples prior to medication and with minimum stress from the sampling procedure may produce more consistent results. However, variations of up to 300% in 2 hours have been found in hyperprolactinaemic patients [2]. Compliance might be considered to be important too, but 2 patients known to be compliant with depot Consta also showed variation between hyperprolactinaemia and normal results. Medication induced hyperprolactinaemia has been reported as a risk factor in sexual dysfunction, osteoporosis and breast cancer. A single prolactin result is insufficient to help clinicians assess the individual risk of hyperprolactinaemia in patients and repeated testing is more likely to represent the existence and degree of medication-induced hyperprolactinaemia. The variation in prolactin over time...
David Yeomans, Chris Bushe, David Yeomans, Tamsin Floyd and Shubulade M Smith 2008 Categorial prevalence and severity of hyperprolactinaemia in two UK cohorts of patients with severe mental illness during treatment with antipsychotics. Journal of Psychopharmacology, March 2008, vol.22/2, Suppl(S6-62), 0269-8811:1461-7285 (Mar 2008) English Hyperprolactinaemia may be associated with hidden longer-term consequences, such as osteoporosis, bone fractures, pituitary tumours and breast cancer. Prolactin data from clinical trials is not always reported in a categorical manner and does not always allow the risk of hyperprolactinaemia to be evaluated for specific patient cohorts. Patients participating in a physical health management programme in the UK for severe mental illness patients-the Well-being Support Programme-had prolactin measurements made regardless of symptoms. Prolactin data from the complete cohort of 178 patients receiving antipsychotics in Leeds and London are reported. Hyperprolactinaemia was measured in 33.1% but more commonly in females than males (47.3% and 17.6%) and was associated with all antipsychotics except clozapine. The highest prevalence rates were found in amisulpride (n = 20) 89%, risperidone long-acting intramuscular injection (LAIM) (67% n = 6) and risperidone (n = 30) 55% used as antipsychotic monotherapy. Clinically Significant hyperprolactinaemia (>1000 mIU/L, >47 ng/ml) was measured in 15.8% of patients, predominantly in females. Levels >2000 mIU/L -95 ng/ml in 6.2% of the complete cohort. Clinicians may wish to add prolactin measurement to the routine laboratory parameters currently measured for some antipsychotics and should be advised of the potential longer term consequences of hidden hyperprolactinaemia. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

David Yeomans, Robert C Peveler, David Branford, Leslie Citrome, Peter Fitzgerald, Philip W Harvey, Richard I Hall, Louise Howard, Dora Cohen, Ian Jones, Veronica O'Keane, Carmine M Patience, John Pendlebury, Shubulade M Smith and David Yeomans. 2008 Antipsychotics and hyperprolactinaemia: Clinical recommendations Journal of Psychopharmacology, March 2008, vol.22/2, Suppl(98-103), 0269-8811:1461-7285 (Mar 2008) English A group of international experts in psychiatry, medicine, toxicology and pharmacy assembled to undertake a critical examination of the currently available clinical guidance on hyperprolactinaemia. This paper summarises the group's collective views and provides a summary of the recommendations agreed by the consensus group to assist clinicians in the recognition, clinical assessment, investigation and management of elevated plasma prolactin levels in patients being treated for severe mental illness. It also deals with the special problems of particular populations, gives advice about information that should be provided to patients, and suggests a strategy for routine monitoring of prolactin. The recommendations are based upon the evidence contained in the supplement ‘Hyperprolactinaemia in schizophrenia and bipolar disorder: Clinical Implications’ (2008). The guidance contained in this article is not intended to replace national guidance (such as that of the National Institute of Clinical Excellence), however, it does provide additional detail that is unlikely to be covered in existing guidelines, and focuses on areas of uncertainty and disagreement. We hope it will add to the debate about this topic. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Duncan Hastrick and Gillian Tober. 2008 A survey of substance use by health care professionals and their attitudes to substance misuse patients (NHS Staff Survey). Journal of Substance Use, February 2008, vol.13/1(57-69), 1465-8981:1475-9942 (Feb 2008) English Objective and design: To survey NHS staff in one NHS Region to determine (i) the extent of substance use and related problems, (ii) therapeutic attitudes towards people with substance misuse problems. A single phase cross-sectional survey of health care professionals across six health authorities in the Yorkshire and Humber region of England. Fifteen service areas were randomly selected from general psychiatry, accident and emergency, general medicine, including liver and obstetric units. Data were collected by means of an anonymous self-completion questionnaire. Results and conclusion: Fourteen of the two per cent of questionnaires were returned. NHS staff reported similar rates of drinking, smoking and illicit drug use to those of the same age and sex in the general population. Doctors smoke less and use fewer illicit drugs, health care assistants smoke more and nurses use more illicit drugs. In contrast to surveys in primary care, this survey found that specialists scored low on role legitimacy of working with substance misusers. There is a logic as to why this might be the case, however, there needs to be a review of how best to deliver the government strategies for alcohol misuse, smoking and illicit drug use. In secondary care there is a case for substance misuse interventions by professionals who are not integral to the specialist team. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

David Protheroe and Peter Trigwell. 2008 Cross-sectional survey of disturbed behaviour in patients in general hospitals in Leeds Postgraduate Medical Journal, August 2008, vol.84/994(428-431), 0303-5473 (August 2008) English Aim: To describe the prevalence and nature of disturbed behaviour, in the general hospital setting. Method: A cross-sectional survey was conducted, from July to October 2006, in all adult inpatient wards within the six general hospitals in Leeds of patients presenting with disturbed behaviour in the preceding 7 days. Disturbed behaviour was defined as behaviour interfering with care of the patient or with that of other patients, or behaviour that placed the patient, the staff or others at risk. Anonymised data were collected using a semistructured questionnaire. Results: All of the 87 hospital wards were studied, containing a total of 1737 beds. 42 male and 26 female patients (n = 68) were identified by nursing staff as patients with disturbed behaviour in the time period covered, with 33 patients being < 65 years of age and 35 being elderly (>65 years of age). An almost equal proportion of the younger and older patient groups placed themselves or others at risk. In the majority of cases, aggressive behaviour by patients was directed towards staff rather than other patients. 60 patients required additional staff time due to the disturbed behaviour, 34 required additional medication, and 22 patients were referred to liaison psychiatry. Conclusions: Disturbed behaviour presents in the general hospital in less than 4% of patients, both above and below the age of 65 years, but consumes a disproportionate amount of resources. Responses required to manage this include additional medication, additional staff time or other interventions. The quantity and nature of disturbed behaviour in the general hospital have implications for effective service provision and development. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
Polydipsia in psychiatric patients.


English

Comments on an article by Helen Smith and Tom White (see record 2007-17644-005), who assessed the feasibility of using a structured risk assessment tool ('Historical Clinical Risk 20-item (HCR--20) Scale') in general adult psychiatry admissions. The current author states that Smith and White showed it was feasible to complete HCR--20 ratings on most patients within 48 hours of admission to their general psychiatric wards, but did not demonstrate that this approach was likely to be valid or useful. It is suggested that the HCR--20 is an appropriate tool for forensic patients, but the MacArthur Classification of Violence Risk (COVR) is more valid for general psychiatry. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Correspondence

PsyINFO

Available from BJPsych Bulletin (bjp.rcpsych.org)

John F Morgan.

Binge eating: ADHD, borderline personality disorder, and obesity

Psychiatry, April 2008, vol./is. 74(188-196), 1476-1793 (April 2008)

English

Recent research in genomics, attention deficit/hyperactivity disorder (ADHD), autistic spectrum disorders (ASDs), and cognitive processing deficits has advanced our understanding of the relevance of personality, neurodevelopment, and binge eating to the 'eating disorder spectrum'. Causal relations between eating disorders and personality disorders remain unclear. Family studies suggest an increase in 'cluster B' personality disorders in bulimia nervosa. Treatment models for bulimia and co-morbid borderline personality disorder (BPD) address the problem of 'symptom substitution' of bulimia with self-harm or addiction. Cognitive processing deficits link both conditions, and may be helped by cognitive remediation therapy and problem-solving therapy. ADHD and ASD are common neurodevelopmental disorders affecting impulse control and interpersonal relations. Preliminary studies suggest that 23% of patients with an eating disorder show features of ASD, and 17% have ADHD, although this may be a reflection of nutritional status. If confirmed, these findings have clinical implications and may explain treatment resistance. A mediating role for ADHD should be considered as a differential diagnosis in co-morbid BPD. Binge eating disorder (BED) may affect one in four obese patients, with a distinction between obesity and purging bulimia nervosa. Family studies suggest some shared vulnerability factors for obesity and BED, including genotype, but also divergence. National Institute for Health and Clinical Excellence guidelines on bariatric surgery for obesity require eating disorders to be addressed, and research indicates that eating disorders may predict the outcome of surgery. Research into cognitive processing, impulsivity, neurodevelopmental disorders, and genomics may help to match treatment to the patient. 2008 Elsevier Ltd. All rights reserved.

Review article

EMBASE

Available from ResearchGate (www.researchgate.net)

Barry Wright.

Development in deaf and blind children

Psychiatry, July 2008, vol./is. 77/2(286-289), 1476-1793 (July 2008)

English

Having different levels of sight or hearing leads to different childhood developmental pathways. This article briefly describes these pathways and the research evidence currently available. Approximately 1 in 10,000 children are born blind and 11 in 10,000 are born deaf. The main cause of developmental delay in these children is usually to do with co-morbidities such as other neurological problems or syndromes. The second mechanism relates to different experiences of the world, which in turn are mediated by how the family and environment supports and interacts with the child. The corollary of this is that professionals and family have an important role to play in creating the conditions in which children can thrive. 2008 Elsevier Ltd. All rights reserved.

Review article

EMBASE

Available from ScienceDirect (www.sciencedirect.com)

David Yeomans.

Wake up call for British psychiatry: Response.


English

Comments on an article by Nick Craddock et al. (see record 2008-00350-004). The paper by Craddock et al. and the subsequent letters illustrate the variety of opinions that attracted me to psychiatry. In our service we share responsibilities. I have noticed that some of my psychiatric colleagues (and myself at times) shy away from precise diagnosis, acutely aware of how diagnoses are deliberately used to stigmatise people by individuals outside mental health services (as well as within). If psychiatrists step back from diagnosis, then diagnosis may change from a clinical concept with an associated evidence base, to a financial planning tool. There are other drivers of change too. In the prevalent atmosphere of anxiety and blame, risk assessment, not diagnosis, is now arguably the main gateway into acute mental health services. This means that some very ill people may have to wait for treatment, while people who seem to be at acute risk are attended to first. Times change and if psychiatrists of any persuasion want to retain some influence they have to put it up, not shut up: so well done for making the biomedical case. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Journal, Peer Reviewed Journal

PsyINFO

Available from BJPsych (bjp.rcpsych.org)

John F Morgan.

Review of Psychological responses to eating disorders and obesity.

European Eating Disorders Review, September 2008, vol./is. 16/5(409), 1072-4133;1099-0968 (Sep-Oct 2008)

English

Reviews the book: "Psychological responses to eating disorders and obesity edited by Julia Buckroyd and Sharon Rother (2008). 'Psychological Responses to Eating Disorders and Obesity' represents an attempt to synthesise psychological treatment approaches to both eating disorders and obesity. It provides and appropriately idiocyncratic amalgam of different therapeutic approaches. This eclectic, pragmatic perspective accords with best practice itself, in which unifier-ist dogma is less convincing than focusing on 'what works'. This is reflected in the Introduction's endor-sement of 'integrated treatment' and the call for 'the developing rapport between modalities and an end to the antagonisms which have stood in the way of patient benefit'.

Book Review

PsyINFO

Available from Wiley online library (onlineibrary.wiley.com)
The Invisible Man: A self-help guide for men with eating disorders, compulsive exercise, and bigorexia.


Objective and Methods: The comparative validity of the Eating Disorder Examination Questionnaire (EDE-Q) (22 items) and SCOFF (five items) in screening for cases of the more commonly occurring eating disorders was examined in a sub-group of interviewed participants (n = 147). Results: Twenty-five cases, primarily variants of bulimia nervosa (BN) not meeting formal diagnostic criteria, were identified in the interviewed sample. An EDE-Q global score of >2.80 yielded the optimal trade-off between care sample of young adult women (n = 257). Diagnoses were confirmed in a sub-group of interviewed participants (n = 147). Results: Twenty-five cases, primarily variants of bulimia nervosa (BN) not meeting formal diagnostic criteria, were identified in the interviewed sample. An EDE-Q global score of >2.80 yielded the optimal trade-off between two or more positive responses on the SCOFF was optimal (Se = 0.72, Sp = 0.73, PPV = 0.30). Validity coefficients for both measures varied as a function of participants’ age and body weight, although these were more pronounced for the SCOFF. Conclusions: Both measures performed well in terms of their ability to detect cases and to exclude non-cases of the more commonly occurring eating disorders in a primary care setting. The EDE-Q performed somewhat better than the SCOFF and was more robust to effects on validity of age and weight. These findings need to be weighed against the advantage of the SCOFF in terms of its brevity. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Screening for cases of the more commonly occurring eating disorders was examined in a sub-group of interviewed participants (n = 147). Results: Twenty-five cases, primarily variants of bulimia nervosa (BN) not meeting formal diagnostic criteria, were identified in the interviewed sample. An EDE-Q global score of >2.80 yielded the optimal trade-off between two or more positive responses on the SCOFF was optimal (Se = 0.72, Sp = 0.73, PPV = 0.30). Validity coefficients for both measures varied as a function of participants’ age and body weight, although these were more pronounced for the SCOFF. Conclusions: Both measures performed well in terms of their ability to detect cases and to exclude non-cases of the more commonly occurring eating disorders in a primary care setting. The EDE-Q performed somewhat better than the SCOFF and was more robust to effects on validity of age and weight. These findings need to be weighed against the advantage of the SCOFF in terms of its brevity. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Services for children with learning disabilities.

Barry Wright, Chris Williams and Greg Richardson.

Background. There is a wealth of evidence regarding the detrimental impact of excessive alcohol consumption. In older hazardous alcohol users reduce alcohol consumption compared with a minimal intervention at 12 months post randomisation. Potential participants are identified using the AUDIT questionnaire. Eligible and consenting participants are randomised with equal probability to either a minimal intervention or a three step treatment approach. The step treatment approach incorporates step 1 behaviour change counselling, step 2 sessions of motivational enhancement therapy and step 3 referral to specialist services. The primary outcome is measured using average standard drinks per day and secondary outcome measures include the Drinking Problems Index, health related quality of life and health utility. The study incorporates a comprehensive economic analysis to assess the relative cost-effectiveness of the interventions. Discussion. The paper presents a protocol for the first pragmatic randomised controlled trial evaluating the effectiveness and cost-effectiveness of stepped care interventions for older hazardous alcohol users in primary care. Trial registration. ISRCTN255257360. 2008 Colton et al; licensee BioMed Central Ltd.


John F Morgan. John F Morgan.

The invisible man: A self-help guide for men with eating disorders, compulsive exercise and bigorexia, written in four parts. Part I paints a picture of the wider context in which men suffer body image problems. It looks at the detailed history of male eating disorders, challenging the idea that these are new conditions. It then examines the barriers to recovery. Part II looks at the nature of the various conditions, including the features of anorexia nervosa, bulimia, binge eating, bigorexia (muscle dysmorphia), and obesity that are unique to men. Part III examines the science fact and science fiction of male eating disorders—exploring biological, psychological, and social aspects of these disorders. Part IV provides a practical, seven-stage approach to treatment. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

The prevalence of eating disorders in women with facial hirsutism: An epidemiological cohort study.

John F Morgan, Samantha Scholtz, Hubert John Lacey and Gerard Conway.

Objective: The prevalence of DSM IV-defined eating disorders is evaluated in a population of women with facial hirsutism. The Structured Clinical Interview for DSM-IV (SCID) for the Eating Disorders, fourth edition (DSM IV) and the Eating Disorder Examination (EDE) were administered to 80 hirsute women presenting routinely to an endocrine outpatient clinic. Objective: To establish the presence of an eating disorder in women with facial hirsutism. The Journal of Eating Disorders, July 2008, vol. 6, (115:427-431), 0276-3478:1098-108X (Jul 2008) English Objective: The prevalence of eating disorders was 36.3% (22.5% EDNOS, 12.6% Bulimia Nervosa, 1.3% Anorexia Nervosa). Depression, anxiety, low self-esteem, and poor social adjustment were more common in participants suffering from an eating disorder, and co morbidity of PCOS was universal in eating disordered cases. Conclusion: Our study demonstrates that hirsute women are at high risk of developing an eating disorder. Factors associated with eating disorders are examined and explanatory hypotheses are suggested for the possible underlying mechanisms in these women. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
Duncan Raistrick, Pilar Muro-Sans, Jon Arcelus, 2008


Many doctors involved with addiction problems will see themselves as having only a prescribing role whereas specialists in the field will, in addition, require a repertoire of psychotherapy skills. Prescribing for patients who may have a dependence on a number of drugs, who may wish to consult the extent of their substance use, and who may have a marked tolerance to some classes of drug presents difficulties for the unwary or ill-informed doctor. In order to prescribe safely and effectively doctors must: understand the nature of dependence; understand the dependence-forming potential of drugs; and understand the importance of motivation.

Book, Edited Book

Peynifo

Available from University of Central Lancashire (http://eck.uclan.ac.uk)

Banny Wright, Claire Whitton, Chris Williams, Barry Wright, Jenny Jardine and Anne Hunt, 2008

The role of evaluation in the development of a service for children with life-limiting conditions in the community.


Background: Much of the care for children and young people with life-limiting conditions is now delivered in the home and new services have developed to support families in this setting. It is essential to monitor and evaluate whether these services are meeting the needs of families. Aims: To evaluate a new rural community palliative care service for children, according to perceptions of families and service providers, to make changes suggested by families and to re-evaluate 1 year later. Methods: In 2005, 2 years after the onset of the service, 24 families were sent postal questionnaires, including the Measure of Process of Care (MOPC-UK). Changes suggested by families were then implemented. In 2006, all of the families receiving care from the service (n = 27) were given the option of completing the questionnaire independently or with the support of an impartial researcher. Two families also completed qualitative interviews about their experience of the service with an impartial researcher. In both years, the service providers, (n = 12 and n = 15, respectively) were asked to complete the Measure of Process of Care for Service Providers (MOPC-SP). The service providers were the clinicians providing direct care (paediatrician, community nurses, dietician, psychologist, occupational therapist, physiotherapist, and speech and language therapist). Results: Seven (29%) of families completed the survey in 2005. Families rated 'helpful and supportive care' as the highest domain in the MOPC-UK and 'providing general information' as the lowest. Particular emphasis was placed on improving provision of information during the following year. Fourteen (52%) families completed the survey in 2006. Scores increased across all domains in the second survey. The largest increase was 'providing general information'. Conclusion: The results from both of the MOPC tools were extremely useful in helping providers to identify aspects of the service in need of improvement and hence implement valued changes.

Journal

Peynifo


John F Morgan, Pitl Muro-Sans, Juan Antonio Amador-Campos and John F Morgan, 2008

The SCOFF-c: Psychometric properties of the Catalan version in a Spanish adolescent sample.

Journal of Psychosomatic Research, January 2008, vol./is.: 64(1/81-86), 0022-3999 (Jan 2008)

Objective: The objective of this study is to validate the Catalan version of the SCOFF questionnaire with a community sample of adolescents. Method: This study used a community sample of 954 participants (475 girls and 479 boys; aged between 10.9 and 17.3 years and from the city of Barcelona) and a risk group of 78 participants (35 men and 43 women; derived from the community sample) that have exceeded >95 percentile in at least two of the three scales of the Eating Disorders Inventory-2 (EDI-2): Drive for Thinness, Bulimia, and Body Dissatisfaction. Results: There were significant differences in total SCOFF scores across gender and school grades. The SCOFF best cutoff point was 2 (sensitivity = 73.08%; specificity = 77.74%). Concurrent validity with the EDI-2 varied between low and moderate. The reliability of the SCOFF questionnaire was moderate. Exploratory factor analysis of the SCOFF questionnaire showed a two-factor structure for the total sample and for girls, and one factor for boys. Conclusion: The best cutoff point for this community sample is 2. The data suggest that the SCOFF questionnaire could be a useful screening questionnaire to enable the detection of groups possibly at risk for eating disorders among adolescent Spanish community samples.

Journal, Peer Reviewed Journal

Peynifo


John F Morgan, Jon Arcelus, Walter P Bouman and John F Morgan, 2008

Treating young people with eating disorders: Transition from Child Mental Health to Specialist Adult Eating Disorder Services.

European Eating Disorders Review, January 2008, vol./is.: 16(1/30-36), 1072-4133/1099-0986 (Jan-Feb 2008)

Background: The transition from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS) of young people with eating disorders may pose a number of difficulties, including an inconsistent referral process and age boundaries. Methods: We compared young children referred to a specialist Adult Eating Disorders Service (AEDS) who had previous involvement with CAMHS for the treatment of their eating disorder with those who did not. Information regarding the socio-demographic characteristics and eating disorders symptomatology of patients assessed by age was collected. Results: Patients who had previous involvement with CAMHS (particularly the ones treated as in-patients) presented with a lower self-esteem and more maturity fears (MF) than those without previous involvement. Conclusion: This study discusses the implication of these results in transitional arrangements between CAMHS and Adult services. It highlights the need for heightened awareness of particular issues of self-esteem and maturation in these patients moving between services.

Journal, Peer Reviewed Journal

Peynifo


John F Morgan, Martin Schmidt, John F Morgan and Fardin Youssaf, 2008

Treatment adherence and the care programme approach in individuals with eating disorders.


Aims and method: To examine service-level variables predicting treatment adherence in a specialist eating disorder unit. We analysed a sample of 157 individuals consecutively referred to the unit over an 18-month period. Associations were determined using odds ratios. Results: Individuals with a formal care programme at the point of referral were more likely to stay in treatment. Treatment adherence was not predicted by illness severity or waiting time. Follow-up by a dietician and acceptance of referral to a support group predicted better treatment outcomes. Clinical implication: Although the standard care programme approach may be relinquished in the UK, we recommend that this approach or its equivalent be used in specialist eating disorder services to improve treatment adherence.

Journal, Peer Reviewed Journal

Peynifo

Available from BUPsych Bulletin (jb.rcpsych.org)
UK Alcohol
Graham Firth,
Gillian Tober,
Available from Wiley online
Shubulade Smith,
Introduction: Patients with severe mental illness (SMI) have higher rates of cardiovascular disease (CVD) morbidity and mortality than the general population. In the UK, data were limited regarding the known prevalence of physical health screening of SMI patients. Aims: A total of 966 patients with SMI from seven geographically varied regions in the UK agreed to participate in a 2-year nurse-led intervention (Well-being Support Programme), designed to improve their overall physical health by providing basic physical health checks, health promotion advice, weight management and physical activity groups in secondary care. Results: At baseline, only 31% of participants had undergone a recent physical health check. There were high rates of obesity (BMI > 30 in 49%), glucose abnormalities (12.4%), hypertension/prehypertension (50%), hyperlipidaemia (71%), poor diet (32%), low exercise levels (37.4%) and smoking (50%). Conclusions: Patients with SMI who have been identified with concerns regarding their physical health, have potentially modifiable risk factors for CVD, which remain undiagnosed. Programmes designed to address the physical health problems in SMI need to be implemented and evaluated in this already marginalised group of people. 2007 The Authors.

Gillian Tober
Wendy Clyne, Olywn Finnegan, Amanda Farrin, Ian Russell and UKATT Research Team
2008
Validation of a scale for rating the delivery of psycho-social treatments for alcohol dependence and misuse: The UKATT Process Rating Scale (UKATT PRS).
Aim: The aim of this study was to describe the development and validation of the UK Alcohol Treatment Trial Process Rating Scale (UKATT PRS), a manual based method for monitoring and rating the delivery of psychosocial treatments of alcohol dependence and misuse. Methods: Following adaptation and further development of a validated rating scale, the ability of the UKATT PRS to rate the delivery of video-recorded treatment in the UK Alcohol Treatment Trial (UKATT) was tested. Results: Tests of the validity and reliability of the UKATT PRS show that it is valid and reliably able to detect the two treatments for which it was designed and to discriminate between them. Conclusions: The UKATT PRS is a valid and reliable method of rating the frequency and quality of therapeutic style and content in the delivery of two psycho-social treatments of alcohol use and dependence. (PsychINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Graham Firth
Helen Elford, Catherine Leeming and Marion Crabb
2007
Intensive Interaction as a Novel Approach in Social Care: Care Staff's Views on the Practice Change Process.
Journal of Applied Research in Intellectual Disabilities, Volume 21, Issue 1, Pages 58–69
Background: Intensive Interaction is an approach to developing the pre-verbal communication and sociability of people with severe or profound and multiple learning disabilities and autism. Previous research has indicated many potential benefits; however, the approach is not consistently used in social care.

Aim: To report on the significant and influential issues for care staff when adopting Intensive Interaction as a novel approach in the social care setting for clients with profound and multiple learning disabilities.

Materials and Methods: Twenty-nine care staff from four residential settings were trained and supported in the use of intensive interaction over a 6-month period. Interviews with staff members and researcher field-notes were analysed using a Grounded Theory methodology.

Results and Conclusions: Increased and novel client responses were reported which were consistent with previous research. However, some practical and philosophical difficulties were highlighted by staff regarding their adoption of the approach. Consideration of care staff's experiences and perspective may enable future Intensive Interaction training to be more successfully planned and supported.

David Yeomans
2007
A well-being programme for people with severe mental illness. Baseline findings in a UK cohort.
Introduction: Patients with severe mental illness (SMI) have higher rates of cardiovascular disease (CVD) morbidity and mortality than the general population. In the UK, data were limited regarding the known prevalence of physical health screening of SMI patients. Aims: A total of 966 patients with SMI from seven geographically varied regions in the UK agreed to participate in a 2-year nurse-led intervention (Well-being Support Programme), designed to improve their overall physical health by providing basic physical health checks, health promotion advice, weight management and physical activity groups in secondary care. Results: At baseline, only 31% of participants had undergone a recent physical health check. There were high rates of obesity (BMI > 30 in 49%), glucose abnormalities (12.4%), hypertension/prehypertension (50%), hyperlipidaemia (71%), poor diet (32%), low exercise levels (37.4%) and smoking (50%). Conclusions: Patients with SMI who have been identified with concerns regarding their physical health, have potentially modifiable risk factors for CVD, which remain undiagnosed. Programmes designed to address the physical health problems in SMI need to be implemented and evaluated in this already marginalised group of people. 2007 The Authors.
Shubulade Smith, Joseph I Tracy,
PsycINFO
Kim Wolff (editor),
Available from University of
David Goodall,
Are depression
Book available for purchase.

Introduction: Cardiovascular disease is more prevalent in patients with severe mental illness (SMI) than in the general

population. Method: Seven geographically diverse centres were assigned a nurse to monitor the physical health of SMI

patients in secondary care over a 2-year period in the "Well being Support Programme" (WSP). A physical health

screen was performed and patients were given individual weight and lifestyle advice including smoking cessation to

reduce cardiovascular risk. Results: Nine hundred and sixty-six outpatients with SMI >2 years were enrolled. The

cumulative rate at 2 years was 86%. Significant improvements were observed in levels of physical activity (p < 0.001),

smoking (p < 0.05) and diet (p < 0.001). There were no changes in mean BMI although 42% lost weight over 2

years. Self-esteem improved significantly. Low self-esteem decreased from 43% at baseline to 15% at 2 years (p < 0.0001).

At the end of the programme significant cardiovascular risk factors were reduced. 26% had hypertension and 81% had BMI >25. Conclusion: Physical health problems are common in SMI subjects. Many patients

completed 2 years follow up suggesting that this format of programme is an acceptable option for SMI patients.

Substance misuse risk factors were significantly improved. Interventions such as the Well being Support Programme

should be made widely available to people with SMI. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

(journal abstract)

Addiction medicine.

(from the chapter) Substance misuse is often considered to be an unpopular subject with many doctors, partly because

of the frequent relapses experienced by addicts and partly because of the behavioral problems that can occur when

drug users interact with substance misuse treatment services. Many clinical drug treatment services are dominated by

the prescribing of methadone to those dependent on heroin (diacetylmorphine). Methadone maintenance treatment

(MMT) has been the most rapidly expanded treatment for heroin dependence over the last 30 years with increasingly

large numbers of countries providing such treatment for extensive treatment populations. Even more recently

buprenorphine, a partial agonist, has been introduced into drug treatment services and has provided an alternative to

methadone. Many doctors involved with addiction problems will see themselves as having only a prescribing role whereas specialists in the field will, in addition, require a repertoire of psychotherapy skills. Prescribing for patients who may have a dependence on a number of drugs, who may wish to conceal the extent of their substance use, and who may have a marked tolerance to some classes of drug is discussed in order to help inform the practitioner. This chapter is divided into six sections, mainly intended to provide an overview for the nonspecialist. The first section explains the psychology of addiction, as opposed to the neurochemistry of addiction discussed in Chapter 6. Overviews are provided of substance prescribing, an increasingly accepted practice. Considerable discussion is devoted to the identification and management of withdrawal syndromes, whether sedative or stimulant. The final section briefly discusses toxicological testing, primarily for the purpose of assessing compliance. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Are depression and cognitive performance related in temporal lob epilepsy?

Purpose: The degree to which depression interacts with the cognitive deficits of epilepsy to alter cognitive skill and
generate negative effects on adaptive functioning including cognitive skills. Temporal lobe epilepsy (TLE) patients are known to possess cognitive dysfunction. Thus, TLE patients who are depressed may suffer a double burden of cognitive deficits. Methods: We examined whether depressed patients show increased cognitive deficits relative to nondepressed TLE patients (n = 59). We then sought to determine if this effect varied for left versus right TLE patients utilizing preoperative depression and neuropsychological data. To accurately study the lateralization of any observed effects, we selected only patients with definitive evidence of unilateral pathology and seizure focus and utilized a two-year seizure-free postsurgical outcome to capture this. Results: The data suggested that cognitive performance was not related to depression, and that depression did not reliably mediate the cognitive presentation of either our left or right TL patients. The notion of a double burden on cognition did not receive support from our data. The data did produce the expected advantage on verbal memory measures for right TLE patients. Conclusions: The reasons for the limited statistical effects are discussed and issues in unravelling the causal relationships between depression, cognition, and TLE are considered. We discussed the potential role depression may play in the cognitive skills of TLE patients, but the major implication is that depression and neurocognitive performance appear to bear a limited relationship in the context of TLE. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Data processing in metabolic fingerprinting by CE-UV: Application to urine samples from autistic children

Metabolic fingerprinting of biofluids such as urine can be used to detect and analyse differences between individuals. However, before pattern recognition methods can be utilised for classification, preprocessing techniques for the denoising, baseline removal, normalisation and alignment of electropherograms must be applied. Here a MEKC method using diode array detection has been used for high-resolution separation of both charged and neutral metabolites. Novel and general algorithms have been developed for use prior to multivariate data analysis. Alignment is achieved by combining the use of reference peaks with a method that uses information from multiple wavelengths to align electropherograms to a reference signal. This metabolic fingerprinting approach by MEKC has been applied for the first time to urine samples from autistic and control children in a non targeted and unbiased search for markers for autism. Although no biomarkers for autism could be determined using MEKC data here, the general approach presented could also be applied to the processing of other data collected by CE with UV-Vis detection. 2007 Wiley- VCH Verlag GmbH & Co. KGaA, Weinheim.

Journal, Peer Reviewed Journal
PsycINFO

Book chapter
PsycINFO
Book available for purchase.

Purpose: The degree to which depression interacts with the cognitive deficits of epilepsy to alter cognitive skill and
generate negative effects on adaptive functioning including cognitive skills. Temporal lobe epilepsy (TLE) patients are known to possess cognitive dysfunction. Thus, TLE patients who are depressed may suffer a double burden of cognitive deficits. Methods: We examined whether depressed patients show increased cognitive deficits relative to nondepressed TLE patients (n = 59). We then sought to determine if this effect varied for left versus right TLE patients utilizing preoperative depression and neuropsychological data. To accurately study the lateralization of any observed effects, we selected only patients with definitive evidence of unilateral pathology and seizure focus and utilized a two-year seizure-free postsurgical outcome to capture this. Results: The data suggested that cognitive performance was not related to depression, and that depression did not reliably mediate the cognitive presentation of either our left or right TL patients. The notion of a double burden on cognition did not receive support from our data. The data did produce the expected advantage on verbal memory measures for right TLE patients. Conclusions: The reasons for the limited statistical effects are discussed and issues in unravelling the causal relationships between depression, cognition, and TLE are considered. We discussed the potential role depression may play in the cognitive skills of TLE patients, but the major implication is that depression and neurocognitive performance appear to bear a limited relationship in the context of TLE. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Data processing in metabolic fingerprinting by CE-UV: Application to urine samples from autistic children

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Journal Article
EMBASE
Available from University of York https://pure.york.ac.uk
Tom Isherwood, Mick Burns, Mark Naylor and Stephen Read. 2007. Setting into trouble: A qualitative analysis of the onset of offending in the accounts of men with learning disabilities. Journal of Forensic Psychiatry & Psychology, June 2007, vol./is. 18/2(2005), 1478-9949:1478-9957 (Jun 2007) English Quantitative and qualitative studies have identified common factors in the histories of people who offend. People with learning disabilities are over-represented among certain groups of offenders. However, there is an absence of literature that examines this phenomenon from the perspective of the individual by exploring the experience and understanding in their own narrative. This study provides an account of the lived experiences of men with learning disabilities who have offended, seeking to examine the ways in which these men made sense of their own behaviour and history. Six participants were interviewed using a semi-structured schedule. All participants were men with learning disabilities who were detained in conditions of medium or low security. The research was conducted using interpretative phenomenological analysis (IPA). Three superordinate themes emerged: social factors, protection, and inherent factors. Participants accounted for their experience and understanding in terms of both internal states and external contexts, and the analysis reflected this. It is essential that the development of offending is understood through both normative and idiographic research paradigms. Findings such as these are useful when considering prevention and intervention. IPA was a constructive tool with which to explore these issues with men with learning disabilities. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract) Journal, Peer Reviewed Journal PsyCINFO Available from Taylor & Francis Online (www.tandfonline.com) Article EMBASE Available from Elsevier: Advances (aip.rnpsych.org) EMBASE

David Yeomans. David Yeomans. 2007. Take your partners please. Invited commentary on: Partnership working. Advances in Psychiatric Treatment, July 2007, vol./is. 13(4)/272-275), 1355-5146 (July 2007) English Partnership working with the voluntary sector is developing across mental health services. Such partnerships have the support of the Royal College of Psychiatrists and the Department of Health. Setting up a partnership requires enthusiastic psychiatrists who are willing to work in new ways. These psychiatrists will face issues of personal and clinical responsibility, confidentiality and fairness. They will also have to deal with continuing changes that could unsettle a new and developing collaboration. Early intervention services may use partnerships more than other adult psychiatric services, but partnerships could be established in any specialty. Psychiatrists should make sure that appropriate evaluation is built into any new partnership. This manual is a valuable resource for professionals working with parents of children and young people with autism and Asperger Syndrome and is an effective complement to How to Live with Autism and Asperger Syndrome: Practical Strategies for Parents and Professionals published by Jessica Kingsley Publishers, which is referenced throughout the resource.

Barry Wright Barry Wright and Chris Williams. 2007. Intervention and support for parents and carers of children and young people on the autism spectrum: A resource for trainers. Child and Adolescent Mental Health, Nov 2008, vol. 13, no. 4, p. 210, 1475-357X (Nov 2008) English The needs of parents and carers of children on the autism spectrum are not met by conventional parenting strategies. This resource for trainers and facilitators offers the best available knowledge and theories to help them develop an understanding of how their child perceives the world and ultimately improve their family life. The manual is divided into ten sessions that introduce a topic related to autism and Asperger Syndrome, for example, ‘mindblindness’ and the social world, and strategies to manage individual behaviour. During each session parents are introduced to a new topic and are invited to participate in exercises and group discussions that serve to reinforce the key messages discussed earlier. Each session closes with recommended reading and ‘homework’. This is a valuable resource for anyone training parents and carers of children and young people with autism and Asperger Syndrome.

Gillian Tober Steve Lia, Mishka Terplan and Gillian Tober. 2007. Review of Psychosocial interventions for women enrolled in alcohol treatment during pregnancy. Cochrane Database of Systematic Reviews, 2007, vol./is. 4, 1469-633X (2007) English This is the protocol for a review and there is no abstract. The objectives are as follows: This review will examine all randomised controlled trials that determine the effectiveness of psychosocial interventions in pregnant women who are enrolled in alcohol treatment programmes when compared to other psychosocial interventions, placebo, non-intervention, pharmacological treatment and pharmacological treatment in association with psychosocial treatment on improving birth and neonatal outcomes as well as maternal and neonatal alcohol abstinence and on treatment retention and alcohol reduction.

John F Morgan Patricia Marsden, Ethelma Karagianne and John F Morgan. 2007. Spirituality and clinical care in eating disorders: A qualitative study. International Journal of Eating Disorders, January 2007, vol./is. 40(1)/1-12), 0276-4478:1098-108X (Jan 2007) English This study aimed to examine relationships between eating disorders, religion and treatment. Method: Qualitative study using purposeful sampling, applying audiotaped and transcribed depth interview, subjected to interpretative phenomenological analysis. Results: Participants were 10 adult Christian women receiving inpatient treatment for anorexia or bulimia nervosa. Five dominant categories emerged: locus of control, sacrifice, self-image, salvation, maturation. Appropriate control held moral connotations. Negative self-image was common, based more on sin than body-image. Medical treatment could be seen as salvation, with religious conversion manifesting a quest for healing, but treatment failure threatened faith. Beliefs matured during treatment, with prayer, providing a healing relationship. Conclusion: Religious beliefs impact on attitudes and motivation in eating disorders. Clinicians’ sensitivity determines how beliefs influence clinical outcome. Treatment modifies beliefs such that theological constructs of illness cannot be ignored. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Gillian Tober and Duncan Raistrick Gillian Tober and Duncan Raistrick. 2007. Motivational dialogue: Preparing addiction professionals for motivational interviewing practice. Motivational dialogue: Preparing addiction professionals for motivational interviewing practice., 2007 (2007) English (from the book) Motivational Dialogue explores the application of motivational interviewing in various contexts, with a view to enhancing understanding and improving practice. The book describes the research and practice of motivational interviewing as a stand alone intervention, as an adjunct to further treatment, and as a style of delivery of social and psychological interventions. The contributors draw on their expertise and experience as researchers, teachers and practitioners to encourage the reader to appreciate the broad applicability of motivational dialogue. The book is divided into 5 sections, which cover: reflections and a model; the evidence base; learning and practice; four studies of motivational therapy in practice; and, motivational dialogue and stepped care. Motivational Dialogue will be of great interest to psychiatrists, clinical psychologists and anyone in the social care and health care professions who is involved in assisting people to challenge addictive behaviours. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Book, Edited Book PsyCINFO Available from Sage Online: (www.sagepub.co.uk) PsyCINFO Book available for purchase.

Last updated: August 2017 Next revised date: February 2018
This chapter is concerned with understanding possible limitations to motivational therapies and indeed motivational dialogue in general. The results of motivational interviewing studies have been mixed which is an indication of the complexity of interactions involved in building motivation and progressing to actual behaviour change (see Chapter 3) but also a caution that motivational therapies have their limitations. In a systematic review of 29 studies using motivational interviewing for the treatment of a variety of conditions, Dunn et al. (2001) found that three-quarters of the substance misuse studies had significant effect sizes, ranging from 0.30 to 0.95; treatments directed at weight reduction were most effective while those for smoking cessation were least effective. In the detail of some of these studies there is evidence that people not yet ready to change and those with a moderate severity of dependence benefit most from motivational interventions. It makes sense that people who are severely dependent on a substance may need more than motivation in order to change and that those who are already motivated do not need motivational therapies at all. This is the starting point for this chapter. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Motivational interviewing has been practised in the UK primary care setting over many years, a popular intervention because it enables the primary care doctor to address questions of behaviour change in a nonconfrontational manner, exploring the reasons for change, eliciting and exploring concerns with the aim of creating a desire to change based upon confidence and optimism in its results. It departs from the practice of persuading the patient of the benefits of and need to change and has been applied to problems that require behavioural change in order to bring about improvements in health. Smoking cessation interventions in the primary care and specialist setting in the UK have been based primarily upon motivational interviewing and behavioural interventions. Effects found in two studies (Butler et al. 1999; Colby et al. 1998) have been described as ‘small but significant’ and ‘encouraging’ (Dunn et al. 2001). In this chapter we document a single session, part of a three session structured Motivational Enhancement Therapy (MET) delivered by a primary care doctor to a patient for smoking cessation. This session follows the protocol for MET as delivered in the UK Alcohol Treatment Trial and described in Chapter 10. The transcript is a verbatim account derived from a video-recorded session and the patient gave written informed consent for use of the video content as a contribution to this book. In the transcript T denotes the therapist, in this case a primary care physician and P is the patient. The doctor begins with a summary of the current situation and the patient's previously completed decisional balance (describing the pros and cons of smoking). The commentary and description is provided at the end of the transcript of the dialogue, in order to avoid breaking up the flow. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

In this chapter we propose a protocol for integrating motivational dialogue into routine treatment of alcohol and drug dependence using a stepped care approach. In earlier chapters we have explored the evidence for using a motivational style of counselling problem drinkers as compared with a confrontational approach (see Chapter 1) and with a non-directive approach (see Chapter 8). In Chapter 5, Kadden and colleagues reviewed the evidence for using motivational interviewing as a stand-alone treatment with different substance problems in different permutations and as a treatment combined with other treatments. In this chapter we suggest a further integration whereby all interventions are delivered using a stepped care framework starting with assessment and simple advice and working up through increasingly intensive interventions. The point of this book, and the two final chapters in particular, is to demonstrate the potential benefits and the feasibility of delivering all these interventions in the style of motivational dialogue. It is a way of putting together all the evidence we have assembled into a logical interpretation and then into practice. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

This chapter follows from Chapter 12; the reader will benefit from reading Chapter 12 before tackling this one. Here we are going to illustrate motivational dialogue applied to three particular treatment situations that commonly arise within the context of core stepped care interventions as described in the previous chapter: Prescribing; Investigations; and, Comorbidity. Case examples are provided throughout this chapter. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
What is Available from BJPsych
(from the chapter)

Why has it proved difficult to find the best psychological treatment for substance misuse problems or dependence? Project MATCH and the UK Alcohol Treatment Trial are examples of large research studies which found close similarity between different treatments. These findings were not entirely unexpected since researchers are bound to compare the most promising treatments available to them. Moreover the outcomes of psychological interventions are influenced by the therapeutic alliance between therapist and client as well as by the intrinsic effectiveness of those interventions. In the face of these challenges there is concern that previous policy and purchasing decisions for substance misuse treatment have been based upon sub-optimal research designs. This chapter discusses the methodological issues behind the choice of research design in this field. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Towards evidence-based practice through pragmatic trials: Challenges in research and implementation.


Background: NICE guidelines state that patients with psychological contra-indications should not be considered for bariatric surgery, including Laparoscopic Adjustable Gastric Banding (LAGB) surgery as treatment for morbid obesity. This is our knowledge the first study to evaluate long-term outcomes in LAGB for a full range of DSM-IV defined psychiatric and eating disorders, and forms part of a research portfolio developed by the authors aimed at defining psychological predictors of bariatric surgery in the short-, medium- and long-term.

Motivational barriers: A brief and selective history of motivational interviewing is presented to highlight the simple, first and central principles of the approach, which have been elaborated over the years into a complex web of strategies, tactics, micro-skills, clinical principles, and numerous definitions of sub categories of each of these. The chapter then discusses the scope of the book. It also includes an account of the everyday use of motivational dialogue which illustrates our point about its utility in day-to-day interactions. An example is given by a primary care physician, who attended training in motivational interviewing and decided to see what would come of a little homework. She applied what she had learned to a domestic situation. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
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<th>Author(s)</th>
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<td>Duncan Raistrick</td>
<td>Review of Cognition + addiction.</td>
<td>2007</td>
<td>The British Journal of Psychiatry</td>
<td>10.1192/bjp.180.5.539</td>
<td>Reviews the book: Cognition + addiction by Marcus Munafò and Ian P. Abeyie (2006). This excellent book gives the reader an authoritative update on current psychological thinking in the addictions. The central theme is that the dominant views of addictive behavior, of which social learning theory is a prime example, fail to take account of automatic cognitions and, therefore, fail to account adequately for relapse situations. The essential proposition running throughout the book is that psychological theories of addiction need to take account of automatic cognitive processes, that is processes that are both uncontrollable and many unconscious. If there is a weakness, it is that the clinician will be left uncertain of the implications for day-to-day practice. The authors of the final chapters make a good attempt at answering this but, in truth, the point of the book is as much about laying down a challenge for practitioners as providing answers. (PsycINFO Database Record (c) 2012 APA; all rights reserved)</td>
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<td>Duncan Raistrick, Nick Heather and Christine Godfrey</td>
<td>Review of the effectiveness of treatment for alcohol problems,</td>
<td>2006</td>
<td>Clinical Psychology Review</td>
<td>10.1016/j.clinpsyrev.2005.09.003</td>
<td>The National Treatment Agency for Substance Misuse (NTA) is a special health authority within the NHS, established by Government in 2001, to improve the availability, capacity and effectiveness of treatment for drug misuse in England. Treatment can reduce the harm caused by drug misuse to individuals’ well-being, to public health and to community safety. The Home Office estimates that there are approximately 250,000–300,000 problematic drug misusers in England who require treatment. The overall purpose of the NTA is to: • Double the number of people in effective, well-managed treatment between 1998 and 2008 • Increase the percentage of those successfully completing or appropriately continuing treatment year-on-year. In addition to its remit on drug treatment, the NTA is also commissioned to undertake specific work on alcohol treatment, including the development of Models of Care for Alcohol Misusers (DH, 2006) and commissioning the Review of the Effectiveness of Treatment for Alcohol Problems (NTA, 2006).</td>
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<tr>
<td>John F Morgan, Helen C Murphy and John F Morgan.</td>
<td>Society’s advice on low weight and IVF was ignored by media</td>
<td>2006</td>
<td>British Medical Journal</td>
<td>10.1136/bmj.333.7569.654</td>
<td>In his report on the guidance issued by the British Fertility Society, O’Dowd says that the society recommended obese women should be denied fertility treatment. In this, he shows the same bias as much of the rest of the media. The guidance issued by the BFS actually states that women at both extremes of weight (BMI &lt; 19 or &gt; 29) should be referred for dietetic advice, warned of pregnancy risks and, if appropriate, provided with access to further interventions including psychological ...</td>
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<tr>
<td>Barry Wright, Bernadette Ashley and Jo Jordan.</td>
<td>Chronic Fatigue Syndrome: An Evaluation of a Community Based Management Programme for Adolescents and their Families.</td>
<td>2006</td>
<td>Child and Adolescent Mental Health</td>
<td>10.1080/13552190500524691</td>
<td>Background: Young people with chronic fatigue syndrome (CFS), families and clinicians may differ in their attributions about CFS and consequently in their approach to treatment. Research that clarifies the best treatment approaches is clearly needed. We have sought to develop a model that engages young people and their families in a collaborative way. The approach adopts an optimistic and holistic stance using an active rehabilitation model paying attention to the integrated nature of the physiological and psychological aspects of the illness. Method: This small study set out to evaluate this approach from a service user perspective. Semistructured interviews were carried out with young people and their parents separately in order to elicit their views on key treatment elements and their perceived degree of recovery. Results: Improvements are indicated in all key areas addressed and qualitative information suggests that families value this approach. Conclusion: Further research is needed to address treatment issues for families who choose not to opt into the service model. (PsycINFO Database Record (c) 2012 APA; all rights reserved)</td>
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<tr>
<td>Sumir Punnoose and Madhvi R Belgamwar.</td>
<td>Nicotine for schizophrenia.</td>
<td>2006</td>
<td>Cochrane Database of Systematic Reviews</td>
<td>10.1002/14651858.CD004838</td>
<td>BACKGROUND: The proportion of people with schizophrenia who smoke is very high, and as a rule, they tend to be heavier smokers when compared to the general population and those with other psychotic disorders. Nicotine, the psychoactive component in tobacco, is thought to produce psychological effects that help to alleviate psychotic symptoms. OBJECTIVES: To examine the effects of nicotine and related products in the treatment of schizophrenia. SEARCH STRATEGY: We electronically searched the Cochrane Schizophrenia Group's Register (April 2005), supplemented with manually inspecting references of all identified studies and by contacting authors of studies where required. SELECTION CRITERIA: We included all randomised clinical trials comparing nicotine or related products as a sole or adjunctive treatment for people with schizophrenia or other similar serious, non-affective psychotic illness. DATA COLLECTION AND ANALYSIS: Citations and, where possible, abstracts were independently inspected by reviewers and the papers ordered were scrutinised and quality assessed. We extracted and evaluated data independently and analysed on an intention to treat basis. We would have calculated fixed effect relative risk (RR), number needed to treat/harm (NNT/H) and their 95% confidence intervals (CI) for binary outcomes and for continuous non-skewed data we would have calculated weighted mean differences. We would have excluded data if loss to follow-up had been greater than 50% and inspected the data for heterogeneity. MAIN RESULTS: We did not find any trials that met the inclusion criteria. AUTHORS' CONCLUSIONS: There ought to be further research of nicotine for schizophrenia by parallel group design randomised controlled trials investigating the effects of nicotine on symptoms of schizophrenia as well as on side effects of antipsychotic drugs. We further note that authors and journals should conform to the CONSORT guidelines when publishing the research articles, especially when disclosing all the data available from a particular study.</td>
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**Last updated: August 2017 Next revised date: February 2018**
Tarq Mahmood, Sig mund Jenssen, Edward Graciey, Tarq Mahmood, Joseph P Tracy and Michael R Sperring

2006 Subjective somnolence relates mainly to depression among patients in a tertiary care epilepsy center. Epilepsy & Behavior, December 2006, vol./is. 9/4(32-), 1525-7505 (Dec 2006) English

Many patients with epilepsy complain of decreased energy and somnolence. There is increased awareness that comorbidity, especially depression, plays an important role in determining the quality of life for patients with epilepsy. We set out to determine how subjective somnolence is affected by depression, age, hours of sleep, sleep apnea, seizure frequency, and numbers of antiepileptic drugs and central nervous system drugs. A questionnaire and chart review were used to investigate patients in a tertiary referral center. We found that subjective somnolence was prominent and that it relates mainly to depression, less to obstructive sleep apnea, and not to the other variables. Further investigation is needed into the relationship between depression and subjective somnolence in patients with epilepsy. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)


Barry Wright, Kate Nation, Paula Clarke, Barry Wright and Christine Williams


This study investigated reading skills in 41 children with autism spectrum disorder. Four components of reading skill were assessed: word recognition, nonword decoding, text reading accuracy and text comprehension. Overall, levels of word and nonword reading and text reading accuracy fell within average range although reading comprehension was impaired. However, there was considerable variability across the sample with performance on most tests ranging from floor to ceiling levels. Some children read accurately but showed very poor comprehension, consistent with a hyperlexia reading profile; some children were poor at reading words and nonwords whereas others were unable to decode nonwords, despite a reasonable level of word reading skill. These findings demonstrate the heterogeneous nature of reading skills in children with ASD. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)


Tom Isherwood, Tom Isherwood, Mick Bums and Giles Rigby


Within secure psychiatric services, nurses trained to work with people with learning disabilities are often called upon to deal with those experiencing psychosis; a role that they are not routinely prepared for in generic learning disability nurse training. Psycho-social interventions (PSI) are recommended as an adjunct to routine pharmacological treatment for people experiencing psychosis. There is a small literature that suggests that PSI has utility with people with learning disabilities. As part of a wider evaluation of the introduction of a PSI framework to a 100-bed medium-secure unit for men with learning disabilities and mental health problems, 13 members of nursing staff completed the ‘Management of Schizophrenic Patients Checklist’. The responses were analysed using a grounded theory approach. Principle themes identified are described. The therapy vs. security quandary frequently reported in forensic psychiatry was evident in responses. The findings are guiding a programme of training and ongoing supervision within the service and are discussed in the context of wider therapeutic issues and institutional environment. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)


Peter Trigwell, Joyce E. Heed and Peter Trigwell


Aims and Method: We assessed the appropriateness of treatments recommended by health shop staff for symptoms of mild-to-moderate depression using participant observation with ten members of staff from ten different health shops selling herbal medicinal preparations. Results: A wide range of treatment options were suggested by health shop staff when presented with common symptoms of depression. The majority have no firm evidence base, with the exception of St John's wort (Hypericum perforatum). Clinical Implications: Most alternative treatments recommended by health shops for the treatment of depression have a poor evidence base. Implications for training and communication between agencies are discussed. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)


John F Morgan, John F Morgan, Hubert John Lacey and Elaine Chung


Objective: Bulimia nervosa is common and treatable. An association between bulimia and obstetric complications has been suggested, but sample size and absence of control have limited previous studies. Our aim was to determine if active bulimia nervosa affects obstetric outcome. Methods: This was a retrospective case-control comparison of obstetric complications in primiparous previously treated for bulimia in a specialist eating disorder service. A cohort of 122 women with active bulimia during pregnancy was contrasted against 82 with quiescent bulimia, using structured interviews comprising the Eating Disorders Examination. Structured Clinical Interview for DSM-III-R, and systematic questions addressing obstetric complications. Results: Odds ratios (ORs) for postnatal depression, miscarriage, and preterm delivery were 2.8 (95% confidence interval [CI], 1.2-6.2); 2.6 (95% CI, 1.2-5.6) and 3.3 (95% CI, 1.3-8.8) respectively. Risk of unplanned pregnancy was markedly elevated (OR, 30.0; 95% CI, 12.8-68.7). Risk estimates were not explained by differences in adiposity, demographics, alcohol/substance/fatigue misuse, smoking, or year of birth, but relative contributions of bulimic behaviors were not discerned. Conclusions: Active bulimia during pregnancy is associated with postnatal depression, miscarriage, and preterm delivery. Bulimia may be a treatable cause of adverse obstetric outcome. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

The United Kingdom: Alcohol today.
Addiction, September 2005, vol./is. 100(9/1212- 1214), 0965-2140;1360-0443 (Sep 2005)
Objective: To investigate whether a buprenorphine opiate detoxification regimen can be considered to be at least as clinically effective as a lofexidine regimen. Design: An open-label randomized controlled trial (RCT) using a non-inferiority approach. Non-inferiority is demonstrated if, within a 95% confidence interval, buprenorphine performs within a preset tolerance range of clinically acceptable difference in outcomes and completion rates between the two treatments. Methods: Individuals ready for heroin detoxification were given information about the trial and invited to participate. Consenting participants (n = 210) were then randomized to one of the two treatments. Detoxification was undertaken in a specialist out-patient clinic according to predefined protocols. The primary outcome was whether or not an individual completed the detoxification. Abstinence at 1-month follow-up was used as a secondary outcome measure. Additional secondary outcome measures were substance use, dependence, psychological health, social satisfaction, and treatment satisfaction. Data were also collected for individuals who declined randomization and instead chose their treatment (n = 271). Results: A total of 46% of those on lofexidine and 65% of those on buprenorphine completed detoxification. Of these, 35.7% of the lofexidine and 45.9% of the buprenorphine groups reported abstinence at 1 month. Of those not completing detoxification abstinence was reported at 27.5% and 29.0%, respectively; 271 individuals who opted not to be allocated randomly and instead chose one of the two treatments produced similar results. Conclusions: Buprenorphine is at least as effective as lofexidine detoxification treatment. Whether or not individuals were randomized to, or chose, a treatment appeared not to affect the study’s outcome. (PsychINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
John F Morgan, John F Morgan, Hubert John Lacey, Helen C Murphy and Gerard Conway. 2005. Long term psychological outcome for women with congenital adrenal hyperplasia: Cross sectional survey. British Medical Journal, February 2005, vol. is. 330/7487/340-341, 0959-8146 (12 Feb 2005) English. Management of conditions associated with intersex, such as congenital adrenal hyperplasia, is controversial. A recent editorial in the BMJ called for long term studies of outcome. Females (genotype XX) with congenital adrenal hyperplasia are born with ambiguous genitalia, having feminising genitoplasty soon after birth, and often have repeated genital surgery and genetic examinations in adolescence. This has raised fears that the condition and its management adversely affect psychosexual development or psychosocial adjustment. The "serious deficiency of any evidence base" on long term outcome prompted us to investigate the hypothesis that psychiatric morbidity is increased and that social and psychological adjustment is impaired in women with congenital adrenal hyperplasia.

Barry Wright, Barry Wright, Andrzej Mare Brzozowski, Elizabeth Calvert, Helen Farnworth, David M Goodall, Ian Holbrook, Gregg Imitie, Jo Jordan, Anne Kelly, Jeremy Miles, Rob Smith, and Joel M Town. 2005. Is the presence of urinary indolyl-3- acryloylglycine associated with autism spectrum disorder? Developmental Medicine & Child Neurology, March 2005, vol. is. 473/190-192, 0012-1622/1469-8749 (Mar 2005) English. To test whether the presence of indoly1-3-acryloylglycine (IAG) is associated with autism, we analyzed urine from population-based, blinded cohorts. All children in York, UK with autism spectrum disorders (ASDs), diagnosed using ICD-10 research diagnostic criteria, were invited to participate. Fifty-six children on the autism spectrum (mean age 9y 8mo, SD 3y 8mo; 79% male) agreed to participate, as did 155 children without ASDs (mean age 10y, SD 3y 2mo; 54% male) in mainstream and special schools (56 of whom were age-, sex-, and school-matched to children with ASDs). IAG was found at similar levels in the urine of all children, whether IAG concentrations or IAG:creatinine ratios were compared. There was no significant difference between the ASD and the comparison group, and no difference between children at mainstream schools and those at special schools. There is no association between presence of IAG in urine and autism; therefore, it is unlikely to be of help either diagnostically or as a basis for recommending therapeutic intervention with dietary manipulation. The significance of the presence of IAG in urine has yet to be determined. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Duncan Raistrick, Kim Wolff, Annabel Boys, Amin Rostami-Hodjegan, Alastair W M Hay and Duncan Raistrick. 2005. Changes to methadone clearance during pregnancy. European Journal of Clinical Pharmacology, November 2005, vol. is. 61/10/763-768, 0031-6970 November 2005) English. Objective: Measurement of plasma methadone concentration to investigate the rate of clearance of methadone prescribed for heroin dependence in the first, second and third trimesters of pregnancy. A secondary objective was to evaluate the outcome of pregnancy. Methods: Longitudinal within subject study of nine pregnant opioid dependent subjects prescribed methadone at the Leeds Addiction Unit, an outpatient community based treatment centre. Plasma concentration versus time data for methadone was collected during each trimester and post-partum for our subjects. Data was available for the first and second trimesters for 4/9 cases. All but one of the subjects provided data during the third trimester and data post-partum was collected from three respondents. Measurements of methadone levels in plasma were carried out using high performance liquid chromatography (HPLC). Results: Trough mean plasma methadone concentrations reduced as the pregnancies progressed from 0.12 mg/L (first trimester) to 0.07 mg/L (third trimester). The weight-adjusted clearance rates gradually increased from a mean of 0.17 to 0.21 L/kg/hr during pregnancy, although patterns differed substantially between the nine women. An assessment of relative clearance of methadone using two patients for whom we have had all three CL values (trimester 1-3) demonstrated notable change of CL (P<0.006) over time. Eight of our subjects delivered (3 males), within two weeks of their due date the ninth (male) was premature (21 days). The mean length of gestation was 39.7 weeks (SD=10 days) and none of the neonates met criterion for 'low birth weight' mean 3094, SD 368 g). Five neonates spent time (0.5-28 days) in a special care baby unit (SCUBU) and 4 of these displayed signs of methadone withdrawal. Conclusions: General Practitioners and hospital doctors should recognise the significant benefits of prescribing methadone for heroin-dependent women during pregnancy. We recommend that if a pregnant opioid user complains of methadone withdrawal symptoms (i.e. that the methadone dose does not "hold") the prescribing clinician takes this observation seriously and considers a more detailed assessment. Further work on key factors underlying changes during pregnancy accounting for differences in methadone metabolism in the mother, fetus and neonate are required. Springer-Verlag 2005.


John Holmes and Carol Martin. 2005. Provision of care for older people with co-morbid mental illness in general hospitals: General nurses' perceptions of their training needs. International Journal of Geriatric Psychiatry, November 2005, vol. is. 20/11/1081-1083, 0885-6230/1099-1166 Nov 2005) English. Introduction: There are high levels of co-morbid mental illness amongst older people in general hospitals; this study explored the training needs of general nurses to care for this group. Method: Focus groups with general nurses were analysed using framework analysis. Findings and Conclusion: Nurses wanted training, but did not believe that training alone was sufficient to improve care, expressing that more integrated working between acute and mental health services was also needed. Liaison mental health services provide a way to deliver both training and a more integrated service. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Last updated: August 2017 Next revised date: February 2018
A M Winrow and John Holmes.

2005

Old age mental patients screening positive for depression


English

Objective: The aim was to observe whether medical inpatients screening positive for depression using the Geriatric Depression Scale (GDS) continue to screen positive following hospital discharge. Method: Participants aged 65 or over, were recruited from consecutive admissions to a city teaching hospital. Subjects had an Abbreviated Mental Test Score (AMTS) of seven or above and a GDS-15 score of five or above. Information was collected on past psychiatric history and living arrangements. Subjects were followed-up three months later and the GDS repeated. Results: Thirty subjects were recruited and 26 (87%) followed-up. Ten (38%) no longer scored positive on the GDS, and overall the mean GDS score decreased by two points (Z = 2.235 p < 0.05). Patients with a past psychiatric history or living alone were more likely to be depressed at follow-up. No participants were referred to the psychiatric service or started on antidepressant medication during the course of the study. Conclusion: Depressive symptoms are likely to persist following hospital discharge, especially in those patients with a psychiatric history. An understanding of the risk factors associated with persistent depressive symptoms is necessary if the patients appropriate for treatment are to be identified.

Journal Article

EMBASE

Available from Cambridge Core

(link.springer.com)

Tariq Mahmood

2005

Neuroendocrine challenge with a 5-HT1D receptor agonist differentiates between two subtypes of bipolar disorder according to polarity of onset.


English

In patients with bipolar disorder whose first episode was mania, studies have reported that recurrences tend to begin with a manic episode (Perugi et al., 2000) and, conversely, in bipolar patients whose first episode was depressive, subsequent episodes are more likely to begin with depression (Turvey et al., 1999; Raymond et al., 2003). These patterns of polarity appear to carry prognostic significance because patients in whom illness progresses from mania to depression do better, and have a more satisfactory response to lithium prophylaxis, than those in whom the polarity sequence is the other way round (Kukopulos et al., 1980; Grot et al., 1987; Haag et al., 1987; Maj et al, 1989; Faedda et al., 1991). As far as we can ascertain, there have been no published reports of studies designed to investigate whether patients whose first episode was manic differ in any biological way from those patients whose first episode was depressive. The authors examined this question in an investigation into the role of serotonin in the pathogenesis of bipolar disorder in patients with, or without, a predisposition to migraine (Mahmood et al., 2002). The Sr was 18 euthymic bipolar patients on maintenance treatment (9 whose first episode was manic and 9 whose first episode was depressive). (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Journal, Peer Reviewed Journal

PsycINFO

Available from Sage Journals

(journals.sagepub.com)

David Yeomans

2005

Do guidelines for severe mental illness promote physical health and well-being?


English

The effective management of individuals with severe mental illnesses (SMIs) requires an holistic approach that offers reliable symptom control, but also addresses other clinical, emotional and social needs. The physical health of individuals with an SMI is often poor, with many being overweight or obese, having hypertension, diabetes or dyslipidaemia, and at significant risk of developing cardiovascular disease or other comorbidities. We have recently reviewed current UK and US guidelines for the management of individuals with schizophrenia and bipolar disorder, and found very different approaches to the holistic care of people with SMIs, especially in relation to the management of physical health and cardiovascular risk. UK guidelines acknowledge the high risk of physical morbidity and mortality in individuals with an SMI, but fail to address in detail the specifics of physical health monitoring and lifestyle management. US guidelines are more descriptive in terms of the type and extent of monitoring recommended, but there are inconsistencies between the guidelines produced by different organizations, and studies in the field suggest that none of them is being adequately implemented. Clear and consistent recommendations on how and when to monitor weight, cardiovascular function, and metabolic parameters and, importantly, what to do with the results, would support clinicians wishing to integrate physical and mental healthcare. Publication of specific recommendations on evidence-based physical health interventions that can work for people with SMIs would also help primary care and mental health services improve general well-being in their patients with severe mental illnesses. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Journal, Peer Reviewed Journal

PsycINFO

Available from Semantic Scholar

(www.semanticscholar.org)

John F Morgan

A Poole, Ashraf At-Atar, Dammyanthy Kuanhendran, Louise Biddleke, Alberic Fiennes, Sara McLuskey, Stephen Nussey, Gal Baro and John F Morgan

2005

Compliance with surgical after-care following bariatric surgery for morbidity obesity: A retrospective study

Obesity Surgery, February 2006, vol./is. 15/2:261-265, 0960-8923 (February 2005)

English

Background: Non-compliant patients fail to match their behavior to the clinical prescription. Laparoscopic adjustable gastric banding requires strict compliance with surgical and dietary advice. Failure to attend follow-up appointments and the persistent consumption of calorie-dense liquid foods are associated with poor weight loss and postoperative complications. Prediction of “poor compliers” would enhance candidate selection and enable specific interventions to be targeted. Methods: 9 poor compliers were identified and compared with 9 fully compliant controls. Case-notes were analyzed retrospectively. Results: Cases were found to graze on foods and eat more in response to negative affects. They were reluctant to undergo psychiatric assessment, viewed the band as responsible for weight loss, and aroused caution in the psychiatric evaluator. Poor compliance was not associated with binge eating, purging, impulsivity or psychiatric illness. Conclusions: Unrealistic expectations and anxiety are known to predict non-adherence. Constant negative affects may be self-modulated by grazing. The results are explored in the context of Self-efficacy Theory, a socio-cognitive account of illness behavior. FD-Communications Inc.

Journal Article

EMBASE

Available from Springer Link

(link.springer.com)
David Owens, Commentary on Mortality in Parkinson's disease. Background: Suicide reduction is government strategy in many countries. We need to quantify the connection between non-fatal self-poisoning and eventual suicide. Aims: To determine mortality after an episode of self-poisoning and to identify predictors of death by any cause or by suicide. Method: A retrospective single-group cohort study was undertaken with 976 consecutive patients attending a large accident and emergency unit in 1985-1986 after non-fatal self-poisoning. Information about deaths was determined from the Office for National Statistics. Results: Of the original patients, 94% were traced 16 years later; 17% had died, 3.5% by probable suicide. Subsequent suicide was related to numerous factors evident at the time of the episode of self-poisoning but, when examined for their independent effects, only the severity of the self-poisoning episode and relevant previous history seemed important. Conclusions: Patients attending a general hospital after self-poisoning all require good basic assessment and care responsive to their needs. Attempts to reduce the huge excess of suicide subsequent to self-harm are not likely to achieve much if they are based on the identification of subgroups through 'risk assessment'. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract).

Tom Hughes, Tom Hughes, H F Ross, Richard Mindham and E G Spokes. Mortality in Parkinson’s disease and its association with dementia and depression. Objective: To compare the mortality rate in Parkinson’s disease (PD) with a control group without PD, and to assess the relationship between mortality and features of PD. Material and methods: Ninety PD patients and 50 controls, mortality ascertained at 11 years follow-up. Results: The hazard ratio (HR) for mortality in PD patients compared with controls was 1.64 (95% CI: 1.21-2.23). Multivariate analysis showed age, dementia and depression were independent predictors of mortality but age at onset of PD and severity of neurological symptoms were not. The HR for age was 1.09 (95% CI: 1.05-1.13), for dementia 1.94 (95% CI: 1.26-2.99), and for depression 2.66 (95% CI: 1.59-4.44). Conclusion: Mortality in PD is increased compared with controls. Psychological variables are important predictors of mortality in PD. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract).

Gillian Tober and Duncan Rastwick. Commentary on Untreated heavy drinkers: A qualitative and quantitative study of dependence and readiness to change. Comments on the article by E. Hartney et al. (see record 2003-06548-005). The current authors argue that the Hartney et al. study appears to confirm the ability of Leeds Dependence Questionnaire (LDQ) to distinguish different populations of drinkers on the basis of their perceived ability to control, or their level of dependence and does not in any way diminish the validity either of the concept or of the measure. Presentation of both the quantitative data (LDQ scores) and qualitative data give valuable and additional support to the nature of the dependence construct as described by Rastwick et al. (1994) and measured by their scale, the LDQ. The relationship between dependence and consumption is an interesting one. The Hartney et al. sample adds interesting information on yet another relationship attesting precisely to the fact that it is not the alcohol per se, but a variety of cues which condition drinking behaviour, thus rendering it possible to have high consumption and low dependence. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

Gillian Tober. The Society for the Study of Addiction (SSA). The Society for the Study of Addiction (SSA) is a learned society which is a company limited by guarantee with charitable status, an independent organization promoting the cause of research, public policy and treatment of alcohol misuse and dependence. Founded in London in 1884 with the aim of promoting a research-based understanding of inebriety, it is the oldest society of its kind. The pursuit and enhancement of evidence-based policy and treatment informed its work in the early days and has remained its only principle throughout its history. Led initially by medical interests, the Society has grown to encompass a broader disciplinary base, reflecting the expansion of interest in addiction from biological, psychological and social science into nursing, social work, probation, other arms of criminal justice work and voluntary sector professionals. Today its membership is made up of researchers, practitioners and policy makers from all these disciplines, the majority of whom reside and work in the United Kingdom; its international membership makes up nearly one-third of the total membership and there are current endeavours to expand collaboration with other national societies in the field. Its activities are focused upon the Society journals, Addiction and Addiction Biology, other publishing activities, the annual symposium and a number of policy initiatives. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract).

J Robinson and Tariq Mahmood. Compulsory community treatment and admission rates (3) (multiple letters). We fully agree with Kisley et al. (2004) that the patients receiving compulsory community treatment are often relatively young, male, single, Black or from a minority ethnic group, unemployed and with a history of schizophrenia, drug use, previous admissions and forensic contact. They obviously are more severely unwell and more liable to be readmitted than are those who are treated without compulsory treatment orders (CTOs). Therefore, it would have been more appropriate to compare the patients on CTOs with individuals whose applications for CTOs were not granted by the family courts (as in New Zealand), or who were discharged by the Mental Health Review Boards (as in Australia). (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract).

Barry Wright. Family work in adolescents with psychological: The need for more research. Family work is often provided when young people present with psychotic illness, either on an inpatient basis or before or after admission. Whilst it seems intuitively sensible, for example, to provide information, support for the family and plan family-based support on return home, there is little evidence base for such work in adolescents. The largely adult-based literature is the main source of published work. There is a paucity of randomized controlled research on family work in adolescent psychosis. This article reviews the literature in the light of the practice of one such unit that has for some years routinely embarked upon family work with psychotic young people. It sets out some of the goals of this work and the evidence (or lack of it) supporting those goals. By so doing it highlights the need for more research in this area. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract).
Pouch dilatation

Background: Laparoscopic adjustable gastric banding is increasingly being performed in morbidly obese individuals for weight loss. Some patients develop pouch dilatation as a postoperative complication that limits the utility of the procedure. Surgical variables are poor predictors of this complication. 5 patients from a series of 157 who underwent LAGB at a single center developed the condition. Methods: Psychiatric and surgical case-notes were analyzed retrospectively for the presence of operationally defined psychiatric disorders and compared to 10 controls from the same population. Results: Cases were significantly more likely to have past or current binge eating, emotionally triggered eating with reduced awareness of the link, a history of affective disorder, reduced sexual functioning and successful preoperative weight loss. No difference between groups was observed for compliance with orlistat, childhood sexual abuse, relationships with parents, history of bulimia nervosa, rate of band inflation or preoperative BMI. Conclusions: Psychological factors may be better predictors of pouch dilatation than biomedical variables. Disordered eating can be an attempt to modulate negative emotions. Pouch dilatation may be a consequence of this eating behavior.

Migraine and affective mood changes: An overview

Historically, doctors have had a profound influence on public policy, both for alcohol and drug misuse. However, many powerful voices from a wide variety of stakeholders can be identified around the table of policy debate, including the alcoholic beverage and pharmaceutical industries, private health care and non-government organizations, as well as the medical profession. There are diverse perspectives fuelling the debate: public health, libertarian, health economic and free market, to name some.

So to what extent should public policy about alcohol and illicit drugs be a subject of interest to the clinician? Who is responsible for making policy about alcohol and drug use in society? What difference does such public policy make to the extent of use, the extent of problems or the nature of the treatment response?

Bipolar Disorder

Abstract

Ancient Greeks believed that migraine was caused by psychological dysfunction, and in more recent times Freud and Breuer considered headache to be a manifestation of neurotic conflict (Roy 1994). Clinical descriptions of affective changes in association with migraine started to appear in the late nineteenth century (Lieving 1873). An association between migraine and affective disorders was increasingly recognised (Wolff 1937, Alvarez 1947, Cassidy 1957, Markush et al 1975). Substantial evidence now exists to corroborate early anecdotal reports (Sandier et al 1990, Merikangas 1995). Although migraine is primarily a neurological condition, Lishman (1983) estimated that 10% of migraine patients who consulted a doctor complained of mood changes related to the migraine attack. Harvey and Hay (1983) in a small prospective study reported an overall improvement in mood on preheadache days and worsening on days with headache in 8 out of 10 migraine patients. The premonitory symptoms of migraine, which are reported the night before by 25% of those affected with migraine, often include mood changes in the form of transient depression, or, occasionally elation (Harrigan et al 1984); however, the pathogenesis of these perturbations has not been well studied. Furthermore, headache is often a symptom of mood disorders particularly depression. The authors conducted a placebo-controlled study where the serotonin precursor tryptophan was given intravenously to 11 remitted bipolar patients and 14 controls over a 20-minute period in the afternoon. Cortisol and ACTH release was significantly lower in bipolar patients (Numberger et al 1990). They found that growth hormone response after the administration of sumatriptan was blunted in euthymic bipolar patients with migraine, but not in those with bipolar disorder alone. Nor was it blunted in patients with migraine. Their findings, albeit in a subset of bipolar patients, are consistent with Thakore et al (1996) and Blumberger et al (1990) who reported sub-sensitivity of central serotonergic system in manic patients. The results suggest the possibility that bipolar patients with migraine represent a variant of bipolar disorder with an abnormal 5-HT1+ receptor function, and this abnormality is a trait rather than state marker.
John Strang and Gillian Tobar. 2003 Methadone Matters: Evolving Community Methadone Treatment of Opiate Addiction CRC Press; 1 edition (3 April 2003) (ISBN-10: 1841841595) English Methadone heals, but methadone kills. Methadone is a life-saving treatment, but methadone is also a life-threatening poison. The challenge is how to confer the benefit without incurring the harm. And that is what this book is all about. Methadone is by far the most widely prescribed drug in the treatment of heroin addiction, and yet, all too often, we are clumsy in our use of this powerful drug. So how much of the observed benefit is to do with methadone itself? Does dose matter? How important is the psychosocial component of care? How can problems of poor compliance be addressed? Is supervised consumption feasible, and, if so, is it justifiable and beneficial? And what is injectable methadone all about? When is it ever prescribed, and for whom, and how? And what about the dangers? Methadone itself can be the actual drug of overdose. How successful have efforts been made to re-structure methadone treatment to prevent overdose deaths? and how can the problems of diversion to the illicit market be kept to a minimum? This multi-authored book, comprising chapters from the best of clinicians, researchers and policymakers, is the essential guide to increasing the relevance and effectiveness of methadone treatment. Like it or loathe it, Methadone Matters.

Duncan Raastrik and Gillian Tobar. 2003 Much more than outcomes Drug and Alcohol Findings, 2003, vol./is. /8, AAAA-0004 (Spr 2003) English It records agency activity as well as outcomes, is suitable for drugs or alcohol, can be customised, and outputs to the national drug monitoring database - is RESULT, a new treatment monitoring system developed in Leeds. Cites seventeen references. [Journal abstract]

John P Morgan, Amy J Luck, John F Morgan, Fiona Reid and Stephen A Wilson. 2003 A simple 5 item questionnaire accurately detected eating disorders in women in primary care Evidence-Based Medicine, May 2003, vol./is. 9/3(90), 1356-5524 (May/June 2003) English Design: Blinded comparison of the SCOFF questionnaire and a clinical diagnostic interview based on DSM-IV criteria. Setting:2 general practices in southwest London, UK. Patients:341 sequential women (18–50 y) attending the primary care clinics. Description of test and diagnostic standard: Women were verbally asked the 5 SCOFF questions:* Do you ever make yourself sick because you feel uncomfortably full? Do you worry you have lost control over how much you eat? Have you recently lost more than one stone (approximately 6 kg) in3month period? Do you believe yourself to be fat when others say you are too thin? Would you say that food dominates your life? Each positive response (yes) is given 1 point. The questionnaire took about 2 minutes to complete. The diagnostic standard was a clinical diagnostic interview of 10–15 minutes based on DSM-IV criteria. Main outcome measures: Sensitivity, specificity, and likelihood ratios. Main results: 3.8% of women had an eating disorder (1 woman had anorexia nervosa, 3 had bulimia nervosa, and 9 had an eating disorder not otherwise specified). Based on a receiver operating characteristic curve, the cut point for a possible eating disorder was set at ≥ 2 positive responses out of 5. The sensitivity, specificity, and likelihood ratios for the SCOFF questionnaire are shown in the table. Of 328 women who did not have an eating disorder, 34 had a false positive result. Conclusion: The 5 item SCOFF questionnaire detected most cases of eating disorder in women in a primary care setting, although the number of false positive results may be quite high.

Paul Blenkiron and D Milnes. 2003 Do we manage deliberate self-harm appropriately? Characteristics of general hospital patients who are offered psychiatric aftercare. International Journal of Psychiatry in Clinical Practice, 2003, vol./is. 7/1(27-32), 1365-1501 (2003) English BACKGROUND The appropriateness of psychiatric management decisions following an episode of deliberate self-harm is under-researched. AIM To determine whether the offer of follow-up or psychiatric admission by psychiatric doctors is related to known predictors of repetition of self-harm or completed suicide, and recognition of a depressive dsiorder. METHODS Prospective survey of 158 adult self-harm referrals from the general hospital. RESULTS Offer of aftercare was significantly associated with a definite wish to die at the time of the attempt (P<0.001), Beck's Suicide Intent score (P<0.001), Beck's Hopelessness score (P<0.001), age (P<0.001) and an ICD-10 diagnosis of depression (P<0.001). Psychiatric admission was more likely for men (P=0.01) and accommodation problems (P=0.04) and less likely for relationship problems (P<0.01). CONCLUSIONS Psychiatrists are selectively admitting or following up patients from established high-risk groups. Given the limitations of suicide prevention and mental health resources, their management is appropriate.

Paul Blenkiron. 2003 The timing of deliberate self-harm behaviour Irish Journal of Psychological Medicine, December 2003, vol./is. 20/4(126-131), 0790-9667 (December 2003) English Objectives: To critically review the scientific literature relating to the timing of deliberate self harm behaviour and completed suicide. Method: A literature search of the Medline and CINAHL databases from 1970-2002 was performed, using deliberate self harm, overdose, self poisoning, suicide, parasuicide, and time, timing, day, week, month and season as key words. Relevant secondary references were retrieved and hand searching of important journals was done. Results: The time of day of non-fatal self harm shows a marked diurnal variation, with an evening peak that is related to non-violent episodes, concomitant alcohol use, and a younger age. It is not conclusively linked to the degree of suicidal intent or particular psychiatric diagnoses. Completed suicides more commonly occur earlier in the day, at the beginning of the week and during springtime, but show no overall increase during many national events and holidays. Conclusions: Circadian biological mechanisms involving the serotonin-melanotonin axis, cortisol secretion and sleep abnormalities appear to be implicated. Psychosocial explanations for these epidemiological findings include alcohol use, a sense of personal isolation and the 'broken promise' effect.
David Protheroe
Richard Hardern and David Protheroe.
2003
Use of section 5(2) of the Mental Health Act on a medical admissions unit
Journal of the Royal Society of Medicine, September 2003, vol./is. 96(9/474), 0141-0768 (September 2003)
English
A survey by Jackson and Warner pointed to large deficiencies in doctors’ knowledge about consent. Ignorance of the law on capacity to consent to medical treatment could result in inappropriate use of the Mental Health Act (1983). We have audited the use of the Mental Health Act on a medical admissions unit. The unit admits patients with a wide range of acute medical conditions including patients requiring medical management of drug overdose or alcohol withdrawal. It treats more patients with delirium and acute psychiatric problems than most other medical wards ...

Peter Trigwell
David Levan and Peter Trigwell.
2003
Addressing the psychological aspects of diabetes - Core service or optional extras?
English
This issue of Practical Diabetes International sees the publication of a summary of the proceedings of the 2002 joint Diabetes UK/Royal College of Psychiatrists meeting, held in Bournemouth last November. The meeting took its theme from the standards set out in the National Service Framework for Diabetes, which were published in late 2001. Rather than being yet another ‘NSF meeting’, the conference aimed specifically to address the psychosocial perspectives of those standards, which have to be implemented over the next 10 years. The meeting broke new ground by including a live ‘focus group’ of people with diabetes and psychiatry presentations by people delivering psychologically orientated services ...

John P Morgan.
John F Morgan.
2002
Review of antidepressants prescription and clinical improvement in bulimia nervosa.
AJP Club, 01 May 2002, vol./is. 136/3(106-107), 10568751
Evidence Based Mental Health, 01 August 2002, vol./is. 5/3(74-74), 13620347
English
The reviews by Bacaltchuk and colleagues are laudable for the rigor of the data analyses, but they rightly generate more questions than answers. Bacaltchuk and Hay have comprehensively reviewed 16 published RCTs of antidepressant treatments for BN. Although modest effectiveness is shown, high dropout rates among patients limit the clinical application of these data, and the authors comment on the need for more studies of tolerability and cost-effectiveness. The studies included were generally of short duration in young adult women who did not have any substantial psychiatric comorbid conditions. The results therefore cannot be generalized to the substantial minority of bulimic patients with comorbid ‘multi-impulsive’ personality characteristics (1) or substance abuse or to adolescents ...

Gillian Tober
Alex Copello, Jim Orford, Ray Hodgson, Gillian Tober and Clive Barrett.
2002
Social behaviour and network therapy: Basic principles and early experiences.
Addictive Behaviors, May 2002, vol./is. 27/3(345-366), 0306-4603 (May-Jun 2002)
English
Reports on the development, basic principles, and early experiences of a treatment approach to alcohol problems. The treatment—Social Behaviour and Network Therapy (SBNT)—is based on the notion that to give the best chance of a good outcome people with serious drinking problems need to develop positive social network support for change. A brief review of the evidence supporting social treatments for alcohol problems is followed by an outline of the feasibility work and the basic principles that guided the development of SBNT. Process data from the first 33 trial cases and 2 case vignettes are described and discussed. It is concluded that SBNT is a feasible and coherent treatment approach that can be delivered by a range of therapists in the alcohol field. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Barron Wright
Christine Williams, Barry Wright, Gillian Callaghan and Brian Coughlan.
2002
Do children with autism learn to read more readily by initial book-based instruction or traditional book methods?: A pilot study.
BMJ, June 2002, vol./is. 324/7355(1506-7), 0959-539X(1756-1833 2002 Jun 22)
English
Examined the effects of computer-based book as opposed to traditional book methods on reading skills by 8-35 yrs olds with autism in a special school unit. The authors developed a direct observation schedule to monitor autistic behaviors using computerized techniques. The children were matched by age, severity of autistic symptomatology and number of spoken words. The children were initially randomly allocated to the computer or book condition and crossed over at 10 wks. Results show that all of the children spent more time on task in the computer condition than in the book condition. By the end of the study after computer assisted learning, 5 of the 8 children could identify at least 3 words. It is concluded that the children with autism spent more time on reading material when they accessed it through a computer and were less resistant to its use. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Hiroko Akagi
Hiroko Akagi and T Manoj Kumar.
2002
Lesson of the week: Akathisia, overlooked at a cost.
BMJ, June 2002, vol./is. 324/7355(1506-7), 0959-539X(1756-1833 2002 Jun 22)
English
Akathisia (Greek “not to sit”) is an extrapyramidal movement disorder consisting of difficulty in staying still and a subjective sense of restlessness. It is a recognised side effect of antipsychotic and antiepileptic drugs but may also be caused by other widely prescribed drugs such as antidepressants. It is a difficult condition to detect reliably and may present unexpectedly in a variety of clinical settings. The patient’s behaviour may be disturbed, treatment may be refused, or the patient may be suicidal and be mistaken for a psychiatric problem. We report three cases seen in the psycho-oncology service which improved when the offending drug was discontinued ...

John F Morgan.
Amy J Luck, John F Morgan, Fiona Red, Aileen O’Brien, Joan Bruntin, Clare Price, Lin Perry and Hubert John Lacey.
2002
The SCOFF questionnaire and clinical interview for eating disorders in general practice: Comparative study.
English
The SCOFF questionnaire is a brief and memorable tool designed to detect eating disorders and aid treatment. The present study assessed the SCOFF questionnaire in primary care. 341 sequential women attendees (aged 18-50 yrs) at 2 general practices in southwest London participated. The SCOFF questionnaire detected all of anorexia and bulimia nervosa. Results show that it is an efficient screening tool for eating disorders. Two missed cases of eating disorders not otherwise specified reflect the reality of clinical situations, in which denial or non-disclosure by patients may occur. One of the patients in whom the diagnosis was missed later disclosed disordered eating behavior. It is noted that it may be more difficult and perhaps less pertinent to detect patients who do not meet full criteria for anorexia nervosa or bulimia nervosa. It is further noted that the positive predictive value of the questionnaire is low because of the low prevalence of eating disorders in this sample, which was consistent with the Western population as a whole. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
Evidence based practice is an effective as antidepressants for bulimia nervosa, but a combination is best.

**Evidence Based Mental Health, 01 August 2002, vol./is. 5(3/75-75), 13620347**

**English**

**Questions:** In patients with bulimia nervosa (BN), are antidepressants as effective as a psychological treatment (PT) for increasing remission and clinical improvement rates? Is a combination of antidepressants and PT better than each intervention alone? Data sources: Studies were identified by searching Medline; EMBASE/Excerpta Medica; LILACS; PsychLIT; SCISEARCH; the Cochrane Depression, Anxiety, and Neurosis Group Database of Trials; the Cochrane Controlled Trials Register; Clinical Evidence; and reference lists; by hand searching the International Journal of Eating Disorders and book chapters on BN; and by contacting authors and pharmaceutical companies. Study selection: Studies were selected if the patients were randomised controlled trials (RCTs) that compared antidepressants with PT in patients with BN. Studies were excluded if patients had binge eating or purging type anorexia nervosa or binge eating disorder. Data extraction: 2 reviewers assessed the quality of studies and extracted data on patients, study characteristics, interventions, and outcomes (including remission [100% reduction in binge or purge episodes], clinical improvement [>50% reduction in binge or purge episodes], and dropouts). Main results: 5 RCTs (237 patients) compared antidepressants with PT. Groups did not differ significantly for remission (SADCs); only 1 RCT reported on clinical improvement. More dropouts occurred in the antidepressant group than in the PT group (4 RCTs) (table). 5 RCTs (247 patients) compared combination and single interventions. Antidepressants vs combination: more patients in the combination group than in the antidepressant alone group had remission (4 RCTs) (table); only 1 RCT reported on clinical improvement. Groups did not differ for drop out rates (4 RCTs). PT vs combination: more patients in the combination group than in the PT alone group had remission (6 RCTs); fewer patients in the PT alone group than in the combination group dropped out (6 RCTs) (table). Groups did not differ for clinical improvement (2 RCTs) (table). Conclusions: In patients with bulimia nervosa, psychological treatment (PT) and antidepressants do not differ in remission rates but dropout rates are lower with PT A combination of antidepressants and PT is best for increasing remission.

**Objective:** To examine long-term changes in polycystic ovarian morphology in women with polycystic ovaries and compare morphological characteristics of ovarian disorders before and after treatment. Design: Longitudinal follow-up study. Setting: Eating disorder unit of a university hospital. Patients: Eight women originally treated for bulimia nervosa (T<sub>1</sub>) who underwent ultrasonography up to 2 years after treatment (T<sub>2</sub>-T<sub>3</sub>) and had a second ultrasonographic scan 9 years later (T<sub>4</sub>-T<sub>5</sub>). Intervention: Treatment of bulimia nervosa that combined cognitive behavioral therapy with insight oriented psychotherapy. Main Outcome Measures: Ovarian morphology evaluated by ultrasonography, using the criteria of Adams to define polycystic ovaries; Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition diagnosis of eating disorders. Results: At T<sub>1</sub>-T<sub>3</sub>, 7 women had recent bulimia and 1 was quiescent. The woman with quiescent disease had normal ovaries. Of the 7 bulimic women, 6 had polycystic ovaries and 1 had multifollicular morphology. At T<sub>4</sub>-T<sub>5</sub>, 5 women were bulimic, all of whom had polycystic ovaries. Three women had normal eating patterns and normal ovarian morphology. Conclusion(s): This study clearly shows a strong association between resolution of bulimia and changes in ovarian morphology, suggesting that changes in the former mirror changes in the latter. It also demonstrates normalisation of ovarian morphology in previously polycystic ovaries.

**Summary:**

- **Objective:** To examine long-term changes in polycystic ovarian morphology in women with polycystic ovaries and compare morphological characteristics of ovarian disorders before and after treatment.
- **Design:** Longitudinal follow-up study.
- **Setting:** Eating disorder unit of a university hospital.
- **Patients:** Eight women originally treated for bulimia nervosa (T<sub>1</sub>) who underwent ultrasonography up to 2 years after treatment (T<sub>2</sub>-T<sub>3</sub>) and had a second ultrasonographic scan 9 years later (T<sub>4</sub>-T<sub>5</sub>).
- **Intervention:** Treatment of bulimia nervosa that combined cognitive behavioral therapy with insight oriented psychotherapy.
- **Main Outcome Measures:** Ovarian morphology evaluated by ultrasonography, using the criteria of Adams to define polycystic ovaries; Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition diagnosis of eating disorders.
- **Results:** At T<sub>1</sub>-T<sub>3</sub>, 7 women had recent bulimia and 1 was quiescent. The woman with quiescent disease had normal ovaries. Of the 7 bulimic women, 6 had polycystic ovaries and 1 had multifollicular morphology. At T<sub>4</sub>-T<sub>5</sub>, 5 women were bulimic, all of whom had polycystic ovaries. Three women had normal eating patterns and normal ovarian morphology.
- **Conclusion(s):** This study clearly shows a strong association between resolution of bulimia and changes in ovarian morphology, suggesting that changes in the former mirror changes in the latter. It also demonstrates normalisation of ovarian morphology in previously polycystic ovaries.

**Last updated:** August 2017 **Next revised date:** February 2018

**LSPFT list of published studies**

| Gillian Tober. | Gillian Tober. | 2002 | Evidence based practice: still a bridge too far for addiction counsellors? | Evidence of the effectiveness of interventions must be a source of reassurance to addiction agency clients in suggesting that the treatment they received is not wholly dependent on the whim or intuition of the particular practitioner they end up seeing. One of the questions in the debate about evidence based practice in the addictions is whether the Model of Change and stage matched interventions are capable of yielding evidence upon which to plan the provision of treatment and to make individual treatment plans. To date, few stage of change matched interventions have produced evidence for the effectiveness of this approach. |
| John F Morgan. | John F Morgan. | 2002 | Review: psychological treatment is as effective as antidepressants for bulimia nervosa, but a combination is best. | Evidence Based Mental Health, 01 August 2002, vol./is. 5(3/75-75), 13620347 | **English** |

**Notes:** The validity of the SCOFF delivered orally as a screening tool for eating disorders has previously been established, but clinical screening for eating disorders also occurs via written format, for example, in occupational health settings. This study compared responses to the SCOFF between verbal and written administration. The SCOFF was delivered orally at interview and via written questionnaire to 327 nursing and midwifery students (mean age 26.7 years), in order to allocate random with repeat administration interrupted by distraction questions. Results show overall agreement in the scores of 157 students (S<sub>2</sub>), with agreement in prediction of eating disorder for 167. It is concluded that the SCOFF demonstrated overall good replicability of the SCOFF administered as a written questionnaire compared to oral interview. Two trends were noted. The 1st was towards higher scores with written versus oral delivery irrespective of order, possibly indicating enhanced disclosure via written format. The 2nd was of less consistency where verbal preceded written responses. Altogether findings support use of the SCOFF where a concise, valid and reliable screening for eating disorders is required in written format. (PsychINFO Database record (c) 2012 APA, all rights reserved.)
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Duncan Raistrick and Gillian Tober  
Leeds Dependence Questionnaire: New data from a large sample of clinic attendees.  
Addiction Research & Theory, May 2001, vol./is. 9(3)/253-269; 1606-6359/1476-7392 (May 2001)  

Examined the psychometric properties of the Leeds Dependence Questionnaire (LDQ) in a different and larger sample from that on which the instrument was developed. Data were taken from routine intake assessments of 1,681 referrals to 2 UK addiction treatment services during an 18 mo period. Principal components analyses for the total sample and for 3 substance category subsamples (alcohol, opioids, “other drugs”) each yielded a single, major component on which all LDQ items loaded highly and positively. The LDQ had high internal consistency in the total sample and in the substance category subsamples. In a multiple regression analysis in the total sample, age (younger), gender (male), higher score on the General Health Questionnaire and substance category (opioid or other drugs vs alcohol) were independent predictors of higher LDQ scores. The LDQ was shown to give a robust and psychometrically sound measurement of a general factor of dependence across a range of psychoactive substances among attenders at addiction treatment services. Norms are presented to enable clinicians to compare levels of alcohol or opioid dependence shown by individual clients presenting for treatment with those obtained from a large sample of clinic attenders. The LDQ is appended. (PsycINFO Database Record (c) 2012 APA, all rights reserved) [journal abstract]  

Journal, Peer Reviewed Journal  
PsycINFO  
Available from Taylor & Francis Online (www.tandfonline.com)  

Gillian Tober  
United Kingdom Alcohol Treatment Trial (UKATT): Hypotheses, design and methods  
Alcohol and Alcoholism, 2001, vol./is. 36/111-21, 0735-0414 (2001)  

The United Kingdom Alcohol Treatment Trial (UKATT) is intended to be the largest trial of treatment for alcohol problems ever conducted in the UK. UKATT is a multicentre, randomized, controlled trial with blind assessment, representing a collaboration between psychiatry, clinical psychology, biostatistics, and health economics. This article sets out, in advance of data analysis, the theoretical background of the trial and its hypotheses, design, and methods. A projected total of 720 clients attending specialist services for treatment of alcohol problems will be randomized to Motivational Enhancement Therapy (MET) or to Social Behaviour and Network Therapy (SBNT), a novel treatment developed for the trial with strong support from theory and research. The trial will test two main hypotheses, expressed in null form as: (1) less intensive, motivationally based treatment (MET) is as effective as more intensive, socially based treatment (SBNT); (2) more intensive, socially based treatment (SBNT) is as cost-effective as less intensive, motivationally based treatment (MET). A number of subsidiary hypotheses regarding client-treatment interactions and therapist effects will also be tested. The article describes general features of the trial that investigators considered desirable, namely that it should: (1) be a pragmatic, rather than an explanatory, trial; (2) be an effectiveness trial based on ‘real-world’ conditions of treatment delivery; (3) incorporate high standards of training, supervision and quality control of treatment delivery; (4) pay close attention to treatment process as well as treatment outcome; (5) build economic evaluation into the design at the outset. First results from UKATT are expected in 2002 and the main results in 2003.  

Journal Article  
EMBASE  

John F Morgan, John F Morgan  
Poly cyclic ovary syndrome.  
British Journal of Hospital Medicine, January 2001, vol./is. 57/4(172); 0007-1064/0007-1064 (1997 Feb 19-Mar 4)  

Not available online.  

Duncan Raistrick, Duncan Raistrick  
Alcohol withdrawal and detoxification.  

(Book from the chapter) Detoxification services are generally seen to be an important component of any alcohol treatment system. The purpose of detoxification is to minimize the severity of the withdrawal symptoms that occur when alcohol consumption is abruptly stopped or markedly reduced. Detoxification is not as straightforward or mundane a procedure as it may appear at first sight; however, it is not so much the management of withdrawal that has excited controversy but, rather, the meaning of withdrawal in understanding dependence. After nearly 50 years of scientific investigation, the understanding of alcohol tolerance and withdrawal has reached maturity, so that their final resting place in the whole spectrum of alcohol problem drinking is closer to being settled. (PsycINFO Database Record (c) 2012 APA, all rights reserved)  

Book, Edited Book  
PsycINFO  
Book available for purchase.  

Tarip Mahmood and Trevor Silverstone  
Tarip Mahmood and Trevor Silverstone  
Serotonin and bipolar disorder.  
Journal of Affective Disorders, September 2001, vol./is. 66/11-11, 0165-0327 (Sep 2001)  

With the emergence of specific pharmacological probes for various serotonin (5-HT) receptors and radio-ligands for central 5-HT, it has now become possible to investigate its role in the pathogenesis of bipolar disorder more closely. This paper critically reviews the scientific literature regarding the relationship between bipolar disorder and serotoninergic systems. A number of direct and indirect approaches were examined, including brain studies, CSF studies, neuroendocrine studies, genetics, platelet studies, and psychopharmacological studies. The evidence suggests that central serotonergic activity is reduced in the depressive phase of bipolar disorder. Similar findings have been reported in bipolar patients when euthymic, indicating that that lower 5-HT activity could be a trait marker for bipolar disorder. Findings reported in the manic phase of this illness are inconsistent. (PsycINFO Database Record (c) 2012 APA, all rights reserved)  

Journal, Peer Reviewed Journal  
PsycINFO  
Robert Kenyon, Duncan Raistrick, D West and P Hatton. 2001. General practitioner satisfaction with ‘shared care’ working. Journal of Substance Use, 2001, vol./is. 6(1/36-39), 1465-9891 (2001). English. Introduction: ‘Shared care’ is a key element of the 10 year national strategy on drug misuse. Implementation of such schemes is patchy across the country and general practitioners have traditionally been reluctant to participate in them. This paper is an evaluation of general practitioner satisfaction of shared care in Leeds. Methods: All 50 participating general practitioners were surveyed by anonymous postal questionnaire. Results: Ninety-six per cent of questionnaires were accounted for. Few respondents reported experiences of barriers to treatment and most reported satisfaction with the structure of the service and specialist support. Ninety-one per cent were satisfied that the scheme was an appropriate service to offer. Discussion: It is thought that the success of the scheme can be attributed to fast assessments, clear protocols, good communication and access to a consultant specialist unit for backup. Conclusion: Developing schemes which are in line with usual NHS structures is likely to be attractive to general practitioners and may encourage their participation.

Journal Article EMBASE Available from Taylor & Francis Online (www.tandfonline.com)

Duncan Raistrick. 2001. A national alcohol strategy for England. Psychiatric Bulletin, 2001, vol./is. 25(9/201-203), 0955-6036 (2001). English. Addiction psychiatry is at an interesting stage of development and seems to be on a path that will part company from general psychiatry. As the NHS enters a period of unprecedented growth linked to modernisation, so specialisation will slowly become the norm ...


Duncan Raistrick and Peter Trigwell. 2001. Developing a child and adolescent mental health service for children with learning disabilities. Psychiatric Bulletin, July 2001, vol./is. 25(7/264-267), 0955-6036;1472-1473 (Jul 2001). English. Discusses the development of a service for children with learning disabilities within a child and adolescent mental health team using the Health Advisory Service Together We Stand tier system. The paper also includes an audit of the service 8 mo after it was started. The authors present a model of service that has proved successful to date. They give details from the audit of the service, its aims, funding, referral numbers, sources, types and criteria. Data were collected from 111 children (mean age 9 yrs) with learning disabilities. The audit suggests that the aims of the service are being achieved but given the fact that the numbers of new referrals significantly outweigh the discharge rate, it is concluded that a greater emphasis is placed on liaison, consultation and joint working with other agencies. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Journal Peer Reviewed Journal Psychnfo Available from British Psychological Society (www.bps.org.uk)

Duncan Raistrick and Peter Trigwell. 2001. Driving and substance misuse. Psychiatric Bulletin, November 2001, vol./is. 25(11/452), 0955-6036;1472-1473 (Nov 2001). English. Comments on the article by T. Bradbeer et al (see record 2001-07625-004) which discussed driving habits and attitudes about substance abuse and driving. The current authors agree with Bradbeer et al that imparting information to patients about DVLA fitness to drive regulations is important. They also agree that "the regularly demonstrated poor retention of information following clinical interviews" may be particularly important if a clinician was ever challenged to demonstrate that he or she had informed the patient but had not documented this formally. In addition, however, the authors feel that it is important to point out to patients the insurance implications of their substance misuse. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Journal Peer Reviewed Journal Psychnfo Available from British Psychological Society (www.bps.org.uk)

Gillian Tober and Duncan Raistrick. 2000. Measuring outcomes in a health service addiction clinic. Addiction Research, April 2000, vol./is. 8/2(169-182), 1058-6989 (Apr 2000). English. Identified a method for the routine monitoring of outcomes in a busy city centre health service addiction clinic. The setting for the study was a health service addiction clinic serving a population of 750,000 people. Study Ss were 230 consecutive attenders (aged 15-80 yrs) for treatment of alcohol and heroin dependence and misuse. A brief interview was conducted at the start of treatment (median elimination half-life, 128 hrs) than in those who had reached steady-state (median elimination half-life, 48 hrs). The authors conclude that using plasma monitoring in combination with Bayesian forecasting makes it possible to predict trough levels of methadone during daily dosing. The POP-PK model is able to utilize entire sampling, and 2 blood samples should be sufficient to define patient compliance. Random samples during treatment could be used to assess methadone dosing by comparing predicted with observed measurements for each individual. The POP-PK model could therefore help to detect both incomplete and poor compliance as well as therapeutic failure due to drug drug interactions. Targeting resources in this way could be a cost-effective tool for supervision of methadone dosing. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Duncan Raistrick. Duncan Raistrick. 2000. The Management of Alcohol Detoxification. Advances in Psychiatric Treatment, 6, 348-355. English. The huge majority of people with an alcohol dependence problem that is uncomplicated by serious mental illness or social chaos receive treatment in the community. Tackling Alcohol Together: The Evidence Base of a UK Alcohol Policy (Raistrick et al., 1999, chapter 9) provides strong evidence supporting the move towards briefer and community-based treatments, while at the same time recognising the need for intensive and inpatient treatments for people with more complicated problems. It follows that the traditional sequencing of care, which might be characterised as having four phases – assessing and engaging patients, detoxification, specific therapy and aftercare – is less tidy than it used to be. Detoxification is seen much more as a standalone procedure that should be undertaken when the patient is ready, rather than as a prerequisite of starting treatment. Of course, there are also instances where detoxification may be required as an expedience, for example during an unplanned admission into hospital, or where regular high levels of intoxication are a barrier to treatment. Equally, where the focus of treatment is on mental illness rather than alcohol dependence, then detoxification may well be viewed as a necessary first step.

David Yeomans David Yeomans and JJ Sanford. 2000. Assessing aggression in psychiatric patients [6] (multiple letters). British Medical Journal, 2000, vol./is. 321/7621 (636), 0959-8146 (2000). English. I have been treated to demonstrations of knives, scissors, a machete, and a (replica) gun. In most cases I had arranged for others to be present before asking about weapons, and the situations were managed safely. Not all my colleagues have been so fortunate. The staff of psychiatric wards usually have training and experience in the management of violence. They can also respond quickly to an emergency involving a weapon on the ward. Doctors and nurses who see patients at home or in clinics rarely have such support available unless they have made specific arrangements in advance. It is therefore advisable to organise support before asking about weapons. This support could be a visit with a colleague, or a safer venue such as the ward in preference to a clinic. With good back up and an understanding of the patient's mental state, a handover of most weapons can be instigated with minimal risk to all.

Barry Wright Barry Wright, Ian Partridge and Christine Williams. 2000. Evidence and attribution: Reflections upon the management of attention deficit hyperactivity disorder. Clinical Child Psychology and Psychiatry, October 2000, vol./is. 5/4(626-636), 1359-1045/1461-7021 (Oct 2000). English. Discusses the diagnosis and therapeutic response to attention deficit hyperactivity disorder (ADHD). The authors contend that arguments about the "content" of ADHD as a diagnostic or therapeutic challenge tend to overlook the relevance of the "process". By process, the authors mean the way in which professionals, parents and children perceive and interpret the behavior, information and evidence available to them, and how this drives and influences diagnosis or management. Five attributional scenarios are examined that could influence the development trajectory of the child and discuss them in the context of the research literature. Alternative attributions are suggested. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Barry Wright R J McGuire, I Berg, J McIntyre Barry Wright, D Foreman and K Chandramani. 2000. Have the Cross- Informant Syndromes of the CBCL any practical value in identifying grouped ICD10 diagnoses? European Child and Adolescent Psychiatry, 2000, vol./is. 9/4(263-276), 1018-8827 (2000). English. 120 children referred to a child and adolescent psychiatric service in a university clinic were studied with the aim of obtaining cross-informant syndromes using the CBCL Cross-Informant Syndromes (CIS), CIS7 (Delinquent Behaviour) and CIS8 (Aggressive Behaviour) were shown to significantly separate Disruptive Behaviour Disorders from all other disorders. As cross-validation, a separate clinical sample of 118 children from a similar service in another part of the country was used to see to what extent the CIS predictors from the first sample held up in the second sample. Positive and Negative Predictive Powers, all corrected for chance, confirmed that the Disruptive Behaviour Disorder group could be usefully separated from all other disorders using the Delinquent Behaviour and the Aggressive Behaviour Cross-Informant Syndrome scores. There was no good evidence that Emotional/Axiety Mood Disturbance could be usefully separated in the same way using the Anxious-Depressed Syndrome (CIS3) or any other syndrome. Discriminant Function Analysis showed that there was no significant improvement in prediction when more elaborate linear combinations of the syndromes were used.

John F Morgan John F Morgan and Arthur H Crisp. 2000. Use of leucotomy for intractable anorexia nervosa: A long-term follow up study. International Journal of Eating Disorders, April 2000, vol./is. 27/3(249-258), 0276-3478 (April 2000). English. Objective: We studied the long-term outcomes of intractable anorexia nervosa treated with leukotomy and specialized psychotherapy over 20 years ago. Method: All traceable subjects were interviewed using the Eating Disorders Examination (EDE) and the Structured Clinical Interview for DSM-III-R (SCID). They also completed questionnaires. Detailed histories were taken. Results: Four of five female subjects were traced. Their cases had been severe, with failure of previous intensive psychotherapy and now with high risk of death from terminal inanition. One patient had committed suicide, whereas the others enjoyed a reasonable quality of life. Persistent core psychopathology was evident, but patients had not succumbed to weight loss. All suffered depression and anxiety-related disorders, but endorsed their treatment, which had allowed sustained weight gain by release of appetitive behavior, provision of a license to change, and alleviation of phobic anxiety, allowing psychotherapeutic engagement. Discussion: We argue that these outcomes are relatively favorable and would not have been possible without this latter engagement in specialist psychotherapy to address burgeoning panic at unavoidable weight gain. (c) 2000 by John Wiley and Sons, Inc.

John F Morgan John F Morgan, Patricia Marsden and Hubert John Lacey. 2000. Spiritual starvation?: A case series concerning Christianity and eating disorders. International Journal of Eating Disorders, December 2000, vol./is. 28(4/476-480), 0276-3478/1098-10X8 (Dec 2000). English. Describes the cases of 4 female patients with eating disorders in whom complex interactions occurred among religious faith, pathogenesis of the eating disorder, and clinical management. The results show that in some of the cases, religious beliefs seemed to provide a containment of maladaptive behaviors, partly through prayer and through a sense of belonging to the religious community. In other cases, it proved difficult to separate the concept of a purificative God from the illness process. The cases are discussed with reference to a limited empirical literature. Similarities are noted between some religious institutions and eating disorder treatment regimes. This paper explores management issues, including the use of pastoral counseling and the ethics of addressing religious beliefs in therapy. The authors note the benefits of a rapprochement between psychiatry and religion. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Journal Article Available from EMBASE Available from EMBASE Available from EMBASE Available from PsycINFO Available from PsycINFO Available from PsycINFO Available from PsycINFO
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<tr>
<td>John F. Morgan, John F. Morgan</td>
<td>2000</td>
<td>Season of birth and bulimia nervosa</td>
<td>International Journal of Eating Disorders, May 2000, vol./is. 27(4):452-458, 0267-3478 (May 2000)</td>
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<td>John F. Morgan, John F. Morgan and Hubert John Lacey</td>
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<td>Blood letting in anorexia nervosa: A case study.</td>
<td>International Journal of Eating Disorders, May 2000, vol./is. 27(277), 0790-9667 (Jan 2000)</td>
<td>English</td>
<td>Deliberate blood-letting has been characterized as an alternative to purging behavior in bulimia. The authors describe a 26-yr-old female healthcare worker with an 8-yr history of restrictive anorexia nervosa, who initially presented with anemia, using blood-letting, cold baths, and starvation to control her mental state. In contrast with the previous cases of bulimia, the aim of blood-letting in this case of anorexia nervosa was to achieve anemia. The S compared the psychic correlates of anemia to emaciation, rather than to deliberate self-harm or purging. The authors note that mainstream 19th century psychiatry prescribed &quot;baths, blood-letting and diet&quot; as a treatment of &quot;madness.&quot; (PsycINFO Database Record (c) 2012 APA, all rights reserved)</td>
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<td>Barry Wright, Daniel Raistrick</td>
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<td>Re: Chronic fatigue syndrome- ( \text{Dihydrocodeine: A useful tool in the detoxification of methadone-maintained patients})</td>
<td>Irish Journal of Psychological Medicine, June 2000, vol./is. 17(277), 0790-9667 (Jun 2000)</td>
<td>English</td>
<td>Replies to comments by E. Goudsmitt (see record 200008316-009) on the article by B. Wright et al (see record 199903001-008) that raises concerns about the accuracy of information available to parents on the internet on the management and treatment of chronic fatigue syndrome (CFS) in children. Wright et al agree with Goudsmitt's comment that more research needs to be done in the area of CFS in children and suggest that any review or interpretation of the literature is limited by the availability of research and the absence of randomized controlled trials. The current authors also agree with Goudsmitt's statement that children with CFS probably represent a heterogeneous group and that generalizing results from studies including patients with different patterns of morbidity makes interpretation difficult. In conclusion, the authors state that their paper merely sought to systematically delineate the available information on the internet and then challenge it against what available research had been published. They do however recognize that the limited published research may appear to make this process unbalanced. (PsycINFO Database Record (c) 2013 APA, all rights reserved)</td>
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<td>Duncan Raistrick, Joanna Banbery, Kim Wolff and Duncan Raistrick</td>
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<td>Journal of Substance Abuse Treatment, October 2000, vol./is. 19(301-305), 0740-5472 (Oct 2000)</td>
<td>English</td>
<td>Investigated the merit of dihydrocodeine tartrate for withdrawal in detoxifying 20 methadone-maintained former opiate abuse patients (aged 17-35 yrs) presenting for treatment at the Leeds Addiction Unit. 13 Ss successfully completed methadone detoxification and were absent from both methadone and opiate-type drugs at the end of the 2wk program. On completion, 3 Ss began treatment with naltrexone, and another was absent at a follow-up appointment, 1 wk later. A further S relapsed back to heroin use but remained in contact with the addiction unit. The remaining 6 Ss dropped out of the detoxification program between Days 3 and 11 of the dihydrocodeine cross-over period. Dihydrocodeine may have advantages in detoxifying methadone-maintained patients. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</td>
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<td>John F. Morgan</td>
<td>2000</td>
<td>From charles atlas to Adonis complex - ( \text{Fat is more than a feminist issue})</td>
<td>Lancet, October 2000, vol./is. 356/9239 (1372-1373), 0140-6736 (21 Oct 2000)</td>
<td>English</td>
<td>Children learn a lot by playing with dolls. Dolls are totems of human aspirations. The impossibly svelte body shapes of Barbie responded responsibly in 1998 by giving her less make-up and changing her body shape, with a smaller bust and mouth, thicker waist, and more proportionate hips. Meanwhile studies of action toys show that the physique of the characters grows ever more muscular with time, exceeding the muscularity of the biggest human body-builders, though Barbie's boyfriend, Ken, has been spared that indignity.</td>
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<td>Tariq Mahmood, Tariq Mahmood and Trevor Silverstone</td>
<td>2000</td>
<td>Twin concordance for bipolar disorder and migraines</td>
<td>The American Journal of Psychiatry, December 2000, vol./is. 157/12(2007), 0002-963X/1535-7228 (Dec 2000)</td>
<td>English</td>
<td>Reports on a pair of 29-yr-old female monzygotic twins concordant for bipolar disorder and migranes who were successfully treated with carbamazepine. The response of both conditions to carbamazepine treatment supports a possible common pathogenesis for the illnesses. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</td>
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Last updated: August 2017 Next revised date: February 2018
Eating disorders are among the most common psychiatric disorders in young women. Early detection and treatment improve the prognosis, but the presentation of eating disorders is often cryptic—for example, via physical symptoms in primary care. The ability to diagnose the condition varies and can be inadequate, and existing questionnaires for detection are lengthy and may require specialist interpretation. No simple, memorable screening instruments are available for nonspecialists. In alcohol misuse, the CAGE questionnaire (questions about Cutting down, Annoyance with criticism, Guilty feelings, and Eye-openers) has proved popular with clinicians because of its simplicity. We developed and tested a similar tool for eating disorders, with questions designed to raise the suspicion that an eating disorder might exist before rigorous clinical assessment.

BACKGROUND: Eating disorders are common, responsive to treatment, and affect women at a peak age of reproductive function, often presenting via gynecological and obstetric sequela. The author wished to examine gynecologists’ knowledge and attitudes towards them.

METHOD: Following a pilot study, a questionnaire concerning eating disorders was designed covering aspects of diagnosis, characteristic gynecological manifestations, treatment, and attitudes. All gynecologists and obstetricians with more than 1 year of experience from four teaching hospitals in Australia and the United Kingdom were sent the anonymous, confidential postal questionnaire. One hundred and fifteen doctors replied, with a response rate of 86%.

RESULTS: Only 20% of respondents were confident of diagnosing eating disorders. Various diagnostic misconceptions were revealed; for example, 42% overestimated weight loss in anorexia nervosa by 20% or more, and 28% wrongly believed that a sense of strict dietary control was a feature of bulimia nervosa. Clinicians had least knowledge of bulimia nervosa, underestimating its treatment response. Surprisingly, the greatest deficits in knowledge were of endocrinology and gynecological sequelae. For example, 79% underestimated amenorrhea in anorexia nervosa by 20% or more, and 85% wrongly believed that regular menses was characteristic of bulimia at normal weight. Consultants demonstrated significantly more knowledge than junior grades. Thirty-one percent of respondents held pejorative attitudes to eating disorders, which over-represented men (p=0.045) who were also more likely than women to see bulimia nervosa as untreatable (p=0.01).

CONCLUSION: The author suggests that these deficits might be addressed by development of simpler screening questionnaires for nonspecialists, and elucidation of the interface between eating disorders and reproductive physiology.
Eating disorders are common and characteristically affect young women at what would otherwise be their peak of reproductive function. Anorexia nervosa and bulimia nervosa impinge on reproduction both behaviourally and physiologically, with effects on menstruation, ovarian function, fertility, sexuality and pregnancy. This review presents a summary of current knowledge and makes suggestions for future research, along with some clinical recommendations for the management of eating disorders in pregnancy.

**Aims.** Although methadone is widely used to treat opiate dependence, guidelines for its dosage are poorly defined. One factor that has an impact upon them is stressed. Management should be pragmatic, multifaceted, and based around the patient's distress.

**OBJECTIVE:** To determine the relation between stressful life events and difficulties and the onset of breast cancer. DESIGN: Case-control study. SETTING: 3 NHS breast clinics serving west Leeds. PARTICIPANTS: 399 consecutive women, aged 40-79, attending the breast clinics who were Leeds residents. MAIN OUTCOME MEASURES: Odds ratios of the risk of developing breast cancer after experiencing one or more severe life events, severe difficulties, severe 2 year non-personal health difficulties, or severe 2 year personal health difficulties in the 5 years before clinical presentation. RESULTS: 332 (83%) women participated. Women diagnosed with breast cancer were no more likely to have experienced one or more severe life events (adjusted odds ratio 0.91, 95% confidence interval 0.47 to 1.81; P=0.79); one or more severe difficulties (0.86, 0.41 to 1.81; P=0.69); a 2 year severe non-personal health difficulty (0.53, 0.12 to 2.31; P=0.4); or a 2 year severe personal health difficulty (2.73, 0.68 to 10.93; P=0.16) than women diagnosed with a benign breast lump. CONCLUSION: These findings do not support the hypothesis that severe life events or difficulties are associated with onset of breast cancer.

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<p>| Barry Wright, Barry Wright and lan Partridge. | 1999 | Speaking ill of the dead: Parental suicide as child abuse. | Clinical Child Psychology and Psychiatry, April 1999, vol./is., 4(2):229-231, 1355-1045;1461-7021 (Apr 1999) | English | Arguments that using the model of child abuse as well as traditionally used models of bereavement and trauma resulting from parental suicide may be helpful when understanding the child's predicament and planning therapeutic interventions. Two cases, involving 4 children (aged 6-11 yrs), illustrate this perspective. (PsycINFO Database Record (c) 2012 APA, all rights reserved) | Journal, Peer Reviewed Journal | PsycINFO Available from Sage Journals (journals.sagepub.com) |
| Gillian Tober, Christine Franey and Gillian Tober. | 1999 | Drug and alcohol education from a distance: A good reason for collaboration. | Drugs: Education, Prevention &amp; Policy, July 1999, vol./is., 6(2):265-273, 0968-7637;1465-3370 (Jul 1999) | English | Examined the challenges faced by institutions offering distance-based courses. Specifically, the authors share their separate experiences of producing distance learning programmes for drug and alcohol workers. There are special complexities inherent in the design, delivery and operation of drug courses by distance learning and these are examined. Parochial perspectives on drug issues assume less relevance as the target group for distance learning courses widens notably to include learners in other geographical areas and in other countries. The authors begin to explore the case for seeking national, and even international, consensus on what drug and alcohol education programmes should comprise. Collaboration between the educational institutions could be an effective way of identifying quality standards in drug education in general and could assist course organizers in avoiding unnecessary replication of effort. Further flexibility for students could also be introduced in the form of a national credit accumulation and transfer scheme. Faced with an even greater choice of educational products, learners should benefit too from collaboration and the assurance that the courses they purchase have been designed and tested to meet their educational needs. (PsycINFO Database Record (c) 2012 APA, all rights reserved) | Journal, Peer Reviewed Journal | PsycINFO Available from Taylor &amp; Francis Online (<a href="http://www.tandfonline.com">www.tandfonline.com</a>) |
| Barry Wright, Barry Wright, Chris Williams and lan Partridge. | 1999 | Management advice for children with chronic fatigue syndrome: A systematic study of information from the internet. | Irish Journal of Psychological Medicine, 1999, vol./is., 16(2):71, 0790-9667 (1999) | English | Objectives: Parents often present practising clinicians who see children with chronic fatigue syndrome with printouts from the internet. These are then brought into the discussion about the management and aetiology of this debilitating condition. We set out to systematically study the information on the internet on this subject and to explore the diversity of advice in relation to current research knowledge. Method: Systematic search by means of the internet browser Netscape Navigator and search engines Alta Vista and Yahoo! Advice about levels of rest, exercise, medication, psychological interventions and suggestions about return to school is critically compared with current research evidence. Results: Thirteen websites were accessed. All have some treatment advice. Six offer conflicting advice about levels of rest, with two suggesting large amounts of rest, two suggesting some rest and two suggesting graded exercise. Nine suggest medications (with a wide variety of pharmacological activities) despite the lack of research evidence showing a significant contribution from medication. Four suggest psychological treatments but some advise that it is unnecessary despite the established evidence in chronic fatigue (and other chronic illnesses) that appropriate psychological treatments are helpful. There are a wide variety of differing diets recommended. Conclusions: Few websites provide useful management advice. Advice offered is often in conflict. Some of the advice is either contrary to current research evidence or not supported by it. This raises concerns about inaccurate information reaching families who have a child with chronic fatigue syndrome, with potentially damaging consequences. This suggests a need for a debate about the availability and validation of health related information on the internet. (<a href="http://www.tandfonline.com">www.tandfonline.com</a>) | Journal Article | EMBASE Available from ResearchGate (<a href="http://www.researchgate.net">www.researchgate.net</a>) |
| Allan House, Christopher J Williams, Allan House, John Holmes and Andrew Stewart. | 1999 | Heavy general hospital case notes: A simple case-finding method for psychiatric problems | Irish Journal of Psychological Medicine, 1999, vol./is., 16(4):123-126, 0790-9667 (1999) | English | Objectives: To identify whether a simple marker of non-psychiatric health service contact (weight of general hospital case notes) is helpful in identifying patients with evidence of psychiatric disorder in a medical and surgical population. Method: Hospital case note review identifying evidence of past and current psychiatric disorder in patients with heavy, medium and low weight case notes. Responses to letters to general practitioners and review of local psychiatric hospital records were used to validate case note findings. Setting: A large general teaching hospital in the centre of Leeds, UK. Subjects: Random sample of 240 patients aged 16-65 attending general hospital medical or surgical teams as an inpatient or day patient between April 1, 1991 and March 31, 1992. Patients whose index admission was to the gynaecology or obstetrics unit were excluded. Main outcomes: Non-psychiatric service contact was measured by case note weight and thickness, lifetime admissions and number of consultants seen. Psychiatric disorder was identified using global judgements based on a standardised assessment of the case notes, and also general practitioner statements of current or past psychiatric disorder and record of contact with psychiatric services. Results: In a detailed examination of 75 cases, 92% of patients with lightweight notes had solely physical factors to account for their presentations, compared to 88% in the middleweight group and 64% in the heavyweight group. Heavier case notes more often contained comments about psychiatric problems affecting the physical presentation (lightweight 8%; middleweight 20%; heavyweight 64%). Patients with heavy case notes more often had a history of contact with psychiatric services as confirmed by the GP or contact at local psychiatric hospitals (lightweight 28%; middleweight 24%; heavyweight 48%). Amongst the heaviest service users, patients with a psychiatric problem had seen a median of 12.0 lifetime consultants compared to 8.5 in those where a purely physical cause was present. Conclusions: Patients who have heavy hospital case notes are more likely to have evidence of psychiatric disorder than those with lower levels of hospital contact and this is more likely to have an impact on their physical presentation and clinical course as judged by case note review using structured assessment criteria. | Journal Article | EMBASE Available from Cambridge Core (<a href="http://www.cambridge.org/core">www.cambridge.org/core</a>) |</p>
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<td>Studied the information on the internet on chronic fatigue syndrome in children and explored the diversity of advice in relation to current research knowledge. Information about levels of rest, exercise, medication, psychological interventions and suggestions about return to school was critically compared with current research evidence. 13 websites were accessed. All had some treatment advice. Six offered conflicting advice about levels of rest, with 2 suggesting large amounts of rest, 2 suggesting some rest and 2 suggesting graded exercise. Nine suggested medications (with a wide variety of pharmacological activities) despite the lack of research evidence showing a significant contribution from medication. Four suggested psychological treatments but some advised that it is unnecessary to establish the definitive evidence in chronic fatigue (and other chronic illnesses) that appropriate psychological treatments are helpful. Many differing diets were recommended. Few websites provided useful management advice. Advice offered was often in conflict. Some of the advice was either contrary to current research evidence or not supported by it. This raises concerns about inaccurate information reaching families who have a child with chronic fatigue syndrome. (PsychINFO Database Record (c) 2013 APA, all rights reserved)</td>
<td>Journal: Peer Reviewed Journal PsychoINFO Available from Cambridge Core (<a href="http://www.cambridge.org/CORE">www.cambridge.org/CORE</a>)</td>
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<td>John F Morgan.</td>
<td>Recently, Eckert et al. presented longitudinal data confirming previous cross-sectional reports that leptin concentrations in female anorectics were significantly lower than normal weight controls, increased significantly on refeeding, and correlated linearly with body mass index. They also suggested an uncoupling of leptin and adiposity at lowest body weights. However, they acknowledged that &quot;a major limitation of this study is the lack of data on percent body fat&quot;, as body mass index does not necessarily correlate with percent body fat. Similarly the cross-sectional reports estimated percent body fat using bioimpedance. The latter assumes uniform hydration, which may not be true in refeeding anorectics. To our knowledge, no previous study has longitudinally correlated leptin against total body fat during weight restoration in anorexia nervosa, except by such crude means of body fat estimation ...</td>
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<td>John F Morgan.</td>
<td>in the pages of this journal, Holt et al. (1) have recently reported an increase in clinical, endocrine, and ultrasonographic features of the polycystic ovary syndrome in women with a history of gestational diabetes mellitus (GDM). From this controlled study they suggested that women with a history of GDM have a disturbed balance between insulin sensitivity and β-cell activity, but those with polycystic ovaries as well may be more prone to insulin resistance. In a study examining the impact of pregnancy and bulimia nervosa (2), we found that 17% of pregnant women with active bulimia nervosa suffered from GDM, whereas McCluskey et al. (3) established that three quarters of 34 patients with bulimia nervosa had polycystic ovaries and approximately one third of 153 patients with polycystic ovarian syndrome had scores on the BITE (a self-rating scale for bulimia) that suggested the presence of bulimic eating patterns (4). From this it has been suggested that the polycystic ovarian syndrome may be phenotypically expressed via altered insulin resistance, resulting from gross fluctuations in carbohydrate intake, and that bulimic eating patterns need to be stabilized before recommending weight loss in women with polycystic ovary syndrome (5). Given that there are demonstrable overlaps between the polycystic ovary syndrome, GDM, and bulimia nervosa, it could be argued that bulimia nervosa represents the &quot;missing link&quot; in understanding the findings of Holt et al. (1), although prospective studies would be required to establish the direction of causality.</td>
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<td>John F Morgan.</td>
<td>Sir, We read with interest the recent report of Crisp et al. in the pages of this journal, concerning the association between smoking and pursuit of thinness among school girls. In particular, they found smoking was related to over-concern with body shape and weight, being ‘overweight’, and regular self-induced vomiting. We examined smoking and related behaviour among 542 women referred to the St George’s Hospital Eating Disorder Unit for the treatment of bulimia nervosa between 1984 and 1994. All subjects fulfilled DSM-III-R criteria for bulimia nervosa at the time of referral. Subjects with a clear history of anorexia nervosa were also identified, which has previously been named ‘Type II’ bulimia ...</td>
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<tr>
<td>Duncan Rastrick</td>
<td>Tackling Alcohol Together: The Evidence Base for a UK Alcohol Policy</td>
<td>1999</td>
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Last updated: August 2017 Next revised date: February 2018

1998 Deliberate self poisoning accounts for 100,000 hospital admissions in England and Wales every year, and its incidence remains high. The media has shown some interest in children with chronic fatigue syndrome, although national coverage does not appear to be as extensive as the case of Type II bulimia. A case report. Archives of Disease in Childhood, 1998, vol./is. 73(368-374), 0003-986X/1488-2044 (1998)


1998 Examine the impact of pregnancy on symptoms of bulimia nervosa and associated psychopathology 94 women (aged 17-38 yrs) actively suffering from bulimia nervosa during pregnancy were interviewed using the eating disorder examination and structured clinical interview for Diagnostic and Statistical Manual of Mental Disorders-III Revised (DSM-III-R), with additional structured questions. Behaviours were recorded at conception, each trimester and postnatally. Relative risks were calculated for prognostic factors. Bulimic symptoms improved throughout pregnancy. After delivery, 57% had worse symptoms than pre-pregnancy, but 34% were no longer bulimic. Relapse was predicted by behavioural severity and persistence, previous anorexia nervosa (Type II bulimia), gestational diabetes and unplanned pregnancy. Unplanned pregnancies were the norm, usually resulting from mistaken beliefs about fertility. Postnatal depression was suggested in one-third of the sample, and in two-thirds of those with Type II bulimia, and was predicted by alcohol misuse, symptom severity and persistence. (PsycINFO Database Record (c) 2012 APA, all rights reserved)


1998 108 males and 63 females (aged 2-11 yrs) admitted to a psychiatric inpatient unit were examined using criminal offenses between age 17-25 yrs as the main studied outcome. A retrospective cohort analytic design was employed using current classification systems. Ss were followed up to the age of 25. The pro forma for diagnosis included a checklist from the Diagnostic Criteria for Research of World Health Organization International Classification of Diseases. About half of the males and a quarter of the females had received at least one standard list conviction by that time. Childhood variables which were predictive of adult criminality were explored. The important variables for boys were: large family size, parental criminality and a diagnosis of conduct disorder, and for girls were: having been in care prior to admission, parental criminality and a diagnosis of conduct disorder. Variables subjected to selection criteria are appended. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
John F Morgan, Adhienne Key and Hubert John Lacey.

1998

Sender issues in the management of multi-impulsive bulimia: A case study.


English

Described the management of multi-impulsive bulimia nervosa (MIBN) in a 27-yr-old man. Inpatient treatment was attempted using a standardized focal-interpretative (psychodynamic) and cognitive-behavioral approach, with an emphasis on ward milieu. The value of this approach has been proved for female patients in the past. The usage of this approach for a male with MIBN, and the problems encountered highlighted the impact of gender on behavioral symptoms, ward culture, and the predominantly female patient group. In the opinion of the authors, men presenting with MIBN have a core disorder which is distinct from the female equivalent. On the basis of experience with the male S, the authors conclude that inpatient management of men with MIBN in a treatment program with a feminist perspective would be contraindicated. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Journal, Peer Reviewed Journal

Available from Wiley Online Library

Navneet Kapur and Allan House.

1998

Working patterns and the quality of training of medical house officers: evaluating the effect of the ‘new deal’.

Medical Education, July 1998, vol./is. 32(4328-8), 0300-0103:0308-0110 (1998 Jul)

English

The ‘new deal’ on junior doctors’ hours of work has led to the widespread introduction of working patterns such as full shifts and partial shifts in the United Kingdom. The impact of these changes on the training of medical staff is unclear. The subjects of the current study were 36 pre-registration medical house officers working shift rota and on-call rota at a teaching hospital in the north of England. They were studied over a 12-month period using a self-report questionnaire seeking their views on the quality of their training experience and their satisfaction with the in-service training they received. Nursing staff, consultant and medical student opinion was also sought. Partial-shift and full-shift systems led to reduced hours of work when compared to on-call rota (mean hours: partial shift 65.0; full shift 59.8; on-call 72.7), but they were associated with significantly lower training experience and training satisfaction scores for the house officers than were on-call systems (P < .01). Shift systems were unpopular among consultants and medical students but not nursing staff. Despite reducing excessive hours of work, shifts may be detrimental to the training of medical house officers. The further imposition of shift working should be suspended until such time as the impact of new working patterns on the training of medical staff has been determined.

Journal Article

Available from Cambridge Core

Andrew Carroll and David Mines

1998

Unilateral auditory hallucinations in association with ear infection


English

We report the case of a patient with unilateral left-sided auditory hallucinations in association with a left middle ear infection, who in addition demonstrated a symptom of passivity, attributing the infection to the actions of a voice. The case demonstrates the potential for complex interplay between physical and mental pathology.

Journal Article

Available from Cambridge Core

Peter Elwood.

1998

Driving, mental illness and the role of the psychiatrist


English

Objectives: Drivers with certain mental illnesses are obliged by the Driver and Vehicle Licensing Authority (DVLA) to stop driving and to report their condition. This study aims to quantify the number of psychiatric patients failing to meet the DVLA standards of ‘fitness to drive’ and to record how frequently psychi atrists failed to advise patients of these standards. Method: In this prospective descriptive study, 10 psychiatrists reported by questionnaire the diagnosis and driving status of all patients encountered over a four week period. They recorded their advice given to patients failing to meet the DVLA criteria of ‘fitness to drive’ and advice given when prescribing psychotropic medication. Results: Of 297 patients, 123 (41%) were drivers. 19/123 (13%) of drivers failed to meet the DVLA standards of ‘fitness to drive’. In 9/19 of these cases the psychiatrist did not advise the patient in line with the DVLA guidelines. This was especially the case for alcohol related disorders. Of drivers 49% were prescribed psychotropic medication with potential adverse effects on driving. Conclusions: Driving amongst mentally ill patients appears commonplace. In this study, 13% of drivers were considered by the authorities to be unfit to drive. Psychiatrists frequently used their own judgement when advising patients regarding driving. This arguably contravenes doctors’ responsibilities to patients and has potential legal implications for both the patient and psychiatrist.

Journal Article

Available from Cambridge Core

Helen Ford, Peter Trigwell and Michael Johnson.

1998

The nature of fatigue in multiple sclerosis.


English

This cross-sectional descriptive study investigated whether people with multiple sclerosis (MS) differentially experience physical and mental fatigue, and whether the pattern of fatigue is influenced by mood, disease duration, or disease course. 68 outpatients (aged 27-71 yrs) with MS completed the Fatigue Rating Scale (FRS) and the Hospital Anxiety and Depression Scale (HAD). 58 Ss (85%) scored above the recommended cut-off for fatigue on the FRS scale. Both the mental fatigue score and the total fatigue score were positively correlated with the depression and anxiety scores on the HAD scale. There was no significant correlation between the physical fatigue score and either of the HAD subscale scores. There was no significant association between duration of disease or disease course and the total scores or subscale scores of the FRS and HAD. This is the first reported study to differentiate between mental and physical fatigue in MS and to demonstrate a significant correlation between fatigue and mood level. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Journal, Peer Reviewed Journal

Available from the Journal of Psychosomatic Research.

Gillian Tober.

1998

Learning theory, addiction and counselling.


English

Chapter 10 describes a cognitive counselling style known as motivational interviewing. Based on the principles of self-management and conditioning, it is proving to be effective. The chapter reviews the condition of learning theory to the understanding of addictions.

Book entry

Book available for purchase.

Navneet Kapur and Allan House

1998

Working patterns and the quality of training of medical house officers: evaluating the effect of the ‘new deal’.

Medical Education, July 1998, vol./is. 32(4328-8), 0300-0103:0308-0110 (1998 Jul)

English

The ‘new deal’ on junior doctors’ hours of work has led to the widespread introduction of working patterns such as full shifts and partial shifts in the United Kingdom. The impact of these changes on the training of medical staff is unclear. The subjects of the current study were 36 pre-registration medical house officers working shift rota and on-call rota at a teaching hospital in the north of England. They were studied over a 12-month period using a self-report questionnaire seeking their views on the quality of their training experience and their satisfaction with the in-service training they received. Nursing staff, consultant and medical student opinion was also sought. Partial-shift and full-shift systems led to reduced hours of work when compared to on-call rota (mean hours: partial shift 65.0; full shift 59.8; on-call 72.7), but they were associated with significantly lower training experience and training satisfaction scores for the house officers than were on-call systems (P < .01). Shift systems were unpopular among consultants and medical students but not nursing staff. Despite reducing excessive hours of work, shifts may be detrimental to the training of medical house officers. The further imposition of shift working should be suspended until such time as the impact of new working patterns on the training of medical staff has been determined.

Journal Article

Available from MEDLINE

Last updated: August 2017 Next revised date: February 2018
Inconsistencies in the management of depression in general practice: a cluster systematic survey.

Paul Blenkiron.


English

The aim of this study was to assess how general practitioners are managing depression in the wake of the Defeat Depression Campaign (1992-1996). It comprised an anonymous postal survey of all 153 GP principals in the York area in May 1997. The questionnaire incorporated points of good clinical management emphasized in the literature of the campaign and current consensus guidelines. The results indicate that GPs appear to achieve recommended standards for appropriate antidepressant prescribing, criteria for psychiatric referral and a philosophy of patient collaboration. However, many continue to be reluctant to prescribe for understandable depression (52/116 cases, 45%), use potentially sub-therapeutic doses of tricyclic drugs (31%), and stop medication within three months (66%). Less than one quarter use written information, diary keeping or activity scheduling. Younger doctors prescribe more often for depression with biological symptoms (P = 0.03). Those expressing a high degree of confidence in managing depression appear less likely to decide management in collaboration with the patient (P = 0.001), use problem-solving techniques (P = 0.0004), or perceive the campaign as having at least a moderate impact on their practice (P = 0.04). Of those who replied, 79% indicated that the campaign had little or no personal impact. Future educational initiatives should concentrate on ways of improving their influence upon the primary health care team in general and well-established GPs in particular.

David Yeomans.


English

An audit of case notes and a survey of 12 inpatients was carried out to evaluate risk assessment on an inpatient ward. Considerable inconsistencies were found between the risk assessment records in medical and nursing notes. A systematic survey found higher levels of risk than either set of notes, but combining the notes improved the quality of risk assessment compared to the survey. Three key areas for action to improve risk assessment are suggested.

Duncan Raistrick.

Management of Comorbidity

Steven B. Karch (Editor in Chief)

Drug Abuse Handbook, Chapter 7.5, 584-586 (Boca Raton, CRC Press)

English

Comorbidity is defined as the coexistence of two or more psychiatric or psychological conditions; for the purpose of this section, one of these conditions will be substance misuse or substance dependence. It is usual to take ICD-10 or the American Diagnostic and Statistical Manual, now in version DSM-IV-R,100 as the descriptive classification of these conditions. Practitioners are usually concerned with current comorbidity, from the point of view of understanding etiology and deciding upon rational treatment approaches it may be more useful to think in the longer term ...

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<tr>
<td>Duncan Rastrick, Douglas Coyle, Christine Godfrey, Geoffrey Hardman and Duncan Rastrick</td>
<td>Clozapine in the management of bipolar and schizoaffective manic episodes resistant to standard treatment.</td>
<td>1997</td>
<td>Addiction, 1997, vol./iss. 92(8)(1007-1015), 0965-2140 (1997)</td>
<td>English</td>
<td>Aims. To develop a methodology for obtaining the detailed costs of different substance misuse services and illustrate some of the specific problems by means of a case study. Design. Data on the resources required, clinical activity, and patient characteristics for one year were combined to provide detailed costs for different types of clinical events and patients. Setting. The clinical services of a publicly funded addiction unit in a large industrial city in the UK. The unit provides for alcohol and other drug misusers mainly on an outpatient basis but with inpatient care. Participants. Over 1500 patients were included in the analysis with 75 per cent being male, and 80 per cent aged between 20 and 49. Nearly half of the clients had alcohol as their main drug of misuse with opiate users being the next largest group. Measurement. Detailed costing by event and patient was possible as the staff type and time taken for each event were routinely recorded. A cost for each individual event was estimated and summed for each individual patient to give a cost estimate by patient for the financial year 1992/3. Findings. Core treatment outpatient events had an average cost of 48, with new assessments costing 87 but these averages hid high variations. The average cost per year for those receiving only outpatient care was 398; it was 1957 for those receiving both outpatient and inpatient care. Opiate misusers were on average more costly than alcohol misusers. The costs were skewed with 10 per cent of patients accounting for 56 per cent of the total annual costs. Conclusions. Dealing with costs of non attendance, including all resource use, and coping with large individual variations in costs across individuals and intervention types are the main problems in devising cost figures. Cost data are useful but need to be combined with outcome data if they are to be used to improve patient services.</td>
<td>Journal Article</td>
<td>Available from PubMed (<a href="http://www.ncbi.nlm.nih.gov/pubmed">www.ncbi.nlm.nih.gov/pubmed</a>)</td>
<td>Available from PsycINFO (<a href="http://www.aps.org">www.aps.org</a>)</td>
<td>Available from Medline (<a href="http://www.nlm.nih.gov/PubMed">www.nlm.nih.gov/PubMed</a>)</td>
<td>August 2017</td>
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<td>Duncan Rastrick, Deborah J Garrett, Kim Wolff, Alastair W M Hay and Duncan Rastrick</td>
<td>Benzodiazepine misuse by drug addicts.</td>
<td>1997</td>
<td>Annals of Clinical Biochemistry, January 1997, vol./iss. 34(1)(68-73), 0004-5632 (January 1997)</td>
<td>English</td>
<td>Using a high-performance liquid chromatography method, we measured seven commonly prescribed benzodiazepines (chloridiazepoxide, nitrazepam, nordiazepam, oxazepam, lorazepam, temazepam and diazepam) in 100 urine samples obtained from patients attending the Leeds Addiction Unit. All of the urines selected for investigation were positive for benzodiazepines using an EMI (Enzyme Immunoassay) screen. Forty-four of the urines contained a range of benzodiazepines, none of which had been prescribed. Nitrazepam was detected most frequently (61 urine samples), but had not been prescribed to any of the patients in this study. Chloridiazepoxide was detected in 49 urine samples, although it had been prescribed to only five patients. Temazepam was detected in 28 urine samples. Fourteen patients were noted to have temazepam in their urine samples. Multiple benzodiazepine abuse was evident from the high rate of detection of unrelated benzodiazepines.</td>
<td>Journal Article</td>
<td>Available from Sage Journals (journals.sagepub.com)</td>
<td>Available from PsycINFO (<a href="http://www.aps.org">www.aps.org</a>)</td>
<td>Available from Medline (<a href="http://www.nlm.nih.gov/PubMed">www.nlm.nih.gov/PubMed</a>)</td>
<td>August 2017</td>
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<td>Tariq Mahmood, Tariq Mahmood, Mike Devlin and Trevor Silverstone</td>
<td>Benzodiazepine misuse by drug addicts.</td>
<td>1997</td>
<td>Australian and New Zealand Journal of Psychiatry, June 1997, vol./iss. 31(3)(242-246), 0004-8674(1440-1614) (June 1997)</td>
<td>English</td>
<td>Using a high-performance liquid chromatography method, we measured seven commonly prescribed benzodiazepines (chloridiazepoxide, nitrazepam, nordiazepam, oxazepam, lorazepam, temazepam and diazepam) in 100 urine samples obtained from patients attending the Leeds Addiction Unit. All of the urines selected for investigation were positive for benzodiazepines using an EMI (Enzyme Immunoassay) screen. Forty-four of the urines contained a range of benzodiazepines, none of which had been prescribed. Nitrazepam was detected most frequently (61 urine samples), but had not been prescribed to any of the patients in this study. Chloridiazepoxide was detected in 49 urine samples, although it had been prescribed to only five patients. Temazepam was detected in 28 urine samples. Fourteen patients were noted to have temazepam in their urine samples. Multiple benzodiazepine abuse was evident from the high rate of detection of unrelated benzodiazepines.</td>
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<td>August 2017</td>
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<td>Peter Trigwell</td>
<td>CS gas has been used as chemical restraint in mentally ill person.</td>
<td>1997</td>
<td>BMJ, February 1997, vol./iss. 314(7078)(444), 0959-8138(0959-535X) (1997 Feb 8)</td>
<td>English</td>
<td>Editor—An event that occurred recently while I was on call as a senior registrar in psychiatry in Leeds has prompted me to become concerned about the use of CS gas by the police. An inpatient on a neurology ward in a general hospital had become suddenly and unexpectedly violent, causing injuries to hospital staff. The episode could not be contained on the ward, and so the police were called ...</td>
<td>Letter</td>
<td>Available from the BMJ (bmj.com)</td>
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Duncan Raistrick.


1997

The pharmacokinetics of methadone in healthy subjects and opiate users.


Aims - There is some evidence that monitoring methadone plasma concentration may be of benefit in dosage adjustment during methadone maintenance therapy for heroin (opiate) dependence. However, the kinetics of oral methadone are incompletely characterized. We attempted to describe the latter using a population approach combining intensive S7 h sampling data from healthy subjects with less intensive sparse 24 h data from opiate users. Methods - Single oral doses of rac-methadone were given to 13 drug-naive healthy subjects (7 men and 6 women) and 17 opiate users beginning methadone maintenance therapy (13 men and 4 women). Plasma methadone concentrations were measured by h.p.l.c. Kinetic analysis was performed using the P-Pharm software. Results - Comparison of kinetic models incorporating mono- or biexponential disposition functions indicated that the latter best represented the data. The improvement was statistically significant for the data from healthy subjects whether the full S7 h or truncated 24 h profiles were used (P < 0.031 and P < 0.024, respectively), while it was of borderline significance for the more variable data from opiate users (P = 0.057) or for pooled (healthy subjects and opiate users) data (P = 0.066). The population mean oral clearance of methadone was 6.9 +/- 1.5 s.d. 1 h<sup>-1</sup><sub>sup<</sub>1<sub>sup</sub>sup<sub>sup</sub>1<sub>sup</sub>sup<sub>s</sub> (5.3 +/- 1.2 s.d. 1 h<sup>-1</sup><sub>sup<</sub>1<sub>sup</sub>sup<sub>-1</sub> using 0-24 h data) in the healthy subjects. The results of separate analyses of the data from opiate users and healthy subjects were in contrast with those obtained from pooled data analysis. The former indicated a significantly lower clearance for opiate users (3.2 +/- 0.3 s.d. 1 h<sup>-1</sup><sub>sup<</sub>1<sub>sup</sub>sup<sub>sup</sub>1<sub>sup</sub>sup<sub>s</sub>) and the difference was of borderline significance for the more variable data from opiate users (P = 0.051), while the population mean oral clearance of methadone was 33-46 h depending on the method used to calculate this parameter. Conclusions - Estimates of the long terminal elimination half-life of methadone (33-46 h in healthy subjects and, possibly, longer in opiate users) indicated that accurate measurement of this parameter requires a duration of sampling longer than that used in this study. Our analysis also suggested that parameters describing plasma concentrations of methadone after a single oral dose in healthy subjects may not be used for predicting and adjusting dosage in opiate users receiving methadone maintenance therapy unless coupled with feedback concentration monitoring techniques (for example Bayesian forecasting).

John F Morgan.

A R Ness, J W Powles, John F Morgan, Timothy J A Key and Paul N Appleby.

1997

Dietary habits and mortality in vegetarians and health conscious people (multiple letters) II.


Editor - We believe that some of the issues raised in Timothy J A Key and colleagues' study of dietary habits and mortality in 11 000 vegetarians and health conscious people III and in the accompanying commentary by Matthew W Gillman2 deserve more attention:

Duncan Raistrick.

John Strang, William B Ghee, Lawrence Gruer and Duncan Raistrick.

1997

Why Britain’s drug czar mustn’t wage war on drugs. Aim for pragmatism, not dogma.


The British government has advertised the first ever post of drug supremo, or ‘drug czar’ to borrow the term used in the United States. It is good news that the new Labour government is evidently serious about the growing national and international drug problem and intends to strengthen further the pan-departmental approach taken by the central drugs co-ordinating unit and its strategic document for England, Tackling Drugs Together.1

But there is a grave danger that the increased political attention could backfire, producing a more politicised approach to the problem and causing the new czar’s dominant orientation to be one of control. Crime dominated posturing would lead to a damaging dissociation between the public appeal of the policy and actual evidence of effectiveness. It could lead to a mistaken bias to funding more panda cars, prisons, and pop propaganda instead of evidence-based treatment, rehabilitation, and preventive strategies. In contrast, diverting limited resources from enforcement to treatment and rehabilitation would result in more cost-effective crime prevention and community safety. Prisons are already bursting with new inmates on remand or sentence for addiction fuelled crime; it would be criminal negligence to spend yet more on control whilst demand for treatment still far outstrips capacity.

Impact of medical school teaching on preregistration house officers’ confidence in assessing and managing common psychological morbidity: Three centre study


Introduction

The psychotic problems of inpatients in hospital are associated with distress and increased complexity of care. 1 The admission assessment by preregistration house officers provides an important opportunity to detect and treat these disorders.

Subjects, methods, and results

Questionnaires were given to all preregistration house officers during the third month of their first post (October 1994) at the two largest hospitals in three teaching centres. Each centre has a different style of teaching undergraduate psychiatry. In two centres (1 and 2) psychiatry is taught in one block in the fourth year. The third centre (3) offers an integrated course, with lectures in liaison psychiatry during all three clinical years and psychiatry in the fourth year; moreover, liaison psychiatry is part of the final examination. The survey was repeated during the second house job after different training interventions (a compulsory lecture in centre 1 and a voluntary, clinical, problem oriented teaching in centre 3); centre 2 (no intervention) acted as a control. Any differences in score in this assessment could result from the residual effects of medical school teaching, the impact of the training intervention (centres 1 and 3), plus additional effects of maturity, training, exposure to peers or senior staff, and the effects of doing the questionnaire during the first house job.

The questionnaire used a system based, clinical checklist (respiratory, cardiovascular etc.) to ask about questions that were routinely asked or considered when a new patient was admitted. In addition, three short clinical scenarios were used: a 50 year old woman who was depressed and weepy was used to assess house officers’ confidence in assessing and treating depression; a 20 year old asthmatic patient repeatedly admitted with panic and hyperventilation was used for anxiety; and a 40 year old man with excessive alcohol intake for alcohol misuse.

In all, 135 of 160 questionnaires (84%) were completed, with no differences in completion rates between sites (x2=0.15, df=2, P>0.93). Questions on physical aspects such as the presence of coughs, angina, ankle swelling, and palpitations were routinely asked by over 90% of house officers, but questions on psychological state were rarely asked or even considered. Preregistration house officers often believed they lacked the skills to assess and treat these three problems.

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Peter Trigwell, Peter Trigwell.

The use of CS spray in the mentally ill

Journal of Clinical Forensic Medicine, March 1997, vol./is. 4/1(37-9), 1353-1131(1997 Mar)

CS sprays are now being widely used by police in the UK. Concerns are being expressed regarding the toxicity of this substance and some of the situations in which it is being used. This is the first reported case in the UK of CS spray being used to restrain a mentally ill person in police custody. It raises important issues regarding the welfare of mentally ill people who happen to find themselves in contact with the police. There is a need for open debate, specific guidelines and a system of monitoring the use of CS in such situations.

Peter Trigwell, Peter J Grant and Allan House.

Motivation and glycemic control in diabetes mellitus

Journal of Psychosomatic Research, September 1997, vol./is. 43/3(307-315), 0022-3991 (Sep 1987)

As a precursor to evaluating the place of a brief intervention (motivational interviewing) in the treatment of diabetes, this study investigated the relation between motivation and glyemic control in 361 diabetic out-patients (aged 17-85 yrs). Outcome measures were the Stages of Change Readiness and Treatment Eagerness Scale and HbA1C level, a measure of glycemic control. The majority of patients (86.7%) could be allocated to a single motivational stage, indicating that this concept is applicable in the study of diabetes. There were significant associations between HbA1C level and motivational stage, but not in the direction predicted. That is, patients at an earlier motivational stage had lower HbA1C levels than those at later stages. The results suggest that feedback of HbA1C level may partly determine the patient’s motivation to control their diabetes, although the effect is quite weak. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Peter Trigwell, Peter J Grant and Allan House.

Motivation and glycemic control in diabetes mellitus

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Allan House.

Navneet Kapur and Allan House.

Job satisfaction and psychological morbidity in medical house officers


The aim of this study was to examine levels of job satisfaction and psychological morbidity in preregistration house physicians working partial shift rotas, full shift rotas, or traditional on-call rotas. The study was carried out at two teaching hospitals in one city, and consisted of a prospective within-subject crossover study at hospital A and a parallel simple descriptive study at hospital B. Sixty preregistration house physicians were included in the study. At hospital A the house officers worked shifts for part of their post and traditional on-call rotas for the remainder. At hospital B the house officers worked a modified on-call rota throughout. The outcome measures used were the 30 item General Health Questionnaire and a self-report job satisfaction scale. Measures were administered at hospital A towards the end of each distinct rota period (on-call or shift) and simultaneously administered at hospital B. Results showed that full shifts were associated with greater psychological morbidity and lower job satisfaction than traditional on-call rotas. Partial shifts were rated more favourably but were nonetheless unpopular. There was a marked difference between hospitals. It would seem that some 'new deal' rotas may increase psychological morbidity and reduce job satisfaction.
Trainee doctors can fail Royal College exams as a result of poor multiple choice question technique. On a negatively marked exam it is possible for candidate to know a subject well, answer 72% of the questions correctly, and yet still fail. The task of this paper is to highlight and develop thoughts on items for inclusion on the shared agenda, rather than to define, or limit in any other way, how the generalist role might unfold in a particular place at a particular time. It is certain that the general psychiatrist will see a role that is more than just signposting their own specialist colleagues, local counselling services, or self-help groups such as Alcoholics Anonymous, but opinion on just how broad that role could or should be will vary considerably...

One validated and widely used screening instrument is the abbreviated mental test score, in which the maximum score is 10 and a score below 7 suggests cognitive impairment. It is widely used in clinical and research settings in Britain for detecting and monitoring cognitive impairment and is easily administered and well tolerated by raters and subjects. Inconsistencies in giving and scoring the test will affect its reliability, validity, and sensitivity in detecting change. We noticed differences between colleagues in the use and scoring of this test and investigated how it was applied in routine clinical practice.

Tom Hughes. Tom Hughes and David Owens. 1996 Management of suicidal risk

British Journal of Hospital Medicine, August 1996, vol./is. 56(4):151-154, 0007-1064 (1996 Aug 21-Sep 3)

None

YLPFT list of published studies


English

Presents the audit of a consecutive series of patients who underwent psychosurgery at the Yorkshire Regional Psychosurgery Service over a 10-year period. Of 12 referrals, 7 patients (aged 21-66 yrs) were recommended for, and underwent, psychosurgery. Pre-surgical assessments included the Global Assessment of Function, the Comprehensive Psychiatric Rating Scale, and the Hospital Anxiety and Depression Scale. The results indicate that a satisfactory psychosurgical service may be organized on a regional basis and that there are advantages of this. They also indicate that psychosurgery retains a role in the management of some severe obsessional and anxiety/depressive states which have not improved with other available treatments. In 3 of the 7 patients the improvement was very great and no patient regretted having undergone the treatment. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Journal, Peer Reviewed Journal

PsyINFO Available from BJPsych Bulletin (bjp.rcpsych.org)

Duncan Raistrick. Duncan Raistrick. 1997 Task force to review services for drug misusers


English

Critiques the actions of the Drug Misuse task force that was organized by the Department of Health and Social Security of England to review the effectiveness of services. The author addresses the task force's involvement with such issues as the categorization of methadone programs and the role of the general psychiatrist. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Journal, Peer Reviewed Journal

PsyINFO Available from ResearchGate (www.researchgate.net)


Addiction, November 1996, vol./is. 91(11):1699-1704, 0956-2140;1360-0443 (Nov 1996)

English

Investigated the efficacy of methadone maintenance treatment in 10 clinic-based patients (aged 23-34 yrs) and 10 community-based patients (aged 26-60 yrs) by studying the relationships between dose, plasma concentrations of methadone, and non-prescribed drug use using logistic regression. Clinic-based Ss had significantly reduced odds of having a urine sample test positive for illicit drugs when compared to community-based Ss. There was no relationship between either methadone dose or plasma methadone concentration and testing positive for non-prescribed drugs (including cocaine, cannabis, amphetamine, ecstasy, benzodiazepines). When looking specifically at the misuse of opioid drugs, location was again important, and clinic-based Ss had significantly reduced odds of having a urine sample test positive for opioid drugs. Opiate drug use was also significantly related to plasma methadone concentration, increasing noticeably when the drug concentration was greater than 0.48 nmol/L. There was no relationship between methadone dose and odds of having a positive urine drug test in either clinic- or community-based Ss. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Journal, Peer Reviewed Journal

PsyINFO Available from Wiley Online Library (onlinelibrary.wiley.com)

Duncan Raistrick. Duncan Raistrick. 1996 Management of Alcohol Misuse Within the Context of General Psychiatry

Advances in Psychiatric Treatment May 1996, 2 (5) 125: 132: DOI: 10.1192/apt.2.3.1

English

The general psychiatrist and the addiction specialist have a shared agenda of concerns and interest about the misuse of alcohol. The task of this paper is to highlight and develop thoughts on items for inclusion on the shared agenda, rather than to define, or limit in any other way, how the generalist role might unfold in a particular place at a particular time. It is certain that the general psychiatrist will see a role that is more than just signposting their own specialist colleagues, local counselling services, or self-help groups such as Alcoholics Anonymous, but opinion on just how broad that role could or should be will vary considerably ...

Journal Article

Available from BJPsy Psych Advances (apt.rcpsych.org)


English

Cognitive impairment is common in elderly people and is associated with increased morbidity and mortality, but confusion is often poorly recognised and documented by medical staff. Thus, routine cognitive screening of elderly patients in hospital is recommended. One validated and widely used screening instrument is the abbreviated mental test score, in which the maximum score is 10 and a score below 7 suggests cognitive impairment. It is widely used in clinical and research settings in Britain for detecting and monitoring cognitive impairment and is easily administered and well tolerated by raters and subjects. Inconsistencies in giving and scoring the test will affect its reliability, validity, and sensitivity in detecting change. We noticed differences between colleagues in the use and scoring of this test and investigated how it was applied in routine clinical practice.

Correspondence

MEDLINE Available from the RMI. Bmj.com

Peter Trigwell and David Yeomans. Craig Williams, Peter Trigwell and David Yeomans. 1996 Pass the Royal College examinations. MCQ technique

British Journal of Hospital Medicine, April 1996, vol./is. 55(8):479-481, 0007-1064 (1996 Apr 17 30)

English

Trainee doctors can fail Royal College exams as a result of poor multiple choice question technique. On a negatively marked exam it is possible for candidate to know a subject well, answer 72% of the questions correctly, and yet still only obtain a mark of 44%. As a result, even some very good clinicians fail these exams.

Journal Article

<table>
<thead>
<tr>
<th>Authors</th>
<th>Year</th>
<th>Title</th>
<th>Journal</th>
<th>DOI</th>
<th>Summary</th>
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<tr>
<td>Peter Trigwell and David Yeomans.</td>
<td>1996</td>
<td>MRCPsych examination technique: the short answer question paper.</td>
<td>British Journal of Hospital Medicine, February 1996, vol./is. 55(3)(135-8), 0007-1064,0007-1064 (1996 Feb 7-20)</td>
<td>None</td>
<td>Many candidates expect to pass the short answer question paper of the MRCPsych Part II examination using a straightforward regurgitation of facts. They are surprised by the need for good technique in order to do well in this paper.</td>
</tr>
<tr>
<td>David Yeomans and Peter Trigwell.</td>
<td>1996</td>
<td>Pass the Royal College examinations: effective essay technique.</td>
<td>British Journal of Hospital Medicine, January 0001, vol./is. 55/10(623-5), 0007-1064,0007-1064 (1996 May 15-Jun 4)</td>
<td>None</td>
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<td>Peter Trigwell and David Yeomans.</td>
<td>1996</td>
<td>MRCPsych examination technique: presenting to the examiners.</td>
<td>British Journal of Hospital Medicine, June 1996, vol./is. 56/6(270-2), 0007-1064,0007-1064 (1996 Sep 18-Oct 1)</td>
<td>None</td>
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<td>Peter Trigwell and David Yeomans.</td>
<td>1996</td>
<td>The Royal College examinations: preparation and practice</td>
<td>British Journal of Hospital Medicine, March 1996, vol./is. 55/6/332-334, 0007-1064 (1996 Mar 20-Apr 2)</td>
<td>None</td>
<td>Membership examinations are complex and difficult. Important practical issues must be considered at an early stage, and you can improve upon your chance of success by addressing your learning style, revision strategy and examination technique.</td>
</tr>
<tr>
<td>Peter Trigwell and David Yeomans.</td>
<td>1996</td>
<td>MRCPsych examination technique: patient management problems</td>
<td>British Journal of Hospital Medicine, November 1996, vol./is. 56/10/512-514, 0007-1064 (1996 Nov 20-Dec 10)</td>
<td>None</td>
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<tr>
<td>Duncan Raistrick.</td>
<td>1996</td>
<td>Methadone maintenance and tuberculosis treatment</td>
<td>British Medical Journal, 1996, vol./is. 313/7062(925-928), 0959-8146 (1996)</td>
<td>None</td>
<td>Rifampicin is a potent inducer of hepatic microsomal enzymes. It increases drug clearance and reduces the half life of a wide range of drugs, including barbiturates, oral contraceptives, propranolol, sulphonylureas, and methadone. Without a concomitant increase in methadone dose, patients also taking rifampicin are likely to experience opiate withdrawal symptoms and may stop their tuberculosis treatment or supplement their methadone prescription with illicitly obtained opiates. Failure to comply with tuberculosis treatment compromises recovery and increases the risk of secondary resistance. The symptoms of methadone withdrawal usually occur only when intake is reduced and are not expected by a user starting rifampicin. Notifications of tuberculosis in the United Kingdom rose from a plateau of some 5100 in 1987 to over 5700 in 1994. Drug misusers account for only a small number of cases, but they share nationally identified risk factors; thus high rates of tuberculosis can be expected …</td>
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Last updated: August 2017 Next revised date: February 2018
Deliberate self-harm

The management of patients seen in the general hospital.

Examined management decisions made at the time of assessment of an episode of deliberate self-harm seen in the general hospital for 1,285 patients referred for psychiatric assessment and the extent of referral to a specialized addiction unit. Factors involved in making a clinical decision regarding the appropriate management of self-harm cases when alcohol factors were identified are reviewed. Only 10 Ss (0.8% of the patients) who were not already known to the service were identified during psychiatric assessment, referred to the addiction unit, and attended the first appointment. Simply referring to the addiction unit was an unsatisfactory method of providing a comprehensive response to the comorbid substance misuse and deliberate self-harm. Motivational interviewing at assessment and posthospital discharge community follow up may increase the number of patients who go on to accept specialist care. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Depression in physical illness

Examines the extent of known child sexual and physical abuse in child psychiatric outpatients services in Leeds, England. The authors surveyed a 1 mo period, looking at all outpatient contacts, and found that at least 17.9% of patients had been physically or sexually abused and these patients took up 25.8% of outpatient time. When 70 of the abused children (median age 11 yrs) were compared to a group matched for age, clinical team, and diagnosis, it was found that abused children were more likely to be followed up for longer and received more therapeutic time over a given period than non-abused children. The implications for resources are discussed. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Depression associated with stroke.

Reviews the literature in an effort to determine if depression after stroke has a physiological association. It is concluded that as a clinical phenomenon, depression after stroke does not seem to differ greatly from depression encountered in other physically ill populations. Rates of major depression after stroke are probably about double the general population rate over the 1st 12-18 mo, but thereafter they return to population rates unless there is a new event. Also depression is not the only emotional complication of stroke, others include anxiety, irritability, emotionalism, and apathy. The etiology of depression is probably multifactorial. The location of the brain lesion may be one relevant factor. Depression in a clinical population is a complex phenomenon, and it is unlikely to be explained by a simple formula. Psychosocial factors, among others, are likely to be important. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Psychiatric illness and length of stay in elderly patients with hip fracture.

The prevalence of psychiatric illness in 50 consecutive elderly patients admitted with hip fracture was determined using the Geriatric Mental State in its community version, supplemented by the Standardized Mini Mental State Examination. Organic impairment was found in 52%, depression in 16% and obsessional neurosis in 2%. The presence of psychiatric illness significantly increased the length of stay. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
<table>
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<tr>
<th>Author(s)</th>
<th>Year</th>
<th>Title</th>
<th>Journal</th>
<th>Number of Patients</th>
<th>Setting</th>
<th>Design</th>
<th>Outcome Measure</th>
<th>Results</th>
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<tbody>
<tr>
<td>Duncan Raistrick and Gillian Tober.</td>
<td>1995</td>
<td>Abnormal illness behaviour in chronic fatigue syndrome and multiple sclerosis.</td>
<td>BMC, July 1995, vol./is. 8M(July 1995), 0959-8177(6977(463-465)), 0959-8138(959-535X (1995 Jul 1))</td>
<td>1995</td>
<td>90 (92%) patients satisfying the Oxford criteria for chronic fatigue syndrome and 78 patients with a diagnosis of multiple sclerosis</td>
<td>Setting: A multidisciplinary fatigue clinic and a teaching hospital neurology outpatient clinic</td>
<td>Objective: To investigate the presence of abnormal illness behaviour in patients with a diagnosis of chronic fatigue syndrome. DESIGN: A cross sectional descriptive study using the illness behaviour questionnaire to compare illness behaviour scores and illness behaviour profiles of patients with chronic fatigue syndrome and patients with multiple sclerosis. SETTING: A multidisciplinary fatigue clinic and a teaching hospital neurology outpatient clinic. SUBJECTS: 98 patients satisfying the Oxford criteria for chronic fatigue syndrome and 78 patients with a diagnosis of multiple sclerosis. MAIN OUTCOME MEASURE: Responses to the 62 item illness behaviour questionnaire. RESULTS: 90 (92%) patients in the chronic fatigue syndrome group and 70 (90%) in the multiple sclerosis group completed the illness behaviour questionnaire. Both groups had significantly high scores on the general hypochondriasis and disease conviction subscales and significantly low scores on the psychological versus somatic concern subscale, as measured in relation to normative data. There were, however, no significant differences in the subscale scores between the two groups and the two groups had identical illness behaviour profiles. CONCLUSION: Scores on the illness behaviour questionnaire cannot be taken as evidence that chronic fatigue syndrome is a variety of abnormal illness behaviour, because the same profile occurs in multiple sclerosis. Neither can they be taken as evidence that chronic fatigue and multiple sclerosis share an aetiology. More needs to be known about the origins of illness beliefs in chronic fatigue syndrome, especially as they are important in determining outcome.</td>
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<tr>
<td>A P Sinath, M Hamilton, S Morley, A Humayan, D Hargreaves and Peter Trigwell.</td>
<td>1995</td>
<td>A scale for the assessment of hedonic tone. The Snith-Hamilton Pleasure Scale</td>
<td>The British Journal of Psychiatry, July 1995, vol./is. 167(1)(99-103), 0007-1250/1472-1465 (Jul 1995)</td>
<td>1995</td>
<td>62</td>
<td>Setting: A multidisciplinary fatigue clinic and a teaching hospital neurology outpatient clinic</td>
<td>Background. Hedonic tone and its absence, anhedonia, are important in psychopathological research, but instruments for their assessment are lengthy and probably culturally biased. Method. A new scale was constructed from the responses of a large sample of the general population to a request to list six situations which afforded pleasure. The most frequent items were reviewed and those likely to be affected by cultural setting, age, or sex were removed. A pilot study led to an abbreviated scale of 14 items, covering four domains of pleasure response. This questionnaire was subjected to psychometric evaluation in new samples from the general population and psychiatric patients. Results. The scale was found to have a score range that would distinguish a ‘normal’ from an ‘abnormal’ response. Validity and reliability were found to be satisfactory. Conclusions. The new scale, the Snath-Hamilton Pleasure Scale (SHAPS), is an instrument which may be recommended for psychopathological research.</td>
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<tr>
<td>John Capelhorn, Wolfgang Poser, John Koc, Hannelore Ehrenreich, Kim Wolf, Alastair W M Hay, Duncan Raistrick, Steve Kempeley, Frederic Meyer and N J Shaw</td>
<td>1995</td>
<td>Methadone maintenance treatment. Treatment should be tailored for each patient.</td>
<td>British Medical Journal, 1995, vol./is. 310(6977)/(463-465), 0959-8146 (1995)</td>
<td>1995</td>
<td>Various letters.</td>
<td>Setting: A multidisciplinary fatigue clinic and a teaching hospital neurology outpatient clinic</td>
<td>Background. Hedonic tone and its absence, anhedonia, are important in psychopathological research, but instruments for their assessment are lengthy and probably culturally biased. Method. A new scale was constructed from the responses of a large sample of the general population to a request to list six situations which afforded pleasure. The most frequent items were reviewed and those likely to be affected by cultural setting, age, or sex were removed. A pilot study led to an abbreviated scale of 14 items, covering four domains of pleasure response. This questionnaire was subjected to psychometric evaluation in new samples from the general population and psychiatric patients. Results. The scale was found to have a score range that would distinguish a ‘normal’ from an ‘abnormal’ response. Validity and reliability were found to be satisfactory. Conclusions. The new scale, the Snath-Hamilton Pleasure Scale (SHAPS), is an instrument which may be recommended for psychopathological research.</td>
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</tr>
</tbody>
</table>
Peter D Campion, Christopher F Dawson, Richard H T Edwards, Charles Shepherd, Peter Trigwell, Simon Hatcher, Michael Johnson, Philip Stanley and Allan House

1995

Illness behaviour in the chronic fatigue syndrome and multiple sclerosis (6)


English

Various letters.

Letter

EMBASE Available from JSTOR (jstor.org)

Tom Hughes and David Owens.

1995

Can attempted suicide (deliberate self-harm) be anticipated or prevented?


English

Accurate, current data on the clinical epidemiology of deliberate self-harm are not widely available. Predictive values of sociodemographic risk factors for repetition of deliberate self-harm are weak and more may be gained by further examination of clinical and psychological factors. Psychiatric intervention after deliberate self-harm is worthwhile but the evidence about prevention of repetition remains inconclusive for most patients. Assessment after deliberate self-harm is often inadequate; perhaps clearly defined service standards will help.

Journal: Short Survey

EMBASE Available from Current Opinion in Psychiatry (journals.lww.com)

Barry Wright, Bridget Lunt, Stephen J Harris and Daphne Wallace.

1995

A prospective study in three psychogeriatric day hospitals using administrative interventions to improve non-attendance.


English

The article reports a survey and a subsequent prospective intervention study. The survey was conducted in two psychogeriatric day hospitals to establish the extent of day-by-day non-attendance. In 1991, 23% of allocated places were not taken up and the reasons for 98% of these episodes are reported. Little attention has been paid to non-attendance rates in the literature. Their importance is discussed. The prospective intervention study was then conducted using information from the survey year. Administrative interventions, which sought to raise the awareness of patient non-attendance within the multidisciplinary team, were put into place in the two day hospitals. Non-attendance rates in a third day hospital, where no intervention was made, were used for comparative purposes. After a second year, non-attendance in the day hospital with no interventions had fallen by 3%. The other two had each reduced non-attendance rates by 18%. These reductions have clinical relevance, representing 380 patient days over the whole year in the two day hospitals.

Journal: Article

Wiley Online Library Available from Wiley Online Library (onlinelibrary.wiley.com)


1995

Training in psychodynamic psychotherapy: The psychiatric trainee's perspective.

Irish Journal of Psychological Medicine, June 1995, vol./is. 12/2(57-59), 0790-9667 (Jun 1995)

English

Discusses the subjective difficulties experienced by 3 junior psychiatry trainees in adjusting to formal psychodynamic psychotherapy (PDP) training. All 3 trainees experienced quite definite problems during the course, which consisted of group seminars and individual clinical supervision. One trainee was initially very keen on the idea of PDP but he became disillusioned with what he found. Another trainee began the course with negative ideas about PDP and found that his feelings had intensified early in the course. The 3rd trainee, an agnostic, was mainly struck by the apparent similarity between PDP and religion and found some of the courses theories difficult to adapt to. It is essential for supervisors to address trainees concerns openly, in order to avoid a further decline in the use of this important part of "therapeutic armamentarium." A comment from one of the organizers in the course which the trainees attended is included. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Journal: Peer Reviewed Journal

PsycINFO Available from Cambridge Core (www.cambridge.org/core)

Gillian Tober.

1994

Drug taking in a northern UK city

Accident and Emergency Nursing, April 1994, vol./is. 2/2(70-78), 0965-2302 (Apr 1994)

English

Accurate information on illicit drug taking is notoriously difficult to obtain: drug users are not always keen to discuss their drug use unless rapport and trust have been established. Household surveys, able to identify behaviours such as driving alcohol and smoking cigarettes that are common in the majority or a significant minority of the population, are less well able to pick up the illicit behaviour of what remains, in spite of considerable growth, a small minority of the general population. Official figures that exist offer a partial view. Thus to obtain an overall picture of drug taking it is necessary to examine several sources as direct indicators of drug use such as arrests for possession and supply and drug seizures; user reports; indirect measures such as the supply of needles and syringes by pharmacists and other outlets and an analysis of cultural and economic factors which may co-vary with drug taking trends. These sources and others will be examined in an attempt to construct an overview of patterns of drug use in a northern UK city, to discuss some problems arising from it and the response of the community to these problems.

Journal: Article

EMBASE Available from ScienceDirect (www.sciencedirect.com)

Duncan Rastwick.

1994

Report of advisory council on the misuse of drugs: AIDS and drug misuse update

Addiction, 1994, vol./is. 89/10(1211-1213), 0956-2410 (1994)

English

The Advisory Council and the Misuse of Drugs (ACMD) has a remit to advise government on drug misuse policy in the UK. In a series of reports going back to the early 1980s the ACMD has been the major influence on the pattern of drug misuse services. AIDS and Drug Misuse Update (1993) is the third report devoted to HIV and drug misuse. By pulling together current issues on preventing the spread of HIV among drug users, but stopping short of giving all the answers, AIDS and Drug Misuse Update is certain to elicit more varied reactions than previous guidance. Of course, there are no simple answers; rather, the report is part of the wider debate about responses to illicit drug use which is gone in on in western democracies.

Journal: Editorial

EMBASE Available from Wiley Online Library (onlinelibrary.wiley.com)
The development of the Leeds Dependence Questionnaire (LDQ): A questionnaire to measure alcohol and opiate dependence in the context of a treatment evaluation package. Addiction, May 1994, vol./is. 89(5/63-572), 0965-2140:1360-0443 (May 1994) English Describes the LDQ, a 10-item, self-completion questionnaire designed to measure substance dependence. The LDQ has been shown to be understood by users of alcohol and opiates; it was designed to be sensitive to change over time and to be sensitive through the range from mild to severe dependence. Follow-up data are insufficient to demonstrate change over time, but are encouraging. All items are scored 0-1-2-3; there are no normal data. Estimates of concurrent, discriminant, and convergent validities are thought to be satisfactory. A principal components analysis produced a single factor. Test-retest reliability was found to be 0.95. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Susan Pemberton, Simon Hatcher, Philip Stanley and Allan House 1994 Chronic fatigue syndrome: A way forward. British Journal of Occupational Therapy, 01 October 1994, vol./is. 57(10)/381-383, 03080226 English Abstract: Chronic fatigue syndrome (CFS) is a condition surrounded by uncertainty and controversy; for example, over whether its cause is physical, psychological or psychosomatic. No doubt this is one reason for the lack of simple rehabilitation programmes to help patients with the syndrome. This article outlines the approach to treating CFS which has been developed at the Fatigue Clinic in Leeds. It is not based upon a particular theory of CFS, but is designed to help patients overcome the common personal and social dysfunctions associated with their condition. As a result it should prove acceptable in wider use, regardless of patients' or therapists' views on the cause of CFS.

Saeideh Saeidi, S Littlewood and Saeideh Saeidi 1994 Therapeutic mealtimes Elderly care, November 1994, vol./is. 6/6(20-21), 1369-1856 (1994 Nov-Dec) English None

Carol Martin, John P Watts, Alan Butler, Carol Martin and Ted Sumner 1994 Outcome of admission to an acute psychiatric facility for older people: A dualistic evaluation. International Journal of Geriatric Psychiatry, October 1994, vol./is. 9/10(835-840), 0885-6230:1099-1166 (Oct 1994) English Assessed brief, usable, reliable, and valid measures of outcome from the viewpoints of patients, nurses, carers, consultants, and general practitioners for 24 depressed and 16 demented older adults admitted to the hospital with depression or dementia. For depressed patients, a nurse-rated change on the Montgomery Asberg Depression Rating Scale (MADRS) was used as the main outcome measure. There was a highly significant improvement in the depressed Ss on the MADRS. Factor analysis of the scales used produced 4 factors. The MADRS and the depression subscale of the Hospital Anxiety Depression Scale (HAD-D) were strongly weighted on the 1st factor, the GP's linear analog scale on the 2nd, the Selfcare-D and HAD-D on the 3rd, and the anxiety subscale of the HAD on the 4th. The HAD and the GP linear analog are suggested for depressed elderly; for demented Ss, carer rating of resolution of perceived problems is suggested. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Barry Wright, Barry Wright, Richard Mindham and Wendy Burn 1994 Canine Capgras. Irish Journal of Psychological Medicine, March 1994, vol./is. 11(1)/31-33, 0790-9667 (Mar 1994) English Reports 2 separate cases, a 16-yr-old woman and a 57-yr-old woman in which the BS believed that her pet dog had been replaced by an identical double. The psychodynamic issues that these cases are raised are discussed. In the Capgras delusion the double is usually a key figure in the life of the patient. These reports highlight the fact that this key figure may be a domestic animal. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Duncan Raistrick 1994 Alcohol, other drugs, and violence. Violence in health care: A practical guide to coping with violence and caring for victims., 1994(43-62) (1994) English (from the chapter) both substance-misuse and violence are behaviours that attract negative responses: professionals and patients alike distance themselves from any stigma by making sense of the behaviours / the relationship between substance-misuse and violence, is . . . complex: the more illicit and more deviant addictive behaviours are associated with more violence, but each potentiates the other / the appropriate management of aggression depends upon an accurate assessment of its meaning / [suggests that] health-care workers need to be clear about which situations demand a response from the police and which demand medical interventions / health-care workers need to adopt general principles of managing violence to suit their particular work setting and professions the family setting / the cultural setting / the violence-forming potential of psychoactive substances [intoxication, tolerance, and withdrawal; method of use; the setting; dependence] / classification [stimulant drugs, depressant drugs, opiates, perception-altering drugs] / personal factors [personality, victims] / meaning and management (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Peter Trigwell 1993 Iatrogenic needle phobia British dental journal, March 1993, vol./is. 174(5/158), 0007-0610 (6 Mar 1993) English A Key in the BDJ's current program of renovations was the readership survey, carried out last autumn. Broadly, the survey aimed to find out how dentist rated the style BDJ against the other general interest UK Journals, and they viewed its content and design. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Last updated: August 2017 Next revised date: February 2018
Duncan Raistrick, Kim Wolff, Alastair W M Hay, Duncan Raistrick and Robert Calvert. 1993 Steady-state pharmacokinetics of methadone in opioid addicts. European Journal of Clinical Pharmacology, 1993, vol./is. 44(2)/189-194, 0301-6970 (1993) English Kinetic parameters were investigated in tolerant methadone maintenance patients. The disposition of methadone at steady-state was assessed on 8 occasions - in 5 opioid addicts prescribed wide ranging doses of methadone (10 mg to 60 mg per day) providing unique pharmacokinetic data. Statistical analysis showed that the kinetics of oral methadone at steady were described using a single compartment model. Analysis of the plasma concentration-time curves gave estimates of the variance of methadone clearance and apparent volume of distribution, and indicate that methadone is rapidly absorbed (mean K(a), 1.7 h<sup>-1</sup>) with a detectable increase in the plasma drug concentration 15 to 30 min after dosing. The elimination of methadone from plasma was found to occur slowly (mean t(1/2) 26.8 h) beginning soon after the administration of the daily oral prescription. The apparent volume of distribution - assuming the oral bioavailability (f) of methadone to be 0.95 - was large (mean 6.71 kg<sup>-1</sup>). The slow clearance of this drug from the body (mean 3.1 mlimin<sup>-1</sup>/kg<sup>-1</sup>/sup> was confirmed by a series of patients that were dosed at steady-state is adequate to maintain effective plasma concentrations throughout the dosing interval. Journal Article EMBASE Available from King's College London Research Outputs (www.kcl.ac.uk/portal/researchoutputsearch.html)


David Yeomans, Christopher Williams, David Yeomans, Stephen Curran and Gilbert Blackwood. 1993 An association between functional psychosis and urinary incontinence. Irish Journal of Psychological Medicine, June 1993, vol./is. 10/2(90-92), 0790-9667 (Jun 1993) English Describes the association between degree of incontinence and severity of mental illness in case reports of 3 patients (aged 23, 54, and 55 yrs) with functional psychosis of depression, mania, or schizophrenia. Organic predisposing factors for the development of urinary incontinence are noted. In all 3 cases urinary incontinence improved, seemingly due to successful treatment of the underlying psychosis. (PsycINFO Database Record (c) 2013 APA, all rights reserved) Journal, Peer Reviewed Journal PsychINFO EMBASE Available from Cambridge Core (www.cambridge.org/Core)

Duncan Raistrick, Kim Wolff, Alastair W M Hay, Duncan Raistrick and Morgan Fealy. 1993 Use of very low dose phenobarbital to investigate compliance in patients on reducing doses of methadone detoxification. Journal of Substance Abuse Treatment, 1993, vol./is. 10/5(453-458), 0740-5472 (1993) English Incorporation of very low doses of phenobarbital into a methadone in clinic has enabled us to monitor the compliance of 7 patients receiving a reducing dose of methadone (detoxification) for treatment for opioid addiction. By measuring both plasma and methadone concentrations we detected 4 patients who consumed extra illicit obtained methadone during the detoxification regime. Treatment outcome was poor: 11 of the original 18 patients dropped out of treatment within 14 days and of those who remained, 4 patients relapsed and reabused illicit drugs and 2 returned to a fixed dose of methadone. Laboratory measurements were successfully used to detect poor methadone compliance. Journal, Review EMBASE Available from Science Direct (www.sciencedirect.com)

Barry Wright. Barry Wright. 1992 Exacerbation of akinetic seizures by atropine eye drops. British Journal of Ophthalmology, 1992, vol./is. 76/3(179-180), 0007-1161 (1992) English A case is reported where atropine sulphate eye drops increased the frequency of fits in a child suffering regular akinetic seizures. This increase was marked and observed during two separate courses of eye drops. This is discussed with reference to previous reports of central nervous toxicity after the use of topical atropine sulphate. Journal Article EMBASE Available from BMJ Journals (www.bmj.com)

Duncan Raistrick. Kim Wolff, Alastair W M Hay and Duncan Raistrick. 1992 Plasma methadone measurements and their role in methadone detoxification programs. Clinical Chemistry, 1992, vol./is. 38/3(420-425), 0009-9147 (1992) English We monitored eight patients who were receiving a decreasing dose of methadone for treatment for opioid addiction (detoxification). Patients with plasma concentrations of methadone <0.05 mg/L experienced withdrawal symptoms, relapsed, and re-abused illicit drugs. Four patients took extra methadone (illicit obtained) during detoxification. None of the eight patients in our study were successfully weaned off methadone: all left the methadone detoxification program before the completion of treatment. Two patients subsequently returned to a fixed methadone program elsewhere, and four relapsed and returned to illicit drug misuse. Plasma measurements may help clinicians assess patients during methadone detoxification. Journal Article EMBASE Available from Clinical Chemistry (clinchem.aaccjnls.org)


Barry Wright. Barry Wright. 1992 Chronic fatigue syndrome and heterogeneity (10) Journal of the Royal Society of Medicine, 1992, vol./is. 85/9(588), 0141-0768 (1992) English One thing with hampers medical research is a frustrating tendency for researchers to conclude that heterogeneous groups are homogeneous. Several examples can be cited including research into sudden infant death syndrome. In his editorial on chronic fatigue syndrome (CFS) Wessely (April 1992 JHSM, p 189) asserts that previous views suggesting CFS to be simply a form of somatised depression are no longer tenable because of one published and one unpublished study showing biological differences from major depression ... Letter EMBASE Available from National Cancer for Biotechnology Information (www.ncbi.nlm.nih.gov)

Allan House. Allan House. 1992 Management of mood disorder in adults with brain damage: Can we improve what psychiatry has to offer? Practical problems in clinical psychiatry., 1992(51-62) English (from the chapter) [discusses] various aspects of the treatment of emotional disorders in brain-damaged adults / outlines the areas in which [psychiatric] clinical practice could be improved, and indicates the treatments which deserve consideration because they might be effective [specifically, counseling, cognitive behavior therapy, family-based interventions, and physical methods of treatment] / none has been evaluated using rigorous research designs, but even so . . . there are reasonable grounds for recommending psychiatric involvement in the assessments and treatments suggested (PsycINFO Database Record (c) 2012 APA, all rights reserved) Book chapter PsychINFO EMBASE Available for purchase.
We have developed a sensitive HPLC method for measuring methadone in plasma and have used it to establish that there is a linear relationship between plasma concentration and methadone dose over the range of 3-100 mg of methadone per day in a group of 31 addicts. We found a good correlation between dose and plasma concentration (r = 0.89), with the plasma methadone concentration increasing by 0.263 mg/L for every milligram of methadone consumed per kilogram of body weight. Five patients had unexpected high or low concentrations; this finding is discussed.

We report a case of high-dose methadone prescribed to a heroin addict for pain control. The patient was prescribed methadone due to convalescence from surgery and subsequently for maintenance treatment. Dosing was started at 360 mg of methadone per day and reduced over 12 days to an 80 mg/day maintenance dose. Although the patient was drowsy on the initial dose, his recovery was uneventful. However, there were complaints of pain and withdrawal discomfort when the plasma concentration decreased to <1 mg/L. Measurements of methadone in plasma were helpful for monitoring the recovery of this patient after surgery and are likely to prove useful in similar cases.

Past investigators suggested that considerable variation in plasma concentrations of methadone in individuals receiving methadone did not result in differential success. We successfully used low-dose phenobarbital (a valid pharmacologic indicator) to measure compliance by incorporating the drug into the methadone medication of patients attending an addiction unit. Plasma phenobarbital and methadone concentrations were measured in 20 (11 clinic-based and 9 community-based) patients receiving long-term treatment with the phenobarbital level-to-dose ratio, together with interviews, to validate methadone measurements and to monitor compliance. Patients attending the unit on a daily basis and who consumed their medication in the clinic were substantially more compliant than community-based patients. Laboratory measurements of phenobarbital and methadone helped to identify the use of illicit methadone, as well as incorrect self-administration, such as the consumption of several days’ dosage at one time.

A quantitative indicator of compliance is not available for methadone - the drug of choice for the treatment of opioid addiction. We successfully used low-dose phenobarbital (a valid pharmacologic indicator) to measure compliance by incorporating the drug into the methadone medication of patients attending an addiction unit. Plasma phenobarbital and methadone concentrations were measured in 20 (11 clinic-based and 9 community-based) patients receiving long-term treatment with the phenobarbital level-to-dose ratio, together with interviews, to validate methadone measurements and to monitor compliance. Patients attending the unit on a daily basis and who consumed their medication in the clinic were substantially more compliant than community-based patients. Laboratory measurements of phenobarbital and methadone helped to identify the use of illicit methadone, as well as incorrect self-administration, such as the consumption of several days’ dosage at one time.

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<tr>
<td>Development of a district training strategy.</td>
<td>1990</td>
<td>British Journal of Addiction, December 1990, vol./iss. 85/12(1563-1570), 0952-0481 (Dec 1990)</td>
<td>English</td>
<td>Reiterates the need for training in addiction for primary care workers and proposes motivational and structural explanatory frameworks to further the understanding of the difficulties in recruitment of staff to substance misuse training. The basic tenets of a district training strategy are derived from this analysis. The strategy is based on identification of the specific occupational needs of each primary care worker group at each stage of his or her career and on the utilization of available resources to fulfil training needs. The approach taken by 2 district health authorities in formulating a strategy and implementing it through a local drug advisory committee is described. (French abstract) (PsycINFO Database Record (c) 2012 APA, all rights reserved)</td>
<td>Journal, Peer Reviewed Journal</td>
<td>Available from Wiley Online Library, (onlinelibrary.wiley.com)</td>
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Gillian Tober. 1990 Measuring drug misuse: A little art, a little science and a lot of shoe leather
Hindmarch, I and Stonier, P D, (Eds) Human Psychopharmacology methods and measures, Vol III. (Chechester, John Wiley and Sons)
Book entry

Gillian Tober. 1990 Changing conceptions of the nature of drug abuse
Book entry

Duncan Raistrick. 1989 The homogeneity of the alcohol dependence syndrome: A factorial analysis of the SADD questionnaire.
British Journal of Addiction, August 1989, vol./is. 84/8(907-915), 0952-0481 (Aug 1989)
English
The Severity of Alcohol Dependence Data (SADD) questionnaire (D. S. Raistrick et al; see record 1983-29367-001) was administered under different conditions to 3 groups of patients referred for addiction treatment. Group 1 (mean age 40.1 yrs) included 56 females and 107 males; Group 2 (mean age 40.5 yrs) included 12 females and 83 males; Group 3 (mean age 36.6 yrs) included 19 females and 90 males. Factor-analyzed results showed a consistent and strong 1st factor, which suggests that with some small modifications the SADD is a unidimensional scale. Results provide further evidence for the homogeneity of the alcohol dependence syndrome. The 15-item SADD questionnaire is appended.
(PSYcINFO Database Record (c) 2012 APA, all rights reserved)

Duncan Raistrick. 1989 Making treatment decisions.
English
Examines the role of the nonspecialist, with particular reference to the general psychiatrist, in treating substance misuse problems. The model of change and the model of relapse prevention, both of which inform clinical treatment decision making, are described. Emphasis is given to nonspecialists combining existing skills with a knowledge of assessment technique to develop minimal interventions fitting their own style of practice. While psychopathology is a complicating factor in 30-60% of patients, it is not necessarily a reason to refer to a specialist. Training, information, consultancy, and support from the specialist unit should enable nonspecialists to take on more patients but work with them in a familiar and rewarding way.
(PSYcINFO Database Record (c) 2012 APA, all rights reserved)

English
Consultancy, and support from the specialist unit should enable nonspecialists to take on more patients but work with them in a familiar and rewarding way.

Gillian Tober. 1989 Dealing with Alcohol at Work
The Safety and Health Practitioner, 7, 11-13
Book entry

Duncan Raistrick. 1988 The 'Combined approach' - Still an important debate
English
Sir. The acid test of any style of service must be 'does it work?' Enthusiasts may be able favourable to influence an approach that would fail in uncommitted hands. It follows that the 'entusiast' explanation of successful combined alcohol and other drug services will be weakened in the face of simple numerical evidence that such Units do exist and do succeed. Dr Rathod's report not only adds to this body of evidence but does so in a particularly convincing way by openly discussing the clinical issues about a combined service whose longevity safely antedates recent funding initiatives. By 'safety' I mean safe from the contamination of political expedience.

Duncan Raistrick. 1988 Substance problems: the future of specialist services
English
It is in the nature of working for change to imply criticism of the past and present. The longevity of an idea is not necessarily that best indicator of its quality, rather account should be made of its accord with the knowledge of its day and its fits with the prevailing morality. In looking to the future we will always be richer for an understanding of the past and the lessons learned. Equally we will need to shake off our prejudice and bias towards the present.

Duncan Raistrick. 1987 Abstinence is Best but Resumed Normal Drinking Does Occur
English
In his article 'Cracking an Old Chestnut: is controlled drinking possible for the person who has been severely alcohol dependent?' Tim Stockwell sets out some criteria for measuring severe alcohol dependence. What he seems to do here is make dependence synonymous with the actual experience, over a prolonged period, of withdrawal symptoms and related drinking. In so doing he creates an unusual circumstance which may well a tendency to failure at 'controlled drinking'.

Last updated: August 2017 Next revised date: February 2018
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<tr>
<th>Study Title</th>
<th>Authors</th>
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<th>Abstract</th>
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<tr>
<td>Treatment and Change.</td>
<td>Heller, T., Gott, M. and Jeffrey, C. (eds.) Drug Use and misuse: Reader (Open University Reader), 145-154 (John Wiley, Chichester)</td>
<td>1987</td>
<td>Investigated the phenomenology of solvent inhalation by comparing 31 Ss (mean age 16 yrs) who misused toluene with 12 Ss (mean age 15 yrs) misusing butane. Most Ss reported elevation of mood and hallucinations, but a variety of phenomena was elicited. Nearly 25% of the Ss had the potentially dangerous delusion of believing they were able to fly or swim. In the toluene group, thoughts were more likely to slow, time appeared to pass more quickly, and tactile hallucinations were more commonly reported than in the butane group. Withdrawal phenomena and tolerance were also examined. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</td>
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<td>Phenomenology of intoxication with toluene-based adhesives and butane gas.</td>
<td>The British Journal of Psychiatry, June 1987, vol./is. 150(769-773), 0007-1250;1472-1465 (Jun 1987)</td>
<td>1987</td>
<td>Describes the development of Alcohol Dependence Data, a 15-item, self-completion questionnaire for measuring alcohol dependence. The questionnaire is designed to be sensitive across the full range of dependence and to support the validity of the SADD. Several measures of construct and concurrent validity were investigated, including comparison with the Severity of Alcohol Dependence Questionnaire (T. Stockwell et al; see record 1984-13924-001) and the Edinburgh Alcohol Dependence Scale (J. Chic, 1980). Attention is drawn to the discriminating characteristics of SADD in the mild-to-moderate dependence range. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</td>
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<td>Patterns of use and related harm with toluene-based adhesives and butane gas.</td>
<td>The British Journal of Psychiatry, June 1987, vol./is. 150(773-776), 0007-1250;1472-1465 (Jun 1987)</td>
<td>1987</td>
<td>Examined the patterns of use and related harm of solvent inhalation in 31 13-29 yr olds who misused toluene and 12 10-19 yr olds who misused butane. The 2 groups were similar in terms of patterns of use and solvent related harm. The toluene users were more likely to sniff only in a group setting and were more approving in their attitudes toward taking other drugs. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</td>
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<td>The validity of the Short Alcohol Dependence Data (SADD) Questionnaire.</td>
<td>British Journal of Addiction, April 1986, vol./is. 81/2(217-222), 0952-0481 (Apr 1986)</td>
<td>1986</td>
<td>Discusses evidence for the unitary nature of alcohol dependence and reviews the usefulness of existing instruments to measure dependence. Three studies, with 228 patients (aged 17-65 yrs) admitted to an addiction unit, were conducted and supported the validity of the SADD. Several measures of construct and concurrent validity were investigated, including comparison with the Severity of Alcohol Dependence Questionnaire (T. Stockwell et al; see record 1984-13924-001) and the Edinburgh Alcohol Dependence Scale (J. Chic, 1980). Attention is drawn to the discriminating characteristics of SADD in the mild-to-moderate dependence range. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</td>
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<td>Cognitive group therapy for wives of alcoholics: A pilot study.</td>
<td>Drug and Alcohol Dependence, July 1986, vol./is. 17/4(349-358), 0376-8716 (Jul 1986)</td>
<td>1986</td>
<td>Reports on the results of group therapy for 6 wives (aged 30-54 yrs) of alcoholics where the alcoholics themselves were offered no treatment. The group was based on the idea that wives might seek help before their husbands, might attend sessions regularly, and might favorably influence their husbands' behavior by gaining knowledge about alcoholism and coping strategies. Six-month follow-up showed that coping styles were learned quickly and that the sessions provided support and friendship. Attendance at the group induced change, although not always positive, in all marriages. Five husbands reported a decline in alcohol intake. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</td>
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<td>Alcoholism and drug addiction.</td>
<td>British Journal of Addiction, March 1983, vol./is. 78/1(89-95), 0952-0481 (Mar 1983)</td>
<td>1983</td>
<td>Describes the development of Alcohol Dependence Data, a 15-item, self-completion questionnaire for measuring alcohol dependence. The questionnaire is designed to be sensitive across the full range of dependence and to changes over time, and it is relatively free of sociocultural influences. Some measures of reliability are also presented. (18 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved)</td>
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Although alcoholism has been considered to be a primary disease, there is evidence to indicate that the associated ‘illnesses’ are secondary to an Alcohol Dependence Syndrome. The author considers this evidence, and describes an operant conditioning paradigm for alcoholism, and its implications for controlled drinking goals in some patients.

Aims: To examine factors that influence the recruitment and training of therapists and their achievement of competence to practise two psychological therapies for alcohol dependence, and the resources required to deliver this. Methods: The protocol for the UK Alcohol Treatment Trial required trial therapists to be competent in one of the two trial treatments: Social Behaviour and Network Therapy (SENT) or Motivational Enhancement Therapy (MET). Therapists were randomised to practise one or other type of therapy. To ensure standardisation and consistent delivery of treatment in the trial, the trial training centre trained and supervised all therapists. Results: Of 76 therapists recruited and randomised, 72 commenced training and 52 achieved competence to practise in the trial. Length of prior experience did not predict completion of training. However, therapists with a university higher qualification, and medical practitioners compared to other professionals, were more likely to complete. The average number of clients needed to be treated before the trainee achieved competence was greater for MET than SENT, and there was a longer duration of training for MET. Conclusions: Training therapists of differing professional backgrounds, randomised to provide a specific therapy type, is feasible. Supervision after initial training is important, and adds to the training costs. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)